Podcast Introduction and Guest Welcome

And there's so much hope you might see five, 10, 15, 20 different practitioners who've all said, there's nothing that can be done. I don't know what else to do.

This is just how you're going to be for life. Very unlikely to be the case. Usually just another. You just need another way to look at it. It doesn't have to be me.

It doesn't have to be Nancy. There's going to be someone who can help you and then someone else can help with the other thing. Welcome to Demystifying Pans and Pandas, the podcast where we uncover the mysteries, breakthroughs, and hope behind these life altering conditions.

I'm Dr. Nancy O'Hara, a board certified pediatrician, educator, and advocate with over three decades of experience. helping children and families navigate the challenges of neurodevelopmental and neuropsychiatric conditions, especially PANS and PANDAS.

These disorders can feel overwhelming, but here we'll break down the science, explore transformative treatments, and share stories of resilience and recovery.

If you've ever wondered what's possible for your child or how to find answers, this is the place to start. Let's dive in. Hi everybody, it's Dr. Nancy O'Hara and welcome back to Demystifying Pan's Pandas.

I am thrilled to welcome an amazing man to you. Many of you may know him, many of you may not. It's Dr. Josh Green.

Josh Green's Path to Naturopathic Medicine

He's a naturopathic physician in Burlington, Vermont. Josh graduated from Bastyr for his undergrad with a focus in whole foods nutrition. I love him already.

And from the Natural University of Natural Medicine in Portland, Oregon for his naturopathic degree. He's been lucky to be able to mentor with some wonderful people, Jared Jeff, Letitia Watros, and Christine Greene.

No relation. At least not known. They may not have done enough anthracene digging, but anyway, it's not as common as my maiden name, which was Von Hufenfreutr.

I know I'm related to all of them, but anyway, Dr. Green provides integrative primary and specialty care to patients, helping patients with chronic complex illnesses, including mold, mycotoxin disease, tick-borne diseases, He's a member of the Medical Academy of Pediatrics and Special Needs, the International Lyme and Associated Diseases Society, and he is ILADEF-trained, which is part of the sister group to ILADS.

And he's passionate about having an affordable membership-based practice where he accepts insurance for those who have it, some of whom are even on Medicaid.

And he believes that affordable membership-based medical practices are the future of health care. Welcome, Josh. I'm really happy to have you on the podcast.

I'm so, so honored to be here. Thank you, Nancy. Is there anything else you want to tell us about yourself besides that? And if not, tell us why you even became a naturopath.

So many ways to answer that question. It's a good one. You know, I felt a strong yearning to understand more

about what it was to be alive and what it was to be healthy.

And, you know, I had some of that knowledge from my, my parents, but it was this part and this part. And I felt like there was, there was more to delve into and my, my brother.

uh, developed an autoimmune condition with about six months of his MMR vaccine. And so he, uh, my, my dad and my stepmom go to the hospital and they're sitting in a room and there's like six other parents, six other groups of parents and all of their kids were within six months of their MMR vaccine.

And they all had the same condition, which was called ITP. And that was my introduction to. Like what, what could this be? And so, you know, they went through the conventional medical, you know, planning and thoughts and diagnoses and.

Basically we're told, well, we don't really know what to do. We could take your spleen out and maybe that would be helpful. Maybe it wouldn't. And so my, my stepmom found a naturopath and he was able to help my brother.

And he did mostly, I think it was a neurofeedback, maybe some other things, but I think it's predominantly the neurofeedback or biofeedback. And, and fast forward my freshman year of college.

I developed mononucleosis and got really sick and I couldn't, I was working part-time as a kitchen helper. And so I was trying to cut up some carrots and celery and onions.

It was like the big thing of the day. It was like, you know, six to 12 pounds each, you know, for the big banquets. And I couldn't even pick up the knife to cut a piece of celery.

And I was like, what is going on? So I went home, I had this major fever and I said, okay, if I live throughout the night, I'm, I'm going to go to the hospital.

So I literally. Like hobbled and crawled to the hospital the next morning. I was at Michigan state university and he's Lansing, Michigan. And I get there and they're like, well, we don't really know what to do for you.

You might have meningitis. You might have mono and you know, I'm sick and I have no knowledge of medicine at this point. And, and I said, well, I said, what are the symptoms of meningitis?

And they said, oh, you know, you'd have really bad neck pain. You can't turn your head. And I was like, I don't. I don't have that. And they're like, well, it's going around and, you know, and they're like, we're going to, we're going to, uh, give you an IV of, uh, prednisone.

And I was like, no, you're not. I was like, for what reason? And they're like, well, there's a side effect that could suppress your immune system. I was like, yeah, no, like, I don't want to do that.

