The Functional Medicine Approach to Lyme Disease and Autoimmune Healing Transcript

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Podcast Introduction and Guest Welcome

So I definitely am looking at the gut. There are studies for, we're looking at probiotics, even different lactobacillus plantarum, for example, at a deficit, lactobacillus for individuals with Lyme disease and also even autoimmune conditions.

They find the actual microbiome is different. So we definitely want to look at that. Also, we want to like look to modulate the immune functions. I'm looking at in terms of like immunoglobulin support.

So that's going to be an important piece as well. And then also we're going to really go after the infection. So in our office, we'll do like different herbal blends that are more specific for Lyme disease, like Japanese knotweed, there's like artemisia, there's black walnuts.

So there's different combinations specifically to target as antimicrobials. Welcome to the Holistic Truth podcast. I'm Jamie Dorley, CEO of Nutritional Frontiers.

And I'm Christine Genovese, creator of the Soul Intelligence Method. We're here to help you break through chronic disease and dysfunction physically, mentally, emotionally, and energetically.

With real proven strategies, protocols, and tools you can use in your practice today. Hello again, everyone, and welcome back. We're live at the Holistic Truth, and I am your host, Jamie Dorley.

I'm the CEO and founder of Nutritional Frontiers, and I'm so excited to have the podcast today. I am joined by my co-host, the one and only, the lovely and talented Christine Genovese.

How are we doing, Christine? I am great, Jamie. I'm really excited for our guest today. She is an expert in the field of limes in particular. limes, you know, tick-borne infections, autoimmune, and a really cool background.

They're just a great person and doctor overall. So we're so excited. You know, when I was doing a little bit of homework, you know, over the weekend, when everyone's partying, I'm doing some homework.

You know, not only does she have an MBA, she went to Cornell University where You know, some of my family went, University of Bridgeport, naturopathic physician, IFMCP, speaker, Amazon, three times award-winning author.

I mean, the list goes on and on, but I think the way she practices and her genuineness of love and caring for people. And, you know, it was pretty interesting because I was a sports medicine major.

until I got an autoimmune condition. And when I learned about her mom's journey, I actually wrote the word inspired and I looked at her bio, it said inspired by her mom's journey with lupus and autoimmune.

So I know she's an expert in Lyme. Tick-borne infections, autoimmune, and I believe her mom had not only lupus, but RA. So, so excited to have her on there.

She's what I call an up-and-coming superstar. And a mom recently had a baby girl. Six weeks. Yeah, six weeks. Wow. Six weeks already, huh? Yeah. And she right back into shape and she's leading by example.

So, let's give a nice warm welcome to Dr. Jekyll Patterson. Welcome, doc. How we doing? Good, good. Thank you so much for having me. You do have a little bit of fun.

I saw some pictures of you fishing, I think this past weekend. So you do have some balance of business and work. Yeah, we call it work-life integration.

This whole thing of balance, I think it's really almost impossible to balance these days. But yeah, we integrate because we're on there with my son who works at the company.

Of course, we are a family-owned, faith-based, mission-driven, Pittsburgh-based company. And we're on this mission really to make the world healthy. So part of that is getting out on the water and working together and having some fun together.

Dr. Patterson's Background and Inspiration

So yes, we like to have work-life integration. I like that word integration instead. Yeah, because sometimes I tell people, I says, look, you may have to work a weekend or you may have to cut off for your daughter's, in my case, lacrosse game at three o'clock.

So we're cool with all those things. And I think it's just the world we live in, right? We got to really make sure we watch the noise because it's very noisy out there.

And we're looking today to learn more about your expertise. You're the CEO and founder of Fairfield Family Health. you know, Fairfield, Connecticut and real excited to have you on there.

So maybe just a little background. I'd like to learn more about, you know, the inspiration from your mom and lupus and autoimmune, because like I said, that was a similar background for me.

So it was a critical piece. So I had always had an interest in medicine since I was a kid, but more actually always alternative medicine. When I was a kid, I'd always be picking up plants and trying different things.

And so I, But it solidified actually when my mother became ill. So I have other family members in the conventional medical world. And when she got sick with lupus, it took about a year before she got diagnosed.

And that was many, many years ago. So it was still kind of earlier in diagnosis at that time. And it made me actually more disillusioned with the conventional model because I felt like the asking about why, like, what triggered it?

What happened? And it just felt like she just kept going to multiple specialists, many different people, but there wasn't like an answer and she wasn't getting better.

But I was always wondering, which is what we learn in naturopathic medicine, the root cause, like, was there a trigger? Was it stress? What was the actual reason why why that kind of turned on so fast.

