Integrative & Functional Medicine: Evidence, Hype, and the Future of AI in Healthcare Transcript

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Opening on AI and podcast introduction

If you go back six months to a year, I think that the GPTs were not that great. They often invented things, hallucinated, but they're getting a whole lot better.

There was a study that has been written up and it's not in a peer review journal yet. I suspect it will be at some point. You can take CHAP GPT. They will pass the physician licensing exams with a hundred percent accuracy.

So the knowledge is there. They're better than any doctor at that. Hello everyone. Welcome back to the integrative health podcast with Dr. Jen. It's Dr.

Jen here. My voice is on the men's. So I have my tea and we will get through this podcast and it will be a great one. I'm so excited to have Dr. Bobby.

Dr. Bobby Du Bois is an MD and PhD. He trained at Harvard and Johns Hopkins, and he's also a scientist. So we're going to learn a little bit more about why he decided to get his PhD in addition to his MD.

And his also, he practices what he preaches. So he's an Ironman triathlete and also lives on a beautiful ranch. So we're going to get into that and all the animals he has.

So we have a lot in common. So stay tuned for this episode and welcome Dr. Bobby. So excited to learn from you today and have a great conversation. Oh, I'm thrilled to be here and to learn from you and, and to have a great conversation.

These are always fun and I look forward to doing it. Yeah. So what is your background? I mean, I love that you have a widespread of interests and you went from, you know, doing all this research to now living on a ranch in Texas.

So can you explain a little bit about how you got to where you did in your career?

Dr. Bobby's medical and business background

Sure. So I always had a sense I'd be a doctor. My grandparents, my grandfathers were doctors. My father was a doctor. At age four, I figured I would be a doctor.

Of course, when I was in college, I kind of said, wait a second, why am I actually wanting to be a doctor? Because I was kind of entrepreneurial and I was interested in business.

And now this is back in the and the late 1970s. And so I went to my dad and I said, okay, I'm torn because I like business. I like medicine. What do I do?

And he said, well, you're going to have to make a choice. Either going to go into medicine, go into business, because the two really don't overlap. Of course, that was in the 1970s.

Now you fast forward a number of decades. It was very clear that medicine and business have to be woven together at a health system level and at the individual patient level.

And so I've always had that kind of yin and yang within me. So I went to Harvard for undergrad, went to Johns Hopkins for my medical school, where I met my dear wife, who was an undergrad at Johns Hopkins, and then did a

residency in internal medicine, got board certified in internal medicine.

And as I was thinking about what's life post residency, I had the research side of me. I was really interested in taking care of individual patients, but I began to get enamored with, well, okay, so now I have a thousand patients or a million patients in a locality or in the country.

How do you think about things differently? And I realized I didn't really know how to do that. So I got a PhD in health policy at the Rand Corporation where we were really just given the chance to think carefully at a big broad level from an economic standpoint, a statistical standpoint, an organizational behavioral standpoint.

And so that gave the beginning of my career. And although I saw patients, you know, part time for many years, really my focus was on starting a few companies and really bringing evidence to make policy decisions.

So if you're an insurance company and you're paying for a lot of surgery and research says that a third of that surgery isn't needed, well, how can you do right by the patient and the doctor and make money as an insurance company?

If you could find unnecessary surgery and talk to the doctor and say, you know, maybe there's some alternatives that might help the patient. I got very excited about that.

And so we started a company, it did well. And that was the beginning of kind of combining clinical with kind of the scientific side. Yeah, that's really interesting because I do talk to patients a lot about this because if someone has knee pain, what do they do?

They go to an orthopedic surgeon and like they go there and they're like, oh, they said I should have surgery. And I'm like, well, what did you expect?

You went to a surgeon, you know, really. And if you have knee pain first, I think you should address trigger points and fascia and inflammation and even gut health.

I don't know I think that's interesting that you brought up like some of these surgeries like weren't even needed or weren't even helping the patient because I still see that in medicine a lot nowadays is that people get all these specialists and they're just looking at the branch and not the tree and then I think they go down bad outcome pathways you know I don't know do you know do you understand like what I'm saying like is that you're helping with or do you think that insurance, no matter what you look at it, is the sick care model and really like what you were doing couldn't even get away from that.