And. So I get home and, uh, my dad and stepmom picked me up and, and they're like, we're going to bring you to this naturopath. And, you know, truth be told, I, I'd like to be transparent in life as much as possible.

And at that time I saw a naturopath help my brother and I thought it was really beautiful. And I was so thankful for him. But I rarely didn't like have a level of respect for the profession.

I was brought up very, you know, Western med MD doctor. Everyone else is a little bit questionable. And so, you know, I went there like looking at this guy and also mind you, I mean, he was a really sweet, kind human good doc, but you know, in Michigan, not licensed to be naturopath.

So he was limited in what he could do. You know, so he had his, his desk and in like. in the office and just shelves, all the walls were filled with shells of supplements and had his desk in the middle.

And I was like, this is just really strange, but he knew his stuff. So he, he took my hand and had me hold each of

the like 10 bottles. He's like, okay, some of these 10 bottles will be good for you.

Some of them won't see I held it to my chest and he did the muscle testing and, and he's like, okay, these are the seven that you need to take. He's like, don't get up unless you go to the bathroom.

That's it. So I listened to him and I was able to, uh, go back to school. I couldn't work, but I go back to school and recover from the mono. Yeah. And it was that that really hit me.

And I was like, wow, like, I don't want to have a desk in the middle of a room of supplements, but I, you know, this interesting and maybe there's a different way to go about it.

So I contacted the school and, and, uh, said, you know, this is fascinating. Does everyone practice this way? I don't know if I really want to do muscle testing and they're like, no, no, no.

You know, you don't have to, there's lots of different ways to do it. And, and so I was kind of sold at that point. And yeah, that was the beginning of my delving into being a naturopath.

Well, and as you know, I have such respect for naturopathic doctors.

Integrative Medicine and Complex Illness

And if I had to do it all over again, that's what I would choose at this point in my life, rather than an MD degree. And the main reason, I come from a family of two doctors.

So it was sort of a foregone conclusion that I was going into medicine, at least as far as my father was concerned. And I didn't get into integrative medicine until I went through five years of infertility.

And I had a patient who saw my mentor, Dr. Sydney Baker, and recovered because of him. And so I went to him as a patient the first time. But I learned about integrative medicine still from an MD perspective.

Now, the best MD in the book, when you talk about Sid, there's not a more brilliant mind. But I didn't really start to learn about naturopathic medicine until I met David Brady, who was at the time the provost at University of Bridgeport.

And we were lecturing together in Vermont. And, you know, he said, you know, I'd really like you to lecture about this. And I'm like, Okay. And I had to learn and then I learned so much from all of our colleagues that are naturopaths that I was just glued to everything and going back and taking courses on everything.

But it is the way our bodies are supposed to be treated. Now, I can't muscle test. I would never do that. I'm too left-brained to even think about doing it.

But there is so much to the integrative care, particularly of complex illness. Now, I'm not going to totally throw out allopathic medicine. There are a lot of places with trauma and acute illness and all of that where it really has a role.

But when you talk about complex chronic illnesses, Integrative care is really the only way to go in my perspective. So what does that mean to you? Um, that's a great question.

Can I pause that for a quick second? I had this thought as well. I can't help myself sometimes. So, um, this is the ADHD brain coming out during, uh, I hope they still do this.

I don't know. But, uh, during my naturopathic medical degree, at some point during the year, I think it's like in the winter we had what's called the no talent show.

So you were encouraged to participate whether or not you had talent, right? That was just by the name. And one of the things that happened most years that I was there, but not every year was the total spoof, laughing at ourselves,

not real, naturopathic ER.

It was so great. So patient hobbling in and they're like, I just had someone hack my leg with a machete and then the naturopath comes over and they're like burning incense and they're like, oh, your chakras are a little bit out of line.

And they're like, when was the last time you really meditated in the full moonlight? Yep. Yep. It is so true. Yeah. So back to your question. I love integrative medicine and, you know, part of the ironic history, similar to me becoming a naturopath and not at all, you know, thinking highly of the profession in the beginning.

You know, hilariously, when I became a naturopathic medical student, I was vegan at the time. I had dreadlocks down to my last rib and I Please laugh at me.

You're encouraged. I only wanted to treat people who were vegan or vegetarian. I didn't want to use anything other than diet, homeopathy, walking around barefoot and maybe herbs on like intense occasions.

But even that was a little too forceful and I was really against spinal manipulation, right? Let alone, you know, surgery and pharmaceuticals and all that.

And believe me, if all of us were vegan and could walk around with no shoes and living life homeopathically and with a few herbs, we'd all be a lot healthier.

Maybe even just the parasites that we would get that would keep our immune system in check. Exactly. Um, so it was, you know, my fourth year of naturopathic medical school.