And because of that, that kind of further made me say, well, I don't really think I want to go that route because I want to practice in a way where I'm looking at everything nutrition, environmental causes, lifestyle, all those factors, which you couldn't really get in the conventional model.

So when I went to Cornell undergrad, I actually was plant science major initially. because I was interested in integrative medicine and I was actually in a feeder program.

There's another story about me to go to the conventional route, without the MCAT actually, to medical school. My mentors at the time, they were conventionally trained doctors, all were like, this is quackery, don't go in.

There wasn't really anything that it was called at that time. The only person that was really known of was like Dr. Andrew Wheel. So I actually changed my major went into and that's why one of my backgrounds is also like a little bit of like business too, because I didn't know what to do.

And then I learned about it after working for a few years within the food industry. In the organic lines because I still

had an interest in some way trying to do it my own way.

So when I learned about natural medicine, I'm like, this is exactly what I want to do. I just didn't know what it was called. So I finally found like that path.

So when ended up going back full circle and I feel like every experience you have also feeds off of. helps you in some ways, like every work, every opportunity, you know, everything I've done has helped to expand my knowledge to where I am now.

But my mom was definitely that critical point of making me just say I wanted a different way of being able to practice if I do choose the path of medicine.

Yeah, interesting. Similar to you, Christine, with your family being involved in what we call modern medicine, right? And now we all work together in naturopathic medicine and wellness, so interesting backgrounds.

Awesome. Yeah, my mom ran a hospital laboratory. She was like always, you know, traditional medicine. My brother, my dad, they were in emergency medical, you know, paramedics, you know, everybody on the traditional side.

And my mom really started to discover, started looking for answers when she started to go through menopause, right? Like nothing's working. Like, so she started to do, you know, investigate herbs and plants and tinctures and what could actually help mitigate some of those symptoms.

And so, We convinced her she's a Shake-A-Day member and she does Nutritional Frontier Supplements and I can say probably in the best shape of her life.

She's super smart. Her brain's in great shape. She takes a lot of our supplements and is doing great. So I'm really, really grateful that we can kind of follow that spectrum.

So what happens when someone has an autoimmune condition and they come to you? What's that experience like and what do you take them through? Yeah, so most people, I do have some patients that it is the first diagnosis they get worked up and typically if I do see autoimmune conditions like Hashimoto's is a common one, rheumatoid arthritis is another one.

And when I'm seeing them, so many of the patients have been chronically ill, like they've seen seven to nine doctors typically before they come to see us.

So with autoimmune two in particular, they have seen multiple specialists they might have. If it's someone like with lupus, multiple organs are affected, so they could have, you know, they're a rheumatologist, but they could also have a nephrologist and, you know, other issues that can come with it.

So when we first see them, the difference I think in naturopathic medicine and functional medicine is we're going to spend much more time with the patient.

So we're spending like 90 minutes and we're getting everything As I mentioned, there's big connections, autoimmune conditions and environmental medicine, particularly things like lead.

I want to work all of those pieces up. Diet and lifestyle stress. When did this actually get triggered? Oftentimes, especially for women, there could be a hormonal component.

Autoimmune conditions will go up a lot around perimenopause. Depending on the disease condition, some drop down around 45 years of age, but some women it'll actually kind of get triggered when there's any hormone change, especially like after pregnancy, after having a baby.

That's also a risk time. So you'll see these things where there's ways, like there's a hormonal impact. And if we can

help balance that, they might have less flares or aggravations.

But then also there could be another piece that, and that brings us to some of the discussion today on Lyme disease, that's triggering it up. There's a lot of connection with like infections and autoimmune conditions.

So for example, many of my patients with rheumatoid arthritis I'll find, I'll test for Lyme disease, they're positive.

Autoimmune Root Causes and Patient Evaluation

And when I start working with them and treating them for Lyme disease, all of their RA symptoms get better. And in fact, we'll often see like their RA factor, like their blood work, also their antibody count goes down, all of those numbers start to improve as well.

So it makes you wonder, you know, they've had RA for 10 years, was it initially Lyme disease? And that didn't get treated because if you look at Lyme overall, about 30% will have continued symptoms after they've been treated.

So is it really like a sequelae, like a continuation from that that never had been addressed because of the fact that I see such improvement in symptoms, you know, after?

Wow. Yeah, it's interesting, you know, since you mentioned some of the naturopathic terms. And when I was first getting into the field 34 years ago, wellness was just being defined by the World Health Organization.