Absolutely. So at that, you know, kind of phase of my career, absolutely, we're dealing with patients who were ill as opposed to how do we keep them healthy.

So that's a very valid point. Yeah, I think that's why people become disillusioned with hospitals and going to doctors. And I see though that this has a really bad effect because then people are going to all these like wellness clinics that are popping up because it's trendy.

But then the people running the wellness clinics have no training like we did, you know, they don't actually have the training. So then they're getting poor care there.

They're getting poor care at the hospital. And I don't know, it's very nuanced. Right? It is. And, you know, I started up a podcast about 18 months ago called Live Long and Well with Dr.

Bobby. If you just put in Dr. Bobby, you'll find me. And I really try to bring evidence principles to the decisions that folks face who care about health, wellness, and longevity.

And we're going to talk in a few minutes about why there's so much hype in health, but I really try to do everything from myth busting You know, are seed oils as bad as everybody tells you?

To fun topics like, is your morning coffee a good idea or a bad idea?

Evidence-based medicine versus wellness hype

Do organic foods make you healthier or just poorer? And a variety of others. I have about 50 different episodes, but they all are built around what does the evidence tell us?

Not what the hype is, but what does the evidence tell us? So I try and kind of small bite size podcast episodes that are 20 or 30 minutes to go through individual topics.

And it's a lot of fun. I've got one coming out next week on microplastics. You know, you hear a lot about it, but what does the data tell us? Should we worry?

And if we are worried, what do we do about it? So anyhow, I have a lot of fun, but always through the lens of evidence. I'm not interested in Petri dishes.

I'm not interested in mice studies. I want to know, did they test this great idea in people? What did they find? Wonderful. And for a lot of things, you know, on the health and wellness side, there is good data about exercise and sleep and saunas and all the rest.

And that's what I try to summarize for folks. Yeah, I mean, yes, evidence, but I might disagree a little bit about stuff. That makes it fun. Yeah, because I actually see patients still and they're especially post pandemic.

I mean, things are a lot different and we're not going to have evidence or studies on that. And then it's this gestalt and it's actually like seeing patients like real patients because When you go back to the hospitals, think about when you were in the hospital.

I mean, things aren't like this anymore. But remember, we would do like good old M&Ms, right? Where you would take case studies and you would learn from each other.

And this is what I think we're missing in medicine is we have a lot of experts, a lot of podcasts, a lot of social media fluff of people not seeing patients.

And this is something I'm very passionate about. I will always see patients no matter what. because there is something that you aren't going to get from a study, but you have all these case studies.

Now, should we base actual protocols off of just a few case studies? Absolutely not. We need to have evidence base there, but also we can look at biochemistry and we can apply it to these case studies and we can learn from that.

So I think it's tough to just a hundred percent also focus everything on a study because studies are expensive and sometimes they won't even get published if they're not fitting agenda.

So we have to also look at that there is some bias when it comes to like just being a hundred percent based on studies and not actually a clinician seeing patients in case studies.

I mean, what are your thoughts on that? Because I see a lot of bias. I'm very evidence-based. I call myself an open-minded skeptic. So in general, I'm going to approach something and say, I don't know, it sounds cool, but I'm not doing it and I don't think you should do it.

However, if you can bring me evidence that shows it's been tested and it really works, okay, I'm open-minded. I really don't have a pony in a race. You know, the problem is if you looked out back at the history of medicine, we as doctors often got things wrong.

You know, recently kids were not supposed to be exposed to peanuts because that'll make peanut allergies. And

we ended up with about 15 or 20 years of kids that we turned into peanut allergic only to learn later that, oops, you need to expose them.

You know, hormone replacement is probably the best or worst example where women were using it. Then the study came out and all of a sudden, oh my God, that's a horrible thing to do.

And, you know, it's taken 25 years now to get to the point where, oh, I guess maybe we doctors got it wrong. The FDA got it wrong. We'll get rid of the black box warning.

There's such a long history of being wrong that you really need the evidence to set you right. Now, I'm not negating the importance of medical judgment.

