The Art Of Medical Detective Work: When Tests Don't Explain Your Symptoms Transcript

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Introduction and Doctor Offitu2019s Background

Hi, and welcome to another episode of the Healing Lyme Summit 2.0. I'm your host, Doctor Maria Hinchey, and here with me today is Doctor Amy Offit. She is the medical director and co-owner of Heart and Soul Integrative Health and Yoga, located in Marble Falls, Texas, which she co-founded with her husband Brad in 2007.

Her first seven years of practice were focused on rural family medicine and obstetrics, after which she transitioned using an integrative approach to treating patients with chronic inflammatory diseases.

She completed medical school at the University of Texas Health Sciences Center in San Antonio, and completed a residency in family medicine at Christmas Health.

She has a master's degree in integrative medicine from George Washington University, and has completed a fellowship with the American Academy of Anti-Aging and Regenerative Medicine.

Doctor Offit is an extensively trained integrative medicine physician who treats patients with complex health issues using a wide array of individualized strategies for healing.

She cherishes her relationships with her patients and approaches her care, viewing each patient as a whole person. Her goal is to partner with patients to empower them to regain vitality, strength, mental clarity, energy, purpose, and a desire to share their gifts with others.

Doctor Offit was recently appointed by Governor Greg Abbott to the pediatric acute onset Neuropsychiatric Syndrome Advisory Council. In addition, she is on the board of director for eyelids, the International Lyme and Associated Disease Society.

Currently serving as president. Welcome, Doctor Offit. Thank you so much for joining us. Thank you for having me. Absolutely. Tell our listeners before we really get into it.

How did you come to specialize in Lyme disease? So I loved being a comprehensive physician from, from the beginning of of learning about medicine. I think I wanted to be every specialty when I was rotating through that specialty, when I was in residency and even in medical school. But, I just enjoyed the variety of different patients in different cases and different histories.

And so after I left residency, I practice, as you mentioned, in a small rural hospital, like a 33 bed hospital for about seven years, where I got to see so many different interesting things.

But because of really the administrative pressures and sort of some of the changes in the health care system. I found myself starting to feel somewhat overwhelmed with just the numbers.

Like trying to see a certain number of patients to meet a certain person, you know, in the administration's goals. And like, it was really, I couldn't sleep at night because I felt like I wasn't necessarily able to give them the care that I wanted to give them.

So anyway, through all of that, I found integrative medicine, and ended up leaving.

How She Came to Lyme Disease

I mean, a lot of things happened to make me leave, but I left and went on my own and on my own. I had so much

more, flexibility and started learning more about integrative medicine.

And it was really one of my professors in one of my integrative medicine classes one day. I remember it very well, was like a Sunday morning, and the teacher got up and said, today, you're in for a treat.

I'm going to teach you about Lyme disease. And I even remember thinking, oh, no, we don't have that in Texas. I'm going to waste a day, you know? And then he said, how many of you have patients in the audience who have patients who you just can't seem to figure out how to help them feel better?

They have chronic pain. They have chronic headaches. They have chronic fatigue. They have chronic just unrelenting inflammatory problems. So he he actually did a great job of just pulling us in to learn without even labeling the conference as anything to do with Lyme disease, you know.

So I've even in I led I actually think have suggested that. And we've done some webinars where we don't put Lyme in the name because Lyme disease, even though it's real and a lot of people suffer with it, it's kind of a dirty word.

Right. And so, it repels a lot of medical professionals who've been taught to be repelled by it. So, which is unfortunate, but like, if, if we really hope to make inroads and train more doctors in and develop the bigger, broader, number of caring clinicians to care for these patients, like, I think that's one, one inroad.

And that's really the way I was first introduced to it. And then I have had, you know, some personal issues, like one of my kids got psoriasis when he was really young.

And so like just the whole autoimmunity picture and how that relates to, like, other issues, whether it's chronic infection or chronic exposures or chronic, you know, even nutritional problems, all of that became very real when we had to deal with it in our own house.

And so and he's doing great. That was when my middle son was about 4 or 5 years old. And now he's 21 and he's doing great. So like, I'm very grateful to have been where I was when I was there to learn from from people who helped me, treat him without drugs, without, you know, like I never had to put him on a biologic or anything.

And we were able to get his autoimmune disease reversed without, going down that road. So, yeah, it's amazing what happens when you find the root cause or causes and actually remove them or heal them, or address them, right, instead of just shutting the body down with, you know, with a certain drug.

Exactly. So when you have patients come in that have these complex chronic illnesses, where do you even start? The I think the most valuable part of in engaging with the patient is really in their history.

