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

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Introduction and Guest Background

If a person is going to be responsive to a treatment, they have to believe that it's going work. And if I get the feeling that they're not on the same page, that are not really engaging, not in agreement, like I usually will kind of change strategies and go a little bit of a different direction.

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

I just had that patient this week. This is Doctor Talks. Hi, and welcome to another episode of the Healing Lime Summit 2.0. I'm your host, Dr. Maria Hinchey.

And here with me today is Dr 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 Christus 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.

Dr. Offa is an extensively trained integrate of 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.

Dr. 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 ILADS, the International Lyme and Associated Disease Society, currently serving as president.

Welcome, Dr. Offit. Thank you so much for joining us. 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 the beginning 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 practiced, 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 healthcare system.

How Dr. Offit Found Lyme and Integrative Medicine

I've found myself starting to feel somewhat overwhelmed with just the numbers, like trying to see a certain number

of patients to meet a person, you know, in any 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.

I mean, a lot of things happened to make me leave, but I left and went on my own. And on own I had so much more flexibility and started learning more about integrate medicine.

It was really one of my professors in one my integrates medicine classes one day. very well. It 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, no, we don't have that in Texas. How many of you have patients in the audience who you just can't seem to figure out how to help them feel better?

They have chronic pain, they have a chronic headache, chronic fatigue, just unrelenting inflammatory problems. So 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.

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

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

Like I think that's one inroad and that is 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.

So like just the whole autoimmunity picture and how that relates to like other issues, whether it's chronic infection or chronic exposures or 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 four or five years old and now he was 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 put him on a biologic or anything and we were able to get his autoimmune disease reversed without going down that road.

Yeah, it's amazing what happens when you find the root cause or causes and actually remove them or heal them, or address them instead of just shutting the body down with a certain drug.

Exactly. So when have patients come in that have these complex chronic illnesses, where do you even start? But I think the most valuable part of engaging with a 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, were they ever in the hospital, did they use asthma medicine?

You know, even, where did you grow up? Where have you traveled? Like, Where do you live? Do you have animals? 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 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 individualizes the 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 whole lot better than me trying to, to tell them what to do and them, you know resisting it or not, not really thinking that it'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 their person they bring with him talks the most.

Deep Patient Histories and Building Trust

and sometimes, they write up these beautiful histories that I love to have in their chart too, 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 is the simple part and it sort of the basic part, it the most important part I thing in getting to know a patient and trying figure 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. But you have to give them that opportunity.

And I think a lot of our patients have significant trust issues, rightfully so. I and I the opportunity to literally sit down and tell your story and actually feel heard, feel like your doctor or your medical professional is actually hearing what you're saying.

just really, really helps to create that bond and that rapport and trust that is needed to be able to take care of somebody. Exactly. Well, 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 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 felt like people didn't understand you for a long time, but we're going to try to understand your, so you don't have to be mean and you'd have be mad.

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

So what comes next after you've done their history? What would be the next step? So I love to see them in person. I know that's like old school, but like I'm in my fifties, so I kind of have old-school mindset.

Um, I loved to do a really good physical exam. You can tell so much by just looking at someone's hair, their scalp, a really good look inside of their oral cavity, a good neck exam.

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 I.

It's a strange example, but I had a patient one day who had very high CRP on a blood test. I mean, very, 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. 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 an 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, my God, a dental implant. Yes. You know? Or the day before I got your, the blood work done.

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

And that just sort of stacks more evidence in that direction. So, many have 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, don't do that every time, but I always try to listen to everyone's heart and lungs and, look at their skin pretty much every, time if I can.

I even had people on a telehealth visit ask them to try and put their throat as close to the camera. stick out their tongue, you know, even just stick your tongue out.

It tells me something sometimes. Yeah, 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.

And in addition, obviously to, you know, infections, vector-borne diseases, et cetera, 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 and the longer I treat people, the less testing I due because I really have a criterion for testing and that's, if it's really going to change what we're going do, I might consider the test.

And I've gone through seasons of more testing, and less, testing in new testing. Like probably most people who've been treating patients for awhile. Yeah.

They help, but I also have gotten in the trap a long time ago of doing too many tests and then having too much things to manage at one time. And poor 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 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 tests before. I won't do any aggressive therapies on patients without testing.

If someone has milder symptoms or maybe they have like the Barnell associated cutaneous lesions. 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 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. I want to do some testing, but you can budget for it.

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

And then we'll either test then 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, something like that.

And I don't want to do, I wouldn't, just spend all their grandmother either. Right, right. Now I love what you said, if it's going to change the outcome of your approach to treatment, then it is a good idea to 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 put out there if they're talking to their doctor and their Dr.

wants to order a test to say, what will that change about how you approach my care? And if the can't answer the question, maybe you should put the test off a little or think about it a bit more before making the decision.