So let's take a very important common area. Somebody has chest pain. They get worked up. They get an angiogram. There's some blockages. What do you do with that?

You know, do you go to angioplasty? Or do you say, well, medicine's probably fine? Well, because for many years, people looked at it as a plumbing problem.

If there was any blockage, we got to use a stent, we got to use bypass surgery. And it wasn't until the Orbiter trial and other major trials that said, okay, I'm going to randomize people.

You're all stable, but you got some discomfort. We're going to give half of you medicine only and half of you, we're going to get angioplasty and a stent.

And what turned out was there was no difference. So for years, we were saying to people, oh, you got a plumbing problem. We got to solve it. When in fact, the study showed that wasn't necessary.

And in fact, had it harms associated with it. So I feel very strongly that we need to look for evidence. I mean, here's another example, hyperbaric oxygen chambers.

That's getting lots of play. You drive down the street and you see, oh, you know, do you have fatigue? Do you have chronic headaches? Do you have cancer?

I've got a hyperbaric oxygen chamber for you. And the problem is that hyperbaric oxygen chambers have really important uses where the evidence is absolutely clear.

You know, you're scuba diving, you came up too fast, you're going to die. Hyperbaric works. You have an unhealing wound. like gangrene or diabetic wound.

Absolutely, hyperbaric oxygen works. Studies have shown it. But when people say, well, I've got this theory that, you know, you're not getting enough oxygen in your tissues and I think I can help your fatigue or I can help your headaches or whatever else it is, you could say that's clinical judgment.

The problem is that there's no evidence to support it. It's very expensive, takes a lot of time. And in the end, when studies are probably done, they're going to find they don't help.

And in some cases, they make matters worse. If you do that for patients with cancer, You're hyperloading the oxygen for them and the cancer may grow higher and faster than it used to.

So we may differ on the role of evidence and the role of clinical judgment. I do think there is a role for clinical judgment, but it's on the, the edges of what the evidence tells us.

You know, a good example is leaky gut. And it's like everybody has leaky gut now. And there are some good theories about it, but by and large, you know, for most people, there's not evidence.

There may be lots of anecdotes, but not a lot of evidence that truly makes a difference. But we can talk about that when we get into the, why is there so much hype in health?

Yeah, Dr. Bobby, I totally get what you're saying because there are especially, you know, everyone's selling a product and some of these claims that they say you go to the evidence and it's just not there.

But talking about, you know, how integrative and functional medicine has gotten this like snake oil mentality where sometimes I feel that way about medications and I'm like, well, the risks don't outweigh the benefits.

So it's interesting because I did a deep dive into the Flexner report and the outcomes of that report and how it basically wiped out all complementary medicine that was really thriving and doing okay.

So that's kind of where the whole snake oil thing came from and I think that you know this is something that we can debate all day because this is a premise of why I chose integrative medicine because it was very evidence-based.

I could be board certified. If you go to a board certified integrative physician, you know that they were going to have about the same training and they have to take the same test to pass where a lot of these certifications out there, it's different.

It's not as monitored. So I think that is something when people are looking out there for good information, they have to look at training and background.

You know, like we both had to get our MD, get our DO and it was very standard and a lot of programs out there say nurse practitioner programs, it's not standardized.

So we have to just be very careful consumers listening out there where you're one, getting your information, who you're trusting your health with. I agree.

So I've been thinking a whole lot around this whole issue of hype and health. So, you know, whether it's on the internet, on television and articles, there's so many things being touted.

And again, I keep coming back to is there any evidence to support it. And people ask me, well, why do you think there's so much out there of this? People pushing hydrogen water is the way you should drink things or magnetic grounding or whatever.

There's a million of these kinds of things. Home red light therapy and whatever. And I think really there are three components to why this has become so prominent.

The first is that mainstream medicine often can't help a patient. They may present with some chronic complaint and standard testing and standard approaches don't work.

So patients want relief. And if the traditional avenues don't solve it, they're gonna look elsewhere. So that's kind of part one. Part two is people are trying to sell stuff and they've got patients that have a problem and they have a purported solution that they're gonna make money off of.

