Introduction to Functional Medicine

True healing requires us to look beyond the surface and listen to the deeper story the body is telling. That embodies my next guest, Dr. Chris Turnpaw, a leader in functional neurology and systems-based medicine.

In this episode, we explore what's broken in the modern medical model and what actually works for people with complex chronic conditions. Welcome back to Everyday Ancestral, the podcast where ancient wisdom meets modern healing.

I'm your host, James Berry. This is a rich episode and I hope you enjoy it. Please enjoy Dr. Chris Turnpaw. Dr Turnpaugh, it is such a pleasure to get 50 minutes with you.

you really kind of bring a refreshing, in my mind, different perspective than what we're experiencing with the, you know, general medical industry. And I'm really hoping in this episode that I can really support our listeners and better understanding not only their body, but how to kind of filter out all this noise.

You specialize in helping patients with mystery illnesses, for example, and like Lyme and mold and toxicity, MCAS, long-haul infections, et cetera. And they're all skyrocketing, right?

But most doctors aren't even looking for these things when people go in. So a lot of illnesses are just kind of continuing and people are kind like trying everything.

It's like Russian roulette here and they're just trying to everything they can. And then only after a long time of spinning their wheels, do they finally learn, oh, it's probably something that Dr.

Turnpah would have figured out within his first few sessions with you. But why is it like these are getting missed or dismissed even by mainstream medicine?

Well, I think if we go back in time, the medical profession is excellent at single cause infections. You know, we got back decades and decades where you had like a single bacteria and that was infecting you and overburning the immune system and we had a simple answer for it.

And part of it is we throw shade a lot of times on the medical profession, but they haven't been trained really to understand these complex, newer, environmental, we'll call it, environment is, you know, what you're exposed to, your thoughts, chemicals, foods, all that.

They haven' t really been train on that, so it's kind of an unfair ask for them to under stand those mechanisms. They're good at treating symptoms. So if you have pain, they're able to give you something for pain but they are not really trained to why do you the pain or if have something where you don't feel good or a multi-faceted, multi system involvement which is really how the body works.

It's not really isolated. We're not just the sum of our parts and they're really good at the silos, right? So you have the specialists that are good in neurology or nephrology, or cardiology, but understanding how we got to that point, they are great in their silos and that's really acute care.

and they're great at acute care, but they are not really trained at this chronic disease that we're seeing. I think I saw a stat yesterday that's 76, greater than 76% of Americans suffer from a chronic illness.

So that is three out of every four people in America in a system that wasn't trained for chronic diseases and chronic illnesses. You know, I want to be compassionate.

It's an unfair ask of a profession that wasn't trained to deal with the chronicity of the issues that we're having.

Why Chronic Illness Gets Missed

And I think that's a blind spot. And so when it gets to the houses on fire, they can bring the fire hose, but they're not really good at, hey, your house is smoldering.

Something's going to happen. You're about to fall off the cliff. While I get frustrated and through 30 years, I've hopefully matured a little bit where I used to be frustrated with the medical profession.

Now I'm compassionate and they are not trained to deal with these issues. They're not the best at correcting the direction you're heading. So it was like a big cruise ship.

They are not really good at changing or pivoting the directions that that cruise is heading, they're great at putting a fire out on a cruise, but not changing the direct of it.

Where should someone go when something pops up, when a symptom pops, because I think that's really changed as well. I can think about my mom's generation.

they went to their doctor for everything. Everything and anything. And now what's happening is people are still, certain people, are maintaining that mentality and then they go to their doctor and they're just getting provided a pharmaceutical for something that probably didn't need it.

Well, I think that patients more than ever, unfortunately, need to be their own advocates. If the house is on fire, you need a fire truck. And that, unfortunately, is the tipping point for many people to seek help or seek care.

That's okay to bring the firetruck when the houses onfire, but to take responsibility and accountability for our families, our loved ones, ourselves, Is a next step because we're not just relying on somebody else to tell us what to do and that starts with Asking the question of themselves and whomever they're seeing is how did I get here?

And how do I not wind up here again? So just really taking that leap forward and saying, you know, I had XYZ and it would choose something simple like My child gets strep throat every year Okay, so they may need some pharmaceutical intervention for that strep throat, but then asking the question, why is my son so compromised that they get strept throat every year?

That's going to be the onus of us or someone they seek out who is willing to ask that question. And that's probably not your standard allopathic doctor.

because they're doing their job of, well, I'm here to treat the acute problem. I am not really trained into how do I build this body to be healthier long-term.

Again, we're seeing that as evidence where I think it's one out of three child or diabetics or pre-diabetic. If you're a pre diabetic as a 14-year-old, you really don't have a disease, You have risk factors that are going to lead to diseases.

So if you go to a regular allopathic healthcare provider and say, hey, i'm at risk, they are gonna say well come back when your risk is really manifest and so they're not going to get into how did we get a population over the past 30 years that went from healthy to unhealthy and how do we change that?

Again, not to throw statistics out, but eight out of every 10 children won't qualify for the military. We have one in three children, at least one and three are pre-diabetic or diabetic.

76% of the population has a chronic disease. This is a tipping point in healthcare in a system that hasn't been adequately trained in how to deal with these problems.

So we're retrofitting patchwork and plugging holes in the dam and that's an overwhelming ask to a healthcare profession that hasn't been equipped with these tools.

Where should people though start you think? I mean obviously it's hard to just say, well, I only see a holistic practitioner because that's obviously you can't just be black or white about because not everyone in every field is equal and or thinking the same.

But are there certain questions or certain qualities that people should be looking for asking when they reach out for help? Yeah, I think some fair questions too.

