Normal Doesn’t Have Side Effects—And Neither Should Women’s Healthcare Transcript

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Opening and Podcast Introduction

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But if somebody has been under chronic stress for so long and they're not able to do the work they need to do to reduce that stress, then they might need it.

In every episode, my expert guest and I dive into real conversations about what's broken and how we can fix it by making healthcare about people, not just managing disease.

It's time to rethink what healthcare should be and how we can make it better together. Welcome to the podcast. Well, hello again and welcome back to the My MD Unscripted podcast.

I'm your host, Dr. Clint Carter, and we are thrilled today to have Dr. Amy Duffy. She is a founder and medical director of Carolina Integrative Medicine.

She's board certified in family medicine and nationally recognized in functional hormone health. On top of that, she's a bestselling author and award winning speaker.

And she's been on all the channels, ABC, NBC, CBS, Fox. She's been at the Harvard club, NASDAQ, Carnegie hall. So I don't know what she's doing here on my podcast, but let's take advantage of her while we got it.

Right. And her mission is simple, helping women move beyond normal and truly reclaim their health. So Dr. Amy, you literally wrote the book. Normal doesn't have side effects.

So. What was the moment in your career when you realized that normal medicine was failing women and just kind of introduce yourself better and let's go.

Well, I have to go back to at least what I remember is the beginning. So when I was little, I loved babies. I wanted to play with all the babies and hold all the babies.

I had Cabbage Patch Kids with all their accessories and everything.

Dr. Amy Duffy's Background and Path to Hormone Medicine

So naturally, well, I don't know if it's naturally, but when people say, what do you want to be when you grow up? I was either going to be a teacher or a pediatrician.

And then I realized sort of very quickly that pediatricians really are talking to the parents and not so much getting to hang out with the babies all the time.

So I kind of gravitated to delivering babies. So I was a babysitter in my early career. And when I was in high school, I got the opportunity to be invited to a delivery room for one of the families who was having another baby.

And that was a moment where I thought, you know, this is what I want to do. You know, I was there to seeing the delivery happen and just, you know, fascinated with the whole thing.

So, you know, I already knew that I was going to medical school, I thought. Then I kind of veered away for a while. I was going to go be a midwife and then I was like, no, you know, let's go get your MD and you can still deliver babies and have the opportunity to do other things.

So that's what I did. Although I chose family medicine because they were so much nicer, honestly, in my medical school anyway. The OB department was sort of mean and I didn't resonate with them very well.

But the family doctors who could still deliver babies, I think we still can now, you know, in residency. I think they're still teaching that hopefully for the rural docs.

So I gravitated that I thought, well, I can be all of those things. I can deliver babies and I can take care of the babies. And then I had the wonderful opportunity in my third year of med school to have my own first baby.

So I knew that I needed to be in a practice that allowed me some flexibility in scheduling and things like that. So that's where I started. I went to bed school, went to family practice residency, got C-section certified and everything, and then joined the family practice residency there as an attending physician.

Then about a year into that, the OB-GYN next door called me and said, hey, do you want to come be a partner in my practice? You can deliver a whole bunch of babies.

And then you can be primary care for all these women who are, you know, coming to me for primary care and I don't know what to do with them. So that was like dream job, you know, lots of babies.

And what I quickly realized is that I was so focused on delivering babies that I didn't. Well, our, our residency program either didn't have a whole lot of training in like the women's health part of, you know, we could do pap smears and those sorts of things, but we didn't get trained in hormone replacement or some of the other GYN issues and so I found myself lacking in that with the patients that I was seeing that were not OB patients that had a lot of questions that had a lot of issues around hormones and you know it was either like birth control or what sort of hormone replacement did we have in the closet that day for samples and you know that was around the time when the women's health initiative had just come out you know maybe three, four years prior to this.

And, you know, so we were all scared of hormones and really didn't have good answers. So, I kind of needed to learn more. So, I found naturally or magically bioidentical hormone replacement or natural hormone replacement.

