Goldilocks Dosing: The Sweet Spot for Calm, Smarter Focus Transcript

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Introduction and Guest Background

There's a lot of empowerment and kind of removal of like self blame or self criticism that happens because so many times these patients have been going to their providers and being told, you know, like you said, your labs are fine.

You know, everything's fine. You just need to try harder. Welcome to My ND Unscripted, where health care gets personal and the script gets tough. I'm Dr.

Clint Barton, ER doctor turned direct primary care freedom fighter on a mission to challenge how our health care system treats patients in America. In every episode, my expert guest and I dive into real conversations about what's broken and how we can fix it by making health care about people, not just managing disease.

It's time to rethink what health care should be and how we can make it better together. Welcome to the ByteCast. Hello and welcome back to My MD Unscripted.

I'm your host, Dr. Clint Carter. Thanks for joining us. We have a friend of mine from a past life when she was in Charismatics with us. Lindsay Peran is a physician assistant who is going to have a lot of insight for us today.

It's pretty exciting. She spent 10 years doing hospitals work and ICU work. And then at some point, which I can't wait to find out when she decided that it was out of that game and she started her own gig.

So Lindsay, thanks for joining us. I'm going to let you introduce yourself a little better. And then, but the question I want to ask leading into this is what if someone's genetics could be the key to unlocking disease before it even happened?

Or really unlocking wellness and preventing disease before it even happened. So with that, introduce yourself a little bit better and let's roll. Sounds good.

You did a pretty good job. So I don't know that there's too much to add, but, um, yeah, my background is traditional hospitalists, ICU, critical care medicine did that for about 10 years after.

PA school and kind of the timing of that 10 year mark was right around COVID, which was, you know, everybody's favorite time to be working in the hospital or in medicine in general.

So it was a great time to burn out for sure. I think I was already, I mean, there was very little candle left to burn at that point. I was working night shift and was kind of unaware initially of like, was taking off my body, you know, all that stuff.

But yeah, so basically came to the conclusion that if the system wasn't going to change in the setting I was in, that I was going to have to do something different.

So kind of took a risk and opened a practice initially doing aesthetics. that transitioned from that very quickly into kind of wellness, functional medicine, and now genetics.

Well, okay, perfect. So you were, was it after COVID sometime that you decided to make the jump? What year did you get out? Started like forming the business in 2020 and opened like January of 2021. Okay.

So you didn't waste any time. You're like, yeah, this is for the birds. Was doing both for a while. Oh, well, yeah. I mean, you got to pay the bills. Yeah, absolutely.

Yeah. No, I, it took two years of working full-time ER and full-time this before it paid its own payroll. So yeah, I'm

with you on that. Um, the joys of business ownership for sure.

Right. So what was that? Take us back to that moment. Like, what was the moment that you decided there's gotta be a better way?

Burnout and Leaving Hospital Medicine

I think it was kind of seeing how the hospital system was treating the medical providers. It was like, you know, kind of worst case scenario. There's literally a global pandemic and, you know, you're laying off staff, you know, increasing required hours, you know, nurses and respiratory therapists getting hazard pay, you know, and it was just like, this is, it's just too much in my face.

I can't ignore it. Yeah, and by the way, if you wanted to do anything outside the box to help any of these patients, you can't do that. Yeah, exactly.

Because the government won't pay us and therefore we won't get paid. So you won't get paid. So yeah, it's a, it was a very eye-opening experience. I think there was a lot of, there was a lot of curtains pulled back, if you will.

Don't take, you couldn't help but pay attention to the man behind the curtain after a while. I love that. Well, okay. So what about you went from that to aesthetics to some wellness because you're like wellness matters.

Aesthetics is actually, I feel like kind of on this, on the spectrum of wellness, right? You got to look well and feel well. How did you end up making the jump into genetics?

How did that happen? So mostly it was, I always practiced aesthetics, I think very differently than a lot of aesthetic providers did. It was very clear to me that so many of my patients were coming to me with external symptoms of internal issues.

