Introduction and Speaker Bio

Hello and welcome to the Practice Upgrade Summit. I'm doctor Dennis permit. Our next speaker is a naturopathic physician licensed in Oregon and living in Liechtenstein. Ketchikan.

He's associate editor and continuing education director for the Naturopathic Doctor News and Review and DNR. His mission is serving relationships that support the process of transformation and that ultimately lead to healthier people, businesses and communities.

His primary therapeutic tools include counseling, homeopathy, diet, and the use of cold water combined with exercise. He considers health to be a reflection of the relationships a person or business has with themselves, with God, and with those around them, in order to cure diseases and to heal.

These relationships must be specifically considered. He's worked intimately with many groups and organizations within the naturopathic profession, and helped found the nonprofit Association for Naturopathic Revitalization and which works to promote and facilitate experiential education and vitalism.

He graduated from the National University of Natural Medicine and U-N-M in 2017, and is currently licenses a naturopathic position in Oregon and working toward becoming licensed in Saskatchewan, Canada, as well.

His wife, Charity Thiessen, M. D., operates an innovative mobile clinic, Zenos Health, serving rural areas around Saskatchewan. Please help me. Welcome to the practice Upgrade summit. Doctor node.

Smith. Doctor. Node. Welcome aboard. Yeah. Thank you Dennis I really appreciate it. I think I need to shorten that bio. And show you accomplished. People such as yourself often have a lot to say. So.

Oh, yeah. Pleasure to sing your praises. So you talked about vitalism and relationship. So. Oh, yeah. What drew you to natural healing in the first place?

Yeah, probably the relationship component of natural healing. Like I started reading, you know, deeper Chopra and, and other Mind-Body medicine gurus, when I was in college and I was kind of down a road to, get my PhD in comparative literature, and I really wanted to be a professor, and I did some soul searching and realized that becoming a holistic practitioner would give me the ability to educate in a way that would be a lot more impactful than being kind of in the ivory tower. So, no, listen, we're glad you decided to jump into the healing arena, because certainly seems like you have a lot to offer.

So, I'm very curious about the idea of how cold water combines with exercise. I've never heard anybody say that quite before. Could you? Oh, it's talking about. Okay. Well, yeah.

You know, it's really it should probably just be cold. Cold and exercise. And really, what it is is that, you don't want to introduce cold into the body if the body hasn't been heated up properly first, or else you'll get a chill.

Right? And you want to promote that vital energy with the use of cold.

Why He Chose Natural Healing

And the best way to do that in the most natural way to do that is by heating up the body through exercise. And that, you know, it can be done in various, you know, different ways, from just a quick run before a cold plunge to like, you know, an hour of exercise and then ending with a cold shower or a cold plunge, you know, but I but I find that, Yeah, the the vital response of the body is vastly different after exercise, than if you were to jump in a cold plunge from a hot tub or, or.

That is fascinating. And something tells me we're going to explore some very interesting territory. Yeah. Maybe your healing approach encompasses so many different, different avenues.

Tell us about the model you currently operate. And so, yeah. Yeah, definitely. You know, and I should I should throw out a disclaimer, and kind of a it's a disclaimer and hopefully the viewers can read between the lines here.

I, I'm in Saskatchewan. My wife is a native, native born Canadian, and we moved up here two years ago, and I'm still waiting on my immigration paperwork to work up here.

So I primary early, direct continuing education with and DNR, which essentially is I work with doctors to get their message and their content out to the most, you know, to the most people possible.

We edit content and help them develop courses and presentations that are, you know, more engaging and more interactive, you know, and more valuable to, you know, to other doctors and to patients.

And so that's my primary area of focus right now. And having said that, this is where the the read between the lines part kind of comes in. My wife runs an amazing practice that I really want to get into talking about.

And, that practice is incredibly innovative. Traveling model. That really leverages, social networks, in order to keep overhead very, very low. And it's very interesting, I think, especially to anybody who's watching this who's just out of school.