I, I started to, what's the right word, you know, like see some of the benefits of integrative medicine, right? I mean, naturopathic medical studies are, you know, are integrative by definition.

It's like rammed into your brain every possible way that you can. It's what our degree is based on, but you know, I was not. into it, you know, I was still like fighting for my little corner of this is how I want to practice.

Like I learned that, but it's not how I want to practice. And it was the last year that I started to really see things in a different light. And, and it was really, you know, actually the short story there is, so my family's chiropractor did, uh, this certain version of chiropractic, I think it was called straight chiropractic.

And it was like this particular kind where you only adjusted the, um, Atlas and the axis, nothing else. And so I went to see her, uh, once and she said, Oh, um, have you been doing your angel wing?

Actually you lie on the ground and you, you know, move your feet like a kid in the snow. You know, she's like, you needed to do 15 every day for 10 days before you came to see me.

Did you do that? And I was like, no, I was like, I I've been in medical school. She's like, And I said, but I'm here from Portland and she's like, nope, I'm not treating you that you need to do And I had a headache like constantly 24 hours a day for like months at that point.

It was really debilitating and you like seeing that dogmatic Intensity really kind of like hit me and I was like, okay Like I don't want to, I don't want to practice like that.

And then I started to look at things a little differently. And that's when I started to open up a little bit more to other things. And by the time I graduated, I was like, wow, you know, I love doing spinal manipulation and herbs are, I think I'm going to use herbs.

And then I spent three years practicing in Ithaca, New York. I moved there partly because I have a friend who has a herbal school there, I'm seven some.

has this awesome, wonderful herbal school program. And so I moved there, the word on the street was that New York was going to get licensed like within the year.

This was 2000 and when I graduated, by the way, it's 2025, they're still not licensed. So I was there for three years, unable to order labs, unable to check blood pressure, listen to the heart and lungs, take insurance, anything.

And so all of my patients, you know, had an MD, DO, NP, PA, who was like their main person. And I was this, you know, nice idea consultation. And, you know, after, after three years of doing that, I realized how important being a primary care provider was, you know, being that central hub of saying, for you, I recommend you see this PT or for you, I want you to see this acupuncturist or, you know, we're really going to order labs from this place and not this place because of X, Y or Z.

And I saw the, I saw the, the power in that position to really affect change. And I went to my friend Shannon's wedding. She got married in Temecula and I was sitting across the table from another naturopath.

And my friend Gabriel was like, telling me how great Vermont was. And, and, and then he was talking about, you know, helping patients with Medicaid and how nice that was to be able to help people with Medicaid.

And, and I just lit up and I was like, I was like, I want to do that. And he looked at me and he was like, I, it pays for crap. Are you sure you want to do that?

And I said, and I said, I said, I said getting paid for crap is better than what I'm getting paid in New York because, you know, I was, I was waiting tables on the side of my naturopathic degree.

I was bailing hay. I was, um, I was helping do back wall for a stonemason. Like, you know, I mean, I couldn't pay my bills with my profession. And, you know, I was like, I will happily take anything that I can.

And so yeah, that was the beginning of becoming a primary care naturopath. And, you know, and then Uh, one of my mentors, Dr. Zeph, uh, and Dr. Watrous, they both are very focused on complex, um, illness.

And so when I, you know, when I set up shop, you know, I, that's the patients I was attracting and, and I had a patient who. Who came to see me and they're like, yeah, I think I have lime and you know, this is also one of those like hide your tail between your legs kind of like, you know, to life.

And, and I said, I said, no chronic lime is there's no such thing. And, you know, and, and I even joked to them. I said, you know, I said, um, I disagree with the CDC a lot, but that's one of the things that I actually agree with them on.

And I said, you know, but who knows, maybe I'll change my mind. And so this, you know, I'd worked with this patient for, I don't know, a few months, maybe a year.

And the report was good, but they clearly knew what they had. And so they found one of my colleagues, Dr. Alexis Chesney and saw her and she diagnosed them properly.

Diet, ARFID, and Practical Nutrition Strategies

And then that patient came back. It was really sweet. And they said. Um, I can tell that you really care about helping people and you're very compassionate and you know.

I don't know how to say this. You were dead wrong about mine. And you really need to get properly educated. And they said it a little nicer than that.

But I was like, wow. So I called up Alexis that day and sent her an email and said, hey, can we talk? And I think she made time for me that day or the next day.

And I said, I need to do this. How do I do this? And she said, well, go to iLads. I said, okay. I said, I don't really want to be a lion doctor. She's just laughed.

She's like, you're just going there for the weekend. No one's going to like make you be a lime doctor. And I was like, okay. I was like, can I still just send my patients to you?

I promised to go. She goes, that's fine. I will take your patients. You know, she's like, but you might want to do this. And I was like, no, I'm not gonna, I'm no.