I've had patients do that to me, and I think it's good. It's a two-way conversation. If they're like, well, what's this test going to tell us that we don't already know?

And if it doesn't, they are right. I should probably not order it out of my own curiosity. It's funny, I do this with my patients too, because it's like, you know, in a perfect world, someone who's coming in with like chronic tick-borne disease, say they were positive for Lyme and Bartonella two years ago.

They're coming, they're seeing you as a new patient and they are like well why aren't you going to test me again? And it is like because its pretty obvious that you still have these same symptoms, all of these other things were ruled out.

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

Exactly. Well, then you hear that story over and over again. I actually had a patient recently, it was about a 10-year-old child with Pans-Pandas, And they traveled a long way to get here.

Physical Exams, Testing, and When to Order Labs

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. There were new patients. I was like, let's talk about it first.

Let's go through the steps. We went through all the step and I seriously don't think this kid has Lyne disease, I think he has pretty straightforward streptococcal induced pandas.

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

And then like, I got his labs back and I mean, just did regular labs at the regular, you know, the LabCorp or whatever and his streptiters 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 that I think we have to treat this big obvious problem first before we even go to that one.

And I You know, like, I think it does, when you start treating patients with vector-borne or tick-bore diseases, everyone that comes to see first season thinks that they have Lyme disease.

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

So 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 work up there.

Okay. History, physical, clarifying questions. And then the other, I didn't mention this earlier when we're talking about history, but like past treatments and past responses to treatment.

Those are very telling and it is interesting. So I am one of the receptors for the physician training program for ILADS and sometimes I'll add a new staff and we'll go through the training and they'll even ask me like, well, why did you do that for that patient and the other patient had something very similar and you did 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 a encounter with a patient because it's really, hate to say it, it is a 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 have to believe that it's going work.

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

I know I'm talking sort of in generalities, but you know, and also being willing to tell patients, I don't know what's wrong with you, 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 told me he ate some raw oysters.

he had some diarrhea. You came home and you just didn' feel very good for awhile and then he heard his back in a gym. He's like a rock climber and a hiker and very healthy guy.

I've known him since he's 12 years old. Anyway, he just didn't feel well. He hurt his back in the gym, couldn't work out and went, you know, got kind of through this phase of 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 gem and do a light upper body workout.

And he ended up in a hospital for five days with rhabdo, basically rabdo. He even had some kidney injury from it. And so now here he is, he's 27, He's pale, exhausted, not sleeping.

He still trying to work, but he just feels terrible. So I spent some time yesterday just trying, I reached out to a doctor I know in Africa. I reach out a couple of other doctors I knew that would maybe have some ideas.

and I did a bunch of reading, just try to think what would he maybe had 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' all know everything.

None of us is all-knowing. So like even, I think those cases, even though they're kind of sad to see, they are 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 IV therapists and things like that.

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

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

It's interesting, like each patient, that's what makes this kind of medicine very interesting and it keeps us thinking and on our toes. like really here for the patient's sake, not for our own.

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 like, okay, well, we don't really know what's in the environment. Besides like the, you know, the big, big elephants in the room that we learn about, right?

Like we don't really know what people are exposed to in some of these other countries. Exactly. I did have a patient once that went to Haiti for a mission trip and he got very ill there with like a gastrointestinal illness, got IV fluids but no treatment.

He recovered, he came home and didn't have any persistent GI issues but he started having heart palpitations. His wife's a nurse, she knows about Lyme disease and she was like, does he have Lyne disease?

like she ended up bringing him to come see me. Um, and what had happened, it was so interesting. It had been six months since the trip, but his heart palpitations started immediately after.

And at first she thought, well, maybe your 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. Yeah. Uh, stress tests and echo got the workup and the cardiologist just said, here's a beta blocker. Like you just. your heart rate's a little fast, you're a bit older, here you go, we don't want to take it.

He was like, 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 got two opinions, and he asked could someone look up what might have happened that caused this problem.

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 not thought though to think like that, unfortunately.

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

Clinical Reasoning, Travel Cases, and Unclear Diagnoses

I don't even know what I was treating exactly, I just researched 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' So those histories on both of those patients are good because something started during a trip.

So many other 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 don't even know exist, you know, using various broad spectrum antimicrobials, like parasites is a perfect example.

So when you're using a well-rounded protocol with your patient, kind of your standard, and believe me, 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've gotten to where

over the last couple years, 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, recover, renew side of their nervous systems. 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 next.

And it's amazing how many of them don't think that's valuable and they don t want to it. It's somewhat uncomfortable and it requires some participation, right?