First, are you of the mindset as the patient to make change? Are you willing to do the work that is required? And we have been trained, like you said, your mother's generation, was really trained to go to the doctor to take a pill for an ill.

And the first thing is to say, am I willing to do the work that it takes to get healthy before you seek out a provider who's going to give you advice about what to Do.

Secondly, we have to be fair and there are so many people claiming to this work, that Because it's the Wild West, there's really no governing board, if you will, of holistic or functional medicine or medicine 3.0 or whatever you want to call these terms.

There's no guidelines. It's kind of buyer beware. So I think it's really important to seek out someone who is compassionate and has a lot of times this is word of mouth.

I've talked to somebody who's helped me. A huge opportunity for it's very opportunistic in our world for people to prey on people that are suffering. So somebody who has some training and some track record or has good reviews from other patients who have sought them out.

I think there's a lot of ways to do that. Just seeking somebody who has had some kind of training or is reputable or has a good reputation. It's really hard to seek out someone because it's literally everywhere.

You could literally have No training and become famous on instagram and people will seek you out and spend tens of thousands of dollars and the only to find out that.

What was what was your background what is your training can that becomes frustrating because that puts a black eye on our entire profession. that is trying to do this.

So it is a bit challenging and there's now more and more information coming out and it's again more more incumbent upon the patient or the caregiver to seek out proper advice, but there are certain foundations that are going to be universal to all patients suffering from chronic disease.

You know, we talk a lot about inflammation is at a core. Lifestyle is at a core. Finding somebody who's willing to listen to you and take inventory. And I'd like to say, we like-to-be-learn-it-alls rather than know-at-all.

So when a patient comes in, there's a lot of time. We have 20 providers. The providers, I try to teach them, it's okay to, say I'm going to figure this out even if I don't know today.

Someone that's, willing- to-work-for-you, One of the things we say in the office is, we work for you, like you're our boss, the patient is the boss. And that's also lost in allopathic model is you listen to what you are told as opposed to, can we have a dialogue?

Can we actually talk about who I am as a person, as patient? What I'm willing to do, what I not willing do? Are there different ways to get to the same point?

And so seeking someone that's willing to have a relationship with you rather than a template is, this is how I treat

everybody. And, so how does it make it really, you know, the buzz is personalized lifestyle medicine and personalized, lifestyle, medicine starts with personalized.

So if somebody comes in and says, This is what we do with everybody, Well, there are certain benefits to everybody can clean up their lifestyle, everybody, can exercise a little bit better.

Everybody can sleep a bit, but how does that really fit in with you? So someone that's willing to have a relationship with, you and be compassionate with.

Finding the Right Practitioner

You, I think is important and someone who's smart and educated, humble. So the arrogance piece, they get a little bit of my bias in our profession. The people that like I am the greatest and I have it all figured out.

Those are the people I typically run from as opposed to, you know, I've been doing this for a while. I kind of know what I'm doing. And more importantly, am I willing to individualize it to you?

So finding somebody that's compassionate, caring, smart, and willing to have a relationship with you and honor your wishes. I think you're making a huge point that not a lot of people think about, but that the healing begins when a patient feels heard.

That is a part of the heal process as well, not just you dispelling any, well this is what I would recommend or this what you should do based off of testing.

It's like just hear the person out. And I know that's what you guys do. Yeah, it's so important. For example, our first visit is really two visits, which are three hours, you know, an hour with a certified health coach and two hours with the provider.

And that is super important, we teach to providers like advanced immunology, fancy smashy stuff. And we talk about how you can change how the immune system functions just by caring.

Like that actually is not, I say it's not happy talk and psycho babble. It really changes the system and they've documented this. You can see how when, when your provider cares about you, it causes an immune shift.

And so if you go into somebody and they say, well, I'm just a technician and I am going to tighten this bolt and loosen that and open this valve, and you don't get that caring piece, you're missing the possibility to evoke a change in the immune system to help that patient recover.

It's not that hard to care. I used to teach It's not that hard to care, it doesn't cost anything and it's no costing the provider anything or the patient anything, but it is so powerful for the healing process just to take care.

And it isn't just like Freudian psycho stuff, actually we can measure the immune system change just from compassion. What do you think the body remembers that the modern medical system forgets?

Trying to bridge that concept of like, and this is one I'm kind of more and more exploring is, As more and more plant medicine gets explored and talked about, there's this concept that, at least from this book, the Cosmic Serpent, that this scientist went into the rainforest.

He was going to study something specific, but then through meeting the shamans, he pivoted to researching the Ayahuasca plant. And the Shamans talked that science had a concept, had sort of a gauge on, but they used different language and he's like, how do you know such sophisticated concepts?

And they said, well, the plant told us. And so I've been really curious to start exploring like well if a plant can hold knowledge, then do our bodies hold that knowledge?

Does our body know what it needs and wants? And I know there's different faiths that follow that concept, like Christian science does. There's many. Buddhism, I mean, many that followed that through just calming the body down, focusing inward, the answers on what's going on outwardly will come.

No, I think that that is very true. And again, if we layer that on the noise that we have, so I would say that if someone was in the rainforest without distractions and in tune with themselves, not to get super spiritual, but if they're in tuned with them, they would seek out and they'd be guided towards what might help them.

And then there's wisdom of generations past, which is why shaman or medicine healers, you know, they have the wisdom we want to learn from previous generations.

But in today's modern society, there is so much noise that if your body says something like, I need protein, it might be misinterpreted as I need food and that food might a Twinkie and so they're not able to hear the noise correctly because there's so much noise so your body is telling you that it needs something and it gets kind of translated by all the modern noise of I'm not hearing the message clearly so it's mis-interpret it as say I needed protein or I need a certain ingredient that's in a heart, whatever.