I started reading about it, learning about it. I happened upon a conference and I always say it was kind of like Alice in Wonderland going through the little tiny door into this magical world of like, wait, what?

Like, this is real. Like, we can do these things. That was almost 20 years ago now, I would say, and that was the little window that opened the world into this integrative functional world of starting with hormones, really looking at, hey, can we test what's going on and then fix you to get back to normal?

If we do it that way, then we don't have to worry about all the side effects that come with hormone replacement that we were all scared of. Really where that book title came from was actually getting more into adrenal dysfunction.

looking at cortisol and things like that and talking about, you know, there are some patients who actually can benefit from prescribing or helping them with bioidentical cortisol or hydrocortisone and They get super scared about that because it's like, is this steroid and what are all the side effects that go along with that?

But if we're using physiologic dosing of a bioidentical hormone, then we don't have all those side effects. We're testing you, you're low, we're just getting you back up to where normal should be.

So we don't have all these side effects that we're afraid of. So that's really where the title of that book came from because I'm always talking about that, but it can pertain to…

you know, any of the bioidentical type prescriptions or treatments that we're doing where, you know, if we're just

trying to get you back to normal, we don't have to have that conversation.

I've got a couple patients that came to me on some hydrocortisone from a functional provider. And I was like, well, you've been on this for years. You used to be stressed out.

You know, it's probably bad for you to be on this this long. Let's try to wean you. They didn't really love the weaning process. And the more I looked into it, I was like, You're fine.

This is actually quite fine. And I had a similar Alice in Wonderland experience to you when I got in, you know, I was burned out and started this direct primary care practice and I just couldn't fix all these otherwise healthy, you know, perimenopausal, you know, early menopausal, post menopausal females.

And I was like, but I've got hour to sit with them as often as they need. They're working out, they're eating right. They look good on the outside. They feel like junk on the inside.

And then, you know, one of my partners was like, well, when are you going to get into hormones? And I was like, uh, when I'm not the weirdo for being the direct primary care doctor in town.

So finally I went and it was, it was, of course it was great. And. you know, the same thing as the Alice in Wonderland thing is like, it was the door that I didn't know existed that opened me up to a room full of doors that I also didn't know existed.

And then it was like, we are off, let's go. So it was a, it's such a wonderful experience the way that it changed the practice of medicine. It wasn't just fixing some, some hormone deficiencies.

It really changed the, and you know, we haven't even, I've got one functionally trained provider of my six, but It's just, we've been practicing functionally friendly medicine for 10 years now because of that door.

So you went through the door way before I did, but it's, I really hold hormone replacement in a high regard because it, it's amazing.

Normal vs Optimal Hormone Health

It's part of longevity and it opened up the world to me. Okay, so you've got a fairly, you know, fully systematic approach to hormone care. It sounds like from sex hormones to adrenal hormones.

And I love this, the normal, quote unquote, normal doesn't have side effects. I just love that. And, you know, in regular medicine, we are in the way that we were trained, because I'm family medicine trained, also delivered a ton of babies, more than was necessary, but it's how it worked out with the deal with the hospital that we work at but you know the model when I got in started direct primary care I was like okay great now I'm going to spend time with patients and that's all we're going to need because I'm a well-trained family medicine doctor and then you know, we opened a door and to a room full of doors and found out that, you know, we were trained in what insurance pays, which makes sense, but that's not all there is.

So as you, you know, as the system has become more and more broken over that time, tell me more about normal versus optimal hormone health and kind of how you take that approach because I do get a lot of pushback in my, in the, cause you, you, you were a brave soul.

you know, right after the women's health initiative study to be playing with hormones at all. Because I still get reports from OBGYNs in town that still have that faded photocopied, you know, least amount of hormone for the least amount of time, women's health initiative, blah, blah, blah, like paragraph at the bottom of their note slash report to me.

And I'm like, I mean, do you not keep up at all? I'm confused. So far, yeah. I mean, on this stuff, you know, I'm teaching at conferences and talking about, you know, the decline in our health related to hormone, you know,

decline and all the things that go on with that.

