Healing Beyond Borders: Dr. Monica Jauregui & Dr. Ahmad on Root Cause Medicine in Functional and Integrative Care Transcript

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Podcast Introduction and Guest Background

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How to manifest like what our epigenetics should be. So I just think we had the wrong paradigm about food so many times it's a calorie is not just a calorie.

It's it's it's so much more than that. Welcome to Doctor Talks the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

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Get ready to unlock the secrets of lifelong health and vitality. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

Welcome to, the To curious MD podcast. I'm Doctor Ali Smith and today I'm here with Doctor Monica Horan. She is a hospitalist, former internal medicine doctor.

She'll be speaking to us and we are going to be asking the unasked questions. In this podcast, we are applying the lens of narrative medicine, exploring integrative practices and psychedelic treatments in health care and in our with our guests.

We really want to weave in new learnings from stories, expertise, and the sciences with the wisdom from holistic, alternative and conventional medicine.

And we're here to challenge the status quo. So we'll be asking those questions, and one of you remain curious to what we are learning in the art and science of healing.

So welcome, Monica. I'd like to have just introduce you to so that our listeners and, viewers have, some background about you. Welcome to our show. And today I have the pleasure of speaking with you.

You are a board certified internal medicine doctor, hospitalist doctor, as well with expertise in functional and integrative medicine. Originally from Monterrey, Mexico, you graduated top of your class from the institute.

I'm going to say this wrong and then came in and did your internal medicine training in Louisiana in a state university at Shreveport. You began your career as a hospital medicine, physician working with critically ill patients in East Texas in the ICU.

And in 2019, had an expanded, your focus to functional medicine and trained in the Institute for Functional Medicine International Lyme and associated Disease Society.

You are you belong to a former and Klipsch Institute.

From Hospital Medicine to Functional Practice

You also founded Salud Optima in Texas, I believe, a practice dedicated to holistic lifestyle medicine for Hispanic community in Texas. And you've launched now your practice called Truly Healthy MD in the Bay area, where you are specializing in complex and chronic medical cases for patients who have struggled to find answers elsewhere.

And often you called a medical detective, by your patients. And, I can definitely resonate with that because it is about, you know, really digging in and discovering, what is going on sometimes, but applying that compassionate and investigative approach to medicine beyond your clinical work, you're also a founding board member of the College of Integrative and Functional Medicine Physicians, where you're leading the education committee and working to bridge the gap between conventional and conventional medicine.

I mean, functional medicine. So welcome to our podcast. Thank you, thank you. Thanks. It's my pleasure to be here. So as we begin, I'm really curious about your journey into functional medicine.

How did that begin or end? What is it like for you right now from your journey in conventional medicine as a hospitalist to now? The work that you're doing, especially in the complex patients that you take care of, what is it like?

Yeah, thanks for asking. I think that's always a great question to get to know, you know, get to know a doctor also as a person, as a healer. We're more than just our academic background, right?

So, as you told our listeners, I, I'm bicultural. I grew up part of my time in Monterrey, Mexico. I also lived in Dallas and Florida and, Puerto Rico when I was growing up.

So, you know, I had a little bit of a diverse background. So I'm obviously fluent Spanish. I went to medical school in Mexico, then finished up my training here in the US as an internal medicine doctor.

I've always known a lot about, you know, natural healing because my mother is a nutritionist. She studied nutrition at Cornell and then went on to, do a lot of studies in the, integrative, field, in functional nutrition.

We always had books in our house about Doctor Andrew while, we always cooked, in our home in a way that helped heal us. So that's where I was first learned about, how to heal and more than just what I learned in medical school so that started at a very young age.

And then, I did go to medical school wanting to help people heal. I, I love being an internist. I love being an MD. I'm. I'm the first and foremost, medical doctor, an internist.

And then I feel like I can help my patients a lot more. Ever since I did start integrating all these, you know, a wider toolbox with integrative medicine.

I was, hospitalist from 2011 to 2019, in, Tyler, Texas. And, towards the end of that time, I was just really feeling like I was not helping patients the way I thought I would when I was in medical school.

