## Introduction to The Balancing Point

not to talk about it as if it's a disease or your body failed you in some way. It didn't just wake up one morning and your ovaries didn' t just fail. Like this didn t happen overnight.

There was a series of events that led to these struggles and a lot of it is we just don't understand what's happening inside our bodies. Hi and welcome to The Balancing Point.

I'm Dr. John Needers and I m here to make traditional Chinese medicine functional medicine and integrative health simple, practical and fun so you can restore balance, boost vitality and enjoy a healthier life every single day.

Hi, thank you for joining me again for another episode of The Balancing Point. And today we have a practitioner that I think you're gonna really enjoy.

She's way up in Maine. In fact, she won the title of Mrs. Maine a couple years ago. So that's pretty awesome. Yeah, I've never won such a title. We're happy to have Jen Goddard up today.

One of the interesting things that caught my attention was Jen's approach. And the first thing that she wrote in her biography to me is that, she grew up inside a cult.

And she used that information and that lifestyle, that training, to really inform a lot of her decisions about life and about medicine in particular. Once we get into that type of a structure, it's very difficult not to be totally co-opted by the structure.

So I'm really looking forward to having her talk about that. And so she carried out of that lifestyle, how to recognize a system that's shaping your life while it stays completely invisible to you.

Hello. We could be talking about medicine there, right? I mean, it's really the gospel. It's like the Catholic church. You know, you speak in Latin and you don't let anybody know what you're talking.

And you have all the power. So years later, Jen was exhausted, over-medicated and convinced that her own body had turned against her, which by the way, a lot of my patients will come in with that feeling.

And she saw the same pattern in her health, a body in real trouble and a system busy managing symptoms while the actual causes went unexamined. And so learning to see that system, which is not easy, but takes a lot of work, and work with the body instead of around it, change the trajectory of her life.

So today Jen's board certified doctor of natural health, a certified holistic health practitioner, certified thermographer, and I certainly wish you were a lot closer because I'd like to send a lotta people to her for that.

and founder of Thriving Proof in Bangor, Maine, where she practices with another medical doctor and they just do great work really treating things in the proper order.

So Jen's work centers on the body's terrain. Okay, if you go all the way back to Pasteur, he was in this running argument. with another very famous doctor of his time, and Pasteur said, it's all the germs.

It's the GERMS. And the guy he was having the discussions with said no, its all of the terrain. If you stay healthy enough and your immune system is healthy, then the Germs aren't going to get you.

The great thing was on Pasteurs deathbed, he said oh my God, He was right, It is the Terrain. And so in the West, of course, we tend not to focus on the terrain.

There's a little bit more than there used to be, but really, really it's focusing on treating symptoms and things that go

along with that. So with, that we're going to have Jen talk about menopause is not a disease.

I love that title, Jen. Why don't you go ahead and talk a bit about just your experience. What got you here?

## Menopause Is Not a Disease

Yeah, so I was watching a podcast and there was a medical doctor on there and she's being interviewed and specialized in female hormones and was talking about how women deserve a diagnosis, meaning menopause, and when our ovaries fail and these are the words that she is using.

I think you and I are on the same wavelength that our words are really important and how you know, our perception and how we manage these things is critical.

And that made me so mad. I said, you women need to understand, or it would be helpful if women understood, that their body doesn't break at a certain age.

It doesn' just start failing and shutting down. There are lots of decisions we make in our health and lifestyle factors and things that have kind of gotten out of hand or aren't even looked at in a lot of cases now in conventional medicine to where then when we go through this time of life, it becomes more of a challenge than it should be.

And that's very real and we can talk about that. But it just really upset me that women are led to this place where it's great that now we're talking about hormones because now HRT is becoming more and more popular and there's a time and a place for all of these different things.

I'm grateful they have these tools and were having these conversations, but not to talk it as if it is a disease or your body failed you in some way. It didn't just wake up one morning and your ovaries didn' t just fail.

This didn t happen overnight. There was a series of events that led to these struggles. A lot of it is we just don't understand what's happening inside our body.

That's what I'm hoping to do is to help people understand the process a little bit more because when you understand, what it's trying to accomplish, you can support those things, those functions, and those structures.

in a more meaningful and intentional way, so that it's not just feeling like it is by accident, and maybe I'll hit it, maybe i won't, or maybe ill get cancer, it isn't so haphazard.

Gotcha. As I mentioned to you before we got on the air, in the early 1900s, traditional Chinese medicine had really been kind of pushed to the wayside a little bit.