So it's been quite the journey over time. And one of the things I try to express to a lot of friends that maybe are newer to functional medicine or naturopathic medicine is the difference between running for the cure and running for the cause.

And you had mentioned the cause, so I know it could be heavy metals. What are the more common causes that would get someone that's maybe newer to this to understand that that's why they may lead to the body being dysfunctional and being diagnosed with an autoimmune?

So what are some of the more common causes Of course, I always look at the diet first, but what do you see in your product? Yeah, so diet is huge. And for autoimmune, the three, they found environmental hormones and then infections.

In fact, people that have autoimmune conditions will have, on average, one or two persistent chronic infections. So if you look at studies, for example, with lupus, because that one's near and dear to me because my mother had it, my aunts had it, you know, we think my grandmother probably had it.

But infections like mono has been connected and one of the mechanisms is something called molecular mimicry. And one of the reasons they think is that it mimics it, right?

So it looks similar and the body starts attacking it. So it begins that process, that inflammatory process. So EBV has been one of the connections. Mycoplasma.

So there's been studies, cytomegalovirus. for type 1 diabetes, coxsacky. I mean, you even saw after COVID, the rates of autoimmune conditions increased significantly during that time.

The rates of type 1 diabetes, the rates of lupus went up. So several autoimmune conditions also increased up. So that also kind of shows there was a correlation with these infections and the possible triggering or like an antecedent for an autoimmune condition.

So that's like huge for us. And then obviously the stress and lifestyle, like why can we all have, you know, I have a family history of autoimmune condition.

I also have had Lyme disease myself. Why is it that some people it really, you know, it turns on and they're really

chronically burdened by it. And then same as with Lyme disease, and then some they take, you know, herbs, they take antibiotics and they're done with it in six weeks.

A lot of what I'm working on is what is going on with their immune in terms of dysfunction. Why is that dysregulated? Because when we can get that stable, you'll see a lot less flares.

You'll see their numbers actually improve by way of blood work. But it's also good looking as MDs, we're looking at always asking why, not what, but why.

So, you know, why can that exact disease present so differently for one person than the other? And what are their reasons? It could be 10 different reasons than another person.

And unfortunately, in the most common model of care, it's not looked at. Everybody is treated in this cookie cutter way. And when we're approaching a patient, we're looking at what are the other 10 factors and how those factors differ from them versus that same person with that same disease condition.

What are some of the ways in which you treat those conditions? What are some of your key protocols? I know you mentioned RA a couple of times, and I know one of the ingredients that Nutritional Frontiers uses in a lot of our products is DMG, dimethylglycine, because it has patents for RA.

and in helping with that. And so, such an incredible ingredient and really the ultimate methylator in the body. So, I would think that DMG or some of our formulations that have that in it might be a part of what you're using.

I know it has patents for other applications as well. Jamie, do you want to mention the study? Well, yeah, the DMG is the master methylator, which we love.

And, you know, we're known more for comprehensive formulas. I know one of them uses our GI Complete, And I was trying to explain to people that autoimmune to me is a simple way to explain it is that things are getting into the bloodstream that normally wouldn't get to you because that gut has been broken down.

And that's why we'll use something like the GI Complete. So you can talk about a little more about that leaky gut dysbiosis connection with autoimmune and how something like GI Complete can heal and seal the gut.

Yeah, thank you for prompting because that's actually one of the top things too. You know, Jamie asked that earlier on in terms of like approach and what we would look at.

So gut is like really the number one thing when you're looking at any autoimmune condition because especially someone that has an autoimmune condition younger, the body, the permeability of the lining of the gut, That's really showing what should be there and what should not be there.

If you're having things circulate that shouldn't be there, you're causing this inflammatory response where the body's constantly working. You're really setting the stage for an autoimmune condition.

That's huge when they call it leaky gut, and that's basically when the barrier is weakened. What you'll see for someone has leaky gut, they start having changes in their bowel movements with inconsistencies.

They'll start having a lot of food allergies or allergies they didn't have before. They're just more sensitive to everything. So that's always a flag.

But one of the products I love is GI Complete, which has the DMG that Christine mentioned, which is really great for autoimmune condition and then also for helping with the integrity of the gut lining.

But the reason I love that formula is it has, and a lot of the formulas Nutritional Frontiers, it's like the perfect combination of supplements, but also in a high enough dose to have an impact.

because oftentimes when I'm working with companies, sometimes I'm having to do glutamine by itself and DGL by itself and DMG by itself. And what's great with that formula is it has everything in it, but not only that is the dose is also high enough that I don't have to do four scoops to get an impact.