And you're a chiropractor, right? There's. Yeah. Yeah. So like, and I think that it actually is a model that really lends itself to a to models that or to, modalities that are, that are more simple than NDEs.

I mean, we travel we travel with a $10,000 medicinally. It's a whole, you know, whole SUV loaded, you know, to the brim of a clinic that we literally travel and then pop up in an area.

I mean, I could imagine a chiropractor doing this in any vehicle.

Cold Exposure and Exercise in Vitalism

I could imagine a massage therapist using this model in any, any vehicle. And there's specific reasons why we develop this model. And it's not for everybody.

It's a very hands on, it's very work intensive, but I think we'll get into a little bit of that. So, that's my wife's model. And you know, I. Yeah. I'm very I'm very involved in it.

Yeah. Well, we'll just say we'll say that I will say that I'm very involved in it. So, and it very much intrigues me. It's something that I really, you know, I like to use resources that are available to me rather than saying, well, I could do this if I had this, you know, or I, I will do this when this happens, you know, and so it's a model that we developed out of really having a very robust social network and.

No idea of where we wanted to ideally move and live. So we thought, well, let's, let's do something that kind of allows us to see all of Saskatchewan and, and that's kind of the model that we developed.

Well, Matt is very creative, very creative indeed. Yeah. So, when we first started talking about doing this, this presentation, you indicated that you wanted to, talk about rural practice.

Yeah, a country doctor style of practice. Totally is. You consider in developing under underdeveloped areas as well. Yeah, yeah. Both nature apathy and chiropractic are, not near as well represented.

Most communities as standard medicine would be. Yeah. So, this concept of a pop up clinic, this, to me, sounds like something that an enterprising chiropractor could make work.

Oh, yeah. Have a, a base of operations, have mobile clinics going in different areas. Oh, totally. A little bit about that. Oh, yeah. For sure. And I would, I would address, first off, this idea of, of, underserved or underdeveloped industries and areas that are, you know, the industry is underdeveloped in certain areas.

And I think that, I mean, especially right now with the political climate, the way that it's really polarized with these kind of identity politics that a lot of, a lot of people might have the idea that, you know, rural conservative America or rural conservative Canada, is not open to holistic medicine.

It's not open to chiropractic. It's not open to massage, it's not open acupuncture, naturopathy, because these things tend to fall in more of, progressive political ideology.

What I have found could not be further from the truth.

The Pop-Up Rural Practice Model

If you if you have inclinations of going to a rural area or an underserved, place, the likelihood that there consciously looking for and wishing that they had access to the kind of care that you provide is very, very high, very, very high.

I love that you made that point. Yeah. Cause, again, people do default to stereotypes, especially these days. And I feel like natural healing cuts across all boundaries.

There isn't anybody who couldn't benefit from what you do or from what we do. So delighted that you start there. Yeah, definitely some of the upsides and downsides of practicing this way.

Yeah. Well, I mean the upside is, you know, we have we do have a lot of free time. You know, the downside is that that free time comes at, you know, work cycle that's, you know, 20 hours a day for, you know, four days at a time.

You know, because if you count the travel, you know, so you're, you know, we're in rural Saskatchewan, Saskatchewan, for anybody who doesn't, is not familiar with the geography of Saskatchewan.

It's very large. And then it's very large even then than what you thought of when you, you know, you think of Texas and think maybe twice or three times big.

So that's, Yeah. So we we travel our furthest location away from our home base is six hours, and we go there, every other month, and then we'll be there for, you know, 2 to 3 days.

And it takes, yeah. So that's, that's definitely a downside. But an upside is that we are very intimately connected with our patient base, and that isn't for everybody.

That's not like, you know, a lot of people don't want that. And for those who who are attracted to, country doctor, you know, culture or atmosphere kind of, you know, you read the old literature and, or, you know, you watch Doctor Quinn, Medicine Woman as a child or whatever.

