Pain Isn’t in Your Body… It’s in Your Brain. Here’s How to UNLEARN It! Dr. Asare Christia | Ep. 102 Transcript

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Introduction and Guest Background

So if you had to pick your go-to peptide for patients that are dealing with some kind of pain, what's like your goto peptides? I love GLP-1s for pain.

GLPs for pains? Yes. Really? Let's get into it. This is the first time I've heard of GLPS for Pain. Today our guest here, we have Dr. Asari Christian.

Dr. Asari Christian is the founder of Ether Medicine and a leader in integrative pain management. With training from Johns Hopkins and Harvard, he's helping patients understand pain at the cellular level and unlock true healing from within.

In the long term, one of the things that we need to focus on is education. The things are actually makes people healthy are not expensive. But the biggest point I want to make here is that your brain lends pain.

Your brain can only lend pain, your body lents pain your buddy can lend. This is something that We have to take very seriously. What is the difference between looking at these different systems in the body versus actually looking At the cells?

The fundamental unit of this body is the cell and the self has all this intelligence to adapt in a healthy way or a negative way based on the signal. What is a signal?

The signal is. Welcome to another episode of a Healthy Point of View podcast. I'm your host, Sam Sahada. And as usual, we're bringing guests from all over the world to talk about health, wellness, beauty, and mindset.

Today's expert is coming all the way from Philadelphia. we're talking about pain, how to manage pain. Now, not the traditional way. We're mixing allopathic with functional medicine, taking a different approach on how manage pains and making sure that you live with true longevity.

Today, our guests here, we have Dr. Asari Christian. That's awesome. Welcome, right? Welcome to Healthy Point of View podcast, Doc. Pleasure to have you here.

You're here in South Florida. Some people consider it paradise. Yes. And I know you've been doing a little bit of a podcast tour. Yeah. It's important to do these things because owning a longevity clinic and having a lot of doctors as my partners, we get very tied up and more inside of that cave treating patients.

But at the same time, We got to get our message out. Absolutely. So I want people to Get to know you a little bit better of who doctors are. Christian truly is.

Let's get let's take it back from when you were like very young as a kid. You know, obviously you came from a different country. I Want people understand your upbringing.

Yes, and thank you so much for having me here, Sam. It's an honor to be here. And thanks for the work you do in educating people. Because I think there are still so many people who are suffering unnecessarily lack of knowledge just caught up in a system that is very limited options for what they can do for their pain for your health.

So thanks for doing this. Absolutely. So going back to me, so I grew up in Ghana, this is, you know, West Africa. I was grewup there in a small village.

And growing up, had a friend who died from malaria. That's actually how my interest in medicine peaked. He died for malaria, I got malaria and I did not die.

At that point, have some concept about you know, the body's ability to heal potential for resilience and all of those things. And it was something to do with his genetics.

He had sickle cell and I did not. So from there, grew up interested in, you how do I help people? And I'm interested learning more about this process of how I survive and he did that.

In medicine became kind of the path. Came to the US after high school at 16. Lived in Wisconsin, Milwaukee. Milwaukee, Wisconsin. Come on. Hey, that's my hometown, I was raised in Milwaukee.

Yeah, so I went to Riverside for a brief period of time. I know you went through a different high school. Rufus King, which we were rivals. Yes, absolutely.

Amazing. So that was a great experience. Coming here was, it was bit of a shock, but I young enough that I open minded to kind of learn. So I was great, happy to be in America, except it was very cold in Milwaukee.

Went to school there, met my wife at the time and had two beautiful kids. When from Milwaukee to Baltimore, Maryland, I did residency Hopkins went to Harvard, did a fellowship and then end up in Pennsylvania.

So that's kind of my professional journey. There's some more to it. But my goal has been to try to figure out better ways to contribute to solving health.

And that journey has led me to I guess this point. Yes. So let's talk about that, man. Why did you choose integrative medicine as the path? Yeah. Pain is one of those complex things that in fact, when I was finishing residency, I wasn't interested in pain at all.

know, it's kind of weird. You know we people have pain is so hard to manage it. So I was running away from pain. I didn't want to do anything with pain so I went to Harvard got a fellowship in public health and while I Was doing public Health, I became aware of the biggest public help issue we have in America is pain, pain affects more people than diabetes, heart disease and cancer combined right because cancer patients have paid diabetes patients of pain And pain is so poorly treated in America that it costs a lot of money and still we have bad outcomes.

So I didn't want to deal with pain. And then I started working at a rehab hospital, my background in physical medicine. I was dealing with patients who have spinal cord injury, brain injury and all of those people have pain And how pain was done at that time was quite limited.

Basically, injections, medications, people keep coming back with the same processes and same complaints. So I knew that it has to be a better way to do that.

And what I recognized at the time, was when people are healthy, pain gets better because people will say, I've done everything. I'm going to physical therapy, done medications.

Have done acupuncture, have done surgery, and I am still in pain. And it became clear to me that, you know, to get people out of pain, we got to figure out how to make them healthy.

And as a doctor who's been, well-trained in all this environment where I have the foundational things, I did not even know how make people healthy, so I started my own practice.

It's has been a journey to educate myself. Since getting into this integrative space of trying to solve the underlying cause of the pain instead of blocking the paint signal, it would help a lot more people and it's just been rewarding journey too.

People need to be aware that there is better ways to self-pain. Yeah, yeah, no, I believe it, man. And I've had back pain issues myself and things of that nature where I don't wanna be on the medications.

So, Doc, let me ask you this. Would you say that traditional medicine, the allopathic world, when it comes to pain management and treating pain as a physician, is it driven by the pharmaceutical business?

Most of it is, and I will agree to that because when we look at America population, We are 4% of the world population, yet we use 80% percent of world opioids.

Oh, wow. Wow. Yeah. So are we the only people with pain? No, we push way too much medications. When it comes to how we treat pain in conventional medicine approach, it becomes signal blockade.

How do we block that signal? Right.

Why Integrative Pain Medicine

The only things that we're using to block the signal is pain medications, ibuprofen, NSAIDs, gabapentinoids, antidepressants, anti-inconversants opioids, all of these things that really don't solve the underlying source of the pain and they actually end up living to more disease.

So there's a lot of medicines that we use that does not get people out of pain. That's why we have so many people in pain, and we all this infrastructure, we've all these advancements, yet people are struggling in pains because we're only solving the signal without understanding Why is the signal there in the first place?

Now, you know, when I worked at the fire department and I did 12 years out on the road as a firefighter paramedic dealing with emergency medicine. And one of the things that when, I would actually see people addicted to these pain medications.

Right. I was the guy who always wanted to hear people's story. Like, how did you get here? And most of the time it comes from a fall, a car accident where they never took pain medications.