Sometimes when you get blends, as you all know, the dose, the strength is really low. So it's like, I have a patient that comes in to me, they give me a product, I'm like, this is great, but you need to take it like five times a dosage to really have the impact you want.

And so what's great is a lot of the products have the dosage that I already want without having to separate them into four or five different products.

So GI Complete is great, helps with gut, helps with something called secretory IgA, which is related to like immune function of the lining of the gut.

Another one I love when we go back to our RA is the SPMs. I use you guys SPMs a lot. I've had one patient even recently that had pretty significant joint inflammation, very active because her work has her outside, you know, has a farm and she's physically active.

Obviously, because she has a farm and is outside, has gotten tick-borne infections multiple times, you know, doing that and working with animals and such.

And that was the SPMs was like a huge game changer with her specifically because it helps with like acute inflammation and pain. And so her joints were much, much better.

And what's great again, the dosage is higher and I, cause I had to do a higher dose for her. So the SPMs were like a really, really good one. Her even, which I didn't tell you guys that, but even like her numbers are CRP.

So those are the two markers that they commonly use for inflammation. So CRP and ESR is one and her CRP also went down. I've also used it for people like long COVID or infections or like anything acute.

I'll just do a high dose of that. And then the other ones I like that you guys have are the ones for like the mitochondria like CoQ10. So if I have a patient that has Parkinson's, and I know you guys can talk about that in some studies, or a patient with any like autoimmune condition, the mitochondria is at a deficit, same with Lyme disease.

And usually doing CoQ10 is going to help with that. However, most Coquitans are only like 50 or 100 milligrams, but with the one you guys have, it's 300 milligrams.

So it's much easier and I'll have to have a patient take one to three caps to take it. They can take a chewable, which tastes really good. And it's at a much higher dose than what you would get normally in a capsule now.

I am so excited. Thank you, Doc. You have just summarized what I've been trying to tell people for 17 years. Thank you. I couldn't have said it any better, so I'm just going to leave it right there.

But you had a philosophy with Nutritional Frontiers. I'd worked in sports nutrition where they'd give you the therapeutic dosing of really unique ingredients in the 90s.

And then when I went to work with Dr.

Gut Health, Lyme, and Immune Support

Jeff Bland at Metagenics, they would give you the really cool quality and the great ingredients. So what we want to do is combine both of those. And being that the co-founder, Dr.

James Weiner, he had a wellness center and we still own it. We carry a lot of the brand still. The challenges, the

protocols are so wide. And then if you see a combo formula dosing as well.

So we want to give you the right combinations of the right ingredients like GI complete eight different things at therapeutic dosages. So the total objective is really two things better results because you get better compliance.

and then, of course, better value for you and also the patients involved. So you mentioned GI Complete, which we love, and you mentioned SPMs, specializing pro-resolving mediators, over 1,000 studies on PubMed for COVID alone, also high sensitivity C-reactive protein, you mentioned sedimentation rates, you know, all these inflammatory markers that SPMs have helped.

You did mention therapeutic dosing. So can you give us a little more idea of what type of dosing with SPMs? Because I agree, I like three soft gels two to three times a day for acute.

What type of dose do you recommend? Exactly. Could you speak, Jamie, to the exact milligram amount? But I usually do initially two caps for SPMs twice a day for like a week.

So I tend to do a little differently where I'll do like a loading dose. I do the same for GI complete where I'll like double up for 10Ds and then I decrease it in half.

And the reason is Well, honestly, it's just to get people feeling better faster because when they, when they, they're also bought in, when they're like, oh, wow, that worked.

Then there's just, there's going to be a greater compliance to sticking with it. And I know that they're going to have an impact right away. So yeah, usually either typically for me, it's two, twice a day for like five days.

And then I go down to two, two caps a day after that for the SP. Yeah. Nice thing. Super safe. Right. probably been the biggest breakthrough as Dr. Bob Rakowski would say in the last 25 years, studied with Dr.

Sinclair and Dr. Bland at Harvard Medical School. And it was really interesting when they injected the rats with a lethal dose of a toxin, some survived.

So, of course, the scientists were like, why? and they said they have much higher levels of SPMs. And then when I looked at humans, humans with diabetes, osteoarthritis, rheumatoid, all these chronic conditions have much lower levels of SPMs.

And though Christine has even used them, like you had mentioned, for some joint issues, help her at an elite level in tennis. So what type of dose do you use, Christine?

Usually I will do three before a match and three after a match in particular, just to kind of, you know, prevent or reduce the amount of inflammation before I inflict the damage and help me recover afterwards.