Like I spend usually about two hours with the new patient and we talk through things that maybe they don't even think are relevant. But all the way back to before they were born, and even sometimes into their parents health history.

We will cover all kinds of past exposures, even especially in childhood. Like how many rounds of antibiotics, the ear infections they had, their sore throats, where they were in the hospital, did they use asthma medicine?

You know, even where did you grow up? Where do you traveled? Like where have you lived? Do you have animals? Like, there's so many questions that we don't stop and take the time to ask.

If we're in a rush. So I've. I've really enjoyed it. Also lets me really get to know the patient that I'm caring for from, like more of a cultural standpoint too, because, you know, that's part of what individualized care is, is I will have patients that don't want any antibiotics at all, and I'll have others that only want antibiotics.

And so a lot of times I feel like working with them where where they are and starting there and then moving forward together, works a lot better than me trying to to tell them what to do.

And then with, you know, resisting it or not, not really thinking that's going to work. So, I start with a big, long, deep dive history. And, sometimes it's really challenging for them if they have a lot of cognitive issues. So I always try to ask them to bring someone with them who knows their story too.

And sometimes they talk a little and they're their person. They bring with them talks the most. And sometimes they write up these beautiful histories that are that I love to have in their chart to, but there's so much good information in that that I use when trying to figure out, like, where to go next.

And so I think it's not the same for everyone, obviously. And, I just I don't rush through that part. I feel like that even though it's the simple part and it's sort of the basic part.

It's the most important part, I think, in, in getting to know a patient and trying to figure out how to help them. Yeah, absolutely. One of my mentors always used to say, if you just listen to the patient, they'll tell you what's wrong with them.

Yeah, I'm like, you have to give them that opportunity. And, you know, I think a lot of our patients have significant trust issues, rightfully so. And I think the opportunity to literally sit down and tell your story and actually feel heard, you know, feel like your, you know, your doctor or your medical professional is actually hearing what you're saying, you know, just really, really helps to create that bond and that rapport and that trust, you know, that is needed to be able to take care of somebody.

Exactly. Well, we've had, you know, I think about a couple of patients who are sort of they're short with the staff, or they might even be a little short with me or my nurse.

And sometimes I try not to jump straight to being reactive. And I'll say, you know, like I know that you've felt abandoned or you felt neglected, or you felt like people didn't understand you for a long time.

But we're going to try to understand you here so you don't have to be mean. And you'd have to be mad. And and they just start crying. Yeah. They're like, oh my gosh.

Like what? Yeah. But but I, you know, if I ever had the chance to talk to a big audience of patients like I would just tell them, when you get to a doctor who actually wants to treat your chronic infection or your chronic issue, like to see if they can soften, you know, a little bit to that, like it will help because I, I know there there's reasons for them to feel that way.

So yeah. So what comes next after you've done their history what would be the next step. So I, I love to see them in person. I know that's like old school but like I'm in my 50s.

So I kind of have old school, mindset. I love to do a really good physical exam. You can tell. So much by just looking at someone's hair, their scalp, their eyes or eyebrows.

A really good look inside of their oral cavity. A good neck exam.

Deep History Taking and Patient Trust

I mean, it's all these same basic things that that we were taught, and most in most people, they're normal. But sometimes you'll find some sort of strange rash or a strange looking lesion or or even an eye.

It's a strange example, but I had a patient one day who had a very high crp, on a blood test, I mean, very high, and I like I don't see that that often.

So I was like, where are you really hurting or inflamed right now? And she's like, I'm actually feeling pretty good, I don't know. And, we kind of went head to toe like sinusitis or throat, chest cold GI issue, you know, an infected toenail.

What is it? Something I was looking for. Something she could not think of anything. And then I did a oral exam, and she had an extremely irritated red, gum, like her gums on one side were very, I mean, extremely irritated.

And I said, what happened right there? And she was like, oh, I got a dental implant. Yes. You know, or the day before I got the bloodwork done. So gotcha.

I wouldn't have I couldn't find that without looking at her. And, so many people have Bartonella associated cutaneous lesions, lesions, and they don't even know it like.

And that just sort of stacks more evidence in that direction. So many people have, like, maybe even a little bit of psoriasis, or, you know, findings of fungal elements in their nails or, I mean, there's so many little things that you can see if you just sort of look someone over the toe.

And, and when I've known him for a while, I don't do that every time. But I always try to listen to everyone's heart and lungs and and look at their skin.

Pretty much every time, if I can, even had people on a telehealth visit ask them to try to put their throat as close to the camera as partly to take out their tongue.

You know, even stick your tongue out is it's still tells me something sometimes. Yeah, yeah, yeah. Tongues. Our tongues tell a lot, especially from a Chinese medicine perspective.