Dr. Sun Yat-sen came to United States and studied medicine. He was very, had a lot of power, went back to China and said, oh, we've got to start practicing this new medicine, And that happened for a few years and then Mao came into power and Mao said, oh my God, we can't afford this medicine.

So he reopened the acupuncture colleges and really, really supported their growth. And one of the things he did is he assigned the job of writing a textbook on each like endocrinology, gynecology et cetera to one of the major colleges.

And the woman that wrote the book on gynaecology turned in her notes and they said, oh, wait a minute. This isn't complete. You don't have anything on menopause." And she said, why would I put menoppause in there?

It's not a disease. Well, pretty much at gunpoint, she had to write a section on Menopaus. But you're so right. It is not disease, it's a turning point in life, certainly, but certainly it couldn't be more normal, right?

Yeah. That's why I love Dr. Lisa Mosconi's work. I'm not sure if you've read any of her stuff, but she talks about the neurological transition and how your brain, yes, those estrogen receptors, as our levels lower, now your body's

looking for a different fuel source.

But unfortunately, our metabolic system is so compromised and so you know, confused these days, especially for the average American, that when it goes to shift to those fuel sources, it doesn't have any of these resources over here.

And just understanding that concept alone and digging into that a little bit deeper can bring so much clarity for women. What are we really looking at here?

Are we looking these symptoms as a result of something else? where are we looking at manapas as a disease that is the rain it's not it it so product of something else if you're struggling in menopause.

A few years ago, I was reading an article and it was talking about an anthropologist who was working with a particular indigenous culture in Africa. And she got, you know, asked them a lot of questions over many days and finally got to menopause and said, so what symptoms do you have at menoppause?

And they just kind of looked at each other and like they didn't understand. usage of the language wasn't perfect. So she brought in an expert to ask that question.

And so they asked the question and the woman said, well, like what kind of symptoms? And, so, they talked about hot flashes and night sweats and vaginal dryness, etc.

and all of them women started crying. They said oh my God, do women really go through that where you live? Because their lifestyle was so simple and with the land and their circadian rhythms.

So they didn't go through a hard menopause like we do in the US. And so we've come to accept that as normal, which is a word I don't really like, common.

It's common, right? It is not normal. Anyway, and so in your bio, you're talking about drainage before detox, Practitioners will throw the kitchen sink at things trying to kill off organisms and the body can't get rid of the waste products from them.

So talk about that. Why drainage before detox? Well, usually people are in these situations because one of the contributing factors, there's never one magic bullet, right?

It's usually a combination of different factors that are accumulating, but your drainage pathways are usually compromised, and that's what leads to some of this backup, so to speak, to where a detox is even necessary.

So if that is the case, then if we think about it, just prompting or trying to force your body to detox more without an exit plan, you know it's like going to war without an exit strategy isn't gonna work out so well and we're just gonna increase the backup or we gonna be circulating things in a way that okay we might have let go of this over here but now we've created an issue over hear so and that's not super helpful either and then all of the energy that the body's expanding and wasting essentially and having to do that.

So, you know, our resources because our health is less than what we would like it to be. Our genetics each generation is more and more compromised. You know our toxin level is higher and higher.

## Drainage Before Detox

And so all of our challenges are becoming greater and greater. The last thing we want to is ask it do more of that work. with no meaningful impact at the end of the day.

So if we don't open up those drainage pathways, there's secondary, primary drainage, pathways and secondary drainage pathway. Think primary is like the highway, right?

And then your secondary pathways are like on-ramp. Secondary would be like sinuses, your skin, things like that. Your primary is your lymphatic, lungs, liver, kidneys.

So your secondary pathways, if you've got sinus issues or eczema or skin issues, whatever, it doesn't matter what specifically it is, but if it's coming down that pathway, right?

It's telling us that, hey, there's some primary pathways that need more support here. And you can clear the on-ramp as often as you like until you clear that back up on the highway.

The on ramp's just going to keep back, you know, it's the symptom management as opposed to digging a little bit deeper and going through a cause. So the drainage pathways are really important for so many reasons.

Our sex organs are a secondary pathway. You know people don't realize when we menstruate as women, we let go of a lot of junk that way. They tested menstrual blood and found PFAS and all kinds of interesting stuff in there.

So, you know, that's again another drainage pathway. If there's issues there, then we need to look a little bit deeper and ask more questions. Why? Wow.

Yeah. And I really appreciate that approach, open everything up before you dump a bunch of sewage into your gut and when it can't get out. I did have a patient come in a couple of weeks ago and I talked to her about that very thing.