And you also mentioned enter CoQ10. That is actually our secret weapon on the court. Power fuel too, right? Yeah, you remember. Enter CoQ10 we've added because it's great, right?

Because it's got the DMG and the CoQ10 in the higher amounts and it really does give us energy on the court besides our power fuel. which is, you know, our electrolyte blend, which definitely in the summer and tennis in Florida, you have to have.

I was about to say, you guys are doing that in Florida in the humidity. So that's a testimony in itself. And that was the other product. You just, as you were saying, that power fuel that I love, because it has some CoQ10, but it has like very high D-ribose.

So that's an example. D-ribose vasodilates, it increases blood flow to the body, helps with like muscle tissue, muscle repair, also helps with cardiovascular health.

So and it's full of like electrolytes, you know amino acids So these that's one that's great for like athletes post pre and post recovery But I actually use it for a lot of my patients with chronic fatigue syndrome.

I'll go higher Yeah, like two or three scoops a day because the studies have been up to like 15 grams for D ribos and also for my patients that are just like in terms of chronic fatigue and also just like Pain and some physical pain and things like that, but I I don't think I've ever had someone that has not felt a benefit from that one.

I'm just thinking of every, all my patients, like all of them have said like, oh my gosh, my energy's better. And it's especially the ones that are really chronically ill, the ones that are healthy and almost, and I don't know if you noticed when you take it Christine, cause I've taken it, it's like almost too much.

It's like a big boost, but for the people that are like completely depleted, it makes them feel like normal going up like two scoops a day. So it's really interesting.

You know when you get that three o'clock coffee, like, ah, I probably want, sometimes I'll do a power fuel instead. I'll go, okay, I'm gonna do a power fuel and that'll give me the kick I need, you know?

Yes, I used to love doing it like before exercise running. I've had my brother use it because he does. He's like MMA in terms of his own gym and used to He used to, in terms of being active before that, and he just would say that like it would kind of almost do, like he'd feel a lot of energy before he exercise, almost too much.

So, so sometimes you have to titrate that and it really depends on the health of the person. My patients that are chronically ill will feel, they feel like they're back to what their normal semblance of energy is.

So it's really helpful for that. That's awesome to hear. So you mentioned chronic fatigue and you mentioned power fuel. What else do you use when you're treating chronic fatigue?

So all the mitochondria, the B vitamins, any B complexes, methylated, and also I use the CoQ10 in addition, like you had mentioned. So any of the mitochondrial support I'm going to do, so it's going to be complex blends that are typically methylated CoQ10.

The power fuel will go up a higher dosage amount. And also just anything for decreasing inflammation in terms of like tumor and such. But for energy, those are typically my go-tos.

Yeah, it's interesting, you mentioned CoQ10 dosing of like, it used to be 30 milligrams years ago, right? And then they would get 50, and then they would get 100. We actually utilized, as you had mentioned, 300 milligrams of CoQ10 plus 300 DMG in a highly bioavailable form of a chewable.

So what type of dosing are you using with the enter CoQ10? I like taking a couple every morning before I work out. And the other thing that it works well with is, you know, is helping out with gum health, mitochondrial resuscitation, you know, any type of issues with cardiovascular.

And you mentioned Parkinson's. We have a couple documented case studies where we bring CoQ10 with the research for neurological has gone as high as 1,200 milligrams.

And if you're taking 30 or 50 milligrams, it's just way too many capsules. Imagine you take 100 milligrams, you'd be taking 12 capsules. You'd be done in like three days with the bottle.

Yeah, and it's a little on the higher on the pricing side for CoQ10, so we wanna give a really therapeutic dose. So what are you using that for and what type of dose?

I'm typically doing 300, the same 300 to 600. I might do 300 in the morning and then I will have them do it in the afternoon, because typically your cortisol will go up in the morning and then it does another second peak in the early afternoon.

And I find some of my patients, that's when they kind of drop. in terms of being tired. So I might have them take it split it up to take it late afternoon.

And that's another thing. CoQ10 is known to help with deficiency. People that have deficiencies in CoQ10 might have more gum issues. So you just reminded me, you said that I have had some patients when they've had gingivitis or any gum issues where they do the CoQ10 chewables.

And the great thing was the chewables, you're getting it right there locally. Obviously you're getting it systemically with the body, but if you do a capsule, that'll still help.

But what I love about the chewables, I could get it directly to the area where there's a need basically as well. So we also use it for that as well. Yeah.

We've had about a half a dozen of our clients report back that potentially we're going to have gum surgery or some type of procedure and they utilize that.

And I said, you know what, it helped with the regression of the gums. Myself personally, that's one of the reasons I started using it. So it works great.

