Tired, Tired of Quick Fixes? Discover the Simple Science of Lasting Health with Dr. Myrto Ashe! Transcript

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Introduction and Guest Background

The most impactful one in my practice has been the fasting mimicking diet. That is a five day diet, very scientific. It's got very specific number of calories and macros and things that you're supposed to do for five days.

And it transforms no end of body processes in a way. And the idea behind it is that actually what it's doing is it's waking up whatever program that our ancestors had programmed already in their genes to survive periods of low energy availability.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hello, welcome back to the Truly Healthy MD podcast. I'm Dr. Monica Haragy.

Today I have my colleague and friend, Dr. Murdo Ash. She is an MD, MPH. She originally trained as a family physician and practiced 20 years in community health centers in Massachusetts, California, and Colorado.

After noticing the failure of a conventional medical approach to improve symptoms for a close family member, she began to study alternatives to medications.

and to try some of these practices on herself and her family. The near immediate improvement in everybody's health was so compelling that in 2011, she decided to orient her entire practice around functional medicine.

After many years of doing so much research, Murdo has finally written her first book, and we'll talk about that book, The Simple Science of Wellness. This highlights 60 of the most accessible and effective health practices she has been teaching her patients.

To go along with this book, Murdo has created the brand new simple science free weekly newsletter, which I get, and I definitely recommend to explore these practices in depth and make them even easier to adopt.

Welcome to the Truly Healthy MD podcast, Dr. Murdo Ash. Thank you so much for having me, Dr. Monica. Excellent. So today we're going to talk about foundational health practices and this is an excellent topic.

Sometimes I feel like people get a little bit overwhelmed with wanting to get the newest and the best and they end up thinking that they can't improve their health unless they take a ton of supplements or pay for a real expensive evaluation.

But I love talking about the foundationals because they are so important and we really should be helping our community understand this better. So to start off the conversation, I did want to ask you about the difference in conventional medicine, functional medicine.

What does functional medicine bring to the medicine conversation that's Missing and conventional medicine. So, yeah, so for me, I think that that's been a critical question because I did 20 years of conventional medicine and then adopting something new.

I was really determined to not to not to not adopt things that don't work. And then again, have to sort of, you know, sort of backtrack and find what works over time.

And so I've been really sort of not, not, not critical, but I guess I've, I've been really strict with the things that I try to adopt in my practice because it feels to me like a lot of conventional medicine was based on habits and sometimes hearsay.

And, you know, we would sometimes do what worked for one patient. We try in another. And sometimes that was missing, you know, a little bit of rigor. You end up sort of out in the field doing that.

But the thing that struck me switching from one system to another is first of all, the degree to which integrative medicine and functional medicine are based on a belief that the body actually has an innate intelligence and that actually it tends to health.

Functional Medicine vs Conventional Medicine

And so that what your job is really to find. tools that it might be missing or obstacles that are in your way that otherwise it would tend towards health.

And I think that that's really an attitude that I had never come across in conventional medicine, where there's more of a sense that entropy is the principle of the day and that things will fall apart if you don't intervene.

And that I think is a really different mindset. And I'm not saying that I know for sure that is going this way or that way, but I'm just saying that it's interesting how different the two mindsets are and how they sort of lead you to doing different things for patients.

Absolutely. Yeah. And then the other one would be this idea that your body's actually trying to help you. Symptoms actually can be used to figure out How to help you as opposed to just suppress, suppress, suppress, and suppress and move on.

Yeah. Yeah. I remember when I was practicing mostly conventional medicine and I still practice on conventional just like integrate it with functional medicine.

I used to hate seeing a super long list of symptoms in the review of symptoms that we call it because I'm like, I have to deal with all these symptoms, but now I love it because it's more clues.

The more the symptoms, the more clues I have to what's going on with my patients. So it's just completely different mindset and paradigm. Like you're saying.

Yeah. Yeah. So it's been, and also there's something really exciting about it. It's like, we believe in nature. We believe in ecology. We believe. in sort of the, the innate goodness of these things.

And so it's kind of cool to join that. It's like the human body is also nature. It's also ecology. It's also something that may have some innate goodness to it.

I don't know. It feels like I didn't have that sense before. And now like, I feel like my patients, I think of them as having joined like, yeah, we're going to try to bring you back to something that's not unnatural.

Yeah. Restore, restore, restore the way things are supposed to work. I love that. And so I think that ends up sort of also informing the things that I'm interested in then.

So because of that, I'm more excited when my solution is a solution that seems to go with nature, go with the past, ancestral. Actually, the initial title of my book was going to be Ancestral Wellness because I'm interested in these ancestral practices, you know, sleep and fasting.

And they're not, you know, sexy. Unfortunately, they're not, you know, exosomes or peptides. And that, you know, those things can also be really useful.