And then all of a sudden they got on pain medication, got addicted to it. Eventually, I've seen some people where eventually they couldn't even get the pain meds anymore and then they're doing heroin.

So I want to talk about what have you seen as a pain doctor with people who start taking some of these medications and where they end up and why other type of alternatives are typically could be a little bit better.

Yeah. So, you know, when people take opioids, there is physiologic dependency and psychological dependency. OK. What that means is even when you take opioid for pain, so something happens to you and we give you opioids within a short period of time, your physiology wants that medicine.

Your brain also wants that medicine. So sometimes people have specific personalities that is more addicting. But even that, people who don't have that physiologically, their body don' t feel good when they don t have this medicine, so once the medicine get introduced into their their bodies to help them with the pain, then they become dependent on this medicines because now if they dont have it, they start shaking, you're not feeling well.

And it creates all of this problem. Okay. And once people get on opioid, it actually increase pain. We have something called opioid induced hyperargesia where the medicines will change your immune cells and create this higher tolerance.

You have to keep going up for people to get relief. So this is something that we have take very seriously. There is a place for opioids, but it has to be done well and people also need to educated.

And then we have to go beyond just that education to providing what are the other options. But sometimes people feel like there's no options and if you go to your regular doctor and you're talking to them and they have only 15

minutes to talk to you, it becomes take these medicines, get out of here.

That's how people get in trouble. Then we also know that because of this opioid crisis, doctors are now kind of, there is restrictions. So patients get introduced to these things and then they cut them off without providing any other And this how people end up on the streets with other substances to to make up for it.

So we have to do a better job of that. Yeah, I agree, man. I. 100% with that, so so, you know, when we're looking at the body as the entire all of your different systems, You're not just looking.

At the systems you're. Looking at. The cells. Yep. So I want you to talk to the audience a little bit of what is the difference between looking at these different systems in the body versus actually looking the cells.

Yes. And that's a, I love that question because when I went from being a conventional medicine doctor and to getting into this integrative space, as a pain doc, you know, in medicine, we learn all of the specialties and you get boxed into one thing.

I became a paint doctor. How to take care of, you know, the microbiome. I lost how to understand hormones, endocrine, all of these systems. My gas shift to only musculoskeletal medicine.

So it was hard for me to wrap my head around like, how do I even help people with distance? All I know is to give injections and all those things. And then it kind of, I went to this conference listening to Dr.

Sees. I don't know if you're familiar with him. Yes. And he's talking, yes, peptides. So that was my first introduction to cellular medicine. He says something that just clicked for me because he said, well, the fundamental unit of this body is the cell.

And the cell has all this intelligence to adapt in a healthy way or a negative way based on the signal. What is the single? The signal is stress, nutrition, sleep, food, peptide, hormones, small molecules, all of the things that we do.

So that really gave me a friend. I was like, oh my gosh, I understand the sale. And then that actually medical school. The interesting thing is that, we actually learned that in medical schools.

We learned about physiology, how things are supposed to work. But then once we get into residency and we are working in hospitals, We are only taking care of pathology.

So we lose that physiological component. In the hospital, we are solving sickness. When people come to the Hospital, you're not thinking about biochemistry.

You just give drugs, just whatever you need to do to get out of the hospitals. We lost that cellular component, so really going back to that foundational cell helped me to be able to frame any position, any situation that came to me.

When you take pain, for example, what is pain? It's a signal. That signal is propagated by a cell creating inflammation, cytokines, or whatever it is to communicate specific things that needs to be done.

And then a nerve takes that information. The nervous cell, the microglia, and the brain is a self. So all of those things and they tend to function well when it has a healthy state with improvement in energy production.

Things are working well communication. That was a good place for me to be able to get to, to help people to fix the underlying problem. Because beyond every suffering, there's a system that, you know, dysfunctional, but underneath it is a cell that is not making a better decision.

And the cell can do that decision when it gets the right signal. So one of the things that you're talking about is You as a physician, you need to think.

Yes, absolutely. Because what I've seen, what has happened in today's world of medicine is where a lot of medical providers are practicing more algorithmic fashion, right?

Instead of actually taking more of that personalized approach with their patients and really taking that deep dive, looking under the hood to see exactly what's going on.

So when we talk about that, you know, we're talking about pain, and we talking signaling, when were talking cell intelligence in your clinical setting, what does that look like with the different type of modalities?

And when I say modality, I'm talking certain like peptides, exosomes, stem cells, things of that nature. What does it look? So yes, any, We've talked about what is the underlying problem?

What has gone wrong with a cell, okay? And then part of it is there could be an injury that's led to a tendon that it's torn.

Opioids, Dependency, and Pain Blockade

It's not able to heal itself as well because I do musculoskeletal medicine. So as an example, When people have rotator cuff issues, they don't have a lot of nutrition.

Their tendons are hypocellular and vascular. They don''t have all of the nutrition to heal things up. So the cell is trying to help itself, but it doesn't help the nutrients.

It doesn'''t help all those things. Plus on top of it, as we age, those growth factors, the hormones, everything else goes down, right? So we even have to think about how do we treat somebody who is 30, who's 20, somebody whose 50, whose 40? Whereas in conventional medicine, we just give everybody the same treatment.

So from there, trying to figure out what does the body and what as a cell needs. And it starts with the foundational signal sleep. Okay. If we can get good sleep, you can make growth hormones.

You can meet a testosterone. The cells and your body can make it when you get good sleep. So you know what's good about sleep? It's free. It is free, yes.

I bring that up because people always, ah, the longevity stuff. The biohead is so expensive, but you're hitting on certain things. And I think I know where you gonna go next.

Maybe nutrition. Yes, free it is. You got to pay for your food and stuff, But knowing what to eat is absolutely free is super, super important. Stress reduction.

movement. All of that is free. So getting people to understand the foundational thing that the body needs to take care of itself. From there, then we can bring in some layered approaches.

The body need a little bit of help. Sleep is tight in, the nutrition is good, you're resting, your recovering. Now let's bring some peptides. to support that hailing cascade.

Let's bring in some exosome to report that healing cascade, because we get to a point where those cells, even when we optimize, there is still limitation based on aging, based some oxidative stress and other things that are going on in our physiology.

So all of those things comes in. And then from there, we talk about biomechanics. Because one of the things, that's really important for people to recognize is that when you have pain and it's gone on for a while, There is always biamechanic deficits.

The pain signal go to the brain and your brain send a corresponding inhibition to muscles. Muscles are not working as well and you're body is compensating.

So once we do all of those things, then we have to talk about how do we use the body mechanics, the physical therapy and all those that we need to do to correct everything else.

It's about the foundational fundamental things and then from there we can add in some of the cellular medicine approaches. I like that. So if you had to pick your go-to peptide for patients that are dealing with pain, not severe pain with some kind of pain.