So I went the first year and then I didn't go the next year, but I've been every year since. Wow. And what was the first year you went? 2015. Wow. Yeah, I mean, and as you know, and as many of the listeners know, I mean, I think herbal medicine, naturopathic medicine does a much better job of treating particularly chronic tick-borne diseases.

than allopathic medicine does. I mean, all we do is kill, and it requires so much more than that. So much more. Yeah. So much more. Yeah. And integrative care, I mean, I think what both of us are talking about is not just herbs, But all of the things that we need to be healthier, the grounding, the natural biohacking, you know, the vagal nerve stimulation, the diet that may not be vegan, but can still be healthy.

Right? You've allowed that. We don't all have to be vegan. You'll take a few of us pescatarians. Just a few. Yeah. A quota. Yeah. A token. A token. All right.

Got it. Got it. Otherwise I couldn't even have the practice myself because I'm not vegan anymore. Okay, got it, got it, got it. But do you agree? I mean, integrative versus allopathic and chronic illness, tick-borne disease or not?

Yeah, 100%. You know, I have patients who are on disability, you know, Medicaid and Medicare, and they can't afford anything beyond what their Medicaid will cover.

That being said, you know, I have to tell them like, You know, if there's only, cause I can get probiotics through medicated. It's great. Um, but there's one thing that it won't cover and that's the, um, the enzymes to break down the biofilm.

And so I do say, look, like we need to wait until we can save up so that you have four months worth of. at least the, the serratia. I've been known to, you know, get that to them at a more affordable ways as well.

But like that for me is like the base. We can do all prescription meds with the, you know, enzymes like, you know, serratia or lumbar kinase or natal kinase and a probiotic.

But really, you know, the other part is the lifestyle. Like they need to be. sleeping, they need to be resting, they need to be moving, you know, and taking care of their, their body and not eating.

You know, so that was another challenge was with that patient was, you know, they, their diet was very, very limited on mostly food shelf, you know, so but it was I mean, they were they were so dedicated.

It was it was really wonderful. And so, you know, and I have patients on the other end who were like, you know, the I have to do the opposite and say, you know, you don't need all these things, you know, like, you know, and it reminds me of there's a saying for the job of a good rabbi and rabbi in Hebrew means teacher it's like it's turned into like a job but it was never a job like in the in the olden days that I was not alive during rabbi just meant a teacher you could be you know for anything so the job of a good rabbi is to comfort the afflicted and to afflict the comfortable Interesting.

Yeah. Click the comfortable. I like that. Right. Yeah. So I use that in other ways too. You know, it's like in some patients, I really have to, I really have to, you know, educate them.

And as, as a former teacher, I know, well, not, I mean, we're all still teachers as doctors, especially, but. Right. I

mean, that's the derivation of doctor too, is teacher.

Totally. Right. Yeah. So, you know, we have to educate them on the importance of taking certain things or the importance of avoiding certain things. For my tick-borne illness patients, I really hammer home the importance of getting that intracellular pH to be a little higher than the average so that we're getting more basic.

Eat more vegetables, more beans, less animal foods, you know, moderate on the grains, minimal gluten. to no gluten. And then for the mold patients, you know, the, for me, like I've whittled it down to three or four things that are like the most important, you know, and that's no corn tortilla chips, no moldy coffee.

You can get coffee that's not moldy, no sugar cane. And there's something else I'm forgetting right now. I'm trying to think what it is. Oh, peanut products.

Cause of the aspergillus, the, the aflatoxin. Yeah. Okay. Um, so yeah, the diet part is so huge and, and I've, you know, I've had patients where you do all the things, but they're not changing their diet or they're still smoking, you know, 10, 12 cigarettes a day and they're not moving.

And they, it doesn't matter how many things you pump into their body. by pill or any, you know, it's not gonna work. Right, exactly. And it becomes a little bit complicated, and you know, pans and pandas, the P is pediatric, and as a pediatrician, you know, I don't like adults.

You know that, you were one of the few I tolerate, but anyway. Thank you. But in kids, you know, ARFID, the restrictive eating disorder, is in at least 20% of kids with pans and pandas, and up to, I think it's more like 35% now.

How do you deal with that in your practice? Because I know how I deal with it, but how do you help them when they have a restrictive eating disorder and are only eating that crap?

I know how to get it started from the beginning, but how do you help them in the kids, or even worse, the teens? Yeah. I was so tempted to say something sarcastic, other than shaming them and yelling at them.

Yeah, exactly. Pitting them down, force feeding them. Yeah, what works for you? Exactly. So thankfully, you know, I have my undergrad is in, you know, has a focus in Whole Foods nutrition.

And so I had a, one of my professors, I'll never forget her name was Beverly Kinblade and she was from the South. She had this wonderful accent. I just, I couldn't hear her talk about anything.