I felt like my patients just kept coming back. I would discharge them and have these great plans, them going home and taking care of themselves. But then they were back in the E. R.

the next month, and it was, I was starting to suffer from burnout as a as a physician and just really not feeling like I was helping patients as much as I could.

I decided to leave my hospitalist job in late 2019. So, you know, right before we got to Covid. So I guess that was kind of a, you know, in part, we obviously know Covid was coming when I left that.

But, right after I left, my colleagues were there in the hospital and had to see a lot of terrible things with all the suffering that we had at the peak of the pandemic.

But, had already made the decision to leave. So I didn't go back. I started studying at AFM. I got certified through

AFM, and, I started my first practice, which, was my integrative practice for the Hispanic population of East Texas called Salud Optima, where I, started teaching them what I was learning it at if I wasn't fully certified.

When I started my first practice, I was kind of like just diving headfirst. That was like, okay, I'm gonna bring what I'm learning to my Hispanic community.

And they were very, very accepting of it. I had more than a thousand patients, and the first, year or two of opening that practice. And, but in general, it's a very, culturally accepted thing to want to heal more naturally in the Hispanic community.

I feel like, in this country, we do have a kind of like an ill a pill for every ill sort of mindset sometimes. And I'm not saying that I don't have so many amazing patients that don't have that mindset, but in general, it's it is, a little bit culturally different.

So it was a great place to start my integrative journey with, those patients in the Hispanic community. And so, so the Optima was a, you know, resounding success.

We talked we got a lot of people off their diabetes medication, off their blood pressure medication. Just feeling better, be more productive, by teaching them the, basics of functional medicine, which is really, if you sleep better, eat better, manage your stress better.

You're just going to be a lot healthier. You don't necessarily need to be taking a ton of supplements. That's not what integrator or functional medicine is.

It's taking care of your health and healing from a root cause.

Root Cause Medicine and Patient Detective Work

So, as you also said in my introduction, I now have a truly healthy MD, which is a, practice, where I am seeing a lot more, you know, patients with a lot more problems than I was at, my first practice.

My first practice, I was mostly seeing patient people with diabetes, hypertension, those types of things. I when I decided to go for training to become a Lyme literate doctor and a more literate doctor through Elad, through several mentorships, including that with Neil Nathan, I started, you know, developing a reputation for a doctor that could heal these, very difficult to heal things.

And so those are the patients that are, mostly seeking me out at this point. Although that's not all that I do. I have a lot of passion for other things.

I also have a passion for, functional dermatology. So people with things like as simple as maybe acne that they don't want to be on, Accutane, they want a more natural approach.

They can find out with me, but I have, you know, interest in the gut and hormones I prescribe. I have hormones to help people find the root cause of their IBS, fibromyalgia, and help them heal from that.

So I have an extremely, extremely diverse practice at this time. Yeah, well, sounds fascinating and quite a colorful array of different conditions. Some of the things that I ask patients is in, in their medicine is those questions that sometimes we don't ask in, in our training.

Right, is the typical we ask kind of the typical question of like, what is abdominal pain? You know, describe abdominal pain. When does it get worse? When does it get better? What are the triggers?

What do you do for it? What works, what doesn't work? And there's a kind of a checklist of things. One of the things that I think really opens up a conversation in, in what really is maybe the condition of abdominal pain, which is not a diagnosis, is just a symptom.

But what is, you know, what is your approach? For, you know, being that detective in, in, in, in a patient who presents to you what is how do you approach their, their condition.

And. Yeah. So I think the first step is really getting them to know as, as a human getting to know them as a human being. People aren't just a conglomerate of of diagnoses.

We have to as medical professionals, find a diagnosis to put in their chart. But they're really more than that. And a lot of the diagnoses we use aren't true conditions.

For example, our IBS. That doesn't really mean anything from a root cause perspective. It just means they have no symptoms. And so, number one, getting to know the person who they are, who they are in many ways, what what what brings joy to their life, what, goals they have for the future, their likes or dislikes.