And there are studies as most recent as 2024 and 2022, that sort of thing, showing the safety of these hormones that we're using. And so the title of my book, Normal Doesn't Have Side Effects, really has to do directly to the patient to say, hey, we want to get you back to normal levels or optimal levels, if you want to call it, and then we're not happening.

these issues but another caveat to the whole normal world is what you're talking about is like you know for thyroid for instance patients will come in and you know I was told my thyroid was normal even though I feel awful and you know we have this whole reference range that is really inadequate and you know you may talk about this in other scenarios but my understanding of it and what I tell people all the time is like you know, a laboratory has to report, you know, a reference range.

That's their job. That's the law. That's the rule. And so they don't have to account for how the people feel, how old they are, where they come from, whatever.

So it's everybody who ever came in to get their thyroid tested lives in this bubble. And they have to report, you know, 95% of those people fell within this number and this number.

And so, you know, they didn't ask again how those people feel and whatnot. So when we do a study where we actually ask, you know, do you feel good? Do you, you know, not have fatigue?

Do you have all the energy you need? Is your weight optimal? You know, is your hair where it's supposed to be whatever? When we get people who don't have symptoms, let's put it that way from a thyroid perspective, and that reference range is much smaller.

And that's where we would say you're living an optimal thyroid function at that point, not just within range. And so it gets very confusing because the laboratory Most good labs will put within range, but then it appears as normal.

And so then patients fall within that range, then they're considered normal. I see it with vitamin D a lot too, right? So the reference for vitamin D in typical labs is 30 to 100. Well, we know 31 is certainly not an optimal place to be for that.

So, you know, that takes an extra skill set, but the skill set is inquiring, right? And learning and going because that's not, you know, you open your textbook and what's normal.

Normal is what the lab is telling us and normal is what, you know, the pharmaceutical companies are telling you, you know, so that if it's not in that range, then you should be on, you know, their medication or whatever.

So, you know, those are the doors that open, right? When we start learning more about bioidentical hormones and functional medicine and things like that where, yes, you get patients that come in and they, like you said, everything on the outside looks like they're doing great and yet they don't feel good.

They're not acting like themselves to themselves, to their family, to their co-workers. They can't think right. They're not sleeping well. They don't fit in their clothes.

I mean, there's just so many things that are going on with how they feel. And I think the biggest frustration, again, when I saw this early in my career is like, oh, well, it may be hormones, but Let's just put you on birth control, you know, and that'll just end aid the whole thing or right, you know You're gonna get a sleeping pill.

You're gonna get an antidepressant. We can give you a medicine that keeps you from eating So you're not overeating which often comes from stress and adrenal dysfunction that we want to eat more carbs and you know salt and sugar and things like that and so You know, we end up on on multi-pharmacy prescriptions that we don't really need.

If we were just looking at the true root cause, if we think about it, for so many of my patients, I see adrenal function as the root cause of a lot of it.

Even on hydrocortisone, over the years, what I have learned is that, yes, we can put something on hydrocortisone. It's band-aiding to some degree, but if we correct the underlying reason that their adrenals got there in the first place, whether it's through their gut, through their diet, through their stress, we can get them off of that at some point in time is the goal.

But if somebody has been under chronic stress for so long and they're not able to do the work they need to do to reduce that stress, then they might need it for the interim.

In my patients that had that and I didn't wean them off well, I also knew nothing about how to heal the adrenal gland at that time. What I love about the room full of doors is thyroid is one of the doors that I had been trained on how to treat thyroid or so I thought.

Is the TSH between these numbers? And I was like, wait a minute, TSH isn't even a thyroid hormone. That's a whole other discussion, but not really because we've got thyroid, we've got adrenal gland, that's a door or several doors that needs to be taken holistically in view with all your other hormones.

When someone comes in and they just, they're a mess. They, you know, the classic, my doctor says my labs are normal. I feel like a disaster. I'm losing my mind.

My family, you know, we're all losing our mind. Where do you start? How do you, I mean, do you just kind of run the big panel, look at everything? Where do you, how do you decide?