Yeah. Whether that be, you know, metabolic, hormonal, psychiatric, all of the above. And so my, I basically just wasn't willing to keep putting band-aids on things.

And so that would cause me to dig a little deeper and dig a little deeper. And I feel like most of the time where that currently the options stop, you know, at the functional medicine level and Not too long after kind of getting exposed to, you know, how surface level traditional medicine is.

I got sick and it was very obvious to me that I knew, I knew better than to go to traditional medicine. And that the sound of it. I knew what they would tell me.

You are, you know, tired. You're. a mom, you are overworked, you know, it's stress, it's perimenopause, you know, all of the things that we get told. And so I went and saw a functional medicine provider and this provider did genetic testing and my life was forever changed.

I also could never practice medicine the same after that. Yeah, I've, you know, we've had a, we've had a guest on that did genetic tests, that does genetic testing as a big part of what he does, Dr.

Keeley in Chicago. And he was awesome. And I had him do my, I got jealous immediately. I was like, but I want to do that. Why am I not doing that? That's unbelievable.

And so then I had him do mine on air. And of course, you know, a 25 minute podcast doesn't do justice to going through someone's genetics, I'm sure.

From Aesthetics to Functional Genetics

But it was fun. You know, I was not. surprised that I was as, I wasn't nearly as perfect as I'd like to put on, but I love, I love that like, like once you saw it, you couldn't unsee it.

And so your, it was your health journey that brought you to a functional provider who opened the door to aesthetics, I mean genetics, which pushed you away from aesthetics more, even deeper, deeper down the wellness rabbit hole.

with functional medicine and genetics in particular. So did you just, at that point when you did that, did you, you had your practice, it was up and running?

Yes. Yeah. Yeah. So how long did it take you to start incorporating that kind of stuff into your practice? pretty much immediately. I kind of used it as like a guinea pig situation.

It was, I could, the more I learned about genetics, the easier it was for me to connect, you know, all of these issues that patients were coming to me complaining about with, you know, potential genetic predispositions.

And I remember in the beginning when I was questioning myself and whether I knew what I was doing at all, I would just take little notes on the patient's chart of my guess of what their gene mutations were going to be.

And now being able to get the majority, if not all of them, predict is mind blowing because I knew nothing when I first started. We don't learn this in school.

There's no genetics for functional medicine fellowship, you know, that I know of. And so, yeah, it was just a huge learning curve. And so I kind of use my patients as guinea pigs and just kind of explaining my thought process.

I've always been, you know, super transparent and my patients are, you know, very comfortable with me. I'm maybe a little bit more vulnerable sometimes with them than other providers.

And, you know, it's like, Hey, you know, I don't know everything, but I'm learning this. And, you know, would you be interested in? kind of looking into it and their response was not what I expected in a positive way.

And basically our whole practice transitioned to doing that. So you, so genetics kind of becomes the cornerstone of what you do and from a preventative medicine standpoint, which is how you make people feel better now and later.

What does, so once you get their DNA, tell me what happens after that? How does that change what you do for them, you know, clinically and, you know, what's your process?

So I think this is kind of where I saw a huge gap of in the current way that genetics is being incorporated, if at all, in any type of healthcare is either patients are getting cancer genetics, a few handful of genes or specific kind of genetically inherited diseases, or they're getting these reports from companies that are 500 pages long with SNPs and RSIDs and, you know, effect alleles and no one knows what that means.

I didn't, you know, it's like, yes, we learned that in school, but like to use that on a day-to-day. How does that change what I do though? I have no idea what that means for me.

And so that was where I saw the gap was what's the point of giving patients, you know, all of this information and just overwhelming them, giving them data overload.

And so at our practice, we've always been really heavy on patient education. I'm always known for like drawing my silly graphics. I make all these, you know, graphics.