And so she had experience working in hospitals and, you know, as part of her dietetic internship. And she said to us, you know, cause this is Bastyr. So, you know, like, it's kind of like.

you know, as granola as a, as a nutrition program is going to get. And some people were there for the dietetic focus and some were just there like me for the nutrition.

So she said, if you can focus on a certain part of, of getting people to change, it's get them to add something. Yeah. If you want people to fail, have them subtract something.

That's so true. Yeah. I love that. Yeah. One of her tricks was, you know, have someone eat five or 10 almonds a day. Don't tell them to not have their potato chips.

Yep. Tell them to eat 10 almonds a day. And so I've, I've incorporated that, you know, I'll say, all right, we're not going to talk about changing anything.

I've already told you why you might not want to have certain foods, but I'm going to be very transparent with you before you have your potato chips, before you have your slice of pizza, whatever it is, I want you to have.

Membership-Based Practice and Patient Access

10 almonds, or I want you to, I want you to have a quarter cup of hummus or you know, whatever it is that's like missing, right? And I said, spoiler alert, you're probably going to have a little bit less of those things.

And that's my intention. But if I tell you not to have those things, it's going to backfire. So I want you to continue with the mindset of having those things, but just focus on having these first.

And that's worked really well. Yeah, that's great advice. And it's something I do intuitively also in that, you know, one of the things I think a lot of our kids are missing is protein.

You know, they have a very carb-laden diet. So I'm not trying to take away the carbs. Right. I'm trying an ad of protein. Right. And I just go through all the proteins that they'll do.

And, you know, I'll allow a steak. Right. You know, because that'll get a protein in, you know, before we can get the almonds or the hummus or whatever.

But once they start adding, and I think that's so important, and moms are always like, I can't get them off this. I can't get them off this. I'm like, we're not going to try to do that right now.

It may happen naturally as we add these other better things. That's such good advice. I'm glad she was easy to listen to so that you could hear it that way.

He was great. Yeah. Yeah. The other thing I like to do, which I know you'll get, I know you, I just know you enough that I know you do this is I talk to the kid directly.

In fact. For the majority of the visit, the majority of the time, I am talking to the kid so that the parent can hear me, but I'm talking to that kid.

I think compliance is just so much better because I remember being a kid at the doctor's office and it was the opposite. I was the patient, but I could have been a fly on the wall.

Yeah, anything I have to talk to the parents about like sometimes, you know Patients are waiting a long time to see me and they've been through the ringer and you know The kid is five years out from their initial but they've got to tell me about it I let the parents get all that out while the kids in the other room playing 100% and then once the kid comes in It's all about the kid and it's all about, and I even will do contracts, especially with teenagers.

Okay, I just want you to do this. We're gonna shake on it. You're gonna do this between now and the next time I talk to your mom. That's all I'm asking.

It's not forever, just now. Will you agree to that? But we're shaking on it. You know, I'm being totally transparent with you and all of that. I'll even take a supplement away that, you know, if they'll agree to do this in the diet, you know, we'll negotiate.

You know, and I think that really helps. Yeah. No, absolutely. Yeah, it does. And I, um, I'll also say to them, you know, I'm going to give you a list of things that I would love for you to do.

And we're also going to talk about the like most important things. Yep. And all I ask is between now and the next visit, this is the beginning, kind of getting used to each other.

I'll say, all I'm asking is that you just at least try it. At least try gluten-free noodles once. And if they're gross, let me know and we can figure something else out or try some hummus or try some beans or, you know, try some kale chips, you know, like if you don't like vegetables, like, you know, what about celery or carrots and ranch and the, you know, often the kid will be like, well, wait, I can dip it in stuff.

And I was like, I don't care what you dip it in. I just want you to have two carrots a day. And they're like, I can do that. Exactly. Yeah, and it's just that getting them started, that getting those good things in, you know, like the

gluten-free noodles.

I mean, a lot of kids, when they start eating them, they're like, oh, this isn't that much different. And as somebody with celiac, I can tell them all the best gluten-free products to buy and how long to cook it for, because that's the biggest mistake a lot of moms and dads that cook.

make is they'll cook the gluten-free noodles as long as everything else, and then it comes out like glue. Yeah, it's gross. It really is gross, you know?

But anyway, so you talk a lot about having a relationship with your clients, and I know you do, and I know you as a person, but why did you decide to offer a membership-based clinic?

What's that about and why? So I was at the point where I started to dream about being a, um, a mailman in a male person in, in Ireland or somewhere in Europe.

I was just, I was, I loved my job, but it was exhausting. So, you know, I was seeing somewhere, depending on the day, somewhere between 11 to 17 patients a day as a naturopath, you know, spending you know, most of those visits were 30 minutes, maybe 45. Some were only five or 10, because they were just a quick throat swab and, you know, whatnot.