And then you had mentioned the PowerField. I know Christine's a big fan, but it also will help with lactic acid buildup. So I didn't want fibromyalgia, polyamylgia.

Accused muscle soreness from activities, especially if you're doing different type of things. In the winter in Connecticut, it might be shoveling snow.

Down here in Florida, it might be reeling in the big fish or playing tennis. I think I picked the fish and the tennis over snow. Well, you have an open invitation to come visit any time you want.

You really convince people by saying that. You're like fishing, playing tennis, playing golf, or shoveling snow. You know, getting the umbrella screwed in at the beach, you know, a lot of different ways.

But no, seriously, when you use different muscles, right, whatever the activity is, right, when you use different muscles, sometimes you'll get that muscle soreness.

So I use Power of Fuel as needed. If I'm a little more, yeah. And cardiovascular, anybody that's cardiovascular issues, deribose has also been studied.

And as you mentioned, fibromyalgia, which is one of their main main ingredients in power fuel also has been studied for fibromyalgia. So if someone has a lot of, as you mentioned, like muscle pain, a lot of my patients have joint pain, they may also have muscle pain.

This one is also one of the ones that I would recommend for that reason. Interesting. So what is sort of like your major protocol when you're looking at limes?

Because it sounds like it starts in the gut, but there's other things that you work with it? So I definitely am looking at the gut. There are studies for, we're looking at probiotics, even different Lactobacillus plantarum, for example, is at a deficit.

Lactobacillus for individuals with Lyme disease and also even autoimmune conditions, they find the actual microbiome is different. So we definitely want to look at that.

Also, we want to like look to modulate the immune function. So I'm looking at in terms of like immunoglobulin support. So that's going to be an important piece as well.

And then also, we're going to really go after the infection. So in our office, we'll do like different herbal blends. that

are more specific for Lyme disease, like Japanese knotweed, there's like artemisia, there's black walnuts.

So there's different combinations specifically to target as antimicrobials. And then, so we're doing that, then we're doing like immunoglobulins, gut health in the background, and then things for like mitochondria support.

Then diet, typically we're looking at more of like an anti-inflammatory diet. So that's going to be like an AIP diet.

Therapeutic Supplements and Dosing Strategies

So that is typically, you're not gonna have those like nightshade family, like peppers and things like that, spicy food, eggplant, I love eggplant. So that one's a hard one when I tried that one before.

Me too, yeah. That's a big one for us. Yeah, so it's pretty restrictive, but you wanna have that as part of the combination as well. And then you always want somebody on something that's going to decrease inflammation, like the SPMs, like, you know, curcumin, et cetera, on the other side.

So it's all, so it's well-rounded. Well, there's that plant medicine shining through, right? Yes. You mentioned AIP diet. Yeah. So that's called autoimmune paleo diet.

So the autoimmune paleo diet, they refer to it as like AIP. It's there's no gluten, there's no dairy and there's no grains. So it's pretty tough. And then also none of the night shade, which is like tomatoes and eggplant and things like that.

Oh my God. Everything Italian in me just went, oh no. And we might do it for like three months and then we, we increase it back in, but it's really interesting when you do those changes.

Cause when people, put it in, like for me, I don't know if you'll notice, but like certain foods, like if I have tomatoes, I feel like I still have an inkling, my hands will get stiff.

Like immediately I start like, exactly, I start like, huh? And so that's when I know because my fingers and my hands get stiff. So people will notice things like that when they have the nightshade flame, because they're more inflammatory in foods, pro-inflammatory.

Interesting. Well, I had, um, I just want to tell you this, since you're a plant person, I bought this really cool thing for my mom and I last year. It's called garden G A R D Y N and it is an indoor hydroponic garden.

And in our garden, yeah, we grow lettuce, um, all those wonderful nightshades you just talked about, um, eggplants, their little baby plants and tomatoes, but it was really cool because, you know, I live in a condo and so we don't really have a garden, but it's this wonderful thing.

Now I will say it's very bright. It's like the surface of the sun in the kitchen, but because the light's on most of the day, but it's really, really fun to do the gardening inside and then to eat your own food.

100%. That's my goal in the office. My office is to have something like that eventually in our rooftop or garden in the back and also have kids and being able to touch and see it and use it or herbs and things like that.

It's just a different feeling. Same, same. Yeah, I've got all the things. It was so funny. The first herb that grew like wildfire was the Genovese basil.

Do you believe it? That was the name of the plant. I'm like, of course you did. I was going to say, wait a second. That's so funny. Yeah, but it makes cooking so much fun, right?