Yeah. What's like a go to peptides? Oh man. I love GLP-1s for pain for GLPs for pay. Yes. Really? Yes. So let's get into it. Let's talk about that. This is the first time I've heard of GLP-1s for pain.

Yes, so in fact, I was actually using GLPs for pains before it became such a, of course, we know it, it has anti-inflammatory, immune modulatory. Okay, let me see that, yeah.

And it also works to improve metabolism. Okay, so any peptides that helps to improve energy state of the cell, the sell, it's all about mitochondria. It's not about energy.

If the cells have energy, all these things that we're talking about the lifestyle things, is all trying to prove the efficiency of a cell. The cell has energy then it can make all the right decisions.

And GOP1s help with that. And in fact, I'm going to be talking about GOPs in pain at LongevityFest in December. So we're going get into it at a forum.

OK. Yeah. Yes. It's anti-inflammatory, modulate endorphins, immodulate other pain, neuroinflammation, which is a part of pain processing phenomena. so it helps with all of those things.

and it's not addictive. and improves metabolic health, maybe a little bit of body composition, but the dose that we're using to control the pain is much less than what people are using.

It's like a micro dose. So it's not the same dose, so we are not trying to lose weight. We are trying control inflammation, we trying improve the efficiency of the cell, and we try to get the cells to heal itself.

What do you typically dose in the GOP? What's your GOP1 of choice? So someagglutide is the basic one that's easily accessible. So microdose is a fourth of the lowest dose FDA approved, is what's considered micro dose.

Oh, wow. And what I'm doing is, when I am doing this, I get people on an in-body machine, so we're actually measuring their body composition. We don't want people to lose muscle.

So it's a great one for that. It also helps with habit change. it gets people to kind of a little bit pause their activities and their actions and some of those habits that kind, of perpetuate pain.

So if I have to pick one, it is that, I know there's some other ones that I'd like to, but you know, GOP one. See I thought you were going to go like the VPC 157. Yeah, man.

I've done those. Those are great. What they do is they help with healing, So there's a difference between repairing, recovering and the pain signal itself.

So you still always have to block that pain. Okay. so actually PDA, which is a version of BPC that has an arginate attached to it. That actually is better one for pain because the argenate is analgesic.

People need to get rid of the and they also need to heal. Interesting. Man, I'm learning. That's why I love this podcast, you know, because I bring experts like yourself and I am learning, so all right.

GOP one for pain. Yes. So, okay. What about on the stem cell derived products? Do you do that at your practice? I use exosomes, yes. Okay. Exosome. And then so exasomes are also great.

I mean, they work really well, but what I also recognize with all of those you know, especially when it comes to exosomes and stem cells, is you want to make sure that environment that you put in that in is optimized from a physiological standpoint.

And how do you do that? Making sure if people are eating junk, first of all, we provide some education on like, let's not eat junk.

Cellular Medicine and Pain Signaling

Sometimes I even have people do a fasting-mimicking diet to kind of clean the whole system, turn on autophagy so everything is clean, everything primed, because the outcomes are different.

And it's based on whose physiology you put in there. If somebody's not sleeping as well, somebody is not doing all the right things, yeah, they'll get some benefit.

It doesn't work as Well, and why is it important? Because those things are kind of expensive. So let's make sure that you are optimized to do it. I do some PRP.

In fact, I don't do as much PR P anymore, Because PR is a function of your physiology, right? So we take your blood and then we reinject those growth factors into you.

have senescence they have all of their cells that the outcomes are not the same right so what i do and what I prefer is I do prolozone have you heard of prozone yeah the ozone injection yeah yeah so we do protozoan which is basically taking mitochondria nutrient B vitamins uh bicarbonate we mix all and we add ozone on top of it.

And basically what you're doing is you giving the cell all the nutrients it needs to be able to make a good decision. and then you given the oxygen, which it lacks in the joints and tendons and other places to.

Make that work. That's independent of somebody's physiology. So that actually works really well. Then obviously, you know, getting people to do the extra stuff, nutrition, the sleep and everything else to, make sure that they have the better outcomes that we're looking for.

Interesting enough. When I was having my sciatica pain for quite a while, Dr. Davis actually told me you should look at that. It's great. I didn't do it, but I read a lot of great things about it when I started researching it.

So that was pretty cool. We're talking about pain and talking all of these different treatment modalities that are more alternative than the traditional route.

But you have a very Part in your heart man for longevity. You know, it's not just about pain You're looking at longevity and health span like I follow your content on social media and you're very passionate about it So what I want to do is talk about longevity layered into your pain practice because in all reality man I've seen a lot of pain doctors out there.

There ain't that many that do longevity Yes, you know So so what made you go in that route and how did you integrate that into the actual pain? Yeah. So how I've kind of look at where I am and where i'm going has always been interested in how do I figure out how to optimize health as a way to solve pain?

Okay. And one of the biggest risk factor in any disease state is aging. As we age, right? Heart disease goes up, cancer goes, metabolic issues goes. Pain goes as we aged.

So for me, my goal was like, how do I get to the root cause? So even getting into longevity medicine was trying to understand how can I make the most impact?

If I can slow down aging, I slowdown pain. Instead of waiting until degenerative changes happen, can do something? Can I optimize hormones? Fix the microbiome?

Do some peptides that slow the whole senescence process that's taking place? That's how I got into Longevity. And I think one of the things that we don't talk about in this longevity space which is we talk about healthspan, right?

Not lifespan, health span is about quality of life. Okay. And one of the biggest factor that really impact people's quality life as we age is pain. People start shrinking their world, they will have a rotator cuff issue, now they don't work out anymore.

Now they go out any more, and community is so important. So I think pain is one those underestimated topics that I go to all these longevity conferences and nobody's talking about them.

Okay. But it does isolate people. So I think if you really want to work on improving the quality of life, we need to start talking, start taking about pain.

And as it turns out also, the same cellular mechanisms that drives aging is the similar mechanism that drive pain, so there's mitochondria dysfunction in aging.

There is senescence in ageing, there is deregulated nutrients sensing in aging. All of those processes also are taking place In your knee, in your spine, right?

But when you go see a doctor, what we're doing is just blocking that pain signal instead of how do we slow down the chondrocyte, chandrosensin, there's senescence in the knee that's leading to osteoarthritis of the need.

And it's the same senisense process that also driving astrosenescent leading into Alzheimer's. So the approach becomes, how do we figure out the cellular mechanisms, target those?

Not only are we going to improve pain, we're also going help people prevent metabolic issues, help prevent heart disease and all of those things. So that's how I got into this space and really trying to find better ways of how we slow everything down as we move forward.

Now, I've seen people do other things for pain as well, too, like red light therapy, cryotherapy, spot on cold therapy in the pain areas. Are those the things that you practice as Walter?

Yes, because when it comes to pain, pain is very complex. And there's multiple things that are going on. So we have to use all these modalities that allows the body to heal.