You know, you might want that and you might, you know, really be looking for, you know, kind of that older style of medicine in your, in, in your practice and that we have hands down, you know, we know we, you know, treat, treat a lot of families.

I mean, we stay with some of our patients when we travel to these towns, you know, hang out with them at their, you know, vacation lake properties and, you know, stuff like that, you know, exchange, you know, goods for services, you know, those types of things.

And that's a value. And that's, I would say, an upside for us. We we like that. That's what we that's what we got into naturopathy for. And like I said, it's not for everybody.

It could be a downside for, for somebody. But I would say that this model is conducive to that. We definitely have to

be, in communication with our network.

Pretty, you know, pretty well. Yeah. You know, when we're coming to the town, we have to, email them and let them know that we're come in and make sure that there's a space for us to stay and a place for us to practice, and, you know, stuff like that.

And our overhead is virtually zero. That's a huge upside. Yeah. You really can't, less expensive than what you're describing. Yeah. It's fuel. Fuel is is essentially our overhead.

So, and it's a model that does operate with the assumption that you have a pretty robust social network like you wouldn't want. Yeah. Oh, yeah. Because how how did you develop?

Obviously you're young doctors and you're familiar with the latest technology, the social media technology. Yeah. Did you generate the, the, the platform that you have.

How did you. Yeah. You create. So that's a that's such an awesome question, Dennis. And and for anybody who's watching this, you know, who who is who is kind of apprehensive to jumping into the technology and the virtual world and all of that.

I'll tell you like we didn't use any of that. We use the technology available to us, you know, drive and, you know, Wix and we have we use Gaon app, which is an amazing, EMR, you know, and researched all about it really, you know, delved into the, you know, kind of building a business.

And that's what you do. And you're an entrepreneur. I'm sure you talk about this in your seminars like there's yeah, there's no way around training yourself to be a business person when you're a holistic practitioner.

Like if you think it's going to happen any other way, you're just you're kidding yourself. But I've, Oh, yeah, the the network, but my wife comes from a Mennonite background.

You know, we probably have 300 family members who live in Saskatchewan, so virtually any town in Saskatchewan, we have someone who we're related to or knows someone who were related to.

And that's, like, quite literally, so, you know, so like I said, this is not a model that is immediately applicable, for everybody. But there's a lot of people that fall into categories like that and a lot of, you know, there's a lot of traditional, people that come from more traditional, conventional backgrounds who do have large families like that.

And it's an incredible asset. It's an incredible asset. Like, you know, move back to your home town, you know, move like, move back to your hometown, move back to your home state where, you know, a lot of people who have a vested interest in your success.

Yeah. Well, that sounds like a great formula for success. So which, which social media platforms do you focus on. Use Facebook Twitter, Instagram. We do. We use we do use Facebook.

We do use Facebook primarily. And I would say well over 75% is is just word of mouth. Yeah. It's just word of mouth. You know, once the ball started to get rolling and and that's the beauty of practicing in, in small towns is that it's very much different than I have a practice in Portland, Oregon, where, you know, everybody is scrambling and hustling and, you know, you're trying to build a patient base and you're trying to join all these organizations and whatnot.

And now, you know, I live in a town of 340 people, you know, every single 340 people. Yeah. Right. Exactly. So, so every single person in my town knows who I am and knows what I do.

Right. So. So that means if they have something going on and they are interested. Right. If, you know, if the little gears are turning and they're like, you know, maybe I should get, a second opinion, you know, I'm not I'm inherently me and I'm not, but my wife is, you know, and so, yeah, we do get calls, we get, people who we, you know, I got

dropped off some eggs yesterday, and, you know, we started getting, getting talking about, you know, what?

What I do and you know, what we do and, you know, wife wants to come and and, you know, see my wife as a patient. It's like and it's, it's those relationships get built real fast.