But yeah, it was, they were big, big days, you know, working all day. And it just got exhausting. And, and I look back on why I became a naturopathic physician.

And I was like, this is not like, yes, I'm getting to help a lot of people. But I'm not really giving them the service that I want. And, you know, Vermont, like, yes, there are people here who have lots of money, but in general, there's a lot of folks who are just, you know, working class.

It's, uh, it. I could, I could just see, you know, you could totally have a concierge practice in, in, in Vermont and you know, maybe have, I don't know what 20 patients and they would each pay you a thousand dollars and you know, whatever the math is on that, but it's not my style.

So. So I said, okay, how, how can I make this work? So I'm being authentic to myself and treating patients in a way that makes sense, you know, to them and to me.

And so it wasn't concierge, which, you know, if that works for people, great. The fee for service thing, one, like. Most people in New England are very, I mean, you probably know this, you're in New England, you know, very like, well, I have my insurance.

Like I want to be able to use it, you know, and, and I get that. Um, and so I didn't want to do pure insurance anymore. Cause I was pretty much at that time, like 80% insurance and, and I didn't want to do concierge.

And so. Yeah, the membership allowed me to give better focus to the people that I was working with. And so at the time I had about 2000 active patients over a two year period.

And I would spend two to four hours every night doing admin, doing script refills, replying to emails. And, you know, it was just like, I was burnt. Like, okay, yes, I was watching Iron Chef while I was doing it.

And so that made it fun or Harry Potter and, you know, I was, you know, sitting next to my partner and sometimes, you know, we would play footsie and, you know, cause they were doing that too, but like, it was still exhausting.

And I was like, I feel like I'm being robbed of my life. And. So that was the big push. And so, um, it's not perfect, you know, but I now have, um, so I had, I had, uh, over just over 2000 and now I have under 200 and I'm able to spend more time with them.

virtually get them in the day out if they need to see me. There are some exceptions, you know, like the hilarious

patient who contacts you and they're like, you know, like, you're like, I really need to see Dr.

Green today. And my manager is like, okay, well, you know, he can, he can. So I have 15 minutes slots between every patient now so I can. you know, do admin or respond to this or that.

And oftentimes I'm still running late for the next patient because I spend so much more time with each patient. Cause I also like to know who they are and just ask them about non-medical things like, how's your job?

Have you been going anywhere fun lately or, you know, making fun food or whatever. So, um, so yeah, so the, I got, I got sidetracked. What was the. So that the 15 minutes, so some people, you know, they'll say, oh, well, yeah, no, I can only do this time literally like one time.

And they're like, so am I, my office manager is like getting them like four separate times that I, so clearly it's not an urgent matter. You know, so, and I have patients who were like, I'll take whatever he has.

Exactly. So with the exception of the, I can only be seen at the time that I want, you know, I'm able to get everyone in that day with multiple, um, and sometimes as long as it's not a patient who's, you know, uh, being a little more like, you know, oh, I only want the time I want.

Like I will, I will see patients like at six or eight PM, I'll do a telemedicine, but I try not to do that because I don't want them to think that that's like the norm, you know?

Like I didn't do concierge for a reason, you know? Right. But I do make exceptions because sometimes patients have jobs where they, they can't take time off of work.

The Future of Primary Care and Healthcare Reform

And I know that they, I know that their job won't let them or they just got a job and they can't for six months or something, you know? So, and I love to be able to do that, you know, to be the doctor that I would want to see.

I hope when I grow up to have a practice like yours. You were so kind. No, I think, and you actually say that you think that this could be the future of medicine, because I think what medicine is really missing is that time, that really listening.

And it was one of the things Sid taught me, you know, if you listen, they will come. And when you're seeing, you know, 40 patients a day, 20 patients a day, you know, however many you're seeing, you can't provide that listening ear physically yourself, mentally, certainly, and then not, you know, to mention the time warp and all of that kind of stuff.

So true. Why do you think it should be or could be the future of medicine, the membership-based model? I could be wrong, so please interject. I think at this time we have unprecedented decreases in people being interested in going into medicine, unprecedented decreases in people going into primary care.

And furthermore, mind you, it's good. When I say it's getting worse, right? Medicine, primary care, and then. family medicine is even like the worst. So like, as far as people being interested, less and less people being interested because, you know, I read some study, they said, you know, family medicine doctors or primary care, it's either family medicine or primary care, one of the two, have not seen a real wage increase like since the 80s or something.

It's like crazy. Right. The cost of living, it doesn't match. Right. Right. And, and so I think this is one of the easiest ways, like, you know, I don't, I don't put too much thought on the likelihood that we're going to get a medical revolution to happen by petitioning our Congress to an executive branch to make these changes.