And then I will, you know, sort of set the table, I guess you would say, with some detoxification supports, because almost everyone needs that. Every once in a while I have a patient who's already done some of that, but a lot of them need more help with that and then if they have, if you're in really unhealthy environment, the basic things that are integrated like nutrition, sleep, hydration, movement, stress is huge that kind of plays back into the sympathetic parasympathetic piece.

So I kind do those things first 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 bit of more fast pace or more aggressive therapies.

Like they are getting married in six months and feel terrible and their wedding date is set. So that 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 lot faster.

It's not that I wouldn't offer that to everyone, it's just for certain patients. Again, there's an expense. There's a fear of needles, there's geography, they don't live close to my office.

So there are 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.

Those are very basic things. IVB vitamins can really help people who are tired to feel better. I've done a ozone IV therapies over the years too. I've had a Zotsman 10 pass machine in my practice for about 10 years.

I actually have two because I have one at another location. And we do a lot of ozone therapies in conjunction with other programming to try to help reduce pathogen burden while also just giving a little flood 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 lotta patients report feeling significantly improved after having IV ozone.

It's not the only thing I do, and 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, kind of hear about this here and there, Dr. Prusmak talked about it at ILADS, about how patients who've head injuries tend to maybe get sicker when they get exposed to certain pathogens or environmental toxins, then people who maybe haven't had a severe of a head injury have a couple of patients that do really, really well without head injuries with IBO zone.

So I do use it. I don't use on every patient, I selectively use and it's an add to the other therapies, but I have had really some amazing stories. from certain patients with regard to like feeling a faster improvement or more significant improvement more quickly with adding that to their care.

So we do some IV NAD. We use peptides. 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 is potentially helpful. I'll read about it. Sometimes I try it on myself first or my husband's always been willing, you know, if its a new IV or a therapy that might just help with energy, healing, inflammation reduction.

We've done a lot of different things. I actually also use one other IV that when I talk to other doctors who use IV, they may not know about it or use it a little bit.

Another doctor in ILADS has actually shared it with me, and that's IV-ProKane. which I have found to be just an amazing treatment for mast cell activation patients.

I've had several go from steroid dependency, high, super reactive to so many different things and a few sessions with ibuprocaine 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 IV prokane from?

I want to, you know… I heard you gave it to a patient and it helped and uh, 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 send you a paper 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 significant improvements and the paper's very well written.

And 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 give it? Who shouldn't get it, who should get, it what could happen if they get all the things that all of us would want know before we just launch forward with a new.

Right. So the first patient I gave it to. He's terribly sick with mycotoxin 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 got hurricanes. His home and his church had both flooded before and I'm just like, ah. Yeah, so much mycotoxins exposure, I am sure.

He's so sensitive and every time he flares, it literally is when he tried to help someone move or, you know, that lives in his neighborhood.

Adjunctive Therapies: IVs, Ozone, and Procaine

It's like, so easy to see now that I know that that's really, he's extremely sensitive. And yet he is just living in it. And I mean, he's out of it in his house now, but it took a long time to get there.

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

And he is because of, because I think because 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, his main primary issue is mold-related and so his doctor came to ILADS and is now very interested in and he's giving some patients ibuprocaine 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 ER visits and even a Like the only thing that would calm it down was prednisone, which is a terrible thing to be on for a long time.

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

And now maybe once at quarter, if he feels like, he is 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 too, started to eat better and hydrate better, sleep better.

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 those are some of the therapies, like the IV therapies that are my favorites.

I do IV PC too, sometimes for certain patients, there's so many IVs we can give. Sometimes it's hard to decide. So for our listeners, that's phosphatidylcholine.

That might not know what that therapy is. Yeah, no problem. So I love the example of another practitioner coming into iLADS through a common patient because they were intrigued as to how you were able to help this patient get better when they are not.

So in addition to an example like that, what tips can you give our listener? to help to engage their medical professional in becoming more literate about complex chronic illnesses like vector-borne diseases.

So this is like near and dear to my heart and it's why I surf like in the ways that I do like for the PANS council and also on iLADS. Because I just think we could do a better job collectively as the people who are here to serve people with needs, 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 go there. So what I will usually do when I have the chance is if someone is ill or their child is and it's a chronic inflammatory condition and they are 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'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 ILADS members, are willing. I hope all the ILads members would be willing to say, I go because I learned these things.

and of course we can't teach everything at the conferences. But it is a nice network of people. And when people go and they learn the fundamentals, and the fundamental are such a small piece of what you actually do out in the real world, but it's the beginning stages from that.

To have like a preceptorship is so helpful. Or to have somebody like all the people that I presept afterwards, they can call me anytime. Like they could email me, They can text me.

I will always try to help them with cases. And they know that sometimes it's going to be quicker and sometimes its

going take a little longer. Like, I want us all to stay in it together.