It's just not where my heart lies. Yeah. Yeah. For sure. For sure. For sure. Yeah. And I do love having this conversation about the mindset. That's very different how we approach patients when we're, you know, a lot of people are used to the conventional model.

and trying to explain how the functional medicine model works. And just to take just one step back, for those people who may not really understand what functional medicine is, let's talk about that just for just a second in case anybody out there is confused.

Yeah. So functional medicine, the way I see it, is really leveraging the latest science. to try to reverse or stabilize at least illness and by going to the root causes of illness.

Yeah, something like that. That would be. Yeah, I think root cause is the way that I always try to explain it. And I just want to make that clarification because sometimes people would be, you know, looking at this and being like, wait, I thought functional medicine was getting all these elaborate tests and doing stuff maybe with supplements instead of medications.

And that is not exactly what functional medicine is. Yeah, we do have more tools in our toolbox. Maybe we'll offer you more tests than a conventional medicine doctor has at their disposal.

Yes, we'll integrate potentially some supplements, but it's not just substituting. a pharmaceutical for a nutraceutical. So just wanted to get some clarity there for our listeners.

Right, exactly. So yeah, I mean, there's a lot of things that are going to go on if you see a functional medicine doctor, but ideally the tests are going to be in the service of eventually getting you back on some sort of path where you're healthier.

So for example, I'll do tests and I'll check people's nutrient levels, for example, because there's a lot of research showing that nutrients There's an ideal level of nutrient that can help a number of different situations.

But my thought, my hope is that by correcting some basic fundamental ways that the body works, that eventually you don't necessarily stay on all of these supplements.

because that's, well, because we have no research. Once we're using large doses of this or that, you know, you really don't know what you're doing. You're just hoping to, so at the very least you could do is to use them temporarily or not forever.

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Absolutely. Yeah. Yeah. What we try to do is, is restore function, not just put people on supplements to take the place of a pharmaceutical or to control symptoms.

It's very, very important topics for our listeners to understand. I absolutely love practicing integrative and functional medicine, but it's not perfect either.

any drawbacks that you see in functional and integrative medicine? Yes. So I guess I think that this is sort of the same vein as we've been talking so far.

It's really about like, are you just trying to replace medications with a substance that that coerces the body really into doing the thing that you want it that you think it should be doing?

or are you really trying to solve, again, back to the root cause level, a problem that… So one of my most influential books when I started actually is a book that Mark Hyman is a co-author of it.

I think it's called… No, it's gonna be Ultra Something, of course, because it's one of the Mark Hyman books. Yeah, I'm gonna forget about it. But the bottom line of the book was that there's four root causes, really.

One of them is nutrient deficiency. And one of them is oxidative stress and one of them's inflammation. And then the fourth is toxicity. And you can bring everything sort of down to those things.

So if you have a person with, I don't know, a headache and you can find herb that gets rid of headaches, it's like, yeah, but those are not, not headache.

That does not necessarily address one of the root causes. you're guessing that, you know, you're not, you don't know the root cause was you just use the herb.

And so first of all, it's not going to work in everybody. And also you don't know what else you're doing. And, you know, you, you, you didn't get, you didn't get it.

That wasn't the, that wasn't the mission. If you're functional medicine, the mission really is to figure out what the underlying cause is. Because if you could fix that, then you can fix the other consequences that would have arisen from that same root cause.

And so that's sort of. Yeah. And then hopefully we can get people off all these pills. I definitely prefer my patients to take something natural instead of pharmaceutical.

But ultimately, if I can get them off everything, pharmaceutical and natural, that's better. The only way to do that is by addressing the root causes.

Right. And so this is where, you know, so some of them are going to be about exposure, right? So, you know, toxicity is as much about getting rid of the toxins as it is about not being exposed to the toxins.

Inflammation, you have a lot of work to try to figure out what's going on. But anyway, so for me, that was, I got really excited about that as opposed to finding a fun plant for this or a fun plant for that.

And then when I started practicing, I also found that The herbal remedies are helpful because you do want to address symptoms. I mean, there's no reason for people to suffer any longer than, right, usually something about the symptoms as well, for sure.

But I also found that they weren't as powerful as some of the other things I was learning about. Not as many people were wowed by them.

Root Causes, Supplements, and Evidence

So I kind of enjoy wowing patients, like when they come, right, and you do, you suggest something that seems a little like, Weird they've never heard about.

And then they're like, they come out the other end of it and they're like, you know, it's one, one guy was actually a doctor. He tried the fasting mimicking diet.

So transformed his life. He's like, where has this been all my life? Why is it? I don't know about this. So that that's, I love, I mean, that's an incredible amount of excitement to be able to do that with people.

So for me, it's that that's the main thing. I mean, I'm trying to think if I wrote anything else there, the other problem that we have, I think with Even when they're not well, when they're plant and plant extracts, clearly it's not the same thing as the plant or the tea.

You know, like taking green tea extract is not necessarily the same thing as drinking the tea. So we are doing something slightly unnatural, but even more so when we're extracting, when we're taking curcumin and we doctor it up really in a way that it gets absorbed into your bloodstream at a high rate.