And I said, but we will need to detox you, right? We just got to get things open first. And she said when she came back, well, I went to my doctor, told him I was going to do a detox, and he said that was ridiculous.

Nobody is toxic, so I gave her about half a dozen studies showing the number of toxins in cord blood. So this is before a baby's been exposed to the world at all.

They're coming in with hundreds. hundreds of different toxins, many of them carcinogenic and multiple other problems. I said, so, you know, the idea that you came into the world with this and now you're exposed to these toxins every day, all day.

How are you going to get rid of him? So yeah, it's the drainage. And so you do also, a lot of things. So you thermography also. It's mostly breast thermograph or whole body.

Whole body. Usually the minimum I recommend is half body at least, because then we can get a look at carotid and all kinds of other areas. Dental is a big one that most people don't think of as being an issue to the rest of their health.

But our teeth are like circuit breakers to different areas of our body, so it's a really important one. And dental comes up a lot in people. There's a huge connection with cardiovascular, Alzheimer's, you know, all kinds of things.

It goes in every direction. So that's the big one. I love the half body the most. At a bare minimum, let's do a half-body at least. You know, when I've looked at studies where they've examined arterial plaque, it's always full of dental bacteria that have migrated and caused problems in the cardiovascular system.

There was a guy in our neighborhood here that had been doing a lot of thermography work, and he had a breast thermographer that worked there all the time, then he did whole body.

I went out with my wife so that she could get breast thermography because I'm a strong believer in it. He grabbed me because we had done radio shows back-to-back.

So he grabbed and took me into his office. It was like a little kid, he's like 80 something years old, but loves what he does. And he did a thermograph and he said, oh, you better get this fixed.

Right? So it was this big hotspot and it's a wonderful experience. I want people to visualize their progress too, which is, I love that piece of it. And, you know, so they can tell a lot of, doing what we do, a lotta people say, well, how do I know if I'm really getting better?

I feel better, but how I do know I am really doing anything? Well, this gives you a visual way to see that, right? And then it's also so much more preventative because it can see things way before anything happens, like using the breast as an example.

You know, it can pick up activity 10 years before something's big enough to come up on a mammogram. So why would we wait? And usually at that point, a lot of times it is something.

Why would wait until that time to decongest the breast tissue and get the drainage pathways flowing and all of that good stuff. It doesn't make sense if you have the opportunity to do it.

I'd much rather deal with something when it's… If you're a woman, I tell people, if your a women and you just got your first mammogram and here they found something and your terrified and I told you, well 10 years ago we could have done something about this and it would have been nothing.

You know, you're pissed. They don't want that to get out so much, but that's the truth of it. Would you rather deal with this when it's very easy or do you want to wait until it is potentially a challenging issue?

Yeah. In my area, at least, most of the medical doctors just don't even want to look at thermograms. When we do them, the patient will take them in. They go, yeah, I don' know what that is.

There was one doctor in town, though, that said, Yeah, i think thermographs are great. I do not do that because we don not know how to treat them. And I told the patients, Yes, but we know.

Right? There are things that can be done. Why did my doctor do this? And it's like, because they don't have tools for that. They have breast cancer drugs, they have mastectomies, They may potentially be something.

Yeah, exactly. I used to do a lot of seminars before the pandemic, and now I do more webinars. But the Pandemic, I would at least twice a year do one on breast health.

And women left stunned at how much they could do and how little they knew about breast-health. You know, it's like, why don't they teach some of these things in high school health classes, right?

It just irritated me after every time I taught that class that women really didn't know. Yeah, and now, I mean, even on the topic of breast cancer, you know, we think about estrogen and it being itself the issue.

## Thermography and Early Detection

Well, a lot of times it's, well, genetics that are able to process and clear out those estrogen metabolites that an issue, so being aware of that is helpful because we can bring in other tools to do that work for our body if we're compromised in that area.

And then there's other receptors, nobody ever talks about the E3, E1, these other aspects of estrogen where testosterone is vital in that process and how many women have had their testosterone levels checked or have any idea about DHEA or know any of these things.

It's the difference between driving school and a body shop. You know, conventional medicine is a great body-shop, but you want to avoid the body shops.

you don't want use the Body Shop as your driving-school. Doing what we do, we can help educate and help teach them to hopefully prevent needing that Body-Shop and this is your Driving School.

So, I have so much fun in that space and I love helping women do that. Well, I love your examples. I loved a body shop or driving school. Yeah, it's fascinating to me.