Because holistically, you're not looking at anything in isolation. Yeah, and that's exactly, I used to do that. So, way back when, you know, 15 years ago, when I first started my practice, I was crazy about the hormones.

So, it's like everybody gets a saliva test, we can look at everything and then, you know, you get whatever your hormone needs are and whatever your adrenal support is and off you go and, you know, they feel better.

And interestingly, what I kind of found is that the patients who also had gut stuff going on, you know, so they came in, they say, you know, I've got IBS or I've got constipation or, you know, whatever, I got to work on the gut with those ones too, because that's a symptom that they came in with.

And so, you know, if I take a step back and kind of look at the big picture, what I found is that the patients where we were working on their gut and healing their gut seemed to also get better on the hormone side of things or the adrenal side of things.

And it was like, huh, you know, and then I started having patients who weren't responding like I would have expected them to. who didn't have gut symptoms, and then I kind of convinced them, hey, can we just look at your gut and see?

I just want to see. And then they would just be full of candida and whatever. And then it was like, we'd treat that. And then all of a sudden, here we are.

I had a guy who had his thyroid removed and could not tolerate any thyroid medication. He just had all kinds of side effects. And so his TSH was like 78 when I saw him.

I'm like, I don't even know if there was a study that shows what happens if you don't take thyroid replacement. How long do we have? I don't really know, but he was still standing.

I have no idea how. Same thing, he had no symptoms. He was eating whatever he wanted, never complained about gut stuff, but I finally did it.

Root Causes: Gut, Stress, and Adrenal Dysfunction

He had yeast everywhere. So we did some treatment for his gut and suddenly he's coming back and he can tolerate his thyroid medicine again. We got him down to like a TSH of 13, which from 78 was a win on my part.

You just don't realize until you do it how everything affects everything. Now, if a new patient comes to us, I want to look at everything because you just can't guess at all based on their symptoms or what's going on, what imbalances may be there.

So, we're pretty in-depth. I mean, we're going to do all the hormones. We're going to do gut testing. We're going to look at leaky gut. We're going to look at all their metabolics with insulin resistance.

any nutritional deficiencies they might have, and then we put it together. It's not about, here's your 25 supplements I'm going to give you. There's work to be done.

How are we going to go through this process of healing the gut? Not just eliminate some foods that may be causing some stress on your system, but why is your body reacting to those foods in the first place?

And same thing with the adrenals. We can find adrenal dysfunction and adrenal fatigue, but why? You know, so you still got to dig a little bit deeper into where did that come from?

And I just find it fascinating how interwoven everything is, right? And, you know, it's fun, it's fun, not for the patient really, but for me, like, you know, we get women that come in like in their late 30s or early 40s, like thinking that they're going through menopause, right?

And they're going, young, what's going on here. And my experience has been that it's adrenals that are driving their progesterone down, which is causing them to have these symptoms.

And, you know, I mean, when you think about it from a caveman perspective, it's like, you know, we've got to stay alive before we procreate. So, the body is going to start sacrificing your progesterone and your hormones for supporting the adrenal function so that you can run from the tiger if it shows up.

So, we've really got to work on, you know, not only external stress and so we say, oh, you're stressed. Well, everybody's stressed out, right? Like we got all kinds of things going on but a lot of people don't realize how much internal stress is going on that we can manage and control.

when we look at the gut and the diet and that sort of thing. So, you know, our patients really get the big picture and then it's, you know, a system and a process by working on the gut, going through a detox, balancing hormones, working on your mindset stress.

We've got three health coaches. I've got an energy coach that does, you know, energy healing. We got, you know, it's all full gamut because Why not? Right?

Like let's, let's just address everything we possibly can. And I go to conferences all the time and there's new stuff, you know, and I'm like, ah, now I got to learn about that, you know, cause it just coming at you.

There's still, I mean, like I went to A4M, right. And it was like. Listen, fix the gut, fix your stress, um, exercise a little bit. Don't eat food, not process junk.

And it was like almost everything kind of one way or another fell into those categories, right? You know, if you're not sleeping and you're stressed out, you're eating junk, you're not exercising, everything's on fire.