And they hear that as I eat food and they're reaching for pasta or, you know, and so I think there's a misinterpreter. I see it actually the noise gets cleared up more in my experience when women are pregnant because women who are pregnancy tend to have cravings that are appropriate for what their body needs.

So when they're hyper-focused on, I have a child growing inside me with needs, and they are not thinking this, you know, to their forebrain, but they'll have cravings and those craving actually mean something.

They're more apt to listen to them during pregnancy than when their working a 12-hour day, trying to get the kids out to school, not getting enough sleep.

That's what interferes with that message of what is actually my body telling me to do. And very commonly we'll share with patients, if a dog is tired, what does it do?

It lays down and takes a nap. If we're tired what do we do, we reach for, you know, some kind of stimulant like a cup of coffee or something like that.

Or, and it's true too of if I'm in an environment which is unhealthy, And I'm a dog, I leave the environment. And here we say, well, what pill can I take to make me feel better in that environment?

So with modern society, we've kind of moved away from. listening to what our body is telling us, what we call the innate intelligence. We just know, you know your body doesn't have to go to school to heal a cut.

Your body isn't going to have go school, to know how to do simple basic physiology. And that message has been ingrained in us and we override it with modern society and all the background noise that fills what were supposed to.

Healing Through Being Heard

It's so true. You know, it's funny, I think about water. We grew up where we drank from the tap, right? That's how it was when we were younger. And then I distinctly remember when bottled water came out and there was a transition period at first where people were like, oh, that's just expensive water in there.

It is a trick and yada, yadda. Then now we're at a place where, people are scared to drink anything but botted water or filtered water, And so, in a sense, this modern, marketing machine, modern society is instilling, it's not only controlling our choices, directing our choice, but it is also instill this kind of fear base of just being in sync with nature in many ways.

Well, a lot of these things are papooed by Scientists such as pick on an easy one, earthing or grounding, right?

Which, oh, that's crazy. Is it because we've done it for thousands of years?

Like really, this is what our bodies have done. Why is it crazy to think that my foot touching the earth is wacko when that's how we got where we are?

And how is that I had a homostatic relationship with my environment for all these times and now we have to be afraid of it? And there's some wisdom in that because we've destroyed a lot of our environment, but simple concepts that really make sense if you boil them down to what's going on that aren't expensive that you can do, which is how we survived as a species for thousands of years.

And now we're told, well, that's crazy. That's just crazy, so if we can get back to Listening to that inner voice, that innate intelligence and do what our bodies are listening to do without all the background noise.

That's really the foundation. So a foundation again is what is your environment and is you're environment emotionally toxic? is your environment, the number one environmental thing you can do other than breathe the air is the food you put in your body.

So I think we have to start asking the questions, what am I exposing myself to? You brought up like mold and lime, those are exposures. And there are traumatic exposures that the body has a difficult time with.

But the number one exposure we have is the air that we breathe. And the second exposure, we the food that eat and we leap over those and look for what pill can I take for the symptom?

And that kind of goes back to what are you willing to do? What steps are are willing do to right the ship? If that ship went off course, I do this with patients, if the ships goes off-course at age four, and we're talking to you at age 44, it's a longer road to get back.

If you go off course at 44 and you come in at forty four and a half, you have less time to come back, so allowing the body to recover with the amount of time of the exposure insult is also important and giving the patient's permission to heal over a period of So a phrase I use a lot is we have to be directionally correct, even if incomplete.

So if you're out here and we change direction, we're directionly correct. We're not complete until we get back on the road, but changing that direction.

And that comes with subtle changes, little pivot points, allowing the body of the time to heal and giving the permission to the patient. And being fair and honest with them, this isn't going to get better in two weeks.

This isn' like an antibiotic for strep throat. this is a chronic insult that's taken a long time to to this point. And yes, we want to see objective data, blood work, labs, things like that improve.

and subjective data want to see the patient improving, but laying it out honestly that this is going to take some time and to get you back to riding the ship and addressing how you got to this point and then reinstilling in the patients that your instincts, when that background noise is cleared up, those instincts are More accurate, you have a more accurate compass when you can listen to what your body needs.

So, yeah, there's a lot of concepts out there such as like, I should fast. I shouldn't eat six times a day. That's again noise to the body telling it what to do as opposed to honoring the bodies saying, well, let's get to point where you can tell me what you're experiencing.

What are you craving? What do you, children do it all the time. They chew on the wall because they're mineral deficiencies. So all your kids are eating everything.

they are reading everything because instinctively they haven't had that background noise for 40 years to tell them you shouldn't eat paint off the walls.

And so, but what they're doing is they are craving minerals. Pica, you know, in the south when they would eat like dirt pies because they needed the minerals, that wasn't some medical research paper.

Listening to the Body's Signals

That was pregnant women craving mineral so they'd eat dirtpies. It is. It's really fascinating because a lot of times in the primal or carnivore or animal-based communities, they'll compare the diet to, well, this is how a predator in a wild would eat.

So they're comparing it. But I look at my dog, for example, we feed her raw food. But when she's out for a walk, she is looking for specific grasses to chew on.

She's searching for certain minerals and nutrients. Sometimes she does dig at the dirt and eat some of it. What does that tell you then about the human body in terms of what is our ideal diet?

Well, I would start with the, that's a loaded question. The ideal diet is specific to the patient, right? So it's not like there is an ideal. There are certain generalizations.

But an ideal diet is different when you're on the path, an idea diet, is, different, when, you are off the paths. So is your diet for recovery? Is your, diet?