Real real fast. So, you know, my wife's a my wife's just a year out of practice, and she probably has. And and the business just broke even, in September.

And that's not saying that's not saying a lot. When you have overhead, that's virtually zero. So.

Serving Underserved Communities

But, you know, the fact of the matter is, your first handful of years, it's all about experience. You want to get as much experience as possible. And you you hear a lot of these folks talking about their.

They really didn't start down, you know, with business coaching and, going to business seminars and stuff until they've been in practice, you know, eight years, 12 years.

And that's because they needed to get that much time, that much experience actually being a doctor before they could even think about running a business and growing a practice.

So that. Yeah, right. Yeah. Yeah. I mean, that's because that's what we went to school for is to, you know, to do this. So I would say that this model where it, it it is, it is and in intensely, labor or it's labor intensive.

It's also paying dividends in the amount of experience that's coming rapidly. It also strikes me that there will be a, tendency for to snowball as you get, more notoriety in various areas, especially the small town, approach.

They tend to share with their neighbors. I mean, it's much more common in small towns to get good neighboring than you do in, in the cities. It's wonderful how you a bit of a culture shock for you moving from Portland into, Saskatchewan.

I've, I've dreamt of living and in a small town, like having this type of lifestyle for a long time. It's everything. A dream come true. Oh, yeah. Everything that I could have hoped it would be is is a reality.

It's very cool. So let's talk a little bit about the business of this, because I know our listeners are curious about. Yeah. So let's say you drive six hours and you're going to be in a town for a couple of days, then what?

Yeah. So then you pack up and go home and then you have, oh while you're there. Yeah. So you show up and, unload the unload the vehicle. We travel with a printer.

We hotspot our internet from our cell phone. So, I mean, that's a big part. If you're listening, you're like, oh, how the heck do you, you know, have internet access and use your EMR.

So yeah, we hotspot our internet. You know, and if you're trying to do this in a lot of places in the States, I would imagine that if you like, we practice out of a chiropractor's office in one of the towns or we did, and we probably did.

Did we use their internet? We use their internet, yeah, we use their internet. And so that was very simple, right. Or very easy. And that's probably what you would do in most cases.

But then we have locations where we practice out of an old, old church that gets used to, you know, once every three months. So in all intents and purposes, it's abandoned.

And so literally we go and we set up a clinic in, in just a space. It's there's nothing there. And so we hotspot our internet. We have our little printer there and our laptops and all that kind of stuff.

Right. And then the patients come and we have a little waiting room. I mean, post pre-COVID. Yes. Yeah. Right now we're doing a lot of, a lot of different virtual stuff, where we do, you know, intake patients virtually and then do like a short as needed kind of visit and supplement pick up.

So it's a little bit different. But the, you know, the pre-COVID and once once all this blows over in a year or so. Yeah. We have a little waiting room and little, you know, we travel with little tea kettle and tea, you know, tea basket gear and stuff to meet that nice little magazine rack.

And then we have, you know, massage table and then all of our homeopathic and herbal remedies, and we have a small medicinal. And the thing is, is with things like full script and well away with, and I'm sure that the chiropractic industry has their own third party distributors for supplements.

Full script is actually one of our sponsors. So. Okay. Great. Yeah. So I mean, use full script, like use these tools that are specifically made so that you can innovate.

Right. And that's and so we use a lot of that, be sure to you know, establish your, you know, percentage commission with with full script like that's super important.

That's something that we actually didn't do right off the bat and then found out later that our patients actually were not saving money by us not getting a commission with full script.

That's an important thing to understand with those third party distributors that, if you don't take your commission, they're taking it for you. Your patients aren't getting the savings.

So that so that was kind of an interesting, interesting faux pas early on. But yeah, we learned that's.

Business Systems and Technology

Yeah, you do. Yeah. You try something and then you discover a better way. So yeah, that takes us into talking about some of the technologies that you use to make this work.