Of course you feel, you're going to feel bad. And there's 17 different pharmaceuticals we could give you to try to cover each one of those different fruits.

Or we can get to those four basic roots. Yet, here you are developing this practice that has all the different sort of avenues that people need to address their energy and their gut and their hormones and their life.

It's a life, it's a paradigm shift. And what I like about that, you know, one thing that we do here is you know, we sell time and attention. And so for a low monthly membership, I'm your co-pilot, you're the pilot.

I'm in here where you tell me about you, I tell you what I see, where I think the landmines are, you make the calls. And I love it when people make that.

that paradigm shifting decision to just, okay, I'm going that way. It's so fun, but not easy. Yeah, it's not easy. And if you look at the most successful people, no matter what their area is, so it's easy to make the analogy to athletes, like pro athletes.

They make it look easy, but they've worked very hard their whole life to get to where they are and they still have a coach that tells them what to do in the gym and on the field and whatever.

I have learned that through the business of medicine as needing some support and mentorship to figure out. I didn't learn anything about business. So I think for our patients too, I mean, you know, it's easy to go read about how you should eat or what supplement you might want to take for this, that, and the other.

But, you know, it gets really complicated when you don't have the guidance and trying to understand kind of what do we need to tackle first, right? So you can tell a woman who is a busy mom, has a career, whatever, that she needs to exercise more, sleep better, and eat better, and like…

Good luck. You know? She probably knows that already but you know actually being able to make it happen. So sometimes you need that Hydrocortisone or adrenal support or Band-Aid just to get them to the next level where they can actually make better choices or find the energy and the time to do the things they need to do or maybe we need a melatonin or a sleep supplement to get the sleep so that they can wake up with some energy the next day, you know, so Not everything has to necessarily be bad.

Hopefully we can use more bioidentical things or, you know, naturally supportive things than chemicals to band-aid these symptoms. But I think that's where the patients need the support and the help the most is guidance and navigation.

And I'll tell you, you know, it's funny just how human nature is like, you can hear it all day long, but when you visually see it. So that moment when somebody sees their adrenal curve, you know, and they're going, oh like that's why you know and you explain it to them or you see their hormones are out of balance or you see the vitamin d level is low or whatever it is that we're looking at you know they can actually go oh you know okay i'm not crazy this isn't all in my head which is what they've been taught to think because you know they just think oh i'm going crazy life's stressful you know this is all me like there's nothing really wrong with me right because they went and had their typical cbc and you know tsh done and there's nothing wrong Yeah.

You say fun, and I think it is, it is fun. I think it's even fun for the patients to some degree when they realize that there is a path here that we could potentially feel better.

We don't have to feel like this forever. And it's hard work, but it's also, I mean, it's work, like here you are, you've got this clinic, you've got all all these like sort of avenues and you've got all these different kinds of coaches and you're trying to put it all together and you're having to convince because insurance isn't paying for any of that.

And so you're, you're developing this, this other cash based, I'm assuming model where people have to, you know, see the value, invest the value. How has developing this practice over these last 20 years of sort of, sort of getting deeper and deeper down the rabbit hole.

How has that, how has that been working for you? You know, I would say that's still probably a number one conversation that now it happens before they get to me, right?

So luckily we have a system in place, but you know, I think the more, that's why I like to do things like this, right? The more that patients can hear what we're doing, whether it's, you know, through them finding us on our website, social media, whatever, but you know, we use the term pre-education, which that's just what we know.

They've got to have some awareness of what we're trying to accomplish and just like you're saying, the amount of time it takes for us to learn about this stuff, number one, but then go over your labs, have that conversation, help guide you through the process is not anywhere near a seven to ten minute conversation that that insurance is going to cover.

And none of us could, you know, one, we can't practice the medicine that we want. But two, I tried it that way. In the beginning of my practice, I took all the insurance and you know, I'm like, okay, I'm going to figure this out.

Well, you know, I was always running over because I had, you know, 15, 20-minute appointments for follow-ups and there was just never enough time.