For healing? As your? Diet? for optimal performance? I think those are not all one in the same. Uh, and I, I think to your point, every vet knows that when your dog eats grass, there's something going on.

And usually it's the, usually the dog is fighting something or looking for something, or trying to heal something. But that dog hasn't had all the background noise of, Oh, run to the vet and take a pill.

Um, it doesn't have that information. So I would say to answer your question in a roundabout way, what's, the ideal diet depends on the patient. I could generalize what's the ideal diet for a healthy person.

What's ideal for sick person? What is the idea diet someone from Scandinavia? what is ideal from someone in Africa? I think there are differences and these different types of ancestral backgrounds have some commonalities and have differences.

And so we talk a lot about for example, like lentils and things like that, that are really from Africa and they've incorporated into our diet. And if you're from Scandinavia, ancestrally, you haven't seen that for a thousand years.

So we say, oh, these are good for you. Are they good everybody? I think there's some common ground amongst all races and all backgrounds and ancestors and ancestry, but I don't think I would be one that says this is the optimal diet for everybody in every condition.

I think there's times and places where you have additional needs for this type of protein, carbohydrate, fat, and that will vary based on who are you walking into my office?

So what state of health are in? What's your body? If you've been deficient in something for 25 years, you might have a different diet than somebody who has been somewhat optimal for twenty five years.

Yeah, it all makes sense. And yet, It really is confusing when you just lay it all out, if you think about it, because with globalization, with industrialization, we are exposed to, as you mentioned, foods from all over the world, out of season foods, and then technically my genes are, I'm a white European mutt, but I live in Massachusetts right now, right?

So where do you recommend the person start? Like are we looking for, with the idea that we are completely out of junction with probably how we should be eating ancestrally.

So where do we start in this current society? Well, I'm going to give you what I said I don't like, which is a template, right? Okay. I think it's important to get the concept of meats, fruits and vegetables.

Meats, fruit and vegetable. And if a patient is used to eating McDonald's three times a day, that is such a cognitive shift to say you're going eat meats fruits or vegetables, I like to take it to the next level.

Is it clean meats, fruits, and vegetables? Is the meat you're eating, are you eating grass-fed, organic, happy cows? Are you getting nose to tail? are your fruits organic?

Which front fruits are they? If you are living in Massachusetts, why would you be eating tropical fruit every day? That doesn't make a lot of sense to me.

I think that if you're eating a broad array of vegetables and bitter foods and quick, quick diatribe, there's, I'll give you two concepts. We digest our meat first, right?

So people say we should never eat a salad before we eat our me to the orders backwards. Which should be eating the salad at the end of the meal. If we go back.

500 years, the salad was bitter. It was a bitter leaf and bitter lettuce. So you're actually, your salad is really getting your herbal bitters in, which jumpstarts the digestive process.

But if you are eating iceberg lettuce with some high sugary salad dressing. Yeah, that's not really the way to start your meal, but if you're eating some bitter lettuce in a small amount of it, you are getting your herbal bitters before you eat your meat, which jumps towards the digestive process.

So again, the concepts have really been lost and we refine it down to where you should eat protein first before eating your leafy lettuce. Okay. That, that makes some sense.

But if you say, let's brought out, well, what if I eat some, a small bitter salad, you know, with bitter leaves in it? What would that do? That would give me my bitters before I had my meat.

So I think meats, fruits and vegetables is where I would start as a concept. I mean, those meats fruits of vegetables should be clean. Yeah. Think your meats should include not just the same cut of meat all the time.

concentrate toxins 11 times greater than the plant. So a lot of people eat plant-based because it's a lower toxin burden. And I don't think that's correct because that is going to deprive them of all the healthy nutrition of the meat.

But if you're eating a meat and it is not clean, you have to also realize you are putting a toxic burden on the body because so that where clean meats clean fruits, clean vegetables, how you're getting them?

Are you eating tropical fruit, living in the North when it's not too hot? Watermelon grows in summertime. It's a high sugar, high water food. That may make sense if it is 100 degrees outside.

If it minus five degrees in Massachusetts, should you be eating watermelon in February where you are not burning that information off and you not even expending that much water and sweating?

because that's what would happen on July 4th when you're eating watermelon. So you mentioned earlier that there are some basic kind of low cost things people could do that are in alignment or closer to ancestral concepts that will help to kind to help offset that, the modern society impacts.

Ancestral Diet and Clean Foods

I would love to hear some thoughts because that is one concern I have is that there is this prevalent kind of message that we're getting, particularly from biohacking communities, from many influencer communities.

Without them saying it, but ultimately they're saying to be healthy, you have to wealthy because they are suggesting so many expensive protein powders and pills and so many devices.

And it just, at the end of the day, it's just very expensive. So what are some things that are low cost that people can do to help to realign? Well, I think that if we go with the concepts of meats, fruits, and vegetables, right?

And you can get them locally grown and it may cost you a little bit more to get organic. I Think, you know, a common thing we talk about is the dirty dozen versus the clean 15 from environmental working groups.

So the cleaned 15, they're fruits and vegetable as you could buy that don't have to have the additional cost of organic, some things are very important like strawberries and blueberries that they are organic And I also think that Not everything has to be super expensive and it may cost you a little bit more, but what is the cost of being sick?

What is it the costs of not feeling well? Well, what's the cause of what they call presenteeism where you're not really present as much as you could be and illness.

And so we have to, if we're going to save for our 401ks in retirement that a lot of people do, are we willing to invest that today so that we can enjoy that?

statements that i'll make to a patient as i say if you're not willing to do. Some of these things and spend a little bit more we're talking about you have to be wealthy to this but if we are not going to sacrifice a lot of it more now don't put money in your phone okay because you not gonna be enjoying it when you retire so i do think it is.