Not that I don't use it. I use it. I personally use it, but I also understand that it's not something that we know as much about as we would like. B vitamins is another way.

Like we're using methylated folate. Okay. So methylated folate is not the form it comes in nature in food. So what

are we doing? And then we use amounts that are very high compared to what would be in food.

What are we doing there? You know, so yeah, we are trying to address disease. And so there is some amount of intervening, but I think that's the other drawback of integrative and functional medicine is that to be honest with ourselves, we don't always know everything, you know, as opposed to if we recommend to a person to have a variety of a diet that has a variety of vegetables in it and plant.

We're in pretty good company, like there's so much research telling us that that's the right way to go. Fatigue, brain fog, mood swings, weight gain. If you're a woman in your forties to seventies, you've probably been told that it's just aging.

But what if it's not? At trulyhealthymd.com, we look deeper. Hormones, nervous system health, hidden toxicities. You're not broken. You just need a doctor who really listens.

Visit trulyhealthymd.com and book a consultation today. It's time to feel like your real self again. Absolutely. And at least having that awareness that just because we're recommending a pill doesn't a natural supplement is not the same as integrating something in their diet.

That awareness is the first step, but you're absolutely right. It's not the same thing. Right. And it still feels reassuring. I mean, I think that some of it is a little bit of a mindset and you know, some of it is just that I've seen sort of, you know, 38 years later or whatever, however long I've been working and practicing Or that it's really sort of the hubris of thinking that we're going to use aspirin, you know, to get to, to reduce heart attacks.

Like, yeah, nice, but there's actually a drawback. And so it's taken how long? 20 years. So we no longer have the recommendation now to be using aspirin and people who don't have a high risk factor for heart disease.

So, you know, it's taken a long time, but there it is, you know, should be using that. Even Tylenol, how many pregnant women have I said that taking Tylenol is perfectly fine?

Uh, no, maybe not. So research comes out 20, 30 years later that you're actually, there are drawbacks. It depends what you study and what you look at.

So, um, so it's still, still feels like I'm going to still prefer maybe an extract, but no, because yeah. So this is a drawback. This is a place where we'd stand where we're not certain.

We're not certain of our recommendations. 100% anymore than a doctor could be about the pills they recommend. Yes. Very, very, very, very, very true. I think that's.

important for us to understand that as physicians because you know as physicians we want to help and sometimes it's easier to say oh we'll just take the supplement instead of doing all the education of how do you change your diet and so and patients do they like the quick fix sort of effect like oh I could just take a supplement and then it'll be as good as changing all these things in my diet, it's not, it's not the same thing.

It's not the same thing. And it has more of that, I guess I call it a coercive aspect. You're not creating a change and whatever happens, you know, I guess there's another line that really impressed me way back when is a Mark Hyman line where he says that health is sort of, your symptoms disappear as a side effect of becoming healthy.

Absolutely. And I mean, I think We also have to recognize that sometimes supplements can be very useful because we can get really high concentrations and use them therapeutically for a little while to, let's say, as an antimicrobial.

And so as long as we have that intention, then absolutely, we can definitely use a supplement. But to replace a food is not the same thing. Right. You don't want to replace a food.

And also, ideally, you may not have the same power. I think these things work together. You may not, you know,

first of all, you may not win, so to speak, if your patient isn't also doing some foundational things like sleeping in some kind of stress reduction, you know, some of the really foundational things and also the, you know, so that you will want to do these things together in concert.

Well, tell us more about those. Well, so what is a foundational practice? Tell us. Right. So for me, there are the things that make complete sense and understanding the power of them and that hopefully improves the motivation.

So for example, sleep, I mean, it seems obvious, but so many, you know, so many of our, so many of our body processes are completely, you know, related to enough sleep.

So you can't like You can't bypass it. You can't say, all right, I'm going to be healthy. I'm going to, but I'm going to continue to sleep four hours a night or five hours a night.

Right. So I want to, you know, I want to reverse my insulin resistance, but I'm not willing to, you know, so anyway, so this was to pay attention to these things.

Exercise is another one. What's fun to me about exercise that I discovered in the last couple of years only is really the impact on the immune system.

How does that even work? Right? So muscles, when you contract them, put out hundreds of myokines. So it doesn't make any sense. It's like you either contract it or you don't contract it.

Why hundreds of different myokines, right? It's got to be some kind of language. I mean, it has to be at that level of precision. if it's going to be hundreds of my kinds in my mind.

So I find it really fascinating. And I think that it's going to be a long time. I understand AI is coming, but I think it's going to be a long time before we can come up with a therapeutic that puts out in a coordinated fashion, hundreds of different substances that all have jobs to do in your body.

So. I think that for me, that's a foundational practice. It's the thing that you do that seems simple, like strength training, let's say, or even just carrying heavy things around your house or whatever, that seems really simple.