Even gynecologists run such a sparse number of lab tests. And the lab test are not that expensive. You know, unless it is from a naturopath, rarely see testosterone done or free testosterone or sex hormone binding globulin.

All these things that are so incredibly important I mean, how many times do you see insulin checked, you know? Exactly. Your A1C is fine, so we're not going to check anything else.

How many time do we see a normal glucose, a normally A-1c and insulin that's through the roof? Yeah, exactly. All the time. Yeah. Especially in our culture, right?

You seem to be open to a wide variety of treatments for women. It sounds like even hormone replacement. But why doesn't balancing the hormones actually fix the problem?

What's the deeper level? Yeah, and that's where it's helpful to educate people. What is an actual hormone problem and what is not? So I find that when we do the work in the right order, it is very rarely necessary at the end.

And a lot of times it's, well, these are the things that I'm willing to do and these things I am not willing do, right? So, you know, whether there's lifestyle factors or metabolic factors that need to be addressed, things like that.

So sometimes it is having, just educating them. Then at the end of the day, women at that stage of life typically have been you know, their brain has shifted in a way that, okay, my kids are grown, I can focus more on my career.

You know if you're like me and you had your kids younger and then now you are in your career space, right? And you working really hard and now your exhausted for a different reason because you in you, you divine male space.

So flourishing in that area, and then we just don't want it to be hard. We don' want one more thing to hard, life is overwhelming, there's social media, your cell phone, you can't get away from work.

So we want to easy and not overwhelming. Not everybody is willing to do the work sometimes that it takes to get there. And then maybe HRT can be helpful in not space.

or sometimes it's, you know, I'm going to kill somebody. So bioidenticals, for right now, while I am working on the root cause so that nobody dies, kind of thing, and I can get some sleep, that can be a good time to use it.

But when you find women that are willing to do the work, or hopefully, the best of the, best would be to learn these things, like I said, driving school, right, at an even younger age.

By the time you hit menopause, it is smooth sailing and you can go through it clearly. But worst case scenario you know do the work and it's hard until it easy you brush your teeth at three was hard.

But now it is you don't even remember you did it you so it can feel like that in the beginning and i can't feel overwhelming in beginning but it never never goes.

wasted. You do that work and I tell people, even if you did, whether it's bioidenticals or just regular HRT, you're not going to do it for the rest of your life.

Eventually you've got to pay the piper, eventually you have to figure out this shift in function. That's what I think is important. Awesome. I want to circle back on one thing you were talking about with the stress.

Your stress points have shifted, right, from your kids to your profession. And what I find is, you know, some women will come in and acknowledge they're under stress, but a lot of them, it is so insidious.

Their lives are so busy. I've got parents who have got three kids and it's like debating who's going to take who

down to Southern California for this softball tournament, who is going through this basketball tournament.

And they don't even realize that that is not how people live their lives. You know, I'm 75. I played sports my entire life, well, until I was in my 40s, my mother never even came to a game and I never expected her to.

She certainly didn't go to my practices. My dad would show up for important games, right? But it wasn't this constant, nobody drove me around like that.

And so there's these insidious kind of underlying stressors that a lot of women just don't recognize. my wife is the acupuncturist for the San Francisco 49ers football team.

And they're back in camp. They're starting their season soon. She's going to be flying to Australia with them. And the other day I said, honey, we need to work to de-stress you.

and she looked at me and said I don't have any stress, right? And she also works in our clinic, so she works six and seven days a week. she loves it. It's, you know, she actually thrives on it, but she doesn't even acknowledge that stress.

So I'm going have her listen to this podcast. Yes, yes, and a lot of times we don't realize that our stress system is just fried and has It has checked out right, you know, so some people come to me and they'll say oh my cortisol You know I know it's it ties.

It's like no your adrenals aren't even getting out of bed anymore, right? There's nothing happening anymore. Like we need to first jumpstart the system and it so we've gotten to the point where now there isn't Even anything laughs And we need to be more proactive there with people because these levels of stress, like you said, have become common, and we call them normal.

And this is just the way we live life now. That's one of the things that I do appreciate about moving to Maine, especially from South Jersey, is the pace of life is slower in general overall.

So that's nice. Now when I go back to Jersey and everything is chaotic and crazy, it's like, oh, that was why I was on antidepressants here.

## Hormones, Stress, and Functional Testing

Right? Exactly. Yeah. So it makes total sense now, you know, but we don't even, we didn't realize that life like that exists. Like you were talking about the difference between when you're a little, it does still exist and we can still have great quality of life and still function.