Again, a conceptual change of it may cost you a little bit more. People say, I can't afford anything but ramen noodles, but you have a $400 a month cell phone bill.

So what are you prioritizing? You know, convenience over health. How important is your health to you? And so I do think it's not terribly expensive to get a good night's rest.

It's, not, terribly, expensive, to put your feet on the earth. It's not terribly expensive to go for a walk or move. Those are all free and it's, not terrible expensive, to cut out highly processed, refined foods and go back to meats, fruits and vegetables and focus on what's cleaner than not cleaner.

I think that you could go to a butcher. or an organic butcher and get the bones that nobody wants and make your own bone broth for low cost. So I say yes, if you want to go out and purchase the ultra healthy things in pills, potions or lotions, it is discriminatory towards the poor.

If you put a little bit of effort in, which puts the onus back on the patient, what are you willing to do? It can be done relatively inexpensive and Directionally correct, but incomplete.

It costs a lot of money to go to McDonald's three times a day. Can you start to prepare your meals at home? And so if you're feeding a family of four or six on fast food or dining out, can you do that at Home?

Can You put a little bit more effort into home You're home cooking where you know the ingredients, you're know what's going into it. And are you willing to save money by not going out?

And then your grocery bill may go up a little bit, but your overall household income may, expenditure may down because you are not eating out. Those are the, those are pivot points.

So if you focus on meats, fruits and vegetables, cleaner is better, eat out less. instead of meeting people out for dinner, invite them over to your house, then you get community, socialization.

I think there are some simple concepts that if we take them at the minutiae level, they're going to be expensive. You have to live this way and buy these things and take these potions and eat this certain protein powder.

Okay, but can we do it a different way? How did poverty I wouldn't even say poverty, but how did, you know, we're the wealthiest point we've ever been in our lives in history, 100 years ago, 200 years, 300 years.

500 years so it wasn't a cost prohibitive to eat healthy 500-years ago because pretty much everything you did was eat health because you ate meat, fruits and vegetables.

You ate fresh, you eat what was in season. Um, You didn't throw away pieces of the animal that, well, I'm only gonna eat the loins, the tenderloins. I can actually eat everything.

So I think there's some. And then you don't have to focus as much on what's missing in my diet. Well, it was all provided to you in nature. If, but we stopped listening to that message and we're not listening nature.

So, um, yeah, all the way down to boiling the bones and getting some bone broth and the marrow out of that. And, you know, he didn't just eat the really great cuts of meat.

He ate them all. Um, You know you ate what was in season and you probably pivoted sometimes because you go back a couple thousand years, maybe you didn' kill an animal that day.

So how did you exist? So you have metabolic flexibility to sometimes eat certain foods, sometimes these other foods. So getting back to ancestral diets to me is You probably wouldn't be eating something that hasn't been ripe for five months and eating that.

What stores, you know, what we could store long would be again, your proteins. You could score a little bit easier. you could either smoke them or cook them, or dry them.

Or salt them you can do a lot of things with it, but you weren't eating a watermelon in February. That was never the case. And to your point you weren't always eating ribeye.

You were eating the whole animal, the organs, bones. Yeah, you were utilizing the entire animal. a lot of the Amish country and I know that came about during COVID because they didn't have the resources that everyone else did because the hospitals weren't serving them and so you created programs to support them, and now you're more and more working with them.

What I find so fascinating about the amish community though is that they are They do seem closer to ancestral concepts and nature. Would you say that they are closer than nature in kind of simpler times?

And then the second part of that question is, what are you seeing health-wise in them that's different from other people that are not Amish? Well, yes, they are closer to nature, for sure.

And two, we exploded seeing them over COVID, but we've served the population since the early 2000s. Oh, okay. Yeah, really worked with the plain community.

We'll call it Amish Mennonite River brethren, German brethren. The plain for a long period of time and there they all have their own gardens, they typically have someone in their community that raises their meat.

And we saw a shift in the probably 15 years ago where some went more chemical and some stayed traditional. And we saw a shift in their health. Sorry to interrupt, but chemical in what way?

Like agriculture wise? What do you mean? Agrochemical. So they're furrowing the fields, they were spraying the field. And some stayed true to tradition and some didn't.

We saw like this really two tiered system and they are pivoting back largely because they we're aware of the health was suffering from all the agribusiness and agro-chemicals that were being used.

And they, you know, it's not a perfect system, but they get up, they move, They work. They eat real food. Um, I had

a patient a couple of years ago and she canned 141 cans of ham and bean soup.

And I said, wow, what are you going to do with that? She goes, well, that's what I'm going eat all winter. Like that was their food, so. Uh, one of the things that was kind of fascinating, if there's a food shortage, they're not going to have a foods shortage because they are still growing their food in their backyard and they have stored, can they all have basements with their canned food.

So they've kind, now they also love their desserts, love, their baked goods.

Low-Cost Health Foundations

They're famous for shoe fly pie. It doesn't come without, um, the taste buds have kind have won a little bit of a war because the always have baked good or a dessert to go with it.

Um, it's less problematic because they do work hard and they're spending the energy. They are not known for desk jobs. they know they are known farming and carpentry and working jobs, so I think if you look at the whole 360 view, they, you know, one of the questions they say is how's your energy?

And they have a 62 year old Amish woman in particular. She goes, I'm kind of tired. I said, well, tell me about your day. Well, like get up at 4.30. And I do all of this work and by nine 30, I'm tired.