And it's like, yeah, the muscle, I made it stronger. But actually what's happening inside is completely different level. It impacts your gut bacteria.

It impacts your brain. It impacts your immune system. It impacts everything that you have, your hormones, whatever. insulin resistance, you know, and so on.

In the end, it impacts longevity. And so who's surprised when you see, when you sort of look at it from that point of view, like your muscles were given a chance to send, to write a book and send all that information to the rest of your body.

Another fun one for me, I discovered recently was coordinating eating with daylight because it turns out that 60% of our gut bacteria, which, you know, in and of themselves are fairly new in terms of a discovery.

60% of them actually have a diurnal rhythm and how do they know when it's night and day or how do they know to coordinate their rhythm really is whether they receive food or not.

And so there is a real need for, there's a real advantage of, not everyone can do it, I suppose, but there's a real advantage of a really regular time of eating and fasting.

So, and the other thing that some of the studies are showing is that there's a big difference if you're going to eat between seven a.m. or eight a.m. and four or five, six p.m.

versus noon to eight or whatever some of the other schemes that people have come up with. So I thought that was

really amazing because I had thought about like, yeah, I suppose the bacteria could get the idea from the eyes going to the pineal gland and then sending hormones throughout the body, melatonin, telling the bacteria if it's lighter day, But actually the way that many of them do probably is just, you know, did you start eating?

Did you stop eating? And then that's kind of how they know to, to function. The way they function is, is tied to those eating and fasting rhythms. So those are some of foundational practices.

You know, I think the most impactful one in my, in my practice has been the fasting mimicking diet. That is a five day diet. Very scientific. It's got very specific number of calories and macros and things that you're supposed to do for five days.

And it transforms no end of body processes in a way. And the idea behind it is that actually what it's doing is it's waking up whatever program that our ancestors had programmed already in their genes to survive periods of low energy availability or, you know, so what's interesting is that, you know, there's been a lot of interest around fasting and water only fasting, for example, but actually water only fasting is probably not as natural as eating very little.

Like if you're, you know, a caveman, probably you'll find, you know, four or five leaves or a couple of roots to eat even on a famine day. And so fasting mimicking diet is five days where you're eating very few calories, but not water fasting.

And so I think that is interesting.

Foundational Practices: Sleep, Exercise, and Meal Timing

They did one study where they compared the two and they said, actually, from the point of view of your gut bacteria health, fasting mimicking is seems better than water only fasting, probably because you're feeding them a little something.

And in my mind, I go back and I try to think to myself, oh, wait a minute, which one of those might be a little bit more according to ancestral, whatever, you know, according to what our ancestors might've had to face.

So it transforms gut bacteria. It is supportive for cognition. It reduces inflammation a lot. It improves autoimmune disease and it makes a big difference with.

insulin resistance, and also ultimately with cancer and cancer therapeutics. So to have one thing like that, that has that kind of like octopus tentacle situation, like you do one thing and you're like, all of a sudden, all of it, you know, is being impacted.

To me, that's a foundational practice. It's like, ah, the body was waiting for that. The body was waiting for you to do that. Yeah. So very powerful, very powerful.

So, so how do these foundational practices get their powers to transform our health. Right. I think that they are, they are tying in or, or triggering or tripping some mechanism or series of mechanisms that are already there.

And that this is maybe how evolution, I don't know what you want to call it, has us set up. And so you are taking advantage of something that's already set up.

And you're not coercing. You're not going against something. You're actually using something that was already there. Yeah. Like I always tell my kids, you got to work smarter, not harder.

And we can do the same thing with our patients. We can help them heal in a smarter way and not in a hard way. Yeah. And you know, to your point earlier, it's unfortunately a little inconvenient.

It's like it gets in the way of your life. You cannot keep your same exercise routine going, especially if you're a kind of person that does a ton of exercise.

And for five days, you're going to actually have to, you know, pull back a little bit, even, you know, even a little tricks so that you can continue to work.

Cause all of us sort of need to do that, but it's, it's noticeable. It has an impact in the immediate, you know, and then you, you sort of emerge from it.

And yeah, it's been one of the most transformational practices for me, for my patients. I use it whenever any of those conditions come up. And so tell us, so you've been gathering all this data with about the foundational practice for a while.

And now you're able to share it with the world in your book. Is that correct? That's right. That's right. So as I was sort of thinking about how I practice, I kept thinking to myself, you know, I have a whole bunch of So no costs, low tech advice.

Like, you want to sleep? Well, the number one thing to do is get out in the sun in the morning, get out and get some light for 20 minutes, first thing in the morning.

That actually gets this little Rube Goldberg, you know, sequence of things started hormone-wise to make you sleepy at bedtime. And I'm like, I was thinking to myself, you know, in the midst of this, you know, can be expensive functional medicine and all the supplements and all the tests.