Yeah. I, uh, yesterday, actually, I was going over a Dutch test with somebody, a woman that actually works in my office. And I said, how do you get up in the morning?

You know, looking at her, at hormone levels and particularly her cortisol profile. It was like, Oh my God, do drink coffee? Well, no, cause it doesn't work anymore.

Yeah, that's cause you have nothing to activate, right? You got nothing there. And it was truly shocking and she's in her doctoral program now. She's already licensed, but she still pushing forward.

It's like, you better slow down. This is just, this is not a good picture. So you were talking about kind of fixing the stuff that's underneath the hormone support.

Any particular testing that you like to do. Sounds like you do pretty much of everything. Yeah, well, insulin, I love looking at insulin. I mean, it's such a factor for so many people.

We don't realize when we talk about hormones that our body has so much hormones. It's not just estrogen, right?

That gets the spotlight in a lot of cases, but there's so may hormones, melatonin is a hormone.

All of these things and it's you know when we look at insulin well just the whole pool of hormones you forget that the resources that these hormones use they all kind of pull from the same bucket you now it like baking a cake it doesn't matter the cakes vanilla or strawberry or chocolate the foundational systems of the hormones are very similar.

And it's just kind of like the flavor at the end sort of thing, right, in a lot of cases. So if we think about our hormones that way, then an insulin is over here sucking up all of the resources.

Well, there's not going to be a whole lot left over for other things like cortisol is another one that sucks up a lots of resources, you hear the cortisol steal all the time, your body's thinking survival, it has to keep you alive.

So you know, you don't always have to make babies, but you've got to stay alive. So, it's going to prioritize these things and you want to makes sure that you're looking at all of the pieces.

We want ignore the insulin because I don' want have change how I eat. Can you just give me a patch? Right? Well, we could do that, but that's not going to work out as well.

It could be a CLP-1 and an estrogen patch and life is perfect. Right. And then all of a sudden they've got bone disease and they have zero muscle mass and we don't know what to do.

Exactly. it's funny you mentioned the estrogen. So we sometimes use to have my patients use a Mira. I don' know if you're familiar with that. Oh, I love Mira, it makes me want to play.

Gotcha. And so we do it a lot with fertility patients, but we have other patients we use it with too. So just so the listeners know, with a Mira, you take first morning urine, put a dipstick in it, and then put it in this little device, And in 20 minutes, it'll read out your hormone levels.

We can also get it live. we can tune into their Mira account. One day, one of Catherine's friends sent her a text and said, I'm locked in my room, i'm never coming out, I hate my children, i hatemy life, everything is, you know, just went on and on.

So we looked at her mirror and her progesterone levels didn't even register basically, right? We said well remember that progeterrone we gave you? Try putting a little on your gums and then let's see how you do.

And so then we could see that her And we got a text saying, now I remember why I love my children. They're so wonderful. But, you know, it's really the balance, and people look at estrogen, but it, like you said, is a balance of all of this that makes the difference.

And it's the relationship between them, right? If you focus on one and you elevate one without supporting these others, it is a balance. There can't be just all or nothing of one, and that's it.

Yeah, I don't know how it is for you back there in Maine. It sounds like it's a much better pace. I'm thinking about moving back after talking to you.

But here I interviewed a doctor a little while back, a retired gynecologist who now does basically coaching for menopausal women. And she went on a rant, a very nice rant about how older women get such short shrift in the medical system that it's like, oh, you're just getting old, dear, here, take this, five minute appointment and they're out the door.

Do you see that happening? Oh, absolutely. And you know, and even in not even necessarily older women, but women that are approaching or aging, a lot of times they're just if the doctor doesn't know what to do, which that's nine times.

They're not sure what we do with all of their issues. So they just don't. Oh it must be your hormones. and then they send them on their way. Or I was a young mom and they give you, I call it the new mom cocktail.

It was the antidepressant, it was anxiety pill, was this sleeping pill. Here's your GERD medicine, your gastritis. Call it a day and you should be very happy now.

But I think it's women at every stage, but especially older women because they're just, again, they don't have tools in their toolbox for these things.

They're not helping them prevent these situations either. So they're masking it all day, every day. And then all of a sudden it's like, well, now it' just your hormones.

You know, there's nothing that we could do. It reminds me when I was back in my master's program many decades ago, I had one teacher who said several times, Traditional Chinese medicine school is relatively easy.

Med school, is incredibly difficult, really difficult. He said, however, traditional Chinese medical practices are much harder to do because you actually have to reason through everything.

Where med doctors have it very easy, you come in with what looks like depression, they throw a drug at you. They don't have to look more deeply than that.