Yes. Code therapy, shockwave therapy. All of that is working at a cellular level to modulate the cells to make a better decision in a simplistic version of things.

Those things are important. The great thing is that those work. They don't cause any side effect. My other option I have for you is gabapentin, Lyrica.

something else that would make you dizzy, that will affect your sleep and even get you hooked on drugs. So definitely all of those modalities are super important to to employ when we're trying to address pain.

So which we're talking about longevity and health spin, you know, mix into the pain practice. So the reason why I brought up the red light therapy and the cold therapy is that a lot of these longevity centers that don't do pain management, these are services that they offer for longevity, the biohacking and stuff.

Absolutely. What other benefits besides just helping with pain would like redlight therapy, cold, therapy have for someone? Yeah. So, you know, with relight therapy, we know that it's influencing mitochondria stress.

It helps with my mitogenesis and getting some oxidative stress that get your body to mix more mitochondrial. That's really important. Everything that support the energy system of a cell.

in my limited understanding of this space makes a huge difference. And you talk about doctors thinking for themselves, we understand the cell. If the sell has the right energy making modality or signal, it's definitely gonna do better.

So those things help with that. Using code therapy for pain, code-therapy causes a little bit of vasoconstriction. Initially, an acute injury, when somebody has something that's acute where there's tons of pain and inflammation, you do code theory that helps to vaso-constrict, but we also wanna be careful Because the reason why there is all of this inflammation taking place is that the cells are trying to communicate to try to get things to heal.

Okay, so it's kind of the same thing. It's all about balance. Right. And then a place for heat. So when you have something that's chronic, code therapy is not the greatest modality, because skeletal muscle or connective tissue, they tend to shrink, and the code and they with heat.

So if you have something that's chronic, like a chronic back issue, I'll probably say use, you know, heat versus using cold when you just have an acute strain where there's a lot of inflammation to calm things down.

Okay. I see that. So Dr. Sorry, then I saw the other day and I reached out to you about it. You were doing a CBD. Yes. So which we know there's a lot of research with CBD now.

There's not a significant amount of. Research was CBD intravenously. Right at the Pico molecule. Which which is interesting enough because, you know, I'm on the advisory board now with PICO CBD, And this is very interesting, man.

A lot of research study just came out for them out of the University of Illinois. And when we're talking about bioavailability and truly getting these benefits of CBD that we've been hearing about, tell us more about what you're doing with CBD and administering it intravenously on these patients and how it's helping a lot the patients with pain and maybe a lots of other types of issues that you see out there.

Absolutely. So that's a wonderful technology advancement that we have. has huge implication, not just for pain, but mood, sleep, the endocannabinoid system is involved in so many things.

So when I started doing cannabis medicine, this is like a while ago when cannabis became available in in Pennsylvania.

Peptides, Exosomes, and Regenerative Therapies

And even that, you know, This is when i was dealing with patients who have spinal cord injury, brain injury and all of these things have to go and fight with the hospital to get them to approve this for us to be able to do this.

Okay, because the options we have for them were gabapentin and And we know that when people are using cannabinoids, the benefit is like anxiolytic. It helps calm things down, it regulates the pain tone, that neuroinflammation, has all these other benefits, okay?

And when it comes to CBD specifically, you know, when you, then the plant has other cannibinoid, but CBD is one of those that's not psychoactive. So it doesn't make people high.

That's an easy one for people to explore. And what I like about Pico is that it has this full spectrum, right? You have the cannbinoides, Is it going to be anti-inflammatory?

Is gonna be anxiolytic? is it gonna help with sleep? It's gonna modulate the tone of neuroinflammation. So this is a great technology that hit multiple aspects of pain because when people have pain, they have anxiety, have inflammation, They can't sleep and all of those things are keeping pain in place.

Uh, so I've been very happy and impressed with how it works. I tried it myself. And I sleep well. the patients that are doing in my clinic, they all feel great.

So this is a really wonderful technology to have. And it's also like one of those that it doesn't have any THC, because you know, people are working and they have whatever system they're in where they can't Have any thc and sometimes even when people were doing regular CBD, there are some trace of THCs.

This is very pure. It's something that's been really helpful in getting people to take care of the whole system. Yeah, absolutely man. And really understanding the endocannabinoid system is very interesting.

Are you utilizing it for anything else besides pain or inflammation? pain, inflammation, anxiety, sleep, stress. And then sometimes even getting people to back away from certain type of medications.

Okay. So if people are on opioids, they come to me, the struggling, and they want to get it. In fact, that's actually how one of my first patient was somebody who was on 300 million equivalents of morphine.

She was on a lot of opioids. And she came to me at that point, I've been exposed to cannabinoid science and really get into it. We were able to get her away from all of that medicine by using cannibinoids.

So that's also a place for that to use it and, um, really getting people to, you know, relax and get good sleep. I use for a lotta sleep, sleep sleep is super, super important.

Wow. and we don't have a good options for sleep so, uh, using some CBD, THC, It's really helpful for that. I tell you, you know, since I started working, with these guys and on the advisory board, I've been doing a lot of reading.

And I didn't understand the power behind CBD when it comes to cancer. A lot people don't like to talk about cancer, But what CBD does to a lot of these tumors and the cancer stem cells that are inside of the body, it's incredible.

And as a matter of fact, I was talking to one of guys there within the organization, and we were talking about an oncologist that is treating their patients alternatively with the PICO CBD IVs.

There was a stage four cancer patient with an external tumor on her neck. and they started injecting the tumor directly for about 20 days with the Pico CBD.

And then also given it systemically through the IV, no more cancer. Tumor became narcotic and fell off basically. Lady has no cancer, and I'm not over here trying to make any promises or claims, but these are the things that some of these alternative treatments that we've been talking about, like with CBD, It has that power, especially now when you're talking about bioavailability at that level at the pico molecule.

Incredible. Absolutely. And there's tons of literature and research already that shows how cannabinoids actually modulate cancer cells. it can do it. It's something that we don't put a lot of time into.

Because you know, conventional medicine has its own agenda and things like that. So definitely, the science is there and hopefully with technology and bioavailability.

That's the thing is like, you how much how do you dose it? How do You do It for the right person in front of you? So all of those are great things that It's coming out and hopefully we can get more of that out to support people because the options we have for people with cancer, it's quite limited.

Yeah, absolutely. So, you know, we were talking about your clients, your pain patients, and then also longevity patients. Are you working with any other type of patients that have, let's say, autoimmune issues, Lyme disease, cancer patients?

Do you work with those type patients as well? So I don't work with cancer patients specifically, from the cancer treatment standpoint, but I do the pain management.

Okay, a lot of cancer patient's have pain. They have all these other complications that are from radiation therapies and other things where their muscles are tight and all of this other dysregulations that go on, they are depleted from

nutrient standpoint.