I'm a very visual person, so I feel like I have to, you know, other people can't. hate my graphics, maybe they do, and they just don't tell me. But yeah, so basically trying to translate in very simple terms, not only what their results mean, but then, like you said, what do I do with this?

Because with these reports, you get, you know, 20 recommendations related to diets, like, who's going to do that? Yeah, I'd be like, that's a lot. And that's what a lot of you know, patients kind of who had done other genetic testing elsewhere were like, yeah, I have this report and they'd bring it in and, you know, they're like, I put it in a folder and

never thought of it again.

Well, you know, and these same patients come to you and they're like, yeah, but I went to my regular doctor and they said my labs were normal, but I feel terrible.

And, you know, I don't want to get out of bed in the morning and I'm, you know, whatever, fatigue, depression.

How Genetic Testing Guides Care

All the things, right? And so you come in and you're providing this extra insight into the why. And so how do you take, so you take that patient with quote unquote normal labs at their regular doc, add on the DNA, and then you guys jump from there to plan of some kind.

What's the next step? Yeah. So we basically look at, with their genetics, we like to look at systems as a whole, instead of looking at specific genes, you know, by themselves.

Yeah. A lot of people have heard about, you know, like MTHFR, for example, you know, people will be stressed out if they have a gene mutation, but there's an entire methylation pathway.

Um, if you have, you know, one gene mutation in MTHFR, one of the SNPs, you know, versions of that gene, but your whole, the rest of your pathway is not an issue.

Why are we worried about that? When you look at your detox genetics, non-methylation related, you know, and That's clearly the weakest link. And so that's what we try to do.

We kind of try to look at systems, figure out where the kind of biggest bang for our buck is and focusing. recommendations, care, and we start there. And it also depends on where the patient's at at the time.

You know, a lot of these reports that you get are recommendations not knowing anything about the patient. And if the patient's coming to you saying, you know, I'm fatigued or my hair is bald now, or, you know, whatever it is, then we can get specific with what's going to be the biggest impact for them, you know, first.

Yeah. I mean, there's, you know, I remember on, when Daniel did mine, it was like, yeah, I'm empty. I know that I'm empty HFR, you know, heterozygous for one gene, but he's like, yeah, but you lost the CONT lottery and you've got, you got some, you know, detox issues and, and, you know, hormone, you know, it was kind of all of it.

Um, hormone metabolism, that kind of stuff, you know, he called me fat. He said that, uh, you know, I, I genetically, I'm like, yeah, I never was the skinny kid dad gummit.

Um, but, but it's really, it was really insightful in that 25 minutes of, of him just really having to skim the surface. Cause that's what we had time for to start.

It's one of those things that, you know, as I'm looking to this business, but also grow locations and my attention is spread out. So far, it's one of those, one of the short list of things that I want to add to the practice sooner than later when I, when I have the bandwidth to do so.

But what's one of the most surprising things that you've found with, you know, sitting with a patient and they're like. you know, it blows their mind or it, you know, the, the best sort of all you gotta do is this life altering, you know, information.

How, give us a couple patient interactions where it was just surprising or fun to see. Truly it ends up being all of them, but I, especially in the beginning, kind of as I was learning it, kind of experiencing those aha moments with patients, there's a lot of empowerment and kind of removal of like, self blame or self criticism that happens because so many times these patients have been going to their providers and being told, you know, like you said, your labs are fine.

You know, everything's fine. You just need to try harder. try something different, try harder. And, you know, a lot of times we're talking about patients who were exercising seven days a week for two hours, you know, cutting their calories, doing all of these things.

And then to be able to look at their genetics and see like, you have horrific autophagy genes and essentially like your cells are full of trash and then being able to work on that first and they're finally losing weight.

Even it almost like gives them permission to like trust their gut instinct that they knew that they were trying as hard as they could. I can only imagine that it feels so many blind spots inside of you know what regular medicine is able to do.