So yeah, a little bit about technology. Yeah. So the internet is definitely a technology that we make work. And then we researched our EMR, extensively to make sure that it was going to interface with a website, with Facebook, with, online booking.

And that it was user friendly, for our patients was super important. And also that it was set up, you know, for a physician, and not just, you know, a lot of, a lot of the, really user friendly EMR are what we saw.

And and it's been two years since I was researching it, so I don't have the names right off the bat, but seemed to be, kind of geared more toward massage therapists or chiropractors.

So there's a lot of options out there. If you have kind of a single modality that you use, which I think make it make those types of decisions a lot easier.

Jane app was the one that we thought was the, the cheapest and had the best value. Yeah, we have some of our members using Jane. Yeah. So we we like it.

It's very easy to use and they're and they're also updating things that are pretty, practical. Like they just are coming out with their, their web mobile app.

And their desktop app that you. So you will be able to, chart from our desktop rather than having to log in to the, to that the internet interface, which is great.

Yeah. So, so that's, that's something that we use. And then, you know, we, we use our, you know, wholesale partners. You know, I think that a lot of people, when they're starting out probably don't realize how, important the,

our vendor relationships are.

You know, it's like, that's super important. You're not going to be able to get all of your products from full script. Well, you may be, but there's also a lot of other products that you might be interested in that aren't there.

And, you know, we carry a lot of herbal products and a lot of homeopathic products that we can't, you know, get. So, there's that. And then if you're mixing remedies as well, mixing medicines, you know, there's other wholesale distributors, you know, where are you going to get your alcohol, where do you get your, you know, one ounce, two ounce, four ounce bottles, you know, how fast is the shipping?

You know, do you get, you know, do you get free shipping if you order over $100? You know, all those types of considerations are really important to take, you know, and then having, I would say the last the technology that serves us the most is having systems in place so that we don't have to constantly be thinking about when to order, what to order, how to do inventory.

Right. Because we go to six different locations. The inventory it get fluctuates a lot, you know? And so there's a system for logging what we what goes in, what comes in and what goes out.

And then there's a double check secondary system back at the home base at our home office. That's very quick. It's very easy. It's all it's all virtual. It's all done on the drive.

So there's not a lot of paper, you know, clutter. And then that reflex is over to, a system that's in place where we're, we have a cycle of ordering from our individual vendors.

So if you realize that you have a, a medicine or a product that you need when you start getting low on it, you have a flag that lets you know that you're running out.

Yeah. You got it. Yeah. And you got to have that. You have to have that. Because if you don't have that, you're thinking about it. Even if you aren't thinking about it like it's it's up there.

Yeah. Not to mention you could be six hours away and not have what you need. And it happens. It it will happen. Yeah. It's, Yeah, for sure. We have a little checklist for when we pack.

Yeah, yeah. Well, I guess you would only need that for sure. Yeah. Okay. So, talk about some of the key resources that you leverage to make this business model work.

Yeah. So probably so the biggest key resource is the social network. And I would say that, you know, that's that's probably the same for any business.

It's just that our social network, instead of it strictly being patients, it's actually people who want us to come so that their friends and family can be patients.

How lonely. Right. Yeah. So. Right. Well, look, inevitably, the greatest resource we have to work with is the people we associate with. Yeah. It sounds to me like you're leveraging that beautifully.

Yeah. And this is not cold calling like we're not. This is not like, you know, I've sold you, like, door to door, but, like, I sold, cutco knives as a, like a young.

You know, young entrepreneur, right? Yeah. It's great. And, yeah, this is like, not like that. You know, this is this this is literally the people who the people who all through your schooling have been asking you, when are you getting out?

When are you coming back? We want you to come to our town. Like, why don't you open up a practice? You know, in our city, it's all those people. You just contact them on Facebook Messenger.

You know, shoot them an email, shoot them a text and say, hey, like, do you know, do you know of any office space that I might be able to rent, like, for the day?