I like, well, that's, you're really working hard. Uh, so kind of putting it all together. And again, not to get too esoteric, but. They touch the earth, right?

They're in touch with the Earth, they grow their own food, so they move well, They are typically exhausted from the work they do, which is normal, So they sleep pretty well.

So, the sleep well move, well and eat well which are core concepts. They have community, whether you like it or not, their form of community. They have zero nursing homes.

They don't pay Social Security because they prove to the government they don' t need Social security. because they take care of their own, nobody dies alone.

Everybody, whether they're a single female who's 50 or 60, they are all taken care. So there's a sense of community. There's the sense, one of the things that we said, the Amish haven't really, quote unquote, evolved like modern society.

Well, there is a lot of benefit to that. there are some drawbacks. If they go 12 miles away from their home on a horse and buggy, it's an hour. where we would think it's five minutes.

So there are some, okay, conveniences, but they've chosen to say, we're going to stay true, as true as we can to ancestral ways. And we see much lower chronicity or chronic health conditions in that population.

Do they exist? Of course they do. Um, do they have some challenges with, um, marrying their first cousins, second cousins? Of course we do. There is some genetic uniqueness because it's not a population wide concept.

It's a community wide concepts. So they have some uniqueness to them, but we're not seeing in those communities the same chronic diseases that we are seeing population-wide.

Hmm. Yeah, it's fascinating having your foot in both worlds. I really do think that you're privy to a perspective that most don't have. Now you still do, of course, lab testing, but you use them differently than conventional medicine does.

So how do you balance data with the deeper story behind someone's illness? Well, one of the challenges I do have is I have a foot We will, we're not the office that won't prescribe a medication.

There's a time and a place where we'll prescribe medications because again, the house is on fire. So we call the fire department. That's the medication, so we do use medications.

And I know some in the holistic world, they reel against that, but there are times and places for extreme intervention in acute crisis that is necessary.

frequently say there's a little hospital down the street. You may have heard of called Johns Hopkins. So, so I need, I can't just be all out in left field.

I needed to substantiate what I'm doing. so we'll use quite a few, uh, laboratory findings and objective data to, um, really pivot our direction of care and substantiate improvement.

Two things have to happen in our office. The patient needs to feel better and the markers need to improve. Because if the patient feels better but the marker don't improve, it's going to come back.

And if markers improve and patient doesn't feel, they don' care. They're here to feeling better. So if we have to co-manage, which we do a lot of, we'll call them the regular population, and they're seen at a facility such as a Johns Hopkins, We need to be able to have dialogue for the best interest of the patient.

So we can say we ran these markers, And a lotta times markers are run that are confirmatory. You run a marker to confirm there's a disease. And there's a lot of times markers are run as predictive markers as to what's going to come.

And allopathic medicine is not the best at predictive marker because they're trained to treat conditions, not potential conditions. for the most part.

And so we're using these markers as predictive markers, as to what may be coming down the street. Uh, and that we cast a very wide net, run an awful lot of markers to see what might be, coming, down, the road and take interventions to prevent you from going over the cliff.

Another phrase we use is it's much easier to stop you, from, going, over, that cliff than it is to pull you back after you've fallen over. So the lab markers will tell us, help us to predict, are you close to a cliff?

Are you headed towards a clip? Is something coming, is the train coming? Do you only jump off the track once you get hit by the trainer? Or do you see the training coming and say, I should probably do something about it before the trained hits me.

So yeah, we're very lab heavy. We do a lot of labs to kind of use as confirmatory as to what's going on with our suspicion, predictive to see what might be coming.

And then objectively, are we making improvements in ways that maybe the patient doesn't feel right away, but we know we are on the right track. Given that part of this conversation is supporting people before there's a fire, right?

And as you mentioned earlier, it's really challenging because most people wait to get help until it is at that point. So how do we help people? you know, deal with things before they're truly an issue.

Is part of it like, is there a standard kind of like hey, every year you should be getting tested and what tests should you be doing? Like, what is the kind, how can you support people in kind staying on top of their health?

Even though they might feel, you now, and I'm using air quotes, they may be feeling healthy.

Lessons from the Amish Community

Right. But clearly, you know, we live in this society where there could be stuff going on and you just, it's subtle sometimes, the inflammation shows up sometimes.

It's neuro inflammation, right? So sometimes you don't even realize that, hey, this is something that could become something. Like a lot of people now recognize, oh, skin issues, for example, are an indication that something else is going.

They just think, Oh, well, this is normal, you know, they've normalized chronic illness, right? The mentality of it. So how does someone get out of that thinking and what should they be doing to kind of stay on top of.

Well, to circle back to even our original, uh, part of the, this dialogue was if you're not, if there's so much background noise, are you really aware of what's going on with you?

Right? So I'm getting a little bit tired or I've a bit older patients come in and well, I am not as young as I used to be and they're 32. Or I had a patient once I said, do you get headaches?

She goes, not more than usual. I'm like, how many is that? she goes about five a week. You've become normal to that. So we do normalize because it becomes our norm.

So optimal wellness, I think we've lost touch with what that really is. And so I do think my children all get labs at least once a year, i'm going to say twice a.

I'm weird because I have phlebotomists on staff. i run my labs every single month and that's excessive. It's successive. I tell patients, some guys like to tinker with cars and fix cars.

And so they, I like the tinkering with physiology. So I get my labs every single month that I try to truck them. But I do think it's wise if you don't have.

complete awareness of yourself, which I would argue that very few, if any of us do. Is there another way to look at that? And it could be something as simple as if your spouse is with you, I asked the spouse some questions because maybe the spouses seeing something that the patient isn't seeing.