If that doesn't work, they do another drug. Oh, you've got indigestion? Here, take Prilosec. And so with Chinese medicine, we can't do that, and it sounds like in your practice you don' t do it.

It's really the individual that matters. That's right. And I found that to be true. That's why I didn't go to med school. I was pre-med, and I saw the level of burnout and illness with those people.

And it's like, that doesn't make sense to me. So anyway, I escaped that trap. Yeah, you know, we have a rule. You know I don't want to go just someone for health advice that's not healthier than I am.

And so many doctors in the system, you know, not only are they not taking care of their patients, but they're not taken care themselves either. So and by taking of themselves, I don't mean sitting on a yacht somewhere because that's not what I mean.

You know. But they are sitting there smoking their cigars, drinking their out, all of it. They're obese. It's just all the things. And it's like, well, i don' know that I want health advice from that person.

So, you know, it's kind of like going to a hairdresser and you don't really like the way they keep their hair. It's like, well, then they might not be able to help you as much.

There was a fellow that I interviewed recently, a very bright doctor, and one of his books was entitled, What Does Your Doctor Look Like Naked? And that was kind the point, right?

It was like are they taking care of themselves? Do they have a big pot belly or not? Right. I just thought that that a cute title. That is a good question.

A few months ago, we had all these patients that had come from Idaho. And even Catherine's sister, who used to be a dog breeder, said she found the best vet she'd ever met in Idaho, and so I was interviewing this guy, this doctor, I said, why are all the good doctors in idaho and even the goods vets?

He said because we have a very active lifestyle here. And so we want to be here. We got winter sports, we got summer sports. You know, it's like, oh, that makes a tremendous amount of sense.

They're taking care of themselves. So then they do a better job with their patients. It was fascinating. Yeah. Um, so you do, um, function, a lot of functional lab work, right?

Yeah, and do you, do some DNA testing? Yeah, I love DNA analysis for two reasons. I'm sure you hear this all the time too. People will come in and the reason why they can't do anything about a certain situation is, well, it's genetic.

My mom had the problem, my dad had a problem. my aunt had problem and so on and forth. So I love the DNA analysis because one, it often shows what is not genetic.

You know that, hey, you really do have a lot of control over this situation. It's not just because people don't, they think of genetics as, well, I have the same problem someone older than me had in my family instead of, why I live the the lifestyle, was raised on the food, have same belief systems, same traumas, whatever the case may be.

you know, that's where a lot of these symptoms come from as opposed to, well, is it really a genetic issue? So I love it for we dispel a lotta those myths and, you now, we can eliminate that from the excuse bucket.

And then on the other side, the things that are genetic brings us an awareness to where, okay, I just need more tools around this space and I can be more intentional in this way.

Like, for example, when I did mine, I realized that I don't clear estrogen metabolites very well at all genetically, and it made a lot of sense based on what I had experienced when i was younger.

And, you know, had I known this then, i would have been more intentional in these ways and, given my body resources, to do what it couldn't do genetically.

So I think it's very empowering for those, you know, for either side of it, either things that we're not aware of that couldn't possibly explain why people because people get frustrated.

I'm sure your patients feel the same way. Like, well, why do I have to do all of this? And Johnny Schmoe down the street, smokes and drinks and meets McDonald's every day and is just fine.

You know. First of all, defined fine, right? Right. Exactly. You know, they could be dealing with a completely different blueprint that just hasn't cracked out yet.

Yeah. Because it's going to happen eventually with that lifestyle, right? You now, but so I think, you know when people, it just helps them understand the body that they're working with and the tools and resources they do where they don't have and it gives them more power and that's why I love the DNA analysis because the power they get from that.

That's awesome. I'm going to have to contact you and find your favorite testing. We kind of bounced around a little bit, so we'll see what you're using, if that's okay.

Yeah, absolutely. And it's fascinating. You know, I'll run into, like I had one patient recently a lot of dementia, parents, grandparents, et cetera. And I said, would you like to do some testing?

She said oh God, no, I don't want to know.

## DNA Testing and Personalized Risk

I say, well really you do want know because there are workarounds for all of these things, right? And sure enough, she, and I says now the simplest thing, we can just do an APOE test just to see what that risk factor is.

Then if you want go deeper, there's a whole lot other things we could look at. So she came back as an A-P-O-E four slash four, which is the worst. And I said, okay, great.

Now we know what we're working with. Here's your new diet plan. We're going to shift these around. And we'll get your risk factors minimized. So knowing that, having that information is power.