Okay. So then from all of this information, I gather that you then decide, like, what tests you're going to do. Yeah. And in addition, obviously to, you know, infections, vector borne diseases, etc..

Do you do like a lot of functional medicine testing with your patients if you feel it's warranted? I do some, but I think the older I get in, the longer I treat people, the less testing I do, because, I really have a criterion for testing, and that's if it's really going to change what we're going to do.

I might consider the test. And I've gone through seasons of more testing and less testing and new testing, like probably most people who've been treating patients for a while, you know, and they help.

But I also have gotten in the trap a long time ago of doing too many tests and then having too many things to manage at one time. And for patients, some of them, like, are really obsessed about addressing every single abnormality at the same time.

And so I've kind of learned to pace myself with testing and, what I really ask myself, after a history and a physical exam is what stands out as probably the most compelling or significant burden for this patient's health.

And based on whatever I think that is, I may or may not order a test, depending on if they've had a test before. I won't do any aggressive therapies on patients without testing if someone has milder symptoms.

Or maybe they have, like the associated cutaneous lesions. I mean, I think let's face it, like so many patients just don't have the budget to spend on, you know, they don't have $10,000 to spend on eight tests.

So I'm trying to work with them along those lines too. But I'll even tell patients, let's start treatment. We I want to do some testing, but you can budget for it.

We'll plan to do that. We'll start, you know, maybe something just introductory and then with 6 or 8 weeks, give them a little chance to even learn a little bit about the test and what the test means.

And then we'll either test in versus sometimes every once in a while there will be a patient that's like, please test me for everything. I have my grandmother's credit card, you know, or something like that.

Like, and I don't want to do I wouldn't I wouldn't just spend all their grandmother either. Right, right. But, Now, I love

what you said. If it's going to change the outcome of your approach to treatment, then it's a good idea to do the test.

If it isn't, why waste the money? So if a patient is listening to this, that would be one question. They could they could put, you know, out there if they're talking to their doctor and their doctor wants to order a test to say, what will that change about how you approach my care?

And if they can't answer the question, maybe you should put the test off a little or think about it a little more before making the decision. I mean, I've had patients do that to me, and I think it's good.

Like it's a two way conversation. You know, if they're like, well, what's this test going to tell us that we don't already know? And if if it doesn't like they're right, like I, I should probably not order it out of my own curiosity, you know.

Yeah, it's funny, I do this with my patients, too, because it's like, you know, in a perfect world, you know, someone who's coming in with, like, chronic tick borne disease, say they were positive for, you know, Lyme and Bartonella two years ago.

They're coming in, you know, they're seeing you as a new patient and, you know, they're like, well, why aren't you going to test me again? And it's like, well, because it's pretty obvious that you still have these same symptoms.

All of these other things were ruled out. And, you know, a lot of a lot of times, no offense to anyone else, they weren't on a very thorough treatment protocol.

And so it's kind of like, look, I'd rather have you spend the money on doing, you know, like a food sensitivity test because I can't guess at what your food sensitivities are.

You know what I mean? But I can guess if you have the striae, you still have, you know, Bartonella. And if you're also having, you know, what are the most common symptoms, like the pain in the soles of the feet and anxiety and sinus pressure headaches.

And, you know, it's probably still there, you know, and so spending all of that money to just reaffirm what we kind of already know, to me, yeah, is is a waste of resources because it's a long haul through treatment and a lot of money.

Exactly. Well, and did you hear that story over and over and over again? I actually had a patient recently who was about a ten year old child with pans pandas, and they traveled a long way to get here.

Texas is a very big state. They drove about six hours to come. And, she said, we want you to treat our son's Lyme disease. They were new patients. And I was like, let's let's talk about it first.

Like, let's go through the steps, moving through all the steps. And I seriously don't think this kid has Lyme disease. I think he has pretty straightforward streptococcal induced pandas.

And he had never been treated for that, even though he's gone to some other doctors that treat pain. So I was kind of surprised. His brother has strep all the time, like more traditional strep throat.

And then, like, I got his labs back, and, I mean, I just did regular labs at the regular, look, you know, the lab for whatever. And his strep titers were really high, so his mom's really happy because I didn't say he doesn't have it.

I just said, I don't think that. I think we have to treat this, big, obvious problem first before we even go that one. And I think she was really relieved.

But, you know, like, I think it does when you start treating patients with vector borne or tick borne diseases, everyone that comes to see for a season thinks that they have Lyme disease.

And so some of it's even sorting out, like, is it really that or is it something else? Or, you know, being open to the fact that sometimes it's not? Yeah, I think it's important, like you said, like with strep like that should have been ruled out.