I mean that's kind of the story that I had when I got into functional medicine at all. Just doing you know like bioidentical hormones. I was like you know you got these women and they're 45, go to the gym five, six days a week, look great, feel terrible, you know?

And I was like, I can only touch, you know, from the outside looking in, I'm like, well, Even with regular labs, I can see your hormones, this and thyroid, that are, you know, the things that I can touch, but the genetic testing gives you a whole, just a cheat code to know where they're, you know, the blind spots in their DNA that's making it an uphill battle for them that you can give them a head start on.

That's so cool. I imagine that that has quite an emotional impact on your patients when they sort of touch, like when that really starts to sink in. It does.

I mean, that, and that was probably one of the more surprising, but also, I don't know, most rewarding part of it. I've had patients who were, a patient who was struggled with addiction her whole life and had gotten clean, but there was a huge amount of, you know, kind of self-inflicted, basically self-hate and blame.

when I got her mental health genetics, it was like the most horrific neurotransmitter situation I've ever seen. And I was like, I'm not sure how anyone with these genetics would not, you know, have an addiction problem.

And she just burst into tears. And it was like, you could tell this just like, weight was lifted off, then being able to translate that into, okay, so, you know, we found the weak link here.

How do we optimize it? And so once you know exact. gene mutations or weak spots or weak systems, you could look at, okay, well, do you have a problem making dopamine?

Do you have a problem transporting it?

Patient Breakthroughs and Emotional Impact

Do your receptors suck? Or do you just break it down way too fast? And there are very different approaches to how you would handle all of those. A stimulant medication, for example, for somebody with ADHD is just going to give you more dopamine.

But what if their receptors suck? Can you do something with receptors? So it's just a very different way of kind of looking at how to solve the problem.

Clinically, how do you sensitize somebody's dopamine receptor? There's a lot of Parkinson's medications that are kind of geared towards that. So a lot of people will use off-label.

Yeah. Medications, but a lot of what helps though, I see often like people who have a hard time making dopamine, you can put them on, you know, like an L-tyrosine supplement that helps.

For example, with the serotonin side of things, right? You're looking at SSRI medications. You know, every other person that comes into my office is either on one or has been on one.

And what that does is just going to basically recycle the serotonin in the synapse. But what if those people are really, really bad at making serotonin?

What if we just helped them make more? Is there something that would work better for them than just recycling the little amount that they have? So how do you do that?

It depends on their genetics specifically. You can do like a 5-HTP sample that will help them make it, but it depends on if they have which stem, there's a weak link.

And you can get that granular in the process. Um, it's fun, you know, the MTH at far going back to some of that, you know, the methylation pathway, moving to the hormonal pathway that moves to the neurochemical pathway.

So. Yeah. I mean, that all makes sense. And then I think, you know, probiotics, bacteria make a crud ton of serotonin that can be absorbed into the system.

That's a whole nother podcast, but that's a pretty fun, yeah, I hadn't even given it that kind of thought. Wow. Okay. So I guess it's pretty easy to say that it would be pretty hard to go back into regular medicine at this point, right?

Like you should probably memorize the matrix scene better. Like, you know, once you take the blue pill, there's no going back, you know, whichever color, I think blue.

Okay. So for the patients listening. You know, in your practice, this proactive personalized care, how does that work at your place? Like you, you're located in Georgetown outside of Austin, Texas.

You're also, you do, I assume you do some virtual work? We do. Yeah. Currently throughout Texas, but expanding hopefully in the near future, but. So what does that look like on a day to day for someone who's interested in getting this information and potentially working with you?

How does that work? So we have a couple different ways that we've gone about it. We've had so much interest in what we do from out of state that we try to create kind of a starter program that can kind of help give our version of those genetic testing results in a way that is more useful, more actionable, more education focused.

And so we created a program where essentially patients can order a test and then they have access to educational program that teaches them how to interpret their own genetics that we created.

So that definitely helps as like a starting point, especially if you're kind of on a dip their toe in the water and aren't exactly sure like what's this all about.