It really helps you hone in. So I'm happy to hear that you're not get frustrated with the process, right? Because sometimes if you got if someone just comes in off the street and well They have you know these concerns and it's like well, why do I have to do all of this?

You know, it just you can I put in less effort, you or compromise a little bit less and so they understand a Little bit more of the severity and they know well These are the reasons why I want to this Yeah.

And so what I hear from you is you're really always looking for what's at the root of the problem, not just throwing some, whatever you are using supplements, et cetera, at symptoms.

That's really what a good doctor should do in my opinion. So I'm very impressed with your style. I wish you were closer. When you're looking at functional lab work, can you just talk for a minute about how that can differ from the standard or quote-quote normal blood work that you get from a typical HMO?

What does that inform you of? Yeah, they're very different. You know, you go to your traditional PCP, even if you're paying cash, or you have an insurance that's dictating it, whichever, They typically run the same labs because oftentimes they are the only ones that they've been trained in, if at all, in conventional.

So they'll usually do the CMP, the CVC, maybe they will do an A1C depending on the situation, a lipid paddle depending upon the age. Those are usually the standards that the do.

We'll do all those things. But then we also add things like homocysteine and vitamin D and, you know, your B vitamins and all of these one insulin, we talked about that.

That's huge. Like all these bigger MMA, all this bigger, things that give us a much better picture of what may or may not be happening in the system. And then so one is just running the test, running with the extra tests.

when she was looking on three different lands lab ranges are designed to identify disease when you might not have a disease yet but it doesn't mean that you know there's different terrains are are struggling in a way so when we you can read them line by line and look at it okay from functional ranges i functionally we want insulin under five.

Right. You know, if they see an insulin of like 10 or 15, they're like, oh, that's fine. We're going to wait till you have diabetes. But no, don't wait until you are diabetes, right?

By the time it starts showing in your glucose and then eventually your A1C, like again, 10 years ago, we could have knocked this out of the park, and prevented this in a lot of cases.

That's really frustrating. You want to get to these markers and start monitoring them beforehand. Iodine we look at. All of these things that get missed and just fly under the radar.

One is running the broader panels, running that the extra tests, and then two, looking at them through functional ranges. Then once we have those functional range, we can group them by system.

These are your drainage pathways and these are the ones that make those up or by terrain. This is more of a mitochondrial strain than it is a drainage strain in some cases.

We look at them from different perspectives and then tie all of that together based on all the other information that we have and that you've gathered that they don't have the time to do or talk about in conventional.

Well, and I find that patients are often surprised at how inexpensive some of the testing is. I mean, so there's a major HMO out here and they'll run like a Chem 6. We run a chem 14. we want a lot more information.

Well that Chem 14 is $7 when we order it. And a CBC is $5 when we order it. And it kind of shocks people like, you mean for $12, I can get a more complete panel?

Yeah, and then we should add these other few things and it'll get up to about $40, right? And they'll kind look and say, how much are you spending on your health insurance a month?

Right? They're taking it back. What are really getting for that? You know, you're going to get emergency care for sure, and you have to have that. But really, it's worth spending a little extra to find out, like you said, 10 years in advance, what your risk factors are.

So I keep a bunch of mortality tables around, right, with the U-shaped curves. And it is like, we want you right here. Your A1C way wanted at 5.0 to 5 point 2. That's where we went.

When they say you are okay at five point six, You're really not okay. No, no. Yeah, it's so true. And when I hired one of the nurses that I have here now, and she saw the costs for the labs, she's like, oh my gosh.

She's, like do you know what people pay in the hospital? I'm like yes, I do know. What they pay. This is the difference. We have so many people that will say, well I spent all this money for health insurance.

## Breast Health, Ultrasound, and Patient Empowerment

Can I just run the lab through that? And okay, fine. You know, if that's what you want to do the first time that we did that, the person, you know the insurance paid for what they were willing to pay for, which is the CMP, CBC, like literally dollars.

Right. And then months later, they got a bill in the mail for over $5,000. Yes. For the difference. Because they got charged the insurance price for all of these other labs.

Exactly. And he called us crying and she's like, so now we warn people we're like well you can do that but this that's not you know the most effect cost effective way is to pay for it out of pocket and then take your receipt and send it to the Insurance Company and we'll reimburse you the five dollars or whatever they would have paid, right?

Right. Yeah. And at that point, is it worth the work? But, you know, there's other ways around it, but going through the system, everything is so much more expensive.

I have a company coming in in September to do breast ultrasounds for people, which I'm so excited about because I hate that women feel pressured into getting mammograms when they know they have dense breasts.