You know, to making sure that you're ruling out all of the other things that could be causing the same symptoms. Yep. All right. So continue on with your workup there.

Okay. So history physical clarifying questions. And then the other I didn't mention this earlier. We were talking about history, but like past treatments and past responses to treatment, those are very telling.

And it is interesting, so I do I am one of the preceptors for the physician training program for Eilat. And sometimes I'll have, you know, I'll add a new staff and we'll go through the training.

Physical Exam and Choosing Tests Wisely

And they'll even ask me like, well, why did you do that for that patient? And the other patient had something very similar, needed something completely different.

I always like to throw out there that some of the decision making is really intuitive during the time spent together with the person that you're caring for.

So I kind of have that little almost. I don't ever want to get in a rush and miss that phase of the encounter with the patient, because it's really, I hate to say it's that feeling, because mostly what we do is think, but there's some feeling in there that if if a person is going to be responsive to a treatment, they they have to believe that it's going to work.

And if I get the feeling that they're not. On the same page, they're not really engaging. They're not in agreement. Like I usually will kind of change strategies and go a little bit of a different direction.

I don't know, I'm talking sort of in generalities, but, you know, and, and also being willing to tell patients, I don't know what's wrong with you, but I'm going to try to, you know, learn and figure it out and ask other people that I know who might have some ideas.

In fact, I just had that patient this week. He's 27, and he went, to Africa for a mission trip to Sierra Leone. And this was last year. He didn't feel well while he was there.

He hiked in the jungle. He ate a he told me he ate some raw oysters. He had some diarrhea. He came home and he just didn't feel very good for a while.

And then he hurt his back in the gym. He's like a rock climber and a hiker and a very, healthy guy. I've known him since he was like 12 years old, but anyway, he just didn't feel well.

He hurt his back in the gym, couldn't work out anyway, you know, got kind of through this phase of a back pain, but wasn't sleeping well, wasn't feeling well.

And all of a sudden, he decided he was just going to make himself go to the gym and do a light upper body workout. And he ended up in the hospital for five days with Rabideau.

My basically rabideau and, he even had some kidney injury from it. And and so now here he is, he's 27. He's pale, he's exhausted. He's not sleeping, he's still trying to work, but he just feels terrible.

And so I spent some time yesterday just trying to I reached out to a doctor I know in Africa. I reached out to a couple of other doctors. I know that would maybe have some ideas.

And I did a bunch of reading, just trying to think what what would he maybe have encountered in that circumstance

that could be causing him these problems?

And I still don't know. I mean, I'm still kind of gathering information and we'll do some testing, but, sometimes that's good to share with patients, too.

We don't all know everything. I mean, I wish, but none of us, none of us is the all knowing. So, like, even I think those cases, even though they're kind of sad to see, they're also very interesting to evaluate and try to treat.

And it does. It has made me, over the years, add some treatments to my practice that are more somewhat broad, sweeping and not so direct. Like some I. V.

therapies and, and things like that. But I'm not even going to give him anything like that until I get a little bit more information. So, I mean, I literally just yesterday started, gathering, plan for getting some lab drawn for him.

And I'm still kind of up in the air about what tests we're going to run for. Maybe what he might have encountered if he was bitten by something while he was, traveling.

So it's interesting, like each patient, like, that's what makes this kind of medicine very interesting. And it keeps us thinking and on our toes and, like, really here for the patient's sake, not for our, And I really enjoy that. So, I got off track of your question, but, No.

That's okay. No, I mean, I love the medical detective part of what we all do. It's amazing. And it's so challenging when it's like, okay, well, we don't really know what's in the environment.

I mean, besides, like, the, you know, the big, big elephant in the room that we learn about, right? Like, we don't we don't really know what people are exposed to.

And some of these other countries. Exactly. I, I did have a patient once that went to, Haiti for a mission trip, and he got very ill there with like, gastrointestinal illness, got IV fluids, but but no treatment.

He recovered, he came home and he didn't have any persistent GI issues, but he started having, heart palpitations. And his wife's a nurse. She knows about Lyme disease.

And she was like, does he have Lyme disease? And, like, she ended up bringing him to come see me. And what had happened, it was so interesting. Had been six months since the trip, but his heart palpitations started immediately after.

And at first she thought, well, maybe her electrolytes are off. Maybe you're dehydrated because you were sick. But it persisted. So he saw his primary care.

He was referred to cardiology. He had, stress tests and echo got the workup in. The cardiologist just said, here's a beta blocker like you. Just your heart rate's a little faster, a little older.