A lot of times I will, give nutritional recommendations. But if I don't already know what kind of food they like to eat, then it's going to be really hard to help them heal with healthy food.

I can't just tell them, oh, hey, you shouldn't eat gluten and figure it out, right? So if I ask them what they're eating right now from the foods or eating to or the eating with family members, do you cook just for yourself?

Do are you also cooking for your spouse, kids at home? Learning all those things is the very, very first step I need to do in order to come up with a plan.

Number two, I have to figure out the, what their main symptoms are and really have a good framework for figuring out the root causes for those symptoms.

As far as, the what I bring to patients from a commercial medicine standpoint, we all know that there's a gazillion drugs out there, medications that are great.

I'm glad they're out there, that they control symptoms. If somebody comes to me with depression, by all means I can put them on antidepressants. It's not.

It's not, I'm not against it. I just don't stop there. I say I offered antidepressants if they don't want it, fine. If they want it, great. Let's put you on it.

But let's not plan on you being on this long term. Let's plan on figuring out why you have this symptom. You are not a person that should be defined by your depression.

You are so much more than that. So let's not say you're, you know, a depression person. You are a person who is currently suffering with that symptom.

And we're going to find the root cause, root causes of symptoms that we have are usually many. The human body has an amazing, amazing ability to heal and to recover.

And so by the time people come to a physician with a symptom, it's usually at least 3 or 4 things that have gone wrong. And so I can't just say, oh, hey, I found one thing, that's it.

I have to look at them really, really holistically and try to peel away. You know, sometimes I use the metaphor of peeling away the onion. So. Yeah, yeah, yeah.

We found we found one root cause. But you know what? We're going to treat that. But we're going to keep looking. There's probably 3 or 4 root causes that are also behind that.

And it's probably different things. Some of that might be trauma. I have to talk to them about their childhood and any traumatic experiences they might have had or even as an adult.

Those traumas really, can make us sick, and we need to address those. I need to, you know, look into if they have what their total toxic burden is. We're all living in a very toxic environment.

And so we all have some amount of, buildup of those things in our body. I'm talking about things like glyphosate, because nobody eats a completely organic diet.

I'm talking about, heavy metal toxicity. Obviously, we want our patients to be eating fish, but unfortunately fish come with a metal. So most of us have a little extra mercury that we shouldn't be having in our bodies.

Also, total toxic burning comes from our cosmetics, from how we clean our home. It comes from chronic infections. A lot of people have, are harboring a lot of microorganisms that they didn't know they had, things like a chronic Lyme disease, which is not something that is conventionally, thought of as a real condition.

I think it's just a thing that people hear about on social media. It's not real. But we have scientific evidence now that chronic Lyme disease is a real thing.

And when these people are treated with the right antibiotics, be pharmaceutical or nutraceutical, they get better. So it's not just the placebo effect.

We we know and we find on labs that they have chronic infections when we treat them with these antibiotics and when we heal their body from, you know, the ground up, they do get better.

So what do you mind is happening right now in our environment that you mentioned, you know, pesticides, you mentioned, you know, unregulated sometimes may be now in the industrial beauty industry and, you know, the chemicals that we're surrounded by.

But what do you think is really happening in, you know, in terms of our nutrition, that you feel, makes it something that we can really address in, in, in simple ways, as you, as you spoke about with, you know, your early work in Texas addressing their diabetes.

What? You know, I think it's important to kind of, for the audience to know that there are things that are happening in our environment. And what are they?

But what are the simple things that we can do to address those? Yeah. And that's something that I, I'm glad you brought up. Sometimes, you know, I get carried away talking about, okay, these are the root causes.

And people are like okay, but what can I do now? What I mean by my health better. And and yeah, nutrition is one of those cornerstone things.

Nutrition, Environment, and Food as Information

We do need to be aware of what kinds of foods are going to help us heal. Whether you're already a person struggling with symptoms or you're a person that's healthy and wants to stay healthy, or you want your, a mom or dad and wants to feed your kids in a healthy way.

These are some really, really cornerstone things that, I'm glad you brought that up so we can have more awareness. And, and I think a lot of what's happening these days is that we live in too fast of a society.