A lot load from all of those treatment. So when I'm dealing with those people, we are addressing the pain, and then going beyond all that to really optimize the physiology, okay, optimize immune function, because it's quite sad.

I've had patients who've hard cancer, I used to have a lot of cancer patients when clinic with cannabis clinic. And basically, they get this treatment, nobody talks to them about nutrition.

Nobody talks about sleep. You have had this traumatic experience, and none of those things. They've not been educated about how do we now get the body in a state where it has the resilience to prevent another cancer.

Because once we put you on cancer therapy or chemotherapy, we actually create a lot more senescence and we suppress systems that actually pretty expose you to.

So that's why a lotta people will have this disease coming back. It becomes necessary to provide that education to get people to feel safe. There's also a gotta fear that goes on with cancer That fear alone, if people are not educated and given and empowered, that physiology and the fear that is it going to come back?

Is it gonna come? That can also create the corresponding chemistry. So I deal with those I do with autoimmune issues is part of pain. I did with people that have metabolic problems, people who have toxins.

And now what I Do is taking care of the whole person. Okay. Obviously, I don't do every, there's things that I have some limitation with, but it's all about optimizing people physiology.

So when people come to me, whatever problem they have, I know how to make the cell better at making a decision. Absolutely. Whether it's a cancer, whether it is autoimmune, it some cell that has become dysregulated and it requires specific signal or specific change to that environment.

And that's what I focus on. Nice. Doug, are you doing any IV therapy? doing a little bit of IV therapy. So I started with, you know, Pico and now I'm bringing in some IVs to help with oxidative stress, some ivy with recovery and helping people with those things.

The vitamin C. Vitamin C, yep. And getting into it. You know, hey, man, you got the right place in the workplace. I'm super excited. That's going to be exciting for sure, because that is something that when you talk about longevity clinic and as you see in a lot of the longevity clinics, these are things that we offer.

NAD is another one that's really good, especially for cognitive health. So. Doc, when it comes to regenerative medicine, you came in from the traditional route.

Did you have any doubts about going into regenerate medicine the way that we're doing it on the alternative side? Yeah, so I think initially, you know, when, the thing that's interesting about medicine is that we get so programmed.

There's a lot of programming, man, in medicine. And then you just kind of get tied to these guidelines and the lens that you look through things. So you kind have this rigid way of looking at things, okay?

So when I first got in, I was like, oh, this makes sense. But the whole point is to think for yourself. As a doctor, not to give away your agency. I think one of the things I had that was helpful for me was, you know, growing up in a different environment where I saw there's alternative to these medications, people have different ways of healing themselves.

also have a public health background. So I also knew how to make sense of literature or how do appraise some scientific information. And I've also participated in scientific research, where I recognize that even when we're doing studies is very selected.

The people that are in recruiting my study are the people who can show up in the clinic. It selects a few group of

people. Really, it becomes necessary to have this objective to go beyond that.

So when I first started, I was kind of like, ah, don't know if this thing's work or not. But it's also not knowing how to optimize that environment to make it work.

I wasn't doing PRP. Some of the people have benefits, some of them did not have benefit. Why? Because I didn't about hormones role in anti-inflammatory.

And I know about microbiome gut. There's all of these other limitations. All these therapies work provided you have the right physiology to put it in.

So it was kind of, it's been a learning process. And now I know how to optimize. I don't know what to offer to people, what not to do offer people based on where they're coming from.

Right, right. This is where Ether, the Ether clinic came about. Yeah. What does that even stand for, Ether? Why did you come up with that name for your clinic?

Yeah, so Ether medicine. Kind of going back, this it all started during the pandemic. You know, the whole world was like in fear and everything else, you know?

And I just, I was just sitting down, it's like, yeah. I'm just siting down meditating. And it was, like you, know I, am going to create something. Am not going, to worry in the fear that's going on.

So many people were caught up in, fear, and fear. There was this conscious, in all the, whole system. Just like I am gonna create, something and all of those, before those times too, have kind of gotten to a place where I recognizing I got to do something about how I solve pain.

And it was also a personal journey for me. I want to grow. And from Ghana, I wanna go back there and do some work there. So I wanted to learn how to speak.

okay and then uh ether also in english dictionary just means quintessential so like i wanted to have a quintessential practice a practice that's really about you know getting people to to heal uh from within and also quantum physics so i think in 2018 or so you knows scientists from from hapkins and australia figured out the universe was suspending okay so when we look at the observable universe that we can see like we human beings we are made up of you we are like 0.

Longevity, Healthspan, and Pain

3% you know very small percentage of that and then the the stars which is massive there's massive stars in the world they you Know helium hydrogen they are Like whatever three percent and Then there is something called dark matter which Is all this space between all the galaxies okay and, then there Is the ether or this Energy that is blowing up the galaxies.

There is this energy that overwhelms everything else. I mean, if you believe in God, that's like the energy of God energy, of creation. So it is 73 percent of the observable universe that we see.

It's a little esoteric, but it was kind of like, oh, my gosh, all right, I like all of that. And let's put all that together to aspire to something like that, man.

Yeah. Yes. He has a really powerful I feel like you're going to start getting into some bio quantum in the near future. Absolutely, man. Because quantum biology, I mean, we get into this space and we talk about the cell, the mitochondria.

We go down, and then there's emptiness. And what is that? That's spirit. You know, Dr. Patrick Porter, behind Brain Tap, he actually says that the sun is the Mitochondria of our solar system.

Yes. When you start thinking about what it does, how it charges, Every system. Every animal, every plant that can't live without it. So it's like the mitochondria of our, you know.

Yeah. Pretty interesting stuff, man. Like we could geek out on that for sure. I want to talk about addressing an issue here in the United States when it comes to health equity in your medical practice.

You know, we kind of see different demographics and people who can afford this, old people, young people from different ethnicity backgrounds. So what are you doing to address some of the health equity issues that we see in today's world?

Absolutely. It's super, super important. And in fact, in my fellowship that I did at Harvard, part of it was understanding some these disparities. We know that where people live, their zip code determines how long and how well they're going to live.

Okay. So zip codes alone will predict how, how are you going live? Okay? And when people develop disease, it's happening in the environment before it shows up in a hospital.

And. When you look at minorities. birth rate, childhood mortality, and all of those things that people are, I don't know what you call it, mother. Let me edit this one out.

There's a lot of kids from minorities who die compared to people who are not minorities. I'm trying to figure out the term that we use for that, but I dunno, maybe we can edit that out?

But basically, so what I do is one, I'm interested in yes, there's huge disparities in our communities. So even in my clinic, what have done now I've moved away from insurance by I have carved out a population who have disabilities that I still want to be able to support.

Okay. And it also in the long term, one of the things that we need to focus on is education. The things that actually makes people healthy are not expensive.