Here you go. You see, you take your medicine. We don't want to take it. So he was like, I. Something happened to me. I didn't have this before and now I have it after.

So really logical, practical thing. And he even asked he he got two opinions and even asked could could someone look up what might have happened that caused this problem?

And I'm sad to say, like, I don't think I don't think that those doctors are trying to be mean or mal intentioned. It's just not taught like we were. We're not taught to think like that, unfortunately.

Anyway, I did do a little bit of digging, but I ended up treating him with an antiparasitic for a longer than the normal course. But, that really only a couple of weeks longer, and it it reversed like it went away.

I don't even know what I was treating exactly. I just yeah, I research what might be most likely a problem for the type of illness he had, whereas travel was.

So I mean, those are just two travel example patients, but a lot of patients don't have those. So those histories on both of those patients are good because something started during a trip.

So many. I. Absolutely have been places it didn't start then. It started later. But just makes me wonder what all what are all the things out there that we don't know that are causing our patients to have some of these chronic issues?

So it's always a curiosity. Yeah, I'm sure that we're treating organisms that we don't even know exist, you know, using various broad spectrum antimicrobials like the parasites as perfect example, have that.

So what are so when you're when you're using a well-rounded protocol with your patient, you know, like kind of your standard. And believe me, I know there is no one size fits all.

Even if you had two patients with the exact same infections, what are your favorite adjunctive therapies? I know that you like to use various things like IVs in your clinic with your patients, right?

Yes. I, I've gotten to where over the last couple of years. I almost my first thought on most patients is to try to rebalance some of their nervous system issues, by trying to help them understand the differences between sympathetic and parasympathetic tone, basically like their fight or flight nervous system versus their rest digest recovery, new side of their nervous system.

So I ask most of my patients to do some sort of work in that area to get them sort of set up for whatever we're going to do next. And it's amazing how many of them don't think that's valuable and they don't want to do it.

It's it's somewhat uncomfortable and it requires some participation. Right. Yeah. And then I will, you know, sort of set the table, I guess you would say with, some, some detoxification supports because almost everyone needs that every once in a while.

I have a patients already done some of that, but, a lot of them need more help with that. And then, if they have, if they're in a really unhealthy environment, you know, the basic things that are integrative, like nutrition, sleep, hydration, movement, stress is huge.

That kind of plays back into the sympathetic parasympathetic peace. So I kind of do those things first and, and the IV therapies I use are really something I add when other things are not helping us get where we want to go.

Or if I have a patient that I mean, sometimes patients are in a little bit more of a hurry and they're more capable of handling a little more fast pace or more aggressive therapies, like they're getting married in six months and they feel terrible and their wedding date set.

Travel Cases and Diagnostic Detective Work

And so that, you know, like, might push me to say, well, let's do a few things to see if this helps you get where we want to go a little faster. It's not that I wouldn't offer that to everyone, it's just for certain patients.

Like, again, there's an expense. There's a fear of needles. There's, you know, geography. They don't live close to to my office. So there's a lot of different factors that go into kind of crafting a plan.

But when I have a patient that, needs a boost, I definitely will give them things like IV vitamin C or IV glutathione. You know, those are very basic things.

IV vitamins can really help people who are tired to feel better. I've done a lot of, ozone IV therapies over the years, too. I've had, I've had a ten pass machine in my practice for about ten years.

I actually have two because I have one at another location. And we do a lot of ozone therapies, in conjunction with other, programing to try to help reduce, pathogen burden while also just giving a little sort of oxygen.

I also think the, small amount of heparin that we use in those treatments probably helps people with some blood flow. So I'm never quite sure like, which piece in which part of that therapy is really helping them.

But a lot of patients report, feeling significantly improved after having IBS. It's it's not the only thing I do. And it, it's certainly not going to cure them as a standalone treatment.

In fact, like, I don't even think we cure them. I think we just knock things back down to a manageable level. But I've had a couple patients that, you know, we kind of hear about this here and there, like Doctor Prozac talked about it.

I laughed about how patients who've had hit it, head injuries tend to maybe get sicker when they get exposed to certain pathogens or, environmental toxins than people who maybe haven't had a severe of a head injury.

I have a couple patients that do really, really well. I've had had head injuries with, ideas. So I do use it. I don't use it on every patient. I, selectively use it.

And it's an add to the, the other therapies. But I have had really, some, you know, amazing stories. From certain patients with regard to, like, feeling, faster improvement or more significant improvement more quickly with adding that to their care.

So, we do some I. V. nad we use peptides, we, you know, we try to use. The the toolbox expands the longer that I practice this way. And, as new things come out, I'm not the first one to jump on the wagon, to do it, especially if it's really expensive, because I know that's such an issue for so many of the people I see.