And so we want to be having foods that are easy to access. So we buy processed foods or we eat fast food. And unfortunately, even if you're reading labels, most processed food is just not going to be nutritious food.

The I guess the number one thing you can do is eat things that that don't come with labels, you know, go to your produce department, go to the, meat section and find good quality grass fed beef and wild caught salmon.

And if you just do that, that is gonna do so much more for your your nutritional status. Our bodies, like I said earlier,

are primed, are meant to heal.

And that only happens when we give them nutrients. You know, every every cell that's currently in your body was made from something that you ate, right?

It's not. You know, obviously you were born at some point in your life, but you don't have any of those cells in your body anymore. Everything, every molecule in your body is something that you ate.

So making those key decisions going to make a healthy body. They say even the iron in your cells, the iron came from, you know, a bigger place, like a, you know, the great Big Bang.

You know, iron kind of is in the atmosphere and, and enters into our, you know, our planetary system. And it came from another place. So, you know, a lot of the times and where, you know, so there's lots of discussion about, you know, heavy metals coming from another place that again, enter into our bodies naturally and necessarily.

So yeah. And then generationally, right when we have, there's an effect of trauma. And this is what we witness in, in my work is the epigenetic effect of nutrition, you know, food access.

You know, I, I come from an environment where, you know, countries where we were normally starved, right? Relatively. Our food was not accessible. You ate once a day and you worked hard and then, of course, when, you know, we're now living in a fast pace, technologically, access to food is readily there.

And then you eat that food. And what happens? Your body again, doesn't know what it it's not it's not in a starved state anymore but isn't able to handle that nutritionally dense foods.

And thus we can eat. Yeah. Yeah. Absolutely. Because food is not just nutrition. Food is information. Food is information for our cells as to what to do.

It's information for our genes, how to manifest like what our epigenetics should be. So, I, I just think we had the wrong paradigm about food so many times.

It's a calorie is not just a calorie. It's it's it's so much more than that. Yeah. And I think in our medical school training, you're always told, you know, certain populations had a higher risk of diabetes.

It was a genetic thing. But it, it really is more of an environmental effect of genes than it is a genetic. There's no gene for, say, you know, obesity.

It's really an effect on the gene that, you know, somebody somebody develops obesity from, it's kind of the understanding of conditions, you know, for me, has really changed.

You know, it's we've opened up that whole idea of it's a genetic condition. Cancer is a genetic condition. And cancer, you know, is a metabolic condition in, you know, something happens that triggers that metabolic dysregulation.

Yeah. Yeah. Yeah. And so, you know, speaking about that, I, I also have, a little bit of training in integrative oncology. And so, I have studied with doctor, national winners.

She has the metabolic, institute of where she teaches, people how to, integrate, a more healing approach to their cancer treatment. Obviously, she supports people going to their traditional medical oncologist, but she's, I think, adjusted to that.

There is so much that we can do to to support people in their cancer healing journey. And, yeah, it's a metabolic disease. That's what her, it's it's called it's a metabolic institute.

So it's it's it is a metabolic disease. Yeah. And, some of the ways, I think I've been reading and I'm curious to know

your opinion on an approach for treating a cancer before chemo.

Yeah. Some of the studies that I've been reading to you talk about, you know, preparing the body, not not nutritionally, but actually in deficit, you know, and really putting the body in a ketogenic state before chemo so that when, when the chemo, because of the, the cells in the, the cancerous cells are more prone to kill rate is higher, post chemo when they're in exposed to a starved state and, and that and then you get a better response for your chemo treatment.

What is your opinion on, on that approach? And in similar conditions where you would take a metabolic approach before treatment, say. Absolutely. Yeah.

And so it's a complex topic. We definitely can't talk about all of it at this is definitely not meant to be medical advice. So if you have cancer or don't just go on a keto diet and expect your chemo to work better, it's not that easy.

The keto diet is great for some people who are suffering from cancer. It will make, your cancer treatment go a lot better because cancer feeds on sugar.