So they push that. And then the third piece of the puzzle is social media, which pretty much turbocharges getting out those views. And so if you combine those things, it's pretty much a perfect storm that you can get a lot of people spending a lot of money on things that really haven't been shown to work.

I mentioned hyperbaric chambers that have been shown to be very helpful in some areas. Red light therapy, you see this all the time. and there are data to suggest for hair regrowth, it can be very helpful.

It can actually work. But when people extrapolate and say, well, red light therapy will help these other chronic symptoms, again, there's no data to support it.

But if patients got a problem and somebody's going to push it and make money, all of a sudden, and then on social media, it's pushed even further, then you get a lot of excitement and buzz around it.

So what I ended up doing is sitting back and trying to understand what's really going on here.

Why hype spreads in health

And I came up with an equation that I think helps. It helps me, it seems to help other people. So the equation goes like this. that a cool hypothesis or mechanism, oh, the reason you have problems is that your mitochondria aren't happy and mitochondria are the key to your energy.

And as you get older, the mitochondria are not as functional and maybe they're hanging out and they shouldn't, you know, they should die and get new ones.

So you have a cool mechanism or theory. So that's kind of part one of the equation. Part two is a compelling anecdote. Oh, Sally tried this, you know, this nutritional supplement that helps mitochondria and she feels better.

And Tom also did the same thing and he feels better. So now we have a cool mechanism and you have anecdotes. And now you add the third element of the equation, which is a credentialed expert.

So now we have Dr. Jones saying, oh, you know, this works in all my patients and, and it absolutely is something that everybody should do. So you combine what sounds cool and compelling, like, oh, I can do something with your telomeres or your epigenome to affect your aging.

very cool theory, you've got some anecdotes, you combine that with an expert who sounds smart, and all of a sudden you get a lot of people stampeding towards that thinking this is the solution.

And sadly, it's kind of everywhere we go. And for me, I want to say, boy, that theory is amazing. Maybe epigenetics is determining the aging or the mitochondrial are getting injured and maybe that's causing the aging problem.

That's a great theory, but there's no evidence yet. that what people are saying could solve the problem actually makes a difference in people. Again, I don't care about mice, don't care about petri dishes, I care about people.

Has it been shown to work in people? So sometimes we have this lag of one to two decades of evidenced based things, you know, anything you could plug in anything like using T3 for thyroid patients.

Still not in protocols. Hasn't been. I would be depressed without my T3. I don't convert well. And probably due to my vagal nerve, you know, because you have decreased conversion of T4 to T3.

You don't have a lot of vagal nerve tone, which residency ruin that. You know, very traumatic. Not a lot of sleep. So what do we do for these people that it's lagging behind?

Because I think that's a problem. I really respect what you're saying, but once again, it goes back to seeing patients in real time. Now, I think what I'm talking about is different from what you're talking about, where people are literally just trying to make money.

You know, so I almost think it's two different categories. One, people that we understand that literature in the papers, you know, and you're published, you know, over 100 research papers, that that can lag, you know, 10 to 20 years.

And the protocols, we just wait on that. So there's that camp versus the other camp of what you're saying. Literally people are just trying to make money.

And this is like exploding in the wellness world. And these experts, anyone calls themselves an expert and they don't even have a medical degree, right?

They're like a PhD in education or something. Or they got their PhD online for $50,000. Anyone could have doctor in front of their name. So I think that there's these two camps because I sit on the first camp where I'm like, okay, I'm reading evidence.

I'm, you know, looking at the mice data, especially with peptides. I understand the mechanism. I'm seeing it working. I'm first doing no harm, right? If it's something that's creating lots of side effects and harm.

then that's a different camp, too. So what are your thoughts on that? Because, you know, red light, for example, I mean, it can support mitochondrial health.

It can help energy. It can also help skin near-infrared light. You know, we know that there are studies with that. But there aren't really studies where you take 200 people with fatigue and your theory is mitochondrial problems.

And you say, oh, okay, so we're going to give them red light therapy. A hundred of you, you get the red light therapy. The other hundred, you get a sham therapy.

green light therapy, you know, whatever it is, something where the patient doesn't really know because placebo is a very real issue. And then you measure.