We have these powerful, really easy to learn, like there's no ramp up, you know, you can learn it immediately and it costs you absolutely nothing. And it would be nice to put those together in a book.

So my first chapter is, you know, my first chapter is fasting, which is not only no cost, but will save you money. I know, right? And then the second chapter is yeah, no cost, no tech.

Like you don't actually need to learn anything to do some of these practices. Uh, journaling is another one, you know, so you would go into, so some really easy, no tech also means really easy to learn.

Obviously some things you have to follow a little bit of instructions. And then, you know, the next chapter after that is, you know, maybe no cost or low cost.

And yeah, there's a little bit of learning maybe to do. And yeah, there's also things in there that you may have to learn quite a bit to do them, but we have really exciting data on it.

For example, the younger you diet. There's a lot of details to it, but it's a diet where it's at least the study that they did with eight weeks of people being on this diet actually got three years younger, if you believe the genetic.

How did they measure that? They did the epigenetic, the clock testing. So as you age, your genes get tagged with these while methylated, they get tagged a certain way.

And so older people have a certain pattern of genes, pattern of gene activation that's different than younger people. And so basically what they showed is that eating these foods, some of these reversed, some of these tags got removed from the genes so that people came across in that test as younger.

And if you don't know, discontinue, you know, will you become a baby if you do this diet for many years? At some point you'll just sort of reach some kind of plateau.

At some point. Yeah. Yeah. And I love all those types of recommendations that we can give patients and the general public that are not expensive and are things at their reach that they can do.

And so I'm very excited that you wrote this book. I actually bought a copy and tell people where you can get your book if they're interested. It's at Barnes and Noble.

So you can either look up my name or the simple science of wellness on Barnes and Noble. To my surprise, it was another group that called their book, the simple science of wellness, but they're not me.

And it's not, I mean, the book looks different and any other description is going to be different. So I think most people can tell. Okay. That's the only place right now.

I'm trying to put it in one more place, but as a self-published author, everything is a learning curve. And this is one where I've had to stop after a while trying to learn new things.

Definitely. I think it's amazing that you put all this together and I hope it helps a ton of people out there because there's a lot of things that people can be doing that doesn't entail spending a lot of money or taking a ton of supplements that can improve their health.

So I'm so happy that you put this together and I'm enjoying reading it for sure. So the other thing I wanted to do with the book is to actually back them up is to say, like, what is the data that we, what is the evidence we have that these things even work?

Because I think that that's the other place where people are confused. Most of the newsletters and blogs out there, honestly, just tell you, do this, do that, you know, and it's like, oh, yeah, I can do that.

And then actually But wait, what's the, is the data behind that in rodents? You know, is it actually in test tubes? You know, is it really data that's been done on humans and where the study was reasonable quality or, or is it maybe a little bit preliminary?

So this is the difference that I wanted to make in the book. And I'm, I'm really glad you brought that up because. To me, that's extremely important. I don't want people to just be doing something because a health influencer told them or because they saw a cool commercial.

And so as physicians, we consider ourselves that we do things that's evidence-based. So again, let's, let's get back to the basics. What, what, what is evidence and how does somebody determine if it's good evidence, if it's something that we should be listening to.

And that goes back to talking. about the difference between conventional and functional medicine. A lot of people might think that functional medicine is not evidence-based.

So let's also incorporate that in this conversation. Yeah, good point. And I think that actually I look at both as being both. What I was saying earlier is that I practiced conventional medicine for 20 years.

In many cases, the things that I did were backed up by really good evidence. where you, well, I guess I have to define what I call really good evidence.

But I guess my point is that some of it was based on, let's put it this way. Some of it was based on a type of evidence called research randomized controlled trials where you compare, you randomize.

So you take a population and you assign them. You say, you know, you guys are gonna do it this way and you guys are gonna do it this way, but actually it's gonna be a placebo.

So you won't know who's who and who's doing what. The outcome of that is measured by people who also don't know who was on what. That's your ideal randomized double-blind control trial.

And I think that that's ideal because it takes out all of the bias that has to do with some of the other ways that you could do research. But ultimately, I think that there's few medical procedures or medical medications, whatever.

that have that kind of level of evidence. And so we ended up having to rely also on what our colleagues were doing or someone who taught us and we respected what they said and, you know, things like that.

And so that's another form of evidence. And when medicine talks about evidence-based, actually, they do list several, five or six or seven different kinds of evidence.

And it's fair. You can go by you know, influencer or guy I trust or, you know, you can go by that as well. But what I think is really important is to be honest about what you're going by.

That's all. And so in, you know, for me, my most, the one that I rely on the most is I like to see Adele blind control trial. If I don't have one of those, I'll just say it like, okay, I think this also works.

Fasting Mimicking Diet and Its Benefits

And it's an impression I have or I've based it on someone I respect who tends to be reasonable over the last 38 years. I've found them to be reasonable, you know, something like that.