So getting people to understand that nutrition, exercise, but everybody knows that, and it becomes a precision. One of the things I'm actually interested in as I grow is really spending time to get to a place where we can study these things precisely, because nobody is studying those things.

We are trying to study a new drug that people are going to take to live forever and who's going have access to it? People that have money. But the fundamental things that really leads to health are not being well studied.

Exercise is good. What type of exercise is for you? What types of exercises are good for me? When I'm at this age, when I am 50, there's all of those nuances because even that, people overdo it.

So get into the precision of the those fundamental signals, sleep, the stress, what type stress is it good to us? Yeah, all of those are things that I think we have to get to a place to be able to implement.

Then once that's there. That can give people the empowerment because we think about I have a public health degree and we're thinking about public Health policies.

A lot of times you know the doors that are writing the policies are not designed for the people who actually needs those type of, you know, policies to help them.

It's designed to to support an agenda. Interesting enough with the topic that you're bringing up about, basically studying some of these things that are important, like the exercise of sleep and nutrition.

Yeah. You know. In work of writing my third book, and it's called Your Wellness Data. Right. So when you talk about the wearables, I wear the oar rings.

Sometimes I have the Apple watch. People have to fit the whoop. You know, I put a lot of emphasis on the importance of that. Now, there's a platform. I don't know if you've heard of them called heads up.

Yes, yes. Where they're taking a. Lot of this data. So based off what you're talking about, be really nice to really have a certain population where you could take a, lot.

Of the health data that's coming in from all the different wearables. And even blood work or body composition analysis, they have an integration for that.

And then be willing to actually study that data and have it reviewed, peer reviewed. So I think that it's easier to reach that goal than what we really think, especially having a platform like Heads Up that's already collected a lot of this data.

Absolutely. And I also think, you know, with technology and our advancement, all of this seems to become democratized. Even the things that are kind of expensive now with time, All of that will become easily accessible.

I agree. So I think people need to do the fundamentals and hopefully, as we evolve, there is going to be other shift in our environment that allows people who are vulnerable to also have a place to make it in health.

Yeah. Yeah, yeah. Are you from some of the peers that you were like in the allopathic world with? Do you get any kind of clinical pressure with what you're doing or are they aligned?

Great question. So I you know, I don't I I do get some pressure. I mean, not directly to me, because what I'd do is, you I will send my note to the doctors and explain to them and I can call them.

And explain Why are we doing this? And I think, you know, when you approach these individuals with clarity, objective data, some of them come around, and some don't.

And they don t because they do not know. The way to do it is just dismiss it. I have a lot of patients who will be giving the wrong information. Somebody will say, no, we cannot take testosterone because it causes heart disease.

Since 2023, we actually removed that FDA indication on testosterone. Testosterone is actually cardioprotective. So I see a lot of patients who get taken off hormones for a specific knowledge that is old, is not accurate, and then I will reach out to the physicians and I would talk to them.

And so I think when I'm able to explain, they come around and sometimes I can say something they don't care. But it's not about following guidelines It's about looking at the outcomes that are meaningful to the person in front of you.

The guidelines doesn't work for people. Or the guidelines is old. How do we look at a person who is in the front, which is what we all care about as physicians.

So there is some pressure there. But I think I have validation. I went to Hopkins. I'm trained, right? But all the things that I do now, I have to step outside and go learn a different way, even though I don't have the foundational things.

So I had the foundation of things to be able to connect to them. And it also comes back to the cell. It's cellular medicine. What am I doing here? I am trying to signal a cell to make a decision.

Does that make sense to you? Do you remember that in medical school? We talk about mitochondria. If we can optimize that, how does that translate for people?

And then sometimes they're just looking for a big study. You know, that's, yeah. Yeah. So there's some pressures there, but most of the time, you know.

The big study. They're always looking for that. Exactly. But it's about the person in front of you. And if the patients

are having good outcomes, they come around and they do respect me for.

Oh, my gosh, what is it? What is the doctor doing for you? All of a sudden? I think it is also a teaching moment. Yes. With other people in the industry, other other.

CBD, Cannabinoids, and IV Therapies

People that are practicing medicine a little bit differently. and opening up their eyes to it, because at the end of the day, you had to open your eyes.

Absolutely. I did not know any of this stuff that I'm doing now. And in fact, I questioned it when I first went to this conference. What are these people talking about?

We have a network of over 5,000 doctors that tune into this podcast. And there's a lot of doctors that are buying our products from Likovita that our getting out of the allopathic world.

What is some advice you can give to that person who's listening or watching the podcast right now, who is still stuck in that allopathy, you know, traditional medicine mindset?

What are some words of wisdom that you give them so they can understand what the next step is? So I would say simply, focus on the cell. Okay, we all learn about cell biology in medical school.

We know what the sell does to produce health. we learn that. And we know when the sale does, to reduce disease, okay. and what we have in conventional medicine is that we only have the tools that helps us to solve sickness.

Most of the cases it happens, you know, We can only solve that so if you want to get into this space and offer more to your patient beyond solving sickness, then you have to go back to the and figure out how to make the cell healthy.

And it's very simple. It's the fundamental things that we talk about, the exercise and nutrition and other things we have to bring in. So that's one. Two, you have to educate yourself and start slow.

I mean, You don't have jump into everything. And what we want as doctors is we are so programmed and is this fear of harming people. Okay. A lot of the things that actually we do in integrative and functional and you know, cellular medicines are actually very safe.

So if a specific therapy is there and it's safe, and even if, if it saved, then it is easy to explore. Then I think you go read and validate for yourself.

That's how I did it. I don't want to harm my patients. I do understand hormones. In fact, I took three different hormone courses to get comfortable with prescribing hormones, even though hormones are anti-inflammatory.

It's good for pain. Good for all of this. And I have people come to me and they have hormonal deficiencies and their antidepressants, sleep medicines, all these things.

So I think the programming is there, but you have to validate for yourself. Go pull out the paper. Read it one thing at a time. You don't have to kind of jump in.

And I think that's what people get. They get overwhelmed. Is this true? Is it not true. Pick one. Where do you want to start from? And then educate yourself and then validate because that is what we do is a person in front of you that this treatment help for them because sometimes we have evidence.

That doesn't apply. It doesn' help anybody. I graduated from fellowship and I thought I can help everybody. Um, I'm so trained. And I know this evidence, and then people, people are people and people accomplice, right?

It's a complex system. So really getting people to have the courage to say, i'm not going to harm somebody. Once that you move that, then the rest is like, hey, let's see how this works.

And then you can try some of these things for yourself. The great thing that I will even say to those people is that when you get into this space, these are things that actually improves your own health.

Because I can take a supplement, I take peptide, do an IV. I don't want to take gabapentin. All these thing I prescribe to people, and I know they're horrible, but that's what we do.