Like if it does, great. But I'm just saying, I think the best way is to just accept What's there and then just work with it is for me? The easiest way and so I would love for things to change I would happily give my time and energy to get

that to change.

I'm not saying I wouldn't right but like Walking around with a protest signs or sending letters like, you know, like how much is that gonna change and make you I'm cynical but you know, but if we if we can give better care to people Yeah And then they tell other people, I think we'll see less doctors.

Oh, I almost forgot more doctors retiring early. Oh yeah. Right. So especially since COVID. Right. Totally. So if we can, if we can reinvigorate people's joy of being a doctor and joy of being a patient, I think, I think we'll get people back into wanting to be a doctor.

Yeah. And they're not mutually exclusive. Right. I mean, us feeling better helps them feel better. Them feeling better helps us feel better. And we can't do that if we're doing too short of visits and protocoling people.

That's the other thing that drives me mad. Right. you know, and, and, or, you know, that one size fits all, which takes me all the way back to, you know, sort of what you were saying with your brother, you know, well, at the time, you know, the treatment for ITP is getting your spleen out.

Well, whoa, whoa, whoa, whoa, whoa. This is a kid we're talking about. And, you know, well, the MMR can't cause that. Well, we're not saying it causes it, but, but there's a correlation here.

There are six people. waiting in your waiting room and all six of them had the same thing. What else could we be looking at? And maybe if we allowed that in more of our practitioners.

Right. All of them. It's got to be in the nurse practitioners, the PAs, the MDs, the DOs, and the naturopaths. Yeah. We all, and not to exclude others, you know, they're great clinicians too.

I just mentioned a few. Right. Just trying to be politically correct. But anyway, you know, it really could change things. Yeah. Yeah, absolutely. Fingers crossed it does, you know, because The other way, you know, excluding shaming, using power to like shut things down.

Like that doesn't feel good for anyone. It doesn't, it doesn't help anyone, you know? And yes, correlation is not causation. And at the same time. What's the problem with looking at correlation and saying, well, you know, what other, what other aspects to this are we missing?

Right. And for me, that's, that's scientific, you know, and individualistic and individualistic. Yeah. You know, and we, what I think is missing these days in the doctor-patient relationship, at least in allopathic medicine, is that individual, you know, I know what's good for the public health.

I know, but I'm looking at this individual child in front of me and I've got to learn everything that could be causing or correlated with their illness right now.

And in doing that, then I can come up with a program you know, whether it be supplements, medications, diet, lifestyle, all of that together, that works for that kid.

But if I'm under the constraints of, well, everybody has to do this, that may not work for that child with autoimmune disease. 100%. Yeah, 100%. Yeah.

I love that we are getting more into individualized medicine. That's just great. I'm really glad to see this movement and to see how many doctors are becoming functional medicine and becoming more integrative.

It's awesome. It's the future. You know, it's very historical, right? You know, we had the deflectionary report back in the, what was it, twenties or thirties or whatever.

And, you know, they're like squashing down of anything other than allopathic mindset. And, you know, and now it's like this resurgence and it, it, it's awesome.

Like I. I'm so honored and glad to have colleagues from different degree programs and we're all working together and trying to become more like each other.

I love that and that's one of my dreams for medicine is For all of us, it is in a way going back to pre-flexionary report differently, obviously, but like, you know, we're back in that day, as far as I understand, you went to an MD program.

But how you practice was up to you. You could, you know, you could use primarily herbs. You could do homeopathy. You could do allopathic. You could do a mix, you know, there were all these different kinds of practitioners, but they all had an MD.

So for me, as much as I love being a naturopath and, and, you know, that, uh, non-eagle pride of just, you know, the, the history and being a part of this and a heartbeat, I would throw it away if we could all.

come together under one degree, all have the same kind of foundation. And then we just would go, I think. Maybe I'm being a little hopeful or delusional, but I think that there's a greater chance that we would have more ability to work together.

Yeah. And that's a beautiful thing. We have so much to learn from each other, and our patients could really profit too. But if you had a magic wand, besides the membership, would there be one or two other things you would change besides what we've already talked about, or have we touched on everything about health care in general?

No way we could even get close to touching that. I would, I would love healthcare for all. I really would love healthcare for all. Um, you know, and I think really it's in the best interest of the, uh, private insurance as well.

You know, I think there's the, there's this misunderstanding, uh, maybe even delusional mindset of looking at things. And I don't mean that in a, in a shaming way, but like, you know, there's this like, Oh, You're into healthcare for all you, you know, you're pro communist or pro socialist, or you hate private insurance companies.