So back to what a patient could do, because we get patients that call us from other states where I'm not licensed, 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's a very caring, compassionate, concerned. doctor, nurse practitioner, PA, some anyone, like naturopathic doctor.

Whoever it is, find a doctor who will listen to you 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. Now, there's a lot of doctors that may not be willing to do that, but I have had several phone calls based on that and invited people to iLads and some people have come.

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

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

Well how am I supposed to that when I'm seeing 40 patients? 40 penguins a day. And I was like, 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. Helped 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 set up with, you know, people ask me all the time, like, why don't you take insurance?

Well, I did for like six or seven years and I almost drowned in it. Like if you get a, just putting it out there, but if one of the insurance companies says, we'll give you $31 per patient, no matter how long you spend with the patient.

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 pay for my staff.

So like it's just, and I hate to say that it is about the financial side of things, but you have to be able to. Well, You have be to able keep your office open and your lights on.

And yeah, look, unfortunately, It is a business, running a practice is business. It's not like you're sitting there with no overhead and every dollar that you get goes to you.

I totally understand that I took insurance for 17 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 like you, know what? Forget it. It's a racket and impedes our ability to give people the care that they need to actually get better.

Helping Patients Find the Right Doctor and Practice Realities

We're stuck in like this sick care model, right? Instead of a healthcare model, right? It's like here's your diagnosis, here is your med, bye. 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 10 times it caused another symptom, but. 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.

Oh, God. Like you didn't need to spend 45 minutes with that patient who has rheumatoid arthritis. Yeah, like yes, I do. What? I don't think, you know, poor patients, they don' know.

They're just kind of caught in the machine. But it is a big influence on how we can practice and what we could do. So I wish there was a fix for that that was simpler, but I dunno what it was.

Yeah. Well, I think some of the things that you and I teach about lifestyle, functional medicine, that a lot of patients are starting to get it. If you get to the root cause, and you treat the cause and heal the body, it's like you only need to go through this intensive treatment for a year, maybe a couple years.

And then once you're healed, as long as you follow those 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, even though like if, visits are covered by insurance and prescriptions are cover by the insurance.

There's almost always copays, coinsurance, you know, for the visits and for medications. And then really it's like you get one life, one body. 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. We all pay for it in the end because we have expensive premiums that are huge.

I mean, we pay it with less than optimal health, but we also pay with our dollars because I have Christian healthcare ministries for myself and my family because i can afford it.

i could not afford Blue Cross Blue Shield insurance anymore. 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. And so I don' know, I think a lot of people 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 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 get a little over $5000 a year. So if your insurance pays for it, so what? It's going to go backward into somebody's premium and or eventually it's gonna run out or they're gonna change it.

Plus look at the black box warnings on it And if you even look at the diagram for which they justify the giving of the drug, it 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 why wouldn't we think about it like that? It seems so silly whenever you really start thinking it through. And it's just…

Right. Instead of dealing with the pathogenic, let's shut off the immune system. Yeah. Yeah. So I, you know, I think it's very interesting and, and I do appreciate that there are certain drugs for certain things at certain times.

I don't want to seem like I'd never reach for a prescription because I did, but I just, it should be a small piece of the puzzle instead of. main answer and that's kind of the place that I operate from.

Like I mentioned earlier, some patients think I don't do anything prescription. I'm like, well, no. If you're in severe pain, I am probably going to try to relieve your pain.

It's temporary and we're looking for how to also unwind or undo what happened to get you there and if it's possible.

I think all doctors could do that.

I just think we've let, unfortunately, we let other external influences really interfere with our ability to function in that way. And I thinks it's why so many doctors are burned out these days.

I agree. It's a broken system and hopefully we are in the beginning stages of fixing all of this. I hope so too. I agree with what you said too, I always tell people when they say, how can we fix it?

I think it's the patients who are going to fix what they want and they start to seek it. Like there will be more of a need and more demand and eventually we'll wake up.

It's kind of slow, slow moving train in the 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. Um, I'm booked out of ways, but it is funny. get on the wait list and you'll usually get in a lot sooner.

I love seeing new patients. We all work together as a team to take care of our patients and 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 you and for your health and you are a patient looking for that kind of care, like connect them with me and I'll be happy to kind to help them get started.

So that is what happened to me. Other doctors helped me get it started too and just love to pass that along. Yeah. How can they reach you? Sorry, your practice.

So probably the easiest way is our website, and it's just my name, www.amyeoffit, M-D-dot-com. And that's spelled O-F-f-U-T-t. Amy is A-M-Y. Wonderful.

Then for anyone who wants to learn more about iLADS, that is I-L-A- D-S dot org. is the website to go to. And they have Find a Practitioner. I mean, there's so many useful tools there.

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. Right. You're welcome. For everyone listening from home, thank you much for joining us. Thank you for tuning in to Doctor Talks.

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