And I don't support uses if they haven't been tested. Now, you've raised a couple of critical points. You said the lag of information into practice. Absolutely, that's important.

And historically, it took about 18 years. Beta blockers being helpful post-MI took about 18 years. You know, the statin benefits were known long before it became popularly used.

So there's absolutely a lag period that needs to be addressed, and you're absolutely right. Too often, some of those well-researched areas are not being adopted.

The second thing, and you raised this earlier about the person with knee pain, and you said, oh, well, you went to an orthopedic surgeon. What did you expect?

They were going to suggest surgery. There is a famous saying, if you walk around with a hammer, everything looks like a nail. So if what you do is this certain approach, Um, even if you don't have a financial incentive, look, you spent eight years learning how to do knee arthroscopy.

You love it. You think it works. You have patients that feel better. And so you're more likely to suggest it. You go to a noninvasive cardiologist that doesn't do stenting and they're like, yeah, you can do fine with, with medications.

And they'll cite the study that support that. That in the absence of evidence. You can take a couple of approaches you can say i'm not gonna do it because there's no evidence to support or you can say this promising series.

And i'm an early adopter i'm gonna do it ahead of the curve.

Clinical judgment, lagging evidence, and peptides

Now, many of your listeners probably listen to Peter Attia. Peter Attia is really bright, very evidence focused. But in his own life, he pushed things and turned out later, oops, that wasn't necessarily the right way to go.

So he did lots of fasting. I was thinking about another thing he was pushing and I'm going to gesture to it because I mean, that whole thing with the pandemic, which I don't want to talk about it in words because I want people to listen to this episode, that I had a problem with is that no one was worried about the lack of evidence and all these doctors that were evidence-based and big platforms were all like, go get it.

go get it. Yeah, I mean, I get what you mean, like being an early adopter. And even in the ketogenic world, we're seeing in the carnivore world, we're seeing these people where they jump on the fat, and they do it hard.

And yes, you're going to see results. Vegans even see results. But You know, and they cycle back, you know, and then they're like, oh, wait, no, I'm eating honey and fruit.

And it's like, what? But I do have respect for people that circle back and they're like, hey, I made a mistake. You do have to do it this way. I mean, the early adopter, that's a great way to put it.

As long as you are educating your audience on the risk and benefits. or the last. And I think your caveat you said earlier was that you're going to try this thing knowing it's not likely to harm you.

So if you want to try red light hair therapy for chronic headaches, What's the harm? Not much. There is a cost. And if you're avoiding trying things that we know medically actually work, you have migraine headaches and you could take a particular drug that's really going to help, you're delaying the benefit you could get.

But in general, if people want to try stuff, as long as they understand But then there are extremes. Everybody's going after peptides now. We're going to inject you with these peptides, which cost thousands of dollars or can over the course of whatever course you get, and the evidence isn't there.

Again, you want to be an early adopter, you want to do it, you want to spend the money, okay. People probably know Brian Johnson, who's, you know, going after every biohack known to man and he has millions of dollars to spend on it.

Okay. Well, he's, he's put himself out there as a laboratory experiment. Okay. Try all these things. Let us know what you find. But even if it works for him, doesn't necessarily mean that it's actually working for other people.

And we're not even sure it really works for him because there's the placebo effect. There's a zillion other things to think about. Yeah, now I am a big fan of peptides, and we talk about risk benefits with these peptides, and a lot of them I have seen to work better than medicine, and a lot of them have studies.

I mean, if you look at thymus and alpha-1, there are a lot of studies on people for that, and that's why they made it a drug that costs $14,000. I do think, though, It's tough.

Are those studies on the indications that are being popularly used? Because it might have been approved for a rare clinical disorder and then people say, well, theoretically, this might help.

a much broader group of people. That doesn't have evidence. I'm going to send you my peptide lecture I did at OMED when I was… I love it. I love it, so I'd love to see it.

Yes, do a bunch of DOs, a doctor of osteopathic medicine, DOs, right? And there were some MDs there too, but here's what I told them. Okay, if we're totally just gonna wait for a double-blind placebo study on BPC 157 or KPV or something like that, our patients would have already used it and maybe like incorrectly or get, you know, research purpose only peptides from China.