But then, you know, for other patients, we do the genetic test, we do kind of like an overview of results of kind of like this, we find the big weak spots, but it's way too much information to go over.

You know, one even 90 minute appointment. And I, what we found is that kind of the most successful patients in making real lifelong change are the ones that we gradually go over new information at each visit.

So we're kind of, you know, I like it. Your biggest weak link was, you know, inflammation, but inflammation is now down and now, you know, your next concern was hormones was, you know, your genetic hormone cascade, how you metabolize hormones, all that.

Oh, I love that. I mean, so yeah, you're, you just, cause I would be tempted to give it all to them and then try to focus on something, but their brain is all over the place.

As, as a patient who had that happen to me. I mean, I was a provider, seeing a provider and I like almost burst into tears. I was like, this is the most overwhelming, you know.

What am I supposed to do with this? And I was fascinated. Oh, I can only imagine. But yeah, so in the beginning I

was referring my patients out because I didn't, you know, I was like, oh, someone else knows how to do this.

And they were all coming back and they're like, we're never going back there. It's like, I don't know what to do with this. Can you tell me what to do?

And I was like, okay, I actually have to learn this and look into it. Well, yeah, I mean, especially if you've got a program that sort of dumbs it down for them as much as possible before the start, like you would for your say out of state folks or something, you know, that kind of thing that at least gives them something to look at.

Virtual Practice and Personalized Programs

For a starter, for sure. Okay. Well, gosh, I love your approach. I like, you know, I was jealous of Daniel. I may be more jealous of you. I'm not sure.

Of getting to start with where the holes are in the foundation and then repairing that as we build the house. That's really, really fun. So if someone, you know, wants to reach out to you, how do they, how do they go about doing that?

Probably the easiest way would be through social media. Our Instagram handle I can put, I'll send it to you, but it's get.well.again. But yeah, whether it's kind of doing what I was explaining like a starter kind of tiptoe into the information that you can receive from genetics to those who already know that this is what they're looking for.

They haven't got their solutions anywhere else. There's so much that can be optimized and prevented when you know where to look. So an example I can give to patients a lot of times is, we do screening colonoscopies, but what if we were looking at someone's genetics and they had very low risk of colon cancer, but they had incredibly high risk of Alzheimer's.

Would that change what we focused our preventive attempts on? And I think that kind of thinking about that, it changed the way I approach preventive or proactive healthcare.

Well, I mean, come on, insurance pays for colonoscopies and it doesn't pay for Alzheimer's, you know, prevention. So that, that dictates what we do, right?

So I, yeah, we're so far outside that box. It's great. Now we're just, just sitting with patients one-on-one, taking them to the next step, directing truly personalized medicine, which is.

So fun. I'm jealous of the DNA part and I totally otherwise get where you're going and this personalized medicine approach and spending time with your patients.

I love it. What's, you know, as we kind of rapid fire out of here and we kind of close it down, you know, These, a lot of times we'll ask questions like, what's one supplement you recommend the most or, you know, a lifestyle habit that makes the biggest difference.

But the way that you practice medicine, it totally depends on their DNA. Yeah, it's too customized. Why would, I don't have to guess. I just tell you, uh, your biggest problem is blah, blah, blah.

So we should blah, blah, blah. Um, so what's one wellness myth that drives you crazy? Um, something that if you could just like make it go away, it would make your life and your patient's lives a lot better.

And there's so many to choose from, I'm sure. But you have one? Probably one that. I'll probably get some pushback on is the exercise recommendations.

That's something that I definitely changed kind of my thought process on after looking at the genetics. It's amazing how inflamed some people can be and know it.

And that's why they're, they're inflamed, they're not able to lose weight. So they're exercising. The problem is when the body's inflamed, your body's focused on trying to put out fires.