Whole-Body Functional Medicine Approach

And so then, you know, okay, we add more. Well, now I'm not seeing enough patients to pay the bills. And so, you know, you've got to find this balance where, like you said, you know, I wouldn't even say it's not a transaction of time for money.

In my opinion, it's a transformation. And we're helping the patients really understand Here's where I am, and here's where I want to be, and we're going to help them get there." That's an investment that includes all of the things that we're going to support, not just my time, but the supplements that we include, the testing that we do, the environment that you're going to be in with our community.

It can feel like it's a lot, but when you look back on it, it's like the patients that get that experience and get that transformation, their family members themselves would say, I would have paid twice that, I would have paid eight times that to get my life back.

I'm now able to do my job, I'm not going to get fired, or I left the job that was making me miserable because now I had the ability and energy to get out of that negative environment.

Great story, yeah. the new space, you know, we're saving lives. Like I have a patient who had myasthenia gravis, which is kind of rare, and nobody really knows what that is.

But basically, like all of her muscles stopped working. So, you know, she could hardly lift her head up. She couldn't open her eyes. I have before and after pictures.

And literally, you know, she's at the neurologist, you know, on 18 different prescription medications, none of which are doing anything for her. Last visit she went to, they were literally talking about end of life care and what she should expect.

and she hired a nurse to come to her house every day just to make sure like she was getting up and waking up. And so her neighbor told her about us. She literally could walk to my office.

This is why I'm like, so this is not marketing. People don't know you exist unless you talk about it and you're out there. So she comes in. She said as soon as her neighbor heard, she was in the next available appointment that we had.

And she was skeptical. She was like, what do you mean? I have to do this change in my diet. take these supplements or whatever, but six months later, the before and after pictures, we saved her life.

You can't buy that back. There is no amount of investment that you can consider for that. That was years ago. She's still a patient. She still advocate.

Every time she's in, I'm like, hey, can we get a picture or video? I tell that story. Anytime I have a new team member or whatever, we show her video because they need to understand why we're doing what we're doing.

It's not always that obvious about how we're, you know, we're changing a lot of lives, but to literally be able to say we're saving lives is totally different.

In this system, in the insurance world, the lifestyle modification is kind of a punchline, right? Like they're required to say the words and then they go, and nobody does that.

So here's your 17 meds. And so the ability to empower our patients to say, no, it can't be done. And. Others have gone before you and we're here to walk with you.

This is a journey. We're, we're not going anywhere. You're not going to, you know, there's no snake oil, no quick fix. We're going to get, we're going to cut out the stuff that's actively killing you.

Your body is going to start responding completely different. And then let's give it what it needs to heal itself and move towards health. And it's so, I mean, on one hand, it's so high touch.

It's so much. work on our part as a team, I give my team most of the credit. Like, you know, I sit with the patient for an hour here and there, but they're constantly reaching out to the team and all of that, like just like yours, but it's so rewarding.

Like most of the physician and medical burnout is cause. It's not that they're overworked. It's that you're being told to do only what you're told to do.

You can't do what you think you should do. It's moral injury. It's frustrating to put a patient on a medication and, you know, check their labs three months, six months later.

And it's not, if we're talking about like diabetes, you know, for instance, I mean, it only gets worse. You only get more insulin if you start insulin, right?

Like it never gets better. Once you go to insulin, oh, it's so sad. And let's say your labs do look better because TSH, I mean, levothyroxine fixes TSH.

It does. It's amazing. The patient comes in, okay, oh, it looks better. Shoot. I still feel terrible. So I guess that wasn't the solution. And the regular doc's like, yeah, it's not your thyroid.

Your TSH is one. You're great. But the ability to, I think the one thing that helps prevent some of the burnout that we're seeing in this industry is the fact that we're changing lives, saving lives.

I was family medicine trained. The regular clinics looked awful. So I went to the ER right away. So, you know, I'm used to saving lives, I guess, but really what burned me out was all the primary care I was doing because when the emergency came in, I didn't have time for that because these people needed a doctor, you know?