You know, if we're just not using our clinician brain, our ability to look through the research that there is in front of us, evaluate the risk and harms and use them in appropriate patients.

If we aren't doing that, they are going to go to the local biohacker who has a million views on their YouTube and go to them instead. They're not allowed to give medical advice, but they basically are.

You know what might happen when they see that person? They're going to miss something that should have been diagnosed because they're just piling on the peptides and not fixing root causes.

For me, that does more harm. So I think that as physicians, we have such a lovely place where we have this trust with patients and we love seeing patients and we went into medicine to help people.

And we're in it for that. Yes, we need to make a living, but we're not like these biohacker wellness people just rolling

in, coming in hot, just trying to scoop up this money from these desperate people.

So that's, I see it different, especially being in the world of all these like, you know, influencer people and doing talks at these events. Like I can tell who's in it to help people and who's in it just to make money.

So that, I mean, I, I just, I'm glad that we have like different views. Cause I think. Absolutely. And, and I'm with you that the training to be a physician is extensive.

I have an episode I'm working on about alternative providers. including people like naturopaths and homeopaths. And I'm going to talk about what is the education that they go through.

I have one that's coming out really soon on the doctor won't see you now, meaning you schedule an appointment to see your doctor and you walk in and there's a stranger there.

And it's the nurse practitioner, it's the physician's assistant. And I'm really going to explore with evidence Should you be concerned that you're not seeing a physician, you're seeing a nurse practitioner?

What's the evidence about quality of care? What's the evidence about various things? And look, I think nurse practitioners and physician systems have a tremendously positive role, but it's circumscribed.

You know, it's where the problem is pretty clear. There's a protocol around how to handle the patient and it's education focused, meaning, you know, you're a diabetic patient.

There's a lot you need to learn about your illness and your doctor is not going to spend the time with you. So. I think particular training gets you ready to do particular things.

And where physicians, I think, hold a unique position is that our education is broad. A nurse practitioner may have 500 hours of clinical training after their program, whereas a doctor might get 10,000 hours.

And so we are trained to think broadly. Well, I think it's a migraine headache, but it could be a stroke. It could be something else. We are taught differential diagnosis to come up with all the different things.

Or, oh, by the way, you also have kidney disease and heart disease. And so these things are commingling, and I need to think about your drug regimen very carefully.

And that's where I part company with the non-physicians because I don't think they're trained for that. They're trained for a lot of wonderful things, but not for that complex thinking process, which is exactly what you were saying, which is different from, you know, the guy down the street that's just finding a way to inject you with some peptide of the week.

Yeah.

AI in healthcare and diagnostic limits

And it's very, it's complex and it's also just stalled and experience and You know, what do you think with chat GPT and AI and everything how that is gonna impact health systems?

Do you think it's gonna be good or bad since I mean that was that was your jam, you know in your career It's a great question and we'll have to come back in a year and answer it again Because the world will probably change if you go back Six months to a year.

I think that the GPTs were not that great. They often invented things, hallucinated, but they're getting a whole lot better. There was a study that, that has been written up and it's not in a peer review journal yet.

I suspect it will be at some point. You can take a chapter GPT. They will pass the physician licensing exams with a

hundred percent accuracy. So the knowledge is there.

They're better than any doctor at that. And frankly, a lot of these AI things are even better at mammogram readings and looking in the back of your eye and various other things.

But here's the problem. They did this study where they took 10 clinical scenarios. You have a headache. It's never been this bad before. And you, that's your problem.

And then there's nine others. And they then took a bunch of volunteers and they said, okay, you're going to be that headache person. You're going to be the person that has belly pain.

You're going to be the person has something else. And then you're going to go on GPChatGPT and see what it tells you is wrong with you and what you should do.

And in spite of the fact that the GPTs get 100% on the licensing exam, They did really poorly on these scenarios. And so the issue for anyone who's used GPTs, what you realize is it's how you ask the question and the follow-up questions that will determine whether you're likely to get the right or the wrong answer.