So this is kind of what the different types of evidence are. So I don't know. I think that, you know, in a way you could say that functional medicine has more of the sort of influencer or person I trust habits or, or practices or things that we do based on what someone else said.

as opposed to conventional medicine. But conventional medicine has a problem with big money, basically, who funded what research and whether the result of the research was influenced by the funder.

So that's something that maybe we have a little less of that in functional. I'm not even sure about that, but it's possible. Yeah. Well, I do think there's a lot of practices in conventional medicine that We assume are evidence-based, but they're not.

So I think there needs to be some honesty there too. And I think there's a lot of stuff that we do in functional medicine that's even more evidence-based that we do that is done in conventional medicine just because we consider ourselves early adopters, right?

So we're reading the research. We're a little bit more on top of that data sometimes than conventional medicine. There might be a lag in conventional medicine by the time there's some research and then it gets incorporated into the guidelines.

And so there's, there's a lot more to that story than just saying that there's more randomized controlled trials in conventional medicine and maybe not functional medicine.

You know, yeah, that's really interesting because for me, functional medicine has had two things that are really very different than conventional in terms of how, how I practice and how I go about my day.

So one thing is, first of all, that I do a ton more reading, so much more reading. And that's because people are coming who did not get relief from conventional medicine, typically in my practice.

I guess maybe because I'm an MD, I get, you know, people are coming because they don't want to leave. They don't want to throw out all of medicine. They just were wondering who might have some more ideas because the ones that they've tried so far didn't work.

And so on a daily basis, I have to, I have to read, I have to see like, what else is there that someone else may not have seen or, or, you know, I remember this one woman, she came in with a, she had a neuropathy that was really bad and her mom had a similar neuropathy.

So she was getting a lot of pain in her feet and her mom had gone the same way. she had a neurology therapist, neurology specialist, and she was coming to me to see if I had anything else.

So I started Googling, you know, it's kind of sad to think about, but I started Googling like, you know, what are like some, you know, genetic neuro, neuro, I'm not a neurologist.

So I found one where it was a deficiency of a certain amino acid. And if you could give large amounts of that one amino acid, you could get an improvement in symptoms.

And it was published and I rented by, we rented by her neurologist, you know, who said, yeah, it's early research, but yeah, I suppose I don't see the negative to that.

So it was kind of like my contribution was really having some time after the appointment or making some time because that's how I structured my practice, making some time after the appointment to do the reading.

And it's almost funny because as a conventional family medicine family doctor, I like healthy patients. I did not want to spend hours after the appointment reading.

Oh yeah, it's possible. Yeah, in part it was because it was so hard to find to help people with and it feels to me like with some more tools actually now I do have.

more things, I can find more things. And the other difference is the degree to which we're networked and I think with other functionalized docs. And I think that that may have to do with social media and the internet and also cell phones and texting.

But if I have a question, I reach out, I can reach out five different ways and every day involves helping others with their questions as well. And I don't remember clinic work that way ever in the past.

Yeah, once in a while, you call a specialist and curbside them, right? Get some ideas from them. But this is daily. Daily, part of the work is reading articles, sharing them with others if you think that they might be able to use them, and then answering their questions and asking your own questions.

Oh yeah. I love telling my patients, you know what, I actually don't have the answer to that, but I have a great network of very supportive colleagues and I'm sure there's somebody that might have already seen this, researched it.

So I will get you that answer. So, so yeah, we are definitely very connected in that way. Yeah. And I think that also the times have changed a little bit where in the past, some patients might have believed that you're only a good doctor if you know everything.

And now I would think that that kind of attitude would be very rare. Well, absolutely. I think patients respect when you say, I, I definitely know this.

And if there's something I don't know, it's, it's okay for me to accept that as long as I will do the effort to try to figure it out. And that's better than trying to lie to them and tell them, Oh yeah, I know everything because I know why people do that.

Although, I mean, I can see why I actually literally had that experience with two patients in a row. One time, this is like, we're talking three decades ago, but literally I had two patients come in in a row where I didn't know the answer.

And the first one, I opened the textbook and she was like, wow, I love this. I love that you're doing this for me. And I love that you're, you know, willing to admit.

And the next patient comes in and same thing. I didn't know the answer. I opened the textbook. She goes, oh, I don't want to ever come see you again. You don't know the answer.

I know. I was, I was actually going to say I've had different types of patients. I have had some patients that tell me, I actually want somebody that's more confident in what they already know.

And I'm like, okay, that's fine. Then I might not be the right doctor for you because I'm always searching for new

things. And that's, if you want somebody that already knows everything, you can try.

And then also there are people who believe they know everything, right? So they're saying it out of personal conviction. I just think it's really amazing to be able to know what the limits are of one's knowledge.

That's, that's a great service to people. So. Try to do that. Um, and it's almost funny too, because, you know, I started in functional medicine thinking, okay, well, you know, I'm ramping up to a new, you know, specialty and then a couple of years, you know, I won't be having to read so much.