And so, for some people going into, doing a keto diet and going into ketosis does, help, kill those cancer cells. But it's tricky. You cannot do it. You must not do it if you're not working with a qualified health professional, because unfortunately, you don't do keto, right.

It's worse. You get malnourished. And, if you talk to an ecologist, most oncologists really, hate keto diet because patients don't do it right.

Cancer, Metabolism, and Ketogenic Support

Their patients are malnourished. And if you go into a chemo treatment malnourished, you're that your likelihood of surviving is cancer is going to be a lot worse.

So, it's a great topic to learn about if you have cancer, but don't try to do it on your own. Yeah. And, you know, going back to the genetics, what I learned with Doctor Winters about how to approach a person who needs chemo and counseling them on their diet is that I need to understand a little bit more about their genetics first, because we are all going to have a different genetic predisposition as to which diet is going to be the best for us.

Some people do very poorly on keto diet, and a lot of that we can't figure out with genetic studies. So. So yeah, we do a lot of genetic studies, when we are trying to help people figure out how to best prepare their, their bodies for keto, sorry, for keto, for chemo, you know, chemo.

But, yeah, absolutely. The less sugar you eat, the less your cancer can grow. For sure. Yeah. For sure. And even in depression and anxiety, you know, sugar is an inflammatory agent that does stress the body and keep that stress state in a higher activation sensitivity due to its environmental effects.

Absolutely. Yeah. And I know we I mean, I know you've studied, nutritional psychiatry, right? So, you probably knows better than I do, but it's absolutely true that depression is an inflammatory state.

It's that it's not just in people's head. There's something going on in the brain that's causing them to have the symptom. But it's it's really a metabolic inflammatory condition.

Yeah. Yeah. I'm fascinated to you know, the science is bringing in integrative and functional. And you've done both. You know, you've done the integrative and functional approach.

Tell me, tell our audience, you know, what would be an integrative approach. And, and the in functional approach, because there's a lot of, you know, you know, even among conventional providers, understanding that.

Absolutely. I think understanding what each of those things means is super important. So sometimes we'll use the

term functional integrative a little bit interchangeably, but they're really not the same thing.

So just to clear things up, the only thing functional medicine actually means it just means that we're getting to root causes. It does not mean that you're going to go to a functional medicine doctor, and they're going to just treat you with or for supplements instead of your, medications. Yes.

Functional medicine doctors know a ton more about herbs and supplements. Then before we study functional medicine. But functional medicine exclusively, exclusively means root cause medicine.

And it's, you know, annoying to me that if somebody goes on Wikipedia and they put what is functional medicine, it says functional medicine is a pseudoscience, and they try to load you up with unnecessary labs and, supplements you don't need.

That is very false. Wikipedia is completely wrong. I don't know why Wikipedia refuses to change your entry, but functional medicine only, only, only means root cause approach.

There's a lot of, medical doctors out there that practice functional medicine without knowing it, because they really dive deep to figure out what is causing the symptoms and not just put a bandaid on it, but, you know, they just they don't call it actual medicine, but that's that's all it is.

When we go to functional medicine. But training, I did mine through both a forum and I often but there's a lot of other, places where people can get, functional medicine training.

Yeah. I learned about, nutrition, sleep, botanicals, nutraceuticals, vitamins, because it helps us, treat people once we find the root cause. And so they really do teach us integrative medicine.

Now, what is integrative medicine? Integrative medicine is not the same as functional medicine. Just because you're practicing integrative medicine does not mean that you're actually looking for root causes.

You should be. But there's a lot of integrative medicine doctors that just in addition to treating people with, pharmaceuticals, they know that nutraceuticals will work too.

Right? So let's say against something that that you're, you know better than I do depression. If you go to a doctor and the doctor tells you, hey, you can either take Zoloft or Saint John's ward, which do you prefer?

That doctor is practicing integrative medicine because they are integrating more things than just what they teach us in medical school. They're not practicing functional medicine because they're not asking the patient, why are you depressed?

So it's best best to go to somebody that does both integrative and functional medicine. But they actually because they have overlaps but they're not the same thing.