So if you say, oh, you know, GPT, I have this headache. It started yesterday and I kind of feel nauseous. It will think one thing. Had you said, oh, by the way, GPT, it's the worst headache I've ever had, and oh, by the way, my sister died of an aneurysm.

Okay, now you're gonna get a very different answer, but the patient interacting doesn't know what they need to tell them, and the GPTs don't typically ask you questions.

They don't say, okay, you've told me about your headache, but did anyone else in your family have a serious brain problem? Are you, by the way, on an anticoagulant drug?

So until we get this sort of back and forth interplay with the GPT, We have to be careful. Yeah. I love it. The people are looking and I hope they'll listen to my podcast and figure out how to separate the wheat from the chaff, the hype from the stuff that's real.

But yes, just be aware that the knowledge is absolutely in the GPT, but whether you're going to probe correctly is a different story. And that's partly why we have 10,000 hours of clinical training is we know the follow-up questions to ask when the patient doesn't volunteer it.

And sadly, some of these alternative providers don't have that breadth of knowledge to say, oh, I didn't consider this and I didn't ask this and I didn't realize they had these other conditions that might make a mess out of what I'm thinking of prescribing.

So yeah, you've got me on a popular topic. Yeah, well, I think it's good to visit it right now in 2025 and then see where it goes. But I agree. I mean, you think someone comes in with a headache.

Yeah, you have to ask them about family history. You have to ask them if it's the worst headache of their life. Did it start suddenly? All of this. And that's part of that training that is very important.

I also, integrative medicine, it's a lot of root cause stuff. Their childhood history, that can play into what we do. And CHAT GPT is not going to look at that.

And then I also like, I practice medicine with the Holy Spirit and you know, the Holy Spirit is, is going to give me hints and cues too. And AI is not going to have that.

It's not going to have that. I had a fun episode. My wife was diagnosed about six months ago with stage four uterine cancer, endometrial cancer. Yeah, she's, she's doing very, very well.

Um, but I went down the rabbit hole of, you know, how do you handle a serious illness? What have we learned that we can share with other people, which has been really helpful.

I have a podcast episode on. Then I did a whole episode on the power of positive thinking. You mentioned prayer and the Holy spirit. Um, and there's very interesting evidence about whether a positive attitude changes the trajectory of your heart disease or your cancer.

I can tell you one thing pretty quickly when they've tested prayer. not praying for yourself, but if you, you know, like anonymously, when people say to you, I'll pray for you, everybody says that to Gail.

And so I looked at the evidence, doesn't make a difference. The short answer is no. When they've studied, you know, what's called intercessory prayer, prayer for another person, they don't even know you're doing it, it doesn't seem to work.

However, what is predictive is if you have a positive attitude about your life and your future, you will do better with cancer, you'll do better with heart disease, heart surgery, than if you have a negative attitude.

So it is predictive. Now, as a clinician, I wanna be able to bottle that and help people. So what if you have a patient with cancer and they're depressed and they don't have a positive attitude?

Faith, positivity, and coping with illness

Then the question is, if you help them be more positive with, whether it's meditation, whether it's counseling, whatever it is, Do they do better? And the answer is no.

And you might think this is really depressing, but it's actually some oncologists were explaining it in a completely different way. If somebody said to you, well, you've got to have a positive attitude with your cancer, or you're not going to do well.

It adds a pressure and burden and emotional things to your already difficult situation. But if the evidence says that it really isn't going to make a difference, you can relax and feel however it is you feel.

So if you have an innate positive belief, it will help you. If you're not in that place, it probably won't make a huge difference. So it's okay. Now personal prayer is a different thing.

And I haven't looked into it, whether if you pray for yourself, reach out to God and want to have guidance and help, whether that changes the trajectory of your illness.

It sure as heck will make you feel better, but whether it actually changes your blood values and your MRI scan results, I don't know that there's evidence yet to tell us.

Yeah, and you probably can't do a study where if the doctor is praying for their patients on a daily basis or praying with them, that would be a cool study.

You could do it. You could be an oncologist and you could say, okay, every other patient I'm going to pray for. and then the alternative patients, I'm just going to give standard medical stuff.