And in that context, exercise can be another fire for your body to try to put out. It can kind of be counterintuitive, counteractive. And so it's amazing how much success we can have by not starting with the exercise intense immediately and really working on calming the inflammation down, giving them the support that their genetics show that they need so that when they do go back to exercising, it's not, you know, a negative impact on doing what we want it to do.

That's awesome. Not at all what I would have thought you said, but that makes sense. And, and definitely I've seen exercise be inflammatory for folks, but you know, it's, it's always trial and error from our end.

If you'd be able to predict that is, is cheating, but awesome. Yeah, absolutely. Right. Yeah, man. If you're not cheating, you're not trying in this situation.

That's awesome. Okay. Well. All right. So Lindsay, this has been awesome. Um, it's inspiring both for me and for the listeners out there. So we're going to put in the show notes, how to get ahold of you.

Your practice is virtual statewide outside of state. You've got, you've kind of got an automated program where they can just run their labs and get some information.

Um, anything else you need to share and send us off with?

Exercise, Inflammation, and Closing Thoughts

I mean, I just appreciate being able to talk about it, because like I said, you know, once you see something with new eyes, especially in the practice of medicine, there's not a ton of us out there.

I think there's more and more of us, you know, as we go along, can't ever go back to doing what I was doing and being able to explain the why behind that.

Empowers, you know, other providers to dig a little deeper and know that like maybe traditional medicine doesn't have all of the answers that we thought, but there are other options out there.

I'm so impressed with the guys and ladies in this town that do pretty darn good job with the time they're given and the toolkit they have to work with.

I'm like, I got so many more tools to work with and I get an hour at a time with every patient. It's not a fair fight, but it's impressive what they can pull off.

It's not enough. They're not satisfied. They know that it's not enough, but what else are they going to do? They don't know. They're as stuck as the patients are.

They'd love to go deeper. They just can't. And so whether it's, you know, hormones, peptide, functional, DNA, you know, all the extra tools that are out there that change lives, make people healthy, make them feel better, keep them feeling well and healthy for a long time, longevity, quality of life, all these things that You know, you just can't do from a regular practice.

I absolutely would be a terrible doctor if I had to go back into the system and start seeing patients in a regular, I'd be so bad at it. It'd be time to go.

I wouldn't have gotten where. It's crazy. I would not be getting there because, you know, my patients appointments would run over, it would be a mess.

That's right. Oh, my waiting room would be terrible. It'd be terrible. Uh, I just prefer to practice without a waiting

room. That's, that has worked well for me.

Um, but you know, thank goodness for a business model that allows it and thank goodness for, you know, providers like yourself that are staying curious and want to do better and refuse to not do better.

It sounds like you were. pretty burned out and pretty broken and running out of options other than starting out on your own. I think that's how definitely my situation was like, I was going to quit.

So might as well try this, you know, one last ditch effort. But I love that you're doing all the right things for all the right reasons. And thanks for coming on and sharing it with me and my audience.

And we really appreciate it. Yeah, of course, it's great talking with you and hopefully it was of some benefit to someone who might have their candle as low as mine was for quite a while there.

Absolutely. And, you know, this is going to air on around January 1st of 2026. So it's a great time for folks to decide they want to. a new direction on feeling well and being healthy and a new year.

So what better time to reach out to Lindsay and let her help, you know, show you the holes in the foundation that you're building on. So thank you again for coming on and I look forward to talking to you again in the future.

Yeah, absolutely. I'll send you information on a promo code so people can get a discount to start the year off right. So. Oh, that's what I'm talking about.

A promo code should be in the show notes. If there's not bash is hard, but we'll make it happen. That's awesome. Thanks. Appreciate it. Absolutely. Bye bye.

Thanks for joining me today on My MD Unscripted. I hope today's conversation opened your mind and inspired you to imagine a better path for your health and therefore life.

If you found value in this episode, be sure to subscribe, leave a review, and share it with someone passionate about transforming healthcare. Real change starts with real conversation, so let's keep on going.

Until next time, stay well, stay curious, and never stop pushing for better.