And I describe it in terms of the more of the holistic approach, the other alternatives to healing, you know, Red Dawn, you know, or a cold plunging or acne.

Yeah. And kind of filling in those elements to. Yeah, to pain, say, or to sleep, you know. Yeah. Yeah, yeah. And and yeah. Just to circle back to that.

But I didn't mean to say that. And great doctors just also did nutraceuticals and other pills. An integrative doctor may actually not know anything about how to use an herb or a supplement.

And they only know about how to use, you know, something. Some of the modalities that you mentioned, red light therapy or you know, things that are non not more pills, there are so many healing modalities that are not more pills.

And yeah, if a doctor has included in their toolbox other healing modalities that aren't just, pharmaceutical tools, then they are by definition, an integrative doctor, whether they call themselves that or not.

Yeah.

Functional vs Integrative Medicine

As a person who feels very strongly about, you know, being a detective or, and, you know, for patients and really being compassionate, what do you feel is missing currently in, in system of health care right now and in terms of what you see in patients and why they would come to you.

So I think you the two more questions. Yeah, yeah, I'll, I'll try to answer the best I can. And you might have to remind me what the other part of the question was, but answer it fully.

But yeah, I think it's no secret that our health care system is is broken. That people are paying a lot for their insurance. They're not getting the treatments they need.

Doctors have to do prior authorizations and all these medicines that are obviously medically necessary. And so there's so many things that are wrong with our, our health system.

And it's not just one thing. It's not just how our health insurance, companies work. It's not only that our studies are based on what Big Pharma supports.

It's not only that, in commercial medical schools, they should be teaching us more about nutrition and about lifestyle. It's all of those things. And, unfortunately, all of those things together are just making our, patient population, not get the care that they need when they go to a commercial doctor.

And, by all means, I love commercial doctors. I know that they're doing the best they can with the limits that they have with the education they got, with the way that they have to practice with health care insurance.

We only get a few minutes with a patient. When we have health care insurance, we can't get them all the medications they need because insurance companies just won't pay for them.

So by all means that to people listening, I love commercial medicine. I want it to continue to grow and be better. It offers so much you need to keep your doctors, but we need to have more awareness that that needs to revolutionize and the faster it does that, the better outcomes we're going to have for our health population.

It's ridiculous that we have, so much lower life expectancy than Japan. People in Japan live ten years longer than we do, and that's just mind blowing.

It's ridiculous. We are just as advanced of a society as Japan, but we have much more, I don't really know the, the statistics, but I am pretty sure last time I read them, we have, you know, we die younger, we have more infant mortality, we have more pregnancy complications.

People are just. If you, again, I don't know. I haven't research this recently, but if if people have, you know, just poor health in general, more obesity, I imagine, than in Japan.

And it's not because the Japanese people are just super blessed with amazing genes. If you bring a person with Japanese genes to our, to the US and they will also get sick.

So it's it's multifactorial. Yes. There are some things that people with Japanese genes are going to be more, more and less predisposed to. But it's and it's not it's not just the genes.

Yeah. So the that was that was wonderful. I think that really does highlight some of the things that we're seeing and why people patients do seek out other alternative.

So you know, they're really seeking out an answer that really resonates with their experience. And as well as, you know, when you with your own experiences, as you mentioned earlier, you know, with the burnout, burnout is real.

And, you know, it is a it is a institutional problem right now, I think we're seeing. And so, you know, I think we spoke earlier about, you know, your own, background and, and journey into functional medicine really came from a deeply personal experience, too, right?

Knowing that there are other alternatives to to healing, from your mother's, experience in your own experience in, in nature and addressing that early in life and, and seeing that that is a need that's still missing, I think where, you know, there's a lot of talk about we are our younger population is also not exposed to nature and not exposed to the outdoors.

Vitamin D division is deficient, you know, is is low. And this is this is a global issue as well. Food is readily available and sugar is in everything.

And yeah, absolutely it is. How do you, you know, school lunches, things like that. There's and courses are bigger topics. But you know, I appreciate the work that you're doing.