And so that's really where, you know, I started not with any functional medicine in mind, just trying to be available. And then once those doors open, once you've seen it, you can't unsee it.

And that's a pretty classic story, you know, a lot of doctors in this space are ER and, you know, they're trying to prevent the patients having to get to the ER, right?

Like, you know, so many of this, what you see is just reversible to some degree, right? If the patients are given the right opportunity and the right education.

I agree with you. I mean, we've heard this story. We're taught nothing in medical school about nutrition, like absolutely nothing. But yet patients come to us with, you know, thinking that we have all the information about how

are we going to lose weight, what diet should I follow, whatever.

And if you get a chance to have time, which you probably don't, so you're going to get some handout about, you know, eat low fat, eat low cholesterol.

I was going to say the same thing. Yeah. 20 years ago of a handout that we had in residency, I think. you know, again, I mean, I do think that physicians are out there and they want, they want to help and they are frustrated because the system doesn't, doesn't let them with mostly a lot of time, but also I think, you know, when they're burnout and stressed out, like the last thing they want to go do is sit in a conference room and learn more things, right?

Your brain is at capacity like you can't. So all you're going to do is whatever you have to do to get your CME to keep your license and like, you know, let me do that online and just.

Building a Cash-Based Practice and Patient Transformation

You're burned out. Are you really going to just completely shift the way that you practice medicine? You're going to have to go get a different job. You can't, you can go learn stuff that insurance doesn't reimburse for, but you're not going to get paid for it.

Right. Right. So you're like, you literally, you can't use it. You don't have time. It's this like literally when I got burned out in the ER, I was like, okay, I don't want to be a clinic doctor, and I don't want to be an ER doc.

I guess I don't want to be a doctor anymore. I mean, that was the only solution that was left. And so I told Steph, I was going to go build tree houses for a living.

It's part of my story and we were really going to do it. And God and Stephanie were like, you are a doctor. And so there's medicine conference later and then another, you know, it's just some doors, some other doors open and here I am.

And it's just God's grace that even in medicine at all, and it's on grace upon grace that I then found. you know, functional medicine type practice, you know, and I learned, I was taught and it was out of desperation because at first I was pretty sure I knew everything as a good young family medicine doctor for showed a residency might, especially an ER doctor.

We always know. Okay. Well, I mean, that's awesome. Thank you for, for what you're doing, you know, between balancing life and medicine and running your practice and mentoring and leading your team.

I know it's a lot. I have also been sort of blessed with learning to run a practice or run a business really and lead people properly. And that has been sort of like phase three of my education.

There was regular medicine and then there was sort of the functional stuff. And now it's how to run a practice well and lead my team well because they deserve it.

Thanks for, you're in, so where are you located right now? Clemson, my practice is in Clemson, South Carolina. Any virtual, is it all in person? South Carolina, North Carolina is where our licenses are, so you know we can see patients virtually in both of those states.

I have a medical license in Georgia, but my practitioners do not. So it gets a little bit tricky where if it's not me seeing the patient all the time.

So we'll grow from there. But for the most part, people find us. They come to us. And if you come to us physically, then you can come to us from wherever you want to be.

But you have to be in the states that we're licensed in. from a clinical patient perspective, like come find us, help us.

If you're a practitioner listening to this, there are so many avenues, whether it's A4M, there's so many different ways now that we can learn about this stuff.

And not only learn the clinical part, but what you talked about, I had a little bit of support with a consultant a practice management consultant when I opened my practice 15 years ago.

So just you're saying, you know, grace, and I'm so grateful for the OB GYN office who decided that they were going to go get bought out by the hospital system.

And I just knew that that was not the direction I wanted to go. So I had something so I opened my practice had no idea what I was doing. Yeah, I used A traditional primary care consultant, so we had insurance and we had all the things that normal, you know, family medicine would do.

And not quickly, unfortunately, but at some point along the way, I realized that that was not the direction that was going to keep the doors open, you know?

So if you can't have a business, we're not going to be here to help the people. If we can't pay our staff, we're not going to be able to help the people.