They know every time it's fibrocystic and then I have to go for a second one and the insurance company says I'll have do two before they'll pay for the ultrasound.

And they go through these hoops every-time. It's painful, there's risk factors involved, all these things. So now they can get their ultrasound, they pay $2.95 out of pocket for it, and they don't need a prescription, a referral, anything for.

If you have dense breasts and you don' want to get through all of those hoop, just come get an ultrasound." Yeah, I've got a couple of females that every year I have to talk them down from the ledge.

I got my mammogram and they're calling me back and I said I had to go in right away. Okay, calm down. We go through this every day. They're going to check you again and then they are going do an ultrasound and you're gonna be fine.

Why won't they just do the ultrasound first? Because that's the way the insurance company does it, right? And it's so sad. It is sad and it's emotional and scary and traumatic and just so many things that we don't need in this life.

Anything else on your mind that you'd like to impart the knowledge to my listeners? Well, if they're listening to you, they already have a lot of knowledge.

So I'm not sure what I can add to that, but… Oh, you can have lot. Yeah, the things that are great. Well you know, part of it's knowledge and part it is communication skills.

And you have great communication skill. Your examples are priceless. In fact, one of the thing that I enjoy about doing these podcasts is like, oh, I need to start communicating this that way.

Right? You know. You get into your way of speaking and it matters a lot. So I think you've done a whole lot here to help enlighten. We try to keep it at that fifth grade reading level.

Oh my God, absolutely. How would I understand this if I were fifth-grade, right? Exactly. Here's a freeway on ramp, so I love that. I don't know if you have ever seen Beamer, the company BEMER that makes the PMF mats.

They've got a couple of my favorite videos online and it shows blood flow before, during, and after a Beamer session. And before it looks like the LA freeway at rush hour.

and you see the off-ramps and there's just a clog of red blood cells there. They can't even get into the capillaries, right? And then they show afterwards and it's like, wow, check that out.

It's a free-flowing freeway and can see white cells going along the lining of the blood vessels. It's very fun. I don't sell beamers, but I love showing that example because in Chinese medicine, one of our most important things that we look at is blood stasis or sticky blood, right?

It is critical in so many ways. And patients say, well, what are you talking about? And I flip my computer around and I show them the video and they go, oh my God, is that what my blood is like?

So, you know, having those examples and that's one the things I'm appreciating about you is you have some great examples for things. Well, I'm going to have to find that video, because we have PEMF here.

And it's one of those things where sometimes it is hard for people to wrap their head around. So I am going have find the video because I have the videos that I've made, but visual would be nice.

They were made in Germany by the Institute of I think circulation. Their fairly old, they've been up for a while. But if you just put in Beamer and Blood Flow, it will pop up and it really well done.

Yeah. Nice. Yeah, I think. Good. Yeah, I think that all of these tools are so helpful in so many different ways. And like we talked about, people have a lot more control over what they experience than they've been led to believe.

I know when I was young and I had all these health issues and infertility and they had me on tamoxifen to get pregnant and all this major drugs that I've taken for all different reasons.

They said, well, there's nothing that you can do about it. And you'll be on these for the rest of your life, and you're going to have these issues for your rest life.

So you felt hopeless, so there was no reason for you to do anything better because it's not going matter anyway. And then 20 years later you realize, oh wait, it did matter and I could have done these things differently then and it was infuriating.

I think the most important thing I want people to realize is that they have a lot of power and a wide influence over what they experience and it's entirely their decision how much about they want to tackle and when and how fast and all of those good things but if you work with somebody that's good to be able to take you at your pace whatever that is and something is always better than nothing.

Boy, that's a great place to wrap up. That just put it in a nutshell right there. And to be patient, yes, you want to fix all this and this week, let's take this step.

Then next week we'll take that step, okay? Have you signed up for the gym yet, right? And the coaching aspect, and that is one of the things that we do differently and MDs, it's not their job, at least in their mind and in the system, is to really coach people to become healthier.

And so that's one huge advantage that we have, is we see the importance and we live that. So thank you for kind of wrapping all that up. That was worth the whole show.

Jen, I'm going to go ahead and sign off. It's been absolutely delightful meeting you. And I really do want to thank for all you've shared today. contact you and find out some of your DNA secrets.

So anyway, I want to thank you. I appreciate you being on. Bless you! Thank you, okay. Bye-bye. Thank You for joining me on The Balancing Point. If you enjoyed today's episode, please follow the show, share it with a friend, and leave a review.

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