And I think as a community of providers, I think ism, what would you say to your colleagues now with the what you've learned in your practice and what you're seeing now?

What would be a message that you'd like to to share? You mean, to my conventional medical colleagues that are still stuck in mainstream? The number one message is that doctors need to, admit that if they're unhappy with their practice, it's okay.

They can admit it. And there are alternatives. They sometimes feel like they have to be stuck in because it's the only thing they know. And so if you're unhappy, please know that the way you're practicing is not the only way to practice.

There are so many things out there. If and you don't have to do what I did, you don't have to do functional medicine. You don't have to do integrative medicine. There's so many other things that you can do that may fulfill you a lot more.

I personally feel like a functional integrative medicine is, you know, obviously the path that I chose and it makes me very happy, very fulfilled. I can help people actually heal a lot more than I could in the past.

I, I think every doctor for the heart they have and what they do, it's it's hard.

Healthcare System Challenges and Physician Burnout

It's hard being any doctor, even if you're just doing commercial medicine and you're just, you know, doing the same thing day after day. It's it's hard. It's hard being a doctor.

And I also want my conventional colleagues or people who only practice conventional medicine because I'm a commercial doctor, too. Right. But people don't understand what functional and integrative medicine is.

Those people who think that think that it's not evidence based. I want you to really, really understand that everything we do in, functional integrative medicine is evidence based.

No, it may not be the same, studies that you're reading, because you may only be reading studies that are promoted by, big pharma companies or by, academic institutions who have, limitations and have research they can do.

The evidence that we're using in functional medicine sometimes has to come from other literature I have to learn from. But the veterinary literature I have learned from the literature, I have to learn from people who are PhDs who

don't really sometimes they don't know that they're making advancements in science that are helping medicine.

But I can take their research and I can integrate it into my practice, and I can practice more personalized and carry it's medicine that's every, every much, or if not more evidence based than what is done in conventional medicine and actually say that it's a well known fact that when research is published, it takes about, 15 to 20 years to actually change the guidelines.

And so, we know this, we know this as commercial doctors. We we have to go by the guidelines because they're the guidelines. And so, yeah, I don't practice guideline based medicine with everything.

I follow guidelines. But then I take the newest research and I implement that, and I personalize it for my patients. And that's what gives me, really good results.

Yeah. And you're right. You know, you mentioned the personalized approach. I think really that really connects to what patients need is to be seen and heard and to know that there's, you know, it's not about us prescribing.

It's about really empowering what they need and recognizing that I think that's important. Yeah, I've heard a lot of stories of patients that, they were waiting to get in to see a functional medicine doctor that had a long way.

And in the meanwhile, they started just reading up on stuff, listening to podcasts, reading books on how to take better, take better care of themselves.

And by the time they got to see the functional medicine doctor, they were already 80% better. And they actually didn't need that much work with a functional medicine doctor.

So should become more empowered to take care of their health. I always tell patients that, you know, ideally, you'll be working both with a functional medicine doctor and a health coach.

But if you can't afford both, they'll get a health coach. How? Coaches can help you learn how to, eat better, exercise better, manage your stress, sleep better.

And once you do those four things, you're not going to need to invest as much money in a functional medicine doctor, because, you know, unfortunately, also, medicine doctors cannot work under insurance most of the time.

We just don't get paid for the work we do. So if you can't afford a functional medicine, doctor. Yes, save up. But in the interim, go find yourself a health coach.

That's. That's the first step. Yeah, yeah. Well, thank you for sharing your story and your work. And, sounds like you're really, doing the things that you really believe in and interesting.

And I think that's an that's a really powerful place for, patients to have that, you know, somebody who has the knowledge and the experience, and the personal experience as well as the, the education and training that you've, applied in your work.

So thank you for. Yeah, yeah, it's it's great to be here and to share these things because I, you know, I do want to be a messenger of hope and healing for all our listeners out there.

I know I won't be able to be the doctor for for most people who listen to this, or maybe any of them. But if I can change your lives just a little bit by these messages, I.

I hope, it's a positive thing in your life. Yeah. Thank you. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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