So, you know. I'm not in this for the money. I mean, it's not that great. I think probably we could go sell real estate and make more money. You know, we got to be there to help support, support all, all the things that need to happen.

And, you know, so now, you know, my, my, you know, phases, just like you've had is like, now I'm in, I'm in the teaching spot of not only clinically I'm teaching at A4M and, and other conferences and things like that.

We're headed to IHS in the next week, integrated health symposium. So. So I'm teaching the clinical part, but I'm also teaching the business part of it.

So I'm a mentor in some other practitioner training program. So again, if you can't run your business, you can't do what you need to do. And so that's been really inspiring and I'm super grateful that my team is in place so that they can help continue to help our patients thrive and get their life back on track through our systems and protocols that we've set up over time and I've trained them to do so that I can go exponentially help that many more people by getting other practitioners the support that they need to do what they're doing.

I mean, same thing here. Most direct primary care doctors, they get the guts to leave the hospital system and all they're praying for is 300 patients that trust them so that they can open their doors, put up a waiting list, and just go practice medicine the way it's supposed to be practiced.

And God's also pushed on me the desire to grow more opportunities for other providers and nurses and staff to be able to take care of more and more patients.

So right, it's exponential growth. I can only take care of so many people myself. But to help others get there is great. So if people, if there's a practitioner out there that says, Hey, I'm either struggling in my own practice or I'm considering jump and ship and trying to start something.

I really dig what you're talking about. Maybe doing something outside the insurance system, at least some, if not completely. How do they get ahold of you?

What are the next steps? I'm all over Facebook and whatever social media. Just have to spell my first name right. It's A-I-M-E-E. MeDuffyMD.com is my website.

That's for like that kind of stuff. Carolina Integrative Medicine is our office.

Teaching, Collaboration, and Expanding Functional Medicine

But you can find me on all the social media and online as well. And then literally just a week ago launched a new business called Functional Medicine Collaborator.

So what we're finding is all these nurse practitioners, PAs, even clinical pharmacists that are going and getting some clinical education and training on functional medicine, particularly hormones.

And they're collaborating physicians who often are ER docs who, you know, are overwhelmed and stressed out. And, you know, they're doing this collaboration on the side, but they don't know anything about hormones.

And so they don't want to help support these practitioners. So we're actually creating, you know, a match system basically. That's awesome. MDs so you know right now we've got lots of people who need a collaborator and we need more collaborators to you know reach out to us and and want to be you know it's a it's a nice little side gig I mean you can have yeah mortgage you know with with a couple people that you're supporting doing this work so Again, exponentially we can help that many more patients if we can help the practitioners do their jobs.

So we take care of all the work of worrying about liability and do they know what they're doing. We'll make sure they have qualifications and what they're trying to achieve and all that stuff.

So that literally we just launched February 1. I'm already maxed out in the people that I can take, you know, just doing what I do. It's, you know, it's a small, like you said, a small world.

We need more people that are interested in, and. Especially in this functional medicine world, you're busy out there trying to make a cash-based practice work and it's crazy and yet fulfilling.

That's a perfect side gig. It's great because I've learned through my practice how to create systems and automations in place. We've learned that you can do this one hour a month.

And you can have as many as you want to. They all come to your same, you know, meeting. And so, you know, you can make it happen without it being a stressor on you or significant time suck.

So. That's brilliant. Thank you for doing that. And thank you for what you're doing for patients too. We, the patients need it. The providers need it.

The, you know, like you said, all these, all these providers. I mean, there's billions out there. All we can do is collaborate with each other. There's, you know, there doesn't need to be any competition in this space.

I mean, it is just. There's enough people out there who need us that we're never going to even touch the surface. That's awesome. Well, thanks Dr. Amy.

Thanks for coming on. This has been a pleasure. It's super encouraging to see what you're doing and how far you're taking it. Thanks for seeing the light so long ago and keeping it lit for those of us that were later to the game.

So great to meet you. Well, thank you. I appreciate you having this platform where we can get more information out there. Absolutely. Love it. Bye-bye.

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

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