So you could do it. I don't know who would pay for the study, but it would be fascinating and you and I would love the results. Yes. I think a really cool study, I wonder if anyone would pay for this, is get labs like hormone labs January 1st and then have them start like a Bible recap in a year where they go through the whole Bible in a year and they're like consistent.

and they actually do it just you know I mean I guess we'd have to have a placebo too which that would be sad to withhold the gospel from them but anyway yeah I mean I think that this is where sometimes some of these things it's like is it gonna do harm to do it you know telling someone to pray telling someone to do breath work is it doing

harm no not at all not at all not at all yeah so but I mean what a beautiful like area, you know, you're on your ranch for your wife to recover.

Like it's, it's a perfect spot. Like your pictures are beautiful of your ranch. Thank you. Thank you. Yeah. It's, it's called Madrone Springs rant, if anybody's interested.

And it's also a bed and breakfast. So my wellness principles are built into the experience here. So I have six pillars. If you listen to my podcast or whatever, you'll, you'll find them, but it's basically, um, exercise, sleep, nutrition, mind, body harmony.

exposure to heat and cold sauna, cold plunge, social relationships. So we've built people's bed and breakfast experience around those. So we have a yoga studio and we've got a sauna and a cold plunge and a hot tub and, you know, walking trails and walking meditation.

We have built all that into this. And then of course, the kicker, which your people don't know, but you do, is you're surrounded by exotic animals. So we, it's an exotic animal ranch.

So we have kangaroos and alpacas and exotic deer from India and antelope and you name it. So yeah, it's, it's a hoot and a half. And, uh, I have absolutely no training in taking care of a ranch, but I've learned a lot and I have people that show me what to do and I'm having a great time with it.

So if you go online and look for Madron Springs Ranch, you'll find it and you can come here if you want. We're outside of Austin, Texas. I love it. That's awesome.

Ranch life, wellness pillars, and closing remarks

Well, I want to do a quick lightning round to wrap up. Yeah. And then, well, you can tell everyone where to find you and how to find your podcast and also list that.

So what career did you almost choose over medicine? I was going to go to business school. Back then, it wasn't investment banking, but it would have been just taking a position as a manager in a growing business.

Got it. Got it. What is the favorite habit that rescues a tough day for you? If it's early in the day, it will be exercise, which will put me in a better place.

If it's the middle of the day and I actually have the wherewithal to get outside of my brain and do it, it'll be to jump in the cold plunge because as much as it's not fun to do it, you feel great afterwards.

And if it's later in the day, I think relaxing with a book or my Kindle will get me back to a decent place. And any time of day, going and playing with the kangaroos, the alpacas will definitely help.

Yes, animals will do that. It's just great. Absolutely. What is one wellness rule that you'll happily break sometimes? Well, that's an easy one. I love donuts.

I love brownies. I love carbs left to my own devices. I will have oatmeal for breakfast, pasta for dinner, and not much of protein for lunch. I have no interest in it.

I just want the carbs. So yes, I do focus on my nutrition. Um, but I will happily throw that to the wind and have a wonderful pastry or a croissant when it's available.

Yes, I love it. And then last one, what is one word you want listeners to carry with them through the week? Be an open-minded skeptic. Keep your mind open, but be skeptical unless the evidence is there for you.

Yeah. I love that. I say that like the hormone world is very sketchy right now. So I love skeptical is a good word. That's very good. Love it. But be open-minded.

Be an open-minded skeptic. So you're always looking to be your mind changed. Yeah. Love it. Love it. Well, thank you so much, Dr. Bobby. It's been such a good conversation.

So just many pearls in here for people to take with. How can everyone find your podcast and find your ranch? So the podcast, the long name is Live Long and Well with Dr.

Bobby. But if you just type in Dr. Bobby, you'll find me, it's pretty darn easy on Apple or Spotify or YouTube or wherever else. The ranch is Madrone Springs Ranch.

And I know it's a bit of a mouthful, but that's the easiest way to find us. And I'd love to chat with folks and whatever makes sense for them. Awesome.

Well, thank you so much. And thank you. We appreciate you being here. My pleasure. And thanks. This was wonderful.