So this is a space where you actually start. You can validate for And it does improve your health. My health have improved so much by jumping here. A hundred percent.

I agree, man. It's like, I'm always taking all of my different supplements and this and that and doing the peptides, because these are things that you don't have to be sick.

You don' have t o be s ck and it optimize you. And in fact, my first conference that I went to, it was the Peptide Conference. When I wen there, This is the first time I went to a doctor conference where everybody was fit and good.

I was like, what the hell is this people doing? I mean, I wasn't blown away. First of all, And yet they were talking about the mitochondria and I couldn't even remember what the Mitochondria was.

I know it's something, right? So they're using all of this language. But what I saw that was really compelling was how healthy all them look. Go to some of these doctor conferences.

People are dragging their feet. They don't look healthy. So I was like, oh, something is going on here. I need to figure out what it is. And you're vibrating at a high frequency with those type of people around you too, man.

Absolutely. One of the things that you were talking about is these medical providers, were they scared that they're going to harm a patient? Patient, yes.

Now, what would you say when you have failed patient outcomes, It's going to happen, right? You're not going be able to save everybody or correct an issue.

You know, you're going have those failed patient outcomes. What can you tell one of these providers that are listening right now about what you do with that type of patient?

Not with the patient per se, but what do you deal with, that information when you have a failed, patient outcome? Yes, I mean, you know, so everybody who goes into medicine, our intention to help people, we all show up every day.

And I believe that for every physician, even if they're caught up in a system where the system allows them to not pay attention and other things changes.

So we are there to have people. Sometimes we can help other people whether we don't have the knowledge, they don' t give us the whole information, the resources or the environment that is allowed to happen.

I have a very vivid experience. In fact, what happens is that in those cases, lot more. I had a patient when I first started my practice, my intention was, I want to figure out how to use health, what's the way to solve pain.

So I have this patient who came to my clinic, she has all this pain, TMD disorder, pelvic floor pain and endometriosis, all of these things that now I look back, there was a lot of hormonal dysregulation underneath her pain but all I knew was some gaba panting and some other things.

So this patient was going around all of these places. She's down here in Pennsylvania. she went to all these place

and eventually she took her life. Because we all failed her.

And I look back and I go, huh, now I have this knowledge of, oh, this lady was struggling with hormones and all this things that potentially could have made a difference in her live.

I think when we have those type of um, you know, incident, it actually makes you a better person. How can I do better for the next person? Okay. And our intention is always to help people.

So I think those failures should not be seen as, oh yeah, I did this and I'm like, of course there's harm that happened by negligence and other things like that.

But in this context, the system as a whole, we all, kind of failed her. Yeah. Those are the times that it makes, then I decided I need to figure out how to do all of this.

It's better. Okay. And hormones play such a huge role in pain. Yet I was afraid to dive into that because even though I knew the science, I know the anti-inflammatory benefit of testosterone and estrogen and progesterone and all of these things.

I didn't want to do it as a pain doctor because I wasn't afraid I'm going to give somebody cancer. So you have to get in there. You have educate yourself and you can help so many people and prevent a lot of unnecessary sufferings.

That's powerful, man. Yeah. In fact, there's a big movement going on right now. The Make America Healthy Again movement. What does that mean to you? I think that's wonderful.

So America as a whole, we are not healthy. We already know that. And it's the environment that plays a huge part in this. This is something I thing is really wonderful, going to this place where we can break metabolic literacy.

It starts with the fundamentals, nutrition.

Health Equity, Education, and Clinical Philosophy

In the home, in the community, movement, In their home in their community. Sleep in a home and a community to kind of get people to be aware of like, yeah, my habits and all of this place apart.

in getting to health. I think it's a great movement. And we as a community, we, as the country have to embrace this. The other side of it is, I have a public health background, so I understand some of these things in policy.

There's all these other competing interests, okay? Somebody gain by you being sick. Yeah, that's very scary. That person is the one that right in the policy of the capital.

OK, so there's people who are trying to change some of these things. So I think it's a great thing. We have all have to embrace it. I don't think is a political thing, it who doesn't want their kids and especially like kids.

And other things that we feed this kids all this junk. Yeah. It's unnecessary. Ultraprocessed food. Yes, It is horrible, man. Like in other countries, they don' allow that to happen.

Right. Okay. and that a choice that We can make as a country. There's enough here. there is enough profit to be made in others areas that we shouldn't make that a target for not getting people to be healthy.

I agree, man. Very important movement. And I tell people, this really needs to nonpartisan. No, not at all. We've politicalized this whole thing so much, but really, This is for everybody.

Everybody should be around it. Why don't you want to make your country healthy? I agree. Hold some of these companies accountable to. OK, that's it. The ones that are the American companies that other countries that they're

very strict.

Yeah. And they make the good cereal. That's healthy. They made the salt and they made all the stuff you can put in there. McDonald's and some other country's is actually healthy versus ours.

It's kind of scary. it is bad. I have patients who go to Europe, you know, pain, I do a pain patient, they go Europe. they eat bread, drink wine, do everything else.

You don't have any pain. They come back here, they eat one bread, and they blow up. So definitely we have to do better with what we are putting into our people.

I agree. What does the next five years look like for you? What's your vision? Yeah, so definitely I think it relates to the very thing that we're talking about, the disparities, where ideally I want to envision ether medicine, like the everything you're taking about.

Having a place as a lab where we can actually look at these lifestyle interventions and how can that be democratized The people on the land and the people in all these places where there's disparities and vulnerabilities.

I love that. Doug, I want you to take the next minute and a half, two minutes and go ahead and just let it come from the heart. Let me know. What you want the world to know about pain management and what you do.

Take as much time as you. But let it come from the heart and let the. World know what. You want them to. Know about. Pain management. And how you treat patients.

Yeah. All right. So thank you for that opportunity pain. Very passionate about that. OK. Because pain affects a lot of people, and there's a lots of unnecessary suffering that comes from pain.

So the first point I want people to understand is that pain can be healed. Pain is there to protect you, it's the protective mechanism. But then when it goes on past a certain amount of time, after three months, then it becomes chronic pain where it is pathologic.

It doesn't save any purpose. When you twist your ankle, the idea is that you have pain, you pay attention, and you don't really injure yourself. But how we treat pain in America is only through the lens of orthopedic.

That's like the 18th century. You know, like, let's look at your x-ray. Let's get your MRI. Okay, those just shows a structure. It does not tell us where the pain is coming from.

So people won't have to believe that pain can be healed. And pain, is something that happens in the brain. Is actually an output from the. Sometimes it's hard for people to understand that when you have pain.

it is actually your brain that's interpreting that signal. so you catch yourself. Its a signal that goes all the way to your. brain and your, brain have, to interpret that.

signal, okay. and how it makes that interpretation. is based on your lived experience. If you've had trauma, you tend to be more hyperactive. if you have stress, then interpretation is gonna be a little higher.