You know, every month, or every, you know, every week. I just want I just want to one room. It doesn't have to be fancy. And you'll be surprised at how much legwork people will do for you.

Nice. Yeah. And I mean, this is not like a transactional. I'm going to manipulate people into doing my work for me. But they want, like, people have a vested interest in in your success.

And it's mutually valuable is the thing that we have to realize is that, yeah, when we're putting ourselves out as a community resource, people want to latch on to that and help you, help you out.

Well, listen, this is more like, country doctor practice than even you described it to be. Oh, well, think about the elements that go into it. You know, you have, the townspeople requesting you being there.

You have to prepare so that when you go there, you have everything that you need. I mean, this is very much a throwback. And I think for a lot of people, they miss that because for so many, for so many people, the delivery of health care services has become very corporate, very sterile.

And, what you're doing is engaging them as people before you engage them as cases. And, this, to me, is one of the greatest practice building tools you can possibly have.

Yeah. Making sure to consider that these human beings you're dealing with are not just sicknesses. No, no, that that takes me to, I'm very curious. I know much more about chiropractic, obviously, than I do about naturopathy.

Tell us what kind of patients you typically take care of and what can you do for them? Oh, man. My wife sees every single kind of patient that you could possibly imagine.

It really is true. And like most naturopathic doctors, will will say that when you ask them this question is, oh, it's everything. And like I said, that's my first comment about kind of political ideology or orientation.

It's, the whole spectrum. It's people who are very left leaning and, you know, have been involved in natural, natural health for a while.

Patient Types and Food Intolerance Work

And they're just looking for, you know, a natural, you know, doctor, all the way to people who are very conservative, who don't trust doctors, don't trust medicine, and, and, you know, everywhere in between.

But I would say that very different than practicing in Portland, Oregon, is the patients who come and see my wife, they want to work with her. It's not a it's not some fad thing, that, you know, they just need a natural path and they are invested because they are paying out of their pocket to see her.

And so that's another, you know, element that I think we need to wrap our brains around, too, is that, you know, it's very different than in the city when, when you can, you know, collect insurance, very, very different.

Well, our chiropractors in, in Canada, our members, aren't privileged to the, to the socialized, payment. So they're not all of them run cash businesses.

Yeah. Okay. Great. Yeah. It's, you know, that's there's a, a certain finesse, and communication skill, a certain kind of leadership that it takes in order to be able to create that.

And so it seems like you two are doing a great job with that. Yeah. So I, I know that our audience is curious about miracles. Okay. Yeah, I, I wouldn't be surprised if you've got a couple of cool stories to tell.

Oh, yeah. I got a super awesome story from your wife. Oh, yeah. Oh, yeah. Totally. So my wife's was seeing seeing this man. He's in his, late 40s. And he came in with that rheumatologist condition of kind of unknown diagnosis.

He was kind of in in the process of going through multiple diagnoses that he has now where the doctors just kind of really don't know what he has, and been out of work for, you know, 3 or 4 months, debilitating pain and swelling in his lower extremities.

You know, you can't get around, can't sleep. And we do a food intolerance testing method, that was handed down to me from by a mentor of mine back in Portland.

And, we took him off meat and mind salt. You know, it's super functional. And, you know, you can judge that. Whatever. It's all good. And, yeah, he stopped eating meat, and and, mind salt.

And and that's just all salt that comes from the earth. So you can you see salt and his rheumatologist. No complaints resolved. And a couple weeks, he's back to work. Wow.

Yeah. His wife with his, yeah, it was miraculous. I it was. I, I didn't think that it I didn't think that it was going to make that big of a difference.

Small box miracles. Come on. Yeah, yeah. And there. Yeah. It was, it was quite phenomenal. We have a couple of other patients who, we found out to be intolerant to fruit.