No, not at all. I'm saying. Let's call a spade a spade and focus on what makes sense for who is applying it. I'm a naturopath. I am not going to be in an ICU trying to deal with someone who got hit by a semi truck on their bicycle.

Right. Nor should an emergency medicine doctor try to start doing. homeopathy and herbal medicine and nutrition without getting properly trained in those things before they do it, right?

Like know your territory and your education and all these things. And so similarly, we have private insurance companies that are running healthcare for folks where I think where they really excel is the upper tier.

So like, you know, let, let the base get covered by government, which is like public health, you know, so everyone has access to getting a stitch if they get cut.

Maybe it's not the best stitch that's ever happened in the state of wherever you live, but. you're going to get stitched, you're going to get attended to, you're going to get medicines and you know, you need to talk to someone about your reflux.

Well, you know, maybe it's not the best reflux doctor in the state, but you're getting to be seen. And if you want that extra tier, if you want to see that person who has a, you know, a special certification or fellowship and you know, something really cool, you can pay out of pocket for it, or your insurance can cover those things like you know, acupuncture or, you know, zero balancing or private insurance can cover the extra stuff and the government can cover the base.

Because I think the problem is that the private companies are kind of by nature trying to make a profit, right? And I don't want to get in the way of them making a profit, but their profit gets in the way of providing public health.

Yeah. So it's like, why not just split, you know? It's so fascinating. My dad, way back in the 90s, worked for the

public health department rather than going to war.

And his job was to find how to change our health care system. And basically, the report he gave was exactly what you're saying. Exactly what you're saying.

And of course, nothing came of it. And, you know, we're still talking about it. But the other thing along with that is that, I personally feel we don't have a health care system.

We have a disease maintenance system or a disease care system. We need that group, which in my opinion can be more integrative physicians, lifestyle management physicians, practitioners in general, that can help people be healthier rather than just the disease treatment.

Yeah, absolutely. I mean, yeah, that magic wands, like I would, part of that would be, you know, I think integrative doctors, whatever your degree is, doesn't matter.

Integrated practitioners, I should say, you know, but primary care integrated practitioners.

Hope for Families Facing Chronic Illness

That should be primary care. Primary care should, should be primarily integrative practitioners. And then you can go out to the different specialists.

You know, I think that would, I think that would be Yeah, and it would rejuvenate at least a lot of the primary care, family practice, you know, people that really are good at that but are abandoning it, either retiring or not going into it because of the heavy workload and no pay.

Right, yeah. So, yeah. Oh, Josh, I could talk to you for hours and hours and hours about this. And we may have to do more of it offline, but as far as the podcast goes, first of all, tell people how they can reach out to you, how they can find you.

So, yeah, if you Google my name, Joshua Green, ND, Burlington, Vermont, that'll pop up. My website is vtnfm.com, or you could spell it out, vermontnaturalfamilymedicine.com.

And any last words of wisdom, of advice, of hope that you want to leave families with that are dealing with complex chronic illness? There is hope and there is so much hope and, you know, I know it's frustrating.

I know it's really frustrating because you might see five, 10, 15, 20 different practitioners who've all said there's nothing that can be done. I don't know what else to do.

This is just how you're going to be for life. Very unlikely to be the case. Um, you know, it's usually just another, you just need another, another way to look at it and another, it doesn't have to be me.

It doesn't have to be Nancy. I mean, just there's going to be someone who can help you, you know, even if it's just, uh, getting a few more steps before with that help.

And then someone else can help with the, the other thing. And, you know, one of my professors is great. Uh, MD turned wildlife biologist turned MD turned homeopath.

He, and he said, you know, sometimes, but rarely you're at, at the defense line of your soccer field and you kick the ball and it goes right into the goal.

That happens pretty rarely. He said, most of the time, you know, you kick it 10 yards, someone else kicks it, someone else kicks it and you get a goal.

You know, and it's a team effort and it doesn't mean that you didn't do a good job. You know, so I think if you're

suffering, you know, there's going to be someone who's going to help you further down the road and then further down the road.

And then eventually you'll get to the goal line. Just don't, don't give up. Yeah. Yeah. Don't give up. It takes a village. It takes a village. Yeah. Yeah.

Well, Josh, thank you. I so appreciate all that you do, the person that you are, and- You're mutual. You're mutual. Come back next time for Demystifying Pans Pandas.

Thanks, everybody. That's it for today's episode of Demystifying Pan's Pandas. I hope you're walking away with insights, tools, and hope to help you and your child on this journey.

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And if you have a moment, leaving a review helps us reach even more families who deserve answers. Also, for more information, training, and community, check out our website, drohara.com, and join our annual membership.

And remember, every step forward, no matter how small, brings us closer to healing and understanding. Until next time, be present, be hopeful, and we look forward to seeing you next time on Demystifying Pan's Pandas.