And the same is true of lab work. You weren't aware of this, but I can see it coming. One of the aha moments is people aren't aware many times that they have cancer until the cancer becomes symptomatic, but it's been brewing.

It didn't start as a bump in the night. it has been coming on for periods of time. And how do we predict that? How do look for diseases that are coming?

So I would encourage everybody to We do regular maintenance on our teeth, on cars, and we're not even looking for potential problems in our physiology.

And if three out of four Americans have a chronic illness, then yeah, I would say at best, which I disagree with, the 25% that don't should still be looking, but certainly the 75% of Americans need to be taking preemptive steps and looking at what might be coming down the road before it gets to a full disease state.

So I'm a big fan. Here we have a program called, we call it Live Jevity instead of Longevity, it's how well you're living. And those are patients that Again, I think I'm doing pretty good, but I want to get a baseline of what's going on.

And so we do that all the way down to people that come in very sick, 13 year old in a wheelchair that nobody's figured out. There are different levels of concern, uh, we still want evaluate someone who thinks they're doing well.

So do we have optimal movement, optimal sleep, the optimal nutrition, you know, and optimal blood markers. So, looking at what might be coming down the road.

Heart disease is another one, right? It starts in your 30s and kills you in 50s or 60s. Well, if you could pivot, so again, starts on your thirties, kills when you're 50 or 50. If we could identify that at 35, it's a much easier recovery

and you are not going to have a symptom.

of early coronary artery disease until it becomes an issue. 40% of the time, the first sign or symptom of a heart attack is death. Well, let's not wait for that symptom to come up.

Let's do something about it. Yeah. Yeah, absolutely. So blood tests would be the tests you would recommend if at minimum once a year? It's the easiest entry point, right?

So if you do expanded blood work and you have insurance, it's typically covered. So it's a low threshold to entry. There are great tests that are specialty tests, that can be done, whether they be stool or saliva or specialty labs that run specialty things.

They're more out of pocket, but at the very least, a standard yearly checkup of generally accepted inside the box, insurance covered labs should be expanded greatly, in my opinion, on what your average physician does.

They're not looking at inflammatory markers, they typically look at maybe your blood sugar, maybe you're A1C, may be your cholesterol, but they're looking other physiology and they are also not interpreting those with risk factors of 30-year risk factor versus 5-years risk.

So, you can get a blood test back and typically they've done it, your 5 years risk is low. But if you extrapolate that out to your 30 year risk factor is incredibly high.

And if your are 30, well, it matters. If you're 90, may not matter as much, but if 30 it matter. So I think a wider net of predictive markers to allow the patient, give the patients the option to pivot back towards a healthier physiology and lifestyle is important.

I would say at least once a year, many of my patients, even when I say, I've been doing this 30 years. So I'll say to a patient, all right, you're great.

Let's check you in a year. And many times they'll come back and say, do you mind if we check in six months? I just want to make sure. Then I'm like, sure, I want be ethical.

If I don't need to see in 6 months, i'll see you any year, but a lot of times the patients will choose because they've educated. I like to take a look at what's going on.

Many times I am an adjunct. to their primary care provider. So sometimes I work well with them, sometimes they don't like me at all. I don' care because I worked for a patient, I didn't work for the other doctor.

And so I'll take that information because i'm casting a wider net, being more predictive in their health and giving them little pivot points they can make before the five alarm fire comes.

so i would encourage everybody to take inventory of what they're doing in their life, how they can improve the things that are free and cast a wide net on some markers that our low cost to entry.

Your insurance typically covers them and see what's coming down the road. Yeah, I love it. And you could argue too that if you go in to see the doctor, you get tested, and you do all these things and the doctors says, okay I'll see you in a year and your instinct is, let's do six months.

That that instinct, is part of your journey and process of getting more in tune with your own needs.

Using Labs to Predict Disease

Sometimes we don't need to know why we're asking for it, we just need the listen to that instant. True. You're saying, well, I know you tell me I'm fine, but I don't feel perfect.

And one of the two things is, Maybe I'll catch it in six months that I could do. The other one is maybe the doctor wasn't in tune with you and didn't even run the right test or didn' take the opportunity to go a little bit deeper into that.

I think both of those are true. One of the things that is like nails on a chalkboard to me is if you go to a regular PCP allopathic, And you have two complaints.

I got a headache and my foot hurts. They're trained now in the insurance model. That's two visits. So I can't talk to you about two things on the same visit.

Oh, really? So if you come in and said, yeah, I went and, my shoulder's really killing me. And by the way, have some bladder issues. Like, well, that's to visits, so you'll have to make another appointment to talk me about that.

How is that? That such a disconnect. you know, we're not the sum of the parts. They just look at individualized pieces and they're certainly related. The body doesn't, the body keeps the score as far as if this is upset over here, it's affecting this over there.

And they are not individualize compartments. So, again, a flawed system when you say, I can only talk to you about one complaint. What if your complaint is I generally don't feel good?

So that's what I, you know, my foot hurts. Instead of saying my photo, it's I'm inflamed where all over. Well, now you now they're like, I don't know what to do because now there's so many different complaints.

So I think that, that listening to your body, becoming more aware of your. And then the person that is interpreting what you're saying, i.e. the provider, the physician, um, having a wide enough net and willing to go deeper, willing, to work for the patient to say.

The test that I did didn't capture that. Is there nothing there or did I not look under the right rock? Am I willing to go deeper? I'm willing look at what might be going on.

Am i willing too be vulnerable and say, I don't know about this. Let me look into it. let me go a little bit deeper. and see if you're having a food reaction which 20 years ago everybody thought was crazy and now is becoming more accepted.