Which is, which is a is often. We don't see it too often. But when we do see it, it's pretty kind of a normal picture. Is like inflammation, global inflammation with body wide pain.

And it just goes away, you know, and quick, like, you know, 3 or 4 days of not eating, fruits and their derivatives. And I know that that's, you know, there's a there's a handful of nutritional doctors that, that do really tend away from fruits and their nutritional advice.

And it's very interesting. So we yeah, our, our, our intolerance method singles out some major intolerances and some minor, combination intolerances and, and how do you do that.

Do you do with muscle testing, with blood chemistries, with. It's very similar to us. It's I would say it's very similar to muscle testing. It's. Are you familiar with Radiomics?

Sure. Yeah. So it's a radiomics machine, is that right? Yep, yep. Use Radiomics machine in Portland I did yeah yeah yeah. There's not there's only a handful, you know, like not a lot of doctors do it because they come to lock up the people.

Well that's true yeah. Fair enough, fair enough, fair enough Dennis. Yeah. Well, you know, like, we don't. Yeah, I would say that. I would say that our food intolerance method is the foundation.

You know, like, we definitely do it on a lot of our patients. And we also do a lot of other things with our patients. You know, so, I stopped eating meat over 50 years ago when I was 16, so.

Oh, wow. I'm very aware that there are certain ways of eating that are conducive to great health or less. Yeah. But you take it to another level because you.

For me, it was it was a philosophical choice. Oh, yeah. You're doing an examination and an analysis to determine that somebody has a sensitivity. It's a whole different level.

Yeah. Gee, you know, this is, first of all, you are such a bright and talented young man. You're you're you're healing. Energy is very obvious and very intoxicating.

So thank you. But, the thing is, is I can see that this model might work better for some people than others. Oh, yeah. For for sure. Who's going to who should die? Yeah.

This model. Yeah. The ones who should pick something more traditional. No, totally. I I'm so glad that you keyed in on that, Dennis, because this is not a model for everybody at all.

And I and I really, you know, my interest is how to use this model, with other virtual models to really bring in secondary and passive income. Because it's not this is not a huge moneymaking model.

The reason my wife and I created this model is because we moved up to Saskatchewan and didn't know where we wanted to move. There's tons of little towns around here.

The possibilities are endless. And we thought, you know, we got to get working, but we don't want to sit down roots anywhere. You know, and so what do you do you do do you get a, a car and, and drive around and check out all these little towns.

Not when the towns are 300 people and there's nothing to do in them. Like you don't go visit these, you don't vacation, you know, in these towns. So, you know, it's not like driving down the coast and you're, you know, trying to pick between.

Well, do I want to practice in Monterey or do I want to practice in Santa Rosa? You know, I mean, it's like it's a different it's a different thing. Right?

But I, you know, I think that there's a lot of people out there who, you know, might still be in school or just getting out of school, or maybe they're thinking about moving from like a residency or a current practice that they're, in with other people and they want to move to a rural area.

And maybe they come from a rural area. And I would say, especially if you come with from a rural area and you're considering moving back, this is a model or some derivative of a model like this that could definitely bridge the gap between you, you know, leaving your practice and then transitioning into maybe a brick and mortar or maybe just finding the town that you want to be in long term.

And the possibilities for fuzing something like this with other, you know, digital and telemedicine, you know, practice models is endless. I mean, it's there's tons of free time.

We have we have two and a half weeks every month where we're, you know, at the home office doing different stuff, creating content and all that. So so I'm curious about your interface with other professionals when you go to these small towns, is there a country doctor there?

Is there anybody is there a hospital with a one hospital that serves like ten towns?

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How does that actually work? Or you? It I mean, yeah, there's not a lot of health care up here. Yeah. It's it's there's not a lot of, not a lot of health care at all.

Yeah. The if, you know, my wife and I don't, don't do, a one hour scope of practice up here is different than it was in Oregon. Where, you know, we can't do any invasive procedures, like, can't do any pro therapy, can't do any minor surgery.