But if something comes along that's potentially helpful. I'll read about it. Sometimes I try it on my cell first, or my husband's always then willing, you know, if it's a new I. V.

or a new supplement or a new, therapy that might just help with energy, healing and inflammation reduction. We've we've done a lot of different things.

I actually also use one other I. V. that when I talk to other doctors who use I. V., they may not know about it or use it a lot. And another doctor, Nyla, is is actually who shared it with me.

And that's I. V. prochaine, which I have found to be just an amazing treatment for mast cell activation patients. I've had several go from steroid dependency hives super reactive to so many different things.

In a few sessions with I. V. prochaine and it really calms that down and lets them tolerate the other therapies that we wanted to implement but couldn't before that, therapy was offered.

So I do that a lot more in my practice than, you know, I have doctors call me fairly often. I'd say, like once a month somebody calls me and says, where do you get I. V.

prochain from? I want to, you know, I heard you gave it to a patient and it helped. And, it's kind of hard to get. But, yeah, that's a new one for me.

I've never heard of that before. Yeah, I can tell you about it. I'll share you the same paper that was shared with me. The doctor that shared it with me had started using it, had some really and significant improvements.

And, the is very well written. And it, it spells it out very well. Like how to, you know, what do we want to know with the new therapy. Like how does it work, how do you get it.

Who shouldn't get it? Who should get it. What could happen if they get it? You know, all the things that all of us would want to know before we just launch forward with the new therapy, right.

That's, And so the first patient I gave it to, he's terribly, sick with mycotoxins, illness. But he lives in southeast Texas, where he's the pastor for a church, and he doesn't want to move.

But that's where they get floods and they get hurricanes, and they get, you know, his his home and his church is both flooded before. And I'm just like, yeah. So.

Much micro talks, exposure. I'm sure he's so sensitive. And every time he flares, it literally is when you try to help someone move or you know, that lives in his neighborhood, it's like, it's so easy to say now that I know that that's really.

He's extremely sensitive. And yet he's right. He's just living in it. And, I mean, his out of it in his house now, but it took a long time to get there.

He's doing better, but for a long time, I felt like the only thing his local doctor actually, I'm really excited. His local doctor that was helping to care for him came to Eli's this year.

And, he's because of, I think because of him, he became more interested in like learning more about like how did we help him? Because even though that wasn't necessarily anything related to being bitten by any insect or, tick or flea, but, I mean, I think he's got a little of that too.

But his main primary issue is mold related. And, so his doctor came to Eli's and is now very interested in and he's giving some patients ibuprofen and, doing some things like that.

So I love that. Like, even through a patient case, we can get a few more doctors to kind of come into the network of people that are willing to evaluate and treat patients with these things.

But that poor patient had a couple of e. R. Visits and even a couple of hospital stays with just severe swelling and hives and, like, the only thing that would calm it down was prednisone, which is a terrible thing to be on for a long time.

Yeah. So he's off of all of that, and the Ivy prochaine, like, he he I think he probably had a dose, twice a week for, for a couple weeks and then once a week for a few more weeks.

And now maybe once a quarter. If he feels like he's getting a little bit reactive, and he's trying to avoid the triggers, too. He's done a lot of, positive changes with his lifestyle to start to eat better and hydrate better and sleep better, which, you know, all of those are so hard when you don't feel well.

But, it's a process that, you know, we get to watch and follow along, but that's great. Those are some of the therapies, like the I. V. therapies that are my favorites.

I do IVC, too. Sometimes for certain patients like there's there's so many IVs we can give. Sometimes it's hard to decide, but, So for our listeners, that's fast for tidal.

Colleen, that might not know what that therapy is. Yeah. No problem. So I love the example of another practitioner coming into islands through a common patient.

Right. Because they were intrigued as to how you were able to help this patient get better when they were not.

Adjunctive Therapies and IV Treatments

So in addition to an example like that, like, how can you what tips can you give our listeners, to help to engage their medical professional, you know, in becoming more literate about complex, chronic illnesses like vector borne disease, those.

So, this is like near and dear to my heart. And it's why I serve like in the ways that I do like for the Pains Council

and also on islands. Is I just think we could do a better job collectively as the people who are here to serve people with needs, health, health care related or sick care related needs, I kind of what I alluded to earlier with, not using the word line.

I really I tell patients like, don't go in to your primary doctor and say, I have Lyme. Like, I know that that's so tempting, but it immediately sets the tone for a probably not very interested.

The doctor most likely isn't going to be super interested in that conversation. If they don't know about it already. They're just they're not going to go there.