When you can actually eat your own food and that there are ways to do it, even if you don't have a garden or, you know, it could be something fun to do in the winter, you know, inside.

Can you take us through, first of all, you accepted new patients. Yes, we are accepting new patients. I have a pretty big team now. So there's nine doctor or providers.

So we have naturopathic doctors. I start forgetting the count, but we have naturopathic doctors. We also have some prescribers like a nurse practitioner, and we also have the medical doctor.

So in Connecticut, we are licensed. So I know depending on the state, New Jersey and Pennsylvania, for example, well, actually Pennsylvania is registered.

as licensed. So it's a bit of a different scope. And then Massachusetts is the other closest state that has licensed. So we are licensed to see patients.

And now my areas of focus are Lyme disease, tick-borne infections, integrative psychiatry. autoimmune and environmental medicine, but all of us in the practice have different specialty areas.

So we have somebody that focuses on SIBO, and we have another person that focuses on oncology because I don't do as much with oncology. So we've done that because sometimes we even will share cases like, okay, I'm going to send you to this person for this next few months to work on X, Y, and Z.

So it's been a really nice collaboration. And then if someone is Let's say on medications, they have Hashimoto's and they're on like armor thyroid or, you know, nitro thyroid.

They want medications. We're able to help support that with the, with the providers that we have that consult with us too, that are prescribers. So what's the best way to get a hold of your office or should I give them Gloria's cell phone number?

Yeah, Gloria, she will appreciate that. And she'll come find you, Jamie. But just remember who said that, wasn't me. Our practice site is fairfield, F-A-I-R fields, family health.

And you can find us on Instagram and Facebook at the same account. And my personal account for Instagram is at naturopathicdocphysicians. I put a lot of education there.

But Fairfield Family Health is the site. You can connect in with our clinical director, and she's our new patient coordinator. Her name is Gloria, as Jamie mentioned.

So, oh, I'm sorry. I just wanted to ask, do you do telehealth as well? Oh, yes. Yeah, we do telehealth. About a third of our practice is telehealth. And thanks for mentioning that.

And that's another reason why all of us have licenses in multiple states and about 30 or 40% of our patients are not from the immediate Connecticut area.

And since I do present a lot and I'm on podcasts and things like that, we do get people throughout the country. It's really, really interesting. We even had people outside the country, which is great, but it's just difficult with getting them connected with products and testing.

Yeah, you know, I have some friends locally and I've been, you know, encouraging them to come and see you. So hopefully they do or they have. But you know, they're still what I would consider more like the mainstream that still looks at what we do with a little bit of a skepticism.

And I assure them that you're very genuine. You are a licensed doctor in the state. Can you tell us a little bit, what does the path look like? What does the process look like for a new patient?

Because I know once they get in front of you, we're good, right? But believe it or not, still in our world, there's a lot of people that are used to, I don't call conventional, I call it modern medicine, right?

allopathic doctor prescribed, it's not lifestyle, not functional. So what does the process look like? Someone calls you office and schedules, like their first appointment, testing, what does it look like for a person coming in?

So you're first gonna talk to our clinic director, who's Gloria, and typically she's on the phone with our patients for like 15 minutes to 30 minutes to really get the full story initially.

So I would say one of the things I do pride ourselves on with our practice is like, healthcare as it should be in terms of the model of care. So from the first time you're calling, people connect.

I mean, so many people come in and they're like, can I talk to Gloria? Can I give her a hug? You know, like before they leave. So we already build that relationship.

And I think that to me, that's equally important when we look at our health, that you feel like you have an advocate, you feel like you have a support and you have feel heard because a lot of us coming to care, as you know, when you go to the doctor, lots of times some offices, they don't even look up and say hi.

you know, and I have to go to, you know, do like a general checkup. I'm lucky if someone, you know, sometimes even acknowledges or I feel seen. So that's a big thing our patients say is like, they feel seen, they feel heard.

And I feel like that's almost as equally as good important in somebody's health and the direction of their health as like the supplement or the thing I give them because they now feel, they feel They feel empowered basically so empowerment's one big thing.

So they come in our first appointments like 90 minutes to two hours. We're going to get a full intake. We have like a 10 page intake form that they have to complete and we're going to go through everything head to head to toe and also do a physical exam a brief physical exam as well and in that we may some of our patients come in with like 20 things are already on so we might have to kind of reconcile some of that we will make some like some recommendations but lots of times we're waiting for getting to getting like specialty blood or specialty lab work back or blood work back and really do a full full workup and then in the second visit That's going to be about 45 minutes, about four weeks later, four to six weeks later, where we're going to then make those more concrete recommendations.