But if we could, you know, if you're, you know, if you want to go to a rural area like eastern Oregon, eastern Washington, where your scope is, is wide open and the sky's the limit.

Oh my gosh. Oh, are you kidding me? I we could then, you know, we probably could actually have a full practice in one of these tiny towns because there isn't there isn't medicine up here, you know, there are there's no hot I mean,

the hospitals are shutting down.

They can't get people to stay at the hospitals. You know, so, yeah, it's a serious consideration. Well, you know, this is a such a revealing interview because I, we don't have anybody amongst our 40 other speakers.

We don't have anybody who has said most of the things you've said so far. Oh, well, I'm really happy to include your point as well, simply because there are definitely people out there who think like you do and chiropractor, naturopath, whatever they they want to have the kind of experience in practice that you're describing.

So yeah, really happy that we're capturing this. Yeah, I have I have one last question for you. Yeah. I just meant, I have asked most of the chiropractic speakers that we've had what they foresee for the future of chiropractic.

For you what I'd like you to direct your attention toward is the future of natural healing. What do you foresee over the next 20 or 50 years when you're young enough to actually be there?

You know, I'm on the more at the tail end of my career where you're at the beginning of it. So what do you foresee happening for doctors like you over the next several decades?

Yeah. That's a really that's an interesting question. I, I've probably answered in, in, in I've probably answered it in, in a lot, less politically correct ways than I will right now.

And, and I would I, you know, I would say the fact of the matter is, and I think that, you know, I don't think I'm going to get any arguments with this is the truth will prevail.

You know, the holistic medicine has been practicing the same medicine for, you know, 5000 years, you know, and and I say 5000 because there's this whole rich eastern history of medicine that likely influenced the Western medicine with the so, you know, with the the spice route and the silk trade route.

In that, in that area. So it's the the individual medicines have changed to a certain degree. We definitely do have research that shows that, you know, certain herbal constituents are that active or, you know, active components that are, you know, physiologic doing physiological work in the body.

You know, but there's then there's also energetic components that we have no idea of how these things work, but they seem to work. And, you know, they they do seem to work enough people are having the same or similar responses to them that you know that.

And then there's a not enough people who are who are taking note of that, and then practicing accordingly that it's, you know, for, for a long enough period of time where it's not just going to go away.

And politically, I mean, I think we're definitely at a crossroads here, like, we're in a pandemic situation that's really causing a lot of people to question, the medical establishment, whether that, you know, turns into, you know, a doubling down on the defensive mechanisms of that establishment.

And we see kind of a Gestapo situation on naturopathic and holistic practitioners, which we have to a certain degree. I know that, you know, there's been some been some tension, you know, whether that's going to be long term or not.

I don't know, but I will say that two thirds of the population fall in a risk category. That is undeniable. And that's not that number is not going to go down with the current conventional standard of care.

And if we if we, you know, if humanity is going to evolve, which I think it is, I think our consciousness is certainly evolving and in tremendous ways, you know, then holistic care will well inherently shape the way that we think about health, whether whether it it changes there, the systemic obstacles.

And that's just that's a buzzword right now. And I actually love it that we're actually talking about like systemic

problems, you know, whether those systemic problems get addressed or not.

And, you know, without major destruction, social mayhem, I don't know, I don't know. But I will say that, you know, truth will prevail. And, you know, holistic care will continue to be offered by the people who understand it.

It will be it will continue to be searched out by the people who desire it and who aren't being served by other methods. And that's a guarantee it'll always be there.

You're not going to stamp it out. Yeah, well, that seems like a fitting place for us to draw the line. Yeah, I one the delightful and exhilarating interview.

Thank you so much for being so generous, doctor Smith, thank you so much for. Yeah. On the practice upgrade summit. Yeah. Doctor Dennis, thank you so much to.

Yeah. Cheers.