So what I will usually do when I have the chance is if someone is ill or their child is ill, and it's a chronic inflammatory condition and they're not getting anywhere.

With all the regular medical appointments and specialty appointments, I will tell them to find a doctor that's got a caring heart, like a compassionate personality, and sit down with a doctor and explain that they've been to a lot of doctors, they're not getting better, and they really want they really hope and want for the doctor to help them.

And if the doctor says, well, you know, I think we've done as much as we can with what we know. They can say, well, I know this organization. It's a nonprofit.

The mission of the organization is to educate doctors and how to treat people like me. And, I'd like to introduce you to some other doctors as part of that organization.

Would you be willing and then, you know, like, I know, I'm willing like, I love connecting with doctors like that. And I'll make time for it. If it got to be too much, like, I would just get other board members to do the same, and and I know they do it already, like other board members are also always willing and a lot of just Islands members are willing.

I hope all the members would be willing to say, I go because I learn these things. And of course, we can't teach everything at the conferences. But it is a nice network of people.

And, and when when people go and they learn the fundamentals and the fundamentals are so such a small piece of what you actually do out in the real world. But it's the beginning stages.

From that, like to have like a preceptorship is so helpful. Or to have somebody like all the people that I precept afterwards, they, they can call me anytime, like they can email me, they can text me like I will always try to help them with cases.

And they know that sometimes it's going to be quicker and sometimes it's going to take a little longer. But like, I want to us all to stay in it together.

So back to what a patient could do, because we get patients that follow us from other states where I'm not licensed or or maybe they live just a long distance from our office.

I will sometimes have my staff to say, if you know a doctor, there who who's a very caring, compassionate, concerned, doctor nurse practitioner pas some anyone like natural, empathic doctor, whoever it is, like find a doctor who will listen to you and and just ask them, petition them to learn for you.

And it's funny because if they really do have a caring heart, how can they say. Hard to say no. You know, now, there's a lot of doctors that that may not be willing to do that, but I have had several phone calls based on that and, and invited people to islands.

And some people have come, some people join and just watch some webinars like, I don't know, I had a lady, well, she's a pediatrician, actually, in New York who called, and, she had a kid with Pans Pandas who they called here, and I said all of those things.

She called, and she's like, now what do I need to do for this kid? You know, kind of like that. And I was like, well first of all, like it's not just a quick single prescription fix.

And she's like well how am I supposed to do that when I'm seeing 40 patients, 40 patients a day. And I was like the. Point you can't. Oh, you know, like do you want to help?

Because if I actually told her, I said, if you want to help people like this, she's like, of course I want to help them. It's like, okay, well, do you want to help them?

Like you need to think about, like the structure of your practice. And honestly, I hate to say this, but this model of care does not fit in a corporate medical setting because it's too time consuming for the model.

The way it's set up with, you know, people ask me all that, I'm like, why don't you take insurance? Well, I did for like 6 or 7 years and I almost drowned in it.

Like, if you get a, like just putting it out there. But if, if one of the insurance companies says we'll give you $31 per patient, no matter how long you spend with the patient, like that doesn't even really cover like, I mean, you can't spend very long with them.

Even if I saw six patients in an hour, that wouldn't even pay for my staff. Right. So, like, it's just and I hate to say that it's about the financial side of things, but you have to be able to.

Well, you have to be able to keep your office open and your lights on and yeah, like, you can't I mean, unfortunately it is a business running a practice as a business.

You know, it's it's not like you're sitting there with no overhead and every, you know, every dollar that you get goes to you. You know, I totally understand that.

I took insurance for 79 years, and finally, less than a year ago, I was like, I'm done. Like, I just can't do it anymore. They started down coding, you know, what they were reimbursing for.

And I was like, you know what? Forget it. It's it's a racket and impedes our ability to give people the care that they need to actually get better. And we're stuck in like this sick care model, right?

Instead of a health care model. Right. It's like, here's your diagnosis. Here's your med buy, you know, check back in in a month or eight weeks or 12 weeks.

And let's just make sure that med took care of that symptom. And, you know, nine out of ten times it caused another symptom. But I thought I was going to outsmart them and start coding by my time.

Yeah. So I did that for a little season, and I got audited by multiple insurance companies. And then they wanted me to pay them back. You know. Like you didn't need to spend 45 minutes with that patient who has rheumatoid arthritis.

Yeah. Like, yes, I did like what? You know, I don't think, you know, for patients they don't know. They're just kind of caught in the, in the machine. But but it is a big influence on how we can practice and what we can do.

And so I wish there was a fix for that that was simpler, but I don't know what it is. Yeah. Well, I think some of the things that like you and I teach, you know, about like life style, functional medicine, I think that a lot of patients are starting to get it.