Well, you better get used to it because no, everything's a rabbit hole and you can get some real actionable insights by putting in some time. Yeah. I always think back to that pie chart.

It's like, it's, it's a circle, right?

Writing the Book and Sharing Practical Wellness Tips

A pie chart. It's like a little sliver is things that you. things that you know, and then things that you know that you don't know. And then how big is a sliver of the things that you know you don't know, or you don't know you don't know, sorry.

The biggest part is the things that you don't know you don't know. And that's what gets us into trouble. And what I see in the smarter the person is, or the more aware they are, the more they'll recognize that there's so much that they don't know they don't know.

If it's somebody who has less training, is overly confident, they seem to assume that they know more than they do. And then these people who have multiple PhDs and are researchers, they're the people that will tell you, well, there's just so many unknowns.

And so that's interesting. It is true. You can get some direction. And you can get some direction. You can get, you know, like this idea like, Oh, I've seen, you know, three people like you or something.

I mean, that's nice to be able to have. I can, I can, I know where to look, you know, those are like, those are the things that I think are really important.

Yeah. And speaking of us being able to come together and use each other as resources. I would also like to talk about the organization that both you and I are a part of as physicians in this functional integrative space, it's sometimes difficult because we're not practicing the same as mainstream.

So we don't get the same support as mainstream doctors. So we've decided to band together and form an organization to support ourselves. So let's talk a little bit about CFIP.

And most of our listeners will be people who are not doctors. There might be some doctors out there that are listening to this that would be interested in this.

But even for the general public, it's important for them to know that we are forming a, or we have formed an organization that we're stronger united and we'll have resources where people can find a functional doctor on our website in the future.

Um, so tell us a little bit about what this college functional and integrative medicine physicians is. Yeah, I think that the basically I'd had sort of too many, the, the basic idea of, of CFIP is to provide support to functional and integrative physicians.

The kind of support that it seemed like we all needed was, well, one of the important ones was to try to distill the levels of evidence that are available for the practices that we think are the most useful.

When group is the clinical perspective group that is going to be looking at, that basically has started looking at What are some of the practices that we do?

What is the evidence base behind them? You know, it could be any of the things that we mentioned before. It could just be, you know, bench research. It could be rodent research, or it could be someone I love uses this, and it could be their randomized control trials.

It could be any level of research. But to be able to sort of, you know, elucidate that, like, put that out, like, okay, so this is what we know, and this is what we do, and this is what we do.

Yeah. And then some other parts of the organization though is about reaching out outside the organization and being able to say, all right, now you guys are interested in functional medicine.

What are you going to look for? You know, how do you know, you know, there are maybe more resources for trying to figure out how to get a good doctor.

Like you're going to ask, you know, your friends, you're going to look at their credentials. And then is there anything different about finding a good functional medicine doctor or integrated medicine?

And then for our colleagues who are not familiar with functional and integrative medicine, also sort of the same sort of outreach and saying, this is where, you know, we've practiced both.

So for us, it's easy. It's like, this is where this differs from that. This is why we're still in the integrative field. And why it's really rare for someone to just abandon all integrated medicine and jump back into just conventional, because it just feels like we have more tools and we help more people.

And so, and yet, you know, sort of agree with them that there are some practices that we disagree with in the integrative sort of space. Yeah. I mean, I used to joke, right?

That, I mean, anything would be fine except, you know, crystals or whatever. And then I don't know, all right, some things about crystal and I'm like, am I going to be able to leave any of it aside?

Like, I don't know. So the level of evidence has been really helpful to, to understand. Yeah. And I think that's important for people to know. People want to know that their doctors are practicing in a way that is science-based and where are we learning these things?

It's not just because we are making this stuff up or we want to believe it's true, but It's stuff that we have very concrete evidence and it's not just because we're not in mainstream medicine doesn't mean that we don't have evidence for it.

And that's important for the public to know. Yeah, there's a discovery of that, right? That for for someone who's been in conventional medicine only that it would be a surprise to them.

that there's actually, that we have a way of judging evidence that's in common. From the point of view of patients, I think it's complicated. I think that medicine, I think that the work that we do is a little bit of a black box sometimes.

And, you know, do they, is there people out there who view it as a type of religion? Like, you know, you go see someone who has sort of, you know, inspired by higher, you know, I don't know, by, by some kind of energy that's, that's not, you know, concrete.

Yeah. I don't know. I don't know. I think there are people who are looking for things, but to me, it's interesting that we have this, this, this thing in common with conventionalness and that we can say, and then we can say, we also understand that some of us are departing from that and then are using more of the, you know, I have a intuition.

I have someone I trust. I have these are, these are not necessarily scientific. Yeah, absolutely. And there's going to

be different types of patients, too.

Some patients will just say, I don't care how you know it, just tell me what to do. But there's going to be other patients where it can be like, hmm, doctor, well, I just want to make sure that that's actually accurate and I'm going to do my own research.