So it's a function of your health. People need to understand that pain needs to address from here as well as in the periphery. Part of that process is getting people to know what keeps them in pain.

What starts your pain is different from what gets you in People will have accidents and they will develop pain or they had a herniation, something else happened.

That thing will heal and it will still be in pain. Why are you still in paint? What is perpetuating your pain is something that people need to be aware of.

And what is perpetual in your paint in a very broad sense, generalized sense is a function of your health. Okay. If you're eating junk pain, doesn't get better.

if you not sleeping well, pain does not get. Better. pain doesn't get better. If you're not moving, pain, doesn' get. Okay. So all of those things need to be done as a way to solve pain.

if we just go after blocking that pain signal with medications, people already know what happens. A lot of deaths from opioids and still no improvement in their pain itself.

so people need understand that we have to take a healthy approach to solving pain And now we're in an environment where there's so much more that we can do for pain.

It's not just medication. You can use peptides. We can balance your hormones. A lot of people, it's just like, you know, the cell doesn't have the right signal.

If women are aging, they get to menopause, and they lose estrogen, then they have more pain. The solution is not to give you a pain medication, the solution to get you estrogen.

Not only is that going to improve your pain, but it's actually going prevent bone loss, it will prevent cardiovascular disease. It's going do all of these things that are healthy for you.

So there's a healthy approach to solving pain and that has to become relevant in the discussion in mainstream. And people also have to take responsibility.

Pain is a personal experience. And you have to figure out or be aware or to be open to what is keeping you in pain. And that's your habits. Okay. So that is something that people need to aware of.

But the biggest point I want to make here is that, people needs to know that there are solutions. Your brain learns pain, your brain can only learn pain Your body learns, pain your body cannot learn, Pain, Your cells learn Pain.

You have Astrocytes and Microglia that gets in a state where they're creating more inflammation to keep pain there. That cell can reverse its polarity, where it resolves pain.

So I think it's just finding the right person who understands all of those things, and looking at multiple lenses, not just through orthopedics. We have to look at the neuroaffective component of pain, we have to put it together so that people can actually have a full recovery.

And it's all about, let's make you healthy as a way to stop pain. Wow, that's amazing, amazing. So what we're gonna do now, we gonna have little fun. One of my favorite podcasts is the diary of a CEO, Steven Barlett.

He came out with these conversation cards. Okay. I'm gonna you open it up and then just grab one from anywhere in the packet. All right. Let's take this one.

This one and you got to go ahead and read it.

Lessons Learned and Closing Advice

Read it out loud and then answer it? What did you learn from your greatest failure? Oh, OK. Don't censor it now. So I will talk about, you know, It's hard to talk about failure, but I will answer the question.

OK, because I think it's all like, you know, it is there to teach you something and you kind of move from it. So I would say my my marriage. You know I got married a little young and what I learned from that and I had two beautiful kids and actually when I was going through divorce, I really I felt really bad for my kids.

I just felt like I abandoned them or something. Even though I wasn't there, I just feel likeI failed them. And what it

was was not learning how to communicate, and also not letting to grow.

It was a gate of awareness that was opening to me. But all I did was I just shut down. I don't want to do this work, I'm angry, um, there's some days I want do that.

So what I learned from that, was to open up. And in fact, from That experience has led me to on a journey to become a better version of myself. Because one of the things that and I was going through medical school, is doing well, it was at Hopkins, always winning all these awards, yet I didn't even know what made me happy.

I have no idea what made me happy. I've not even questioned, like, how do I feel the way I fell? How do why? So there's all of these things that we have to do personally to grow because medical school would teach you to become a doctor, to became a great doctor.

You need to work on yourself. Right. So those some of those things have kind of, you know, even I don't consider it a failure, but it was a way for me to kind to reflect and get back to like who do i want to be, what kind choices I need make and to being tuned with where I'm going.

Wow. Wow, that's a powerful message, man. I appreciate that. Of course. As we start wrapping up here, if there's one person that resonates with today's message.

What is one thing that you could just leave them off with? Health is not just about one. Okay. And it's about the fundamentals. Get good sleep. Eat well.

Move. Limit stress. Community. Super, super important. Okay. So those five things are things that we need to be conscious about. Sometimes we just go through life.

I don't know what to do. If I have pain, I'll have this, and I will have that. Just take one thing. Work on sleep. Go and use these signals. Think about all of these powerful signals beyond pharmaceuticals.

Yes. The chemistry that's created when you sleep, the chemistry, that created, when your exercise, none of the drugs that we have can even do half of it.

Okay. So people need to not underestimate that and to try to put it all together. They have power to design what kind of outcomes they get from their health.

We're an environment where there's policies, there is different things that we talked about that influence that. So then you have to get help. It's always a good thing to give it.

Go to providers who understand this concept to help you and provide the structure so then, you can be successful for your health. Because everybody wants to be healthy.

There's nobody out there who just like, I don't want to feel good. I just want feel bloated and I want gain weight and you know, have good erections. Nobody wants that, right?

But sometimes people don't have the knowledge or don' think that that's feasible because of their situation. Start with one thing, and it's just the fundamentals.

Agreed. Yeah. Doc, if people want to find you, where can they find it? Yeah, so the name of my practice is Ether Medicine. Ether medicine is in Wayne, Pennsylvania, a suburb of Philadelphia.

And people can go to our website ethermedicine.com. I do provide some education on Instagram. So it is ether A-E-T-H- E-R underscore medicine. People can also call us.

We do telemedicsine, And I also like connecting with providers and other clinicians out there who are looking for better ways to help their patients. I'm also learning.

So if anybody out that is something you can teach me, I am open to that. Let's continue to figure out how to. Help provide healing to the whole community.

Amazing, brother. Appreciate that. And, you know, we'll have all those links and stuff down below as well, too. So, Doug, I appreciate you coming on a healthy point of view podcast, man.

It was a pleasure. I learned a lot myself today. Thank you so much for having me and thanks for the work you do and please keep doing it. Absolutely. Guys, you guys heard Dr.

Asari here. Dr Asare, he mentioned, number one, You gotta work on yourself, right? But when we're talking about pain, your body learns pain. It can also unlearn the pain your mind will learn pain but you can easily unlearning that pain through different type of treatments and modalities that are a bit alternative than what we were used to.

So this is great information. We all suffer from pain at some point in time in our lives. And I can tell you from personal experience of getting injured on the job at the fire department where I didn't really have the solution.

The solution truly became a lot of these other alternative treatments. So Dr. Asari here is definitely onto something as a pain doctor. So guys, make sure you subscribe.

Make sure share this podcast with friends, family, someone who's suffering from pain. They should listen to this podcasts. All right, guys we'll see you for the next one.