All right, last question and then I'll release you. I know you're busy. If you could wave a magic wand and bring one ancestral principle back into modern healthcare, what would it be and why?

If I could change one thing, well, if I kept in in vain with the conversation, and I'll try and dialogue a little deeper, is can we develop that listening skill to our body the way that it was generations ago, where you can become more aware to interpret, I need to do this, sleep, rest, eat this type of food.

I know that's a very broad rainbow wish, but if we could Listen to what our body is telling us to do. I think we would go so far in what should I eat?

When should sleep? How should move? Should I interact with people? This is mental health, this is physical health. Getting back to all those things. we wouldn't have, I wouldn´t be wearing a dress shirt, right?

I would listen to my body and say it wants to move and I listen when it want to sleep, it would sleep. When it wanted to eat, can I listened to that voice and said I'm hungry.

I'm hungry, what should I eat? A great example, and I could spend all day with you, but a great is someone says, I am hungry. And if you give them a food and like, i'm not hungry for that.

Well, then you're really not. Hungry. You're craving something, that you are not, hungry if. If you. Give a starving child food, they will eat it, right?

They're, not going to say, yeah, don't really want that food. I, am starving, But I don, t want. That food so be more self-aware. and that's really challenging to do.

in today's society when we're bombarded or you're attached to everything every minute so. Kind of stepping away and taking pause if I could choose one thing it would be become more aware.

The information that our body is processing to make better decisions about what we could do. I love it. I'm laughing because we say that to our daughters all the time.

Like, they say, oh, I am thirsty or I' m hungry. And I say okay, here, drink this. They're like, well, no, not hungry or thirsty for that. Well, then you are not hunger and thirsty.

Can I do it in my house? I'll tell them I''m hungry, have this, like I don't want that, a starving child would want this so if you're really hungry is it a hunger or is a craving?

And then I will say if it's a to go to, if it's a craving, what are you craving and why? Like I'm craving this. So are your craving carbohydrates because your serotonin is low?

Are you're craving fats because you dopamine is lower? I know my kids think I am crazy. Are your are craving minerals? Because you want protein? And again, I see that commonly in pregnant women because they are more in tune with what they want.

Staying Ahead of Chronic Disease

But it is a And the other thing is we use the word need in my household, I may have told you this before, but I need this. I'm like, you don't need that starving children need food.

You don' know what need is. And if you became more in tune, You would say, what's a want? What's in need? Yeah. What a hunger, What is a craving? And so, yeah.

Yeah. Well, thank you so much for your time. I know you have a book coming out. When is that coming up? Next year or this year? Hopefully, I have little book lit I'll call it.

It's called The Handbook of Health. And it's just the basic principles because I was lecturing one time, like if you've a hand, you can understand health.

How when you eat, how when your sleep, you know, what's your stress levels, and what you can do to support or supplement that. And then it's also a hand because I think community is important.

So it was the hand that reaches out when you need help. It's the also the hands that reach out to give help, that's a little booklet. But there's book, it is more scientific that I've been writing for 12 years now, and hopefully in the next few months I'll have that out.

And I have a term that I've been using forever, so I hope nobody steals it. It's called, I don't feel gooditis. So it's not really a diagnostic code, but people say, what do you do?

I say well, work with patients who have I-don't-feel-gooditis and like, What's that? It really is. any reason why you're not feeling optimal. And so we go through in the book, a lot of basic concepts and how you got off the path of feeling, optimal and returning from, I don't feel good, it is to I feel, good.

Uh, just bridging those gaps. The challenge for me is. You know, as I try to be a learn-it-all, it never stops. So every time I think I'm done, I just have to add one more thing.

My staff is like, just be done with that part and write another book. I have finish it and say that was good enough and get it out. Yeah, you got to get that out there.

Your information is crucial and needed. Anything you can to just get out of there is going to important. and everyone would be better for it. Are people able to work with you all virtually?

Yes. Okay. A couple of caveats we say is if you're out of state, we can't prescribe because the license doesn't allow us to prescribe over a state line, a prescription drug, but everything else we do across the state lines.

So we have patients in every state and 13 countries around the world that we'll work with through telehealth. We have a secure tele-health portal. Um, so we work patients all over the country and actually most of the Fantastic.

And anyone watching or listening, if you do have that kind of mystery thing going on that no one's been able to solve, I highly recommend you reach out to Dr.

Chris Turnpah. He's fantastic. Uh, and he's our go-to when we have those questions. Um, thank you again, Dr Turnpa. I really do appreciate your time. Are you, are you well, we'll put all any, any links in this, in the show notes and, um, And yeah, just keep on keeping on.

Well, actually I should say I have a caveat, because I know since we know each other, I that your Achilles heel is that you work a lot. So I shouldn't say keep one keeping one.

I hope you are able to take some time off yourself and create a little space between work and play so that can endure for as long as you can. Well, I would be remiss if I didn't say, i'm aware and I don't always listen to the voice.

So I know I need to get out of the office and i know i need do more physical exercise. I needed to be more integrated with my family and do things. Sometimes you hear the message and you tell it to shut up.

Awareness, but rejection. Yeah, so I'm a patient as well. One of things is you can't just supplement your way into a good health. I eat very well, but it goes, I have to eat well sleep well move well.

And one of my holes in my care is moving well I move, But I'm a weekend warrior. So I'll overdo it on the weekend. It's a message that I can relate to patients just because I live this and I am very aware and do everything that doesn't mean I'm perfect, but really good also isn't the enemy of perfect.

So, yes, keep on keeping on would be keep keeping better. Yeah. All right. Well, be well. I look forward to seeing you again soon. And thank you, again.

Take care. Thanks so much for having me.