If you get to the root cause and you treat the root cause and you heal the body, it's like you only need to go through this intensive treatment for, you know, a year, maybe a couple years, and then once you're healed, as long as you follow those, you know, same healthy lifestyle ways, right, then your likelihood of developing other diseases and needing medications and whatnot goes down drastically.

So, you know, it's so much cheaper to prevent disease than it is to be stuck in that sick care model because, you know, even though like if, you know, visits are covered by insurance and prescriptions are covered by insurance, there's almost always copays, coinsurance, you know, for the visits and for the medications.

And then really it's like you get one life, one body. And if you feel like crap every single day and you don't have quality of life, it's like, what's the point of any of it exactly?

Well, people don't know either. Like we all pay for it in the end because, yeah, there's premiums that are you I mean, if you pay for it with less than optimal health, but we also pay for it with our dollars because, you know, like I have Christian Health care ministries for me, myself and my family because I can afford it.

I cannot afford Blue Cross Blue Shield insurance anymore. It was my premium was going to be $1,860 a month with a $61 deductible, and we don't even use it.

It's seriously for major medical coverage.

Helping Patients Find the Right Care

And so I, I don't know, I think a lot of people don't don't necessarily look beyond what they think they have to do. But even if you look at I talked about this a little bit when I, spoke about like, the vascular complications of chronic infection at a couple of conferences last year that even probably one of the most prescribed, biologic drugs, which you're supposed to start and take forever is $5,000 a month.

Plus they a little over $5,000 a month. So if your insurance pays for it, so what, like it's going to go backward into somebody's premium and or like eventually it's going to run out or they're going to change it.

Plus look at the black box warnings on it. Like, and if you even look at the diagram for which they justify the giving of the drug, it's seriously cuts off one pathway.

When above the pathway, like outside and above the endothelium, is a triggering pathogen. It's like, why or toxin, you know, like we think about it like that.

Like it seems so silly whenever you really start thinking it through, and it's. Just right. Instead of dealing with the pathogen, let's shut off the immune system.

Yeah, yeah. So I, you know, I think it's very interesting and, and, and I do appreciate that there are certain drugs for certain things at certain times.

I don't want to seem like I never. Do like a. Prescription because I do. But, I think it just it should be a small piece of the puzzle instead of the, the main answer.

And, and that's kind of the place that I operate from. Does I have, you know, like I mentioned earlier, like some patients don't they think I don't do anything prescription.

I'm like, well, you know, like if you're in severe pain, I'm probably going to try to relieve your pain. It's temporary and we're looking for how to, like, also unwind or undo what happened to get you there.

And if it's possible and I think all doctors could do that. I just think we've let unfortunately, we've let other external influences really interfere with our ability to function in that way.

And I think it's why so many doctors are burned out these days. And I mean, so I mean. It's a broken system. And hopefully we are in the beginning stages of fixing all of this.

I hope so. Who I I'm I agree with what you said too. I always tell people when they say, how can we fix it? I, I think it's the patients who are going to fix it because as more people learn what they want and they start to seek it, like

there will be more of a need and more of a demand and eventually will wake up.

It just is kind of a slow, slow moving train in the yeah world. I think it's happening though, so there's definitely hope. Yes. Amy, thank you so much for joining me and us today.

Are you taking patients? So I definitely take new patients in my practice. I'm booked out a ways, but it's funny, I always tell people, get on the waitlist and you'll usually get in a lot sooner.

I love seeing new patients. I have a great staff here. I have another doctor and a few nurse practitioners that are super smart and super capable. We all work together as a team to take care of our patients.

And, we, you know, we definitely have availability. If our practice suits someone or really keep in mind that if you're a doctor, if you have that doctor in mind already, that's got a heart for for you and for your health and your patient looking for that kind of care.

Like connect them with me and I'll be happy, to kind of help them get started. So that's what happened to me. Other doctors helped me get started too, and I just love to pass that along.

Yeah. So how can they reach you or you? Sorry. Your practice. So probably the easiest way is, our website and it's just my name Dot Amy off it md.com and that's spelled off UT Amy Amy.

Wonderful. And then for anyone who wants to learn more about islands, that's. I am glad s.org that's the website to go to and they have find a practitioner.

I mean there's so many useful tools there. I mean there's a boatload of educational knowledge and information about the conferences and whatnot. But you can also have help finding, a practitioner in your area.

Exactly. Thank you so much. All right. You're welcome. And for everyone listening from home, thank you so much for joining us. I hope that this was helpful on your journey from For Healing Lyme.

Have a great day. Bye bye.