Oh yeah, absolutely. And that's a difference too, right? It's like we don't feel threatened when people have done their own research. It's more like, oh yes, this collaborative model of medicine, this is your health, your body, your life, your future and your money too.

Yeah, they're entitled to do their own research. It's, I encourage it actually. Exactly. I think it's, it's, it's more fun. I can get it. I get to explain at a higher level, which is more fun for me.

Absolutely. Yeah. And I do feel like sometimes our colleagues who are still in the completely conventional model feel a little bit threatened or annoyed when people say they do their own research in part because, you know, they just, in part, they don't have the time to explain it all.

Right. But in part, it's also because just the way we practice a little bit different. Yeah, exactly. It's exhausting.

Evidence, Collaboration, and CFIP

I mean, if you have to see, I mean, I remember the last conventional medicine job I had, I had 22 patients a day to see. And so, yeah, if everyone comes with their internet research, that's not possible.

If only one person in that group of 22 comes in their energy research, maybe, maybe it's possible you'll run behind. So, no, it's really kind of interesting.

Yeah, no, this way it's different. It's like, oh, we're gonna, we're gonna sit down and we're gonna see what you have to say. You know, we're gonna use me for what it is that your purposes are.

You know, do you want a sounding board? Do you want someone to tell you where this book learning fits in real life with experience and some perspective in that case.

Yeah. I'm your person. Yeah. Yeah. And we get to personalize the approach to each patient a lot more in our practice than we did when we were just doing conventional medicine for sure.

Which brings me back to something I wanted to say early on when we were talking about the idea that the alternative medicine has more of this idea that your body tends towards health.

Is that actually, this is something a lot of patients come believing already. And it feels almost like to me, it feels a little mysterious. Like, oh, where did you get this idea?

Cause it took me like 20 years to rediscover or discover it. And yet a lot of people come with this idea. But it feels to me like I should be healthy if it weren't for some obstacle that you need to find for me, you know?

And people don't think of themselves, a lot of people don't think of themselves as irrevocably broken, you know? And it's really fascinating to me that people have such a strong sense of their own selves.

So I think it's one of the really exciting things to be able to do to support that. Absolutely. I definitely love that. And we want to support that. We don't want people to, have the identity that they're sick and they will remain sick.

We want people to know that they can recover health. You don't give false hope to people. You just say, you know, okay, so these are the things that will sometimes restore or at least stabilize or something like that.

Yeah, you don't you don't know 100% for sure. But this idea that wait, what if actually I don't live expecting myself

to disintegrate, you know, without a constant input of chemicals.

I don't know, like something like that. Yeah. And meanwhile, we don't leave them behind, right? Like you said, actually, you're still working in the conventional system, you know, exactly what it's good for that cannot be replaced by herbs and fasting.

And same here, I'm happy to refer because it's been 14 years, I've been in a hospital or, you know, in urgent care, let's say for a very long time. And so this is where, you know, I refer, but hopefully also having done those things for 20 years, I have a good sense of where they're needed.

So that's another part of CFIP, right? It's like knowing that your doctor knows, you know, at which point do you need to the conventional system? At which point is it the most appropriate for a person?

I'm very glad to be able to offer that to patients so that they, they know that sometimes, yes, absolutely. If you need something conventional, let's do it.

If you, we want to do something not conventional, we can do that too. So it's, it's great to be able to offer both of those. Yeah, no, I think people really appreciate that because I think people haven't rejected either one.

I mean, that's exactly the point. And it's, it is a little artificial for them to have to step into one system or another and have to reject one or the other.

Absolutely. Absolutely. Well, I have really loved this conversation. I'm so excited about people knowing about your book and knowing about all these foundational practices.

I feel like we touched on a ton of different topics. So if we can maybe give our listeners a little recap, some take home messages, what would your take home messages for our listeners be?

That when they come up with some issues that they should sort of take them as almost a positive, like, all right, what symptoms do I have? Who's trying to talk to me and what partner will I get to figure out how to get at something, come out ahead, right?

This is like the symptom interrupts the pace of your life. There's something you need to focus on. How will I do this in a manner that will turn me into the healthier version of myself?

And as a part of that, to be aware of, foundational practices, things you can do that may sound simple, but actually have a very big impact. So I have the book and I also have a newsletter.

So you mentioned it's a free newsletter. It's called Simple Science. It's hosted on Beehive, not Substack. So maybe same way that my book is on Barnes and not Amazon.

The newsletter is on Beehive. And so you can find that online. It's free. You can sign up and I will continue to prioritize simple things. try to avoid talking about supplements for as long as I can because I think there are other tools and I'm pushing myself also to, to highlight those.

Amazing. Amazing. Well, thank you so much for this conversation. Very helpful. And thank you for everything that you do for your patients and to move science forward.

So happy that we had this conversation today. Thanks, Monica. Be careful. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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