That first visit, we're really getting to know you. We're getting, as I mentioned, like a fuller workup. We might get a detailed journal with like what food, what you're doing in between that visit.

clinical care coordinator might connect in between to answer questions. Lots of times when we see patients, they're also not used to having visits that long.

So all these things stir them up. So then they leave after and they're like, wait a second, I forgot about these other three things. Oftentimes people come in with extensive blood work that we're going to look at over the visit and like, what do we need to test or did they look at it from this angle?

So there's a lot of time spent on that first visit. The second one's 45 minutes where we're going to like now read 45 minutes an hour. We're going to really go through what the results were and make a recommendation.

After that, we really try to have people come in in that first like three to six months, about four to six weeks, because part of it is getting you into a, a pattern of getting on a protocol, but we might need to tweak it too, because as I said, everybody's different.

So someone might need less of one thing or more of another thing. We're gonna retest you in like three months. So typically it's around like three to six month timeframe.

And then I always tell people after a year, I really want them to like graduate. So it's funny how sometimes like, I'm like, okay, you're graduated. And they're like, wait, what do I do now?

I'm like, no, it's okay, we're still here. But you don't have to, you know, you might come in once every six months to just, get some, you know, check in blood work.

But that's my goal is that people are also on less things. They're on and that's what's great again with you guys products that may be on like one product that can cover several things.

And I try to decrease, we try to decrease that over time, but there is the expectation that they're really committing for at least three to six months with regular visits.

I absolutely love it. I think what I'm feeling is hope. You give people hope, right? Because, you know, when I got diagnosed with psoriasis, you know, back in college, this is no cure in genetics.

And they're constantly telling people, so they accept no responsibility. There's no plan of getting better. They throw NSAIDs and then later on, methotrexate, sulfasalazine, all these dangerous medications.

Patient Experience, Hope, and Practice Overview

You know, what I find with you, you're so genuine and Gloria, of course, is so sweet in the office that you give people the, like you said, empowerment.

And what I'm feeling is a lot of hope you give the people. And that's why I love functional medicine, naturopathic medicine, because it's really going after the underlying cause and giving people hope, Christine.

Like, you know, generally, to get 90 minutes with the doctor may take you five years. That really landed for me, right? Because the traditional model is we want to get as many people in as possible every 15 minutes.

You got to turn style and how do you get to know anybody that way? So that in and of itself. And you said many of the people that come to you have already been to seven to nine doctors.

ahead of time. So the fact that you take that much time and they feel seen and heard, I am sure that absolutely lands with people. And that just talks to the level of care you're providing.

And that's also probably why, because when you look at them, that's really the way healthcare, the healthcare model is. It's not even, you know, doctors don't want to see a patient for 15 minutes.

So you wonder, okay, yes, you've seen all these specialists and all these doctors because they're spending 10 minutes with you. So how are you going to really get to the root of what's going on?

If you keep if you have 10 or 15 minutes and you're in a rush visit There's nobody can really do that. Well, so I think that's that's that's that's also why you know the way the model is if we had an hour maybe the result and the outcome would be much different than it currently is but it isn't and so that's that's everything we're doing is like we're able to make maybe that that progress and Progression a lot faster because we have that initial time where we're spending and then when you said hope That's another thing our our patients often say they like when they go and they check out We kind of see how they're doing Gloria talks to them and they're like, oh, this is the first time I felt hopeful in a while Where I feel hopeful and I've had people see because I see I in terms of I train a lot of doctors in functional medicine, but new that have been also on the conventional model.

And also as patients, I've seen many doctors and it's been interesting to have. I had one that said exactly that, Jamie. They said, oh, I feel hopeful.

Why didn't anyone give me? And they were a doctor themselves. They're like, why haven't I been given hope? Before I was just told, you know, they had like pain.

Guy was just told that's all we can do. That's what's left for pain. And yes, it's better than before, right? But not that, you know, she doesn't have any pain.

So she's like, I never thought I could just have no pain. I was dealing with this for like 20 something years. So it's interesting to also see uh, the shift perspective for people of, you know, that are also on the other side.

And I always like to collaborate for that reason, because that's the way really we're going to make the biggest change. So. Awesome. Wow. Well, now I understand why you're the president of the naturopathic association.

You're leading by example, lady. Thank you. My God, I got chills. Just to hear you talk about the patient experience, you know, and I think we're being generous.

They don't give them 15 minutes. They may get five minutes. Yeah. And that includes the nurse walking in or a doctor walking in with their head on the laptop.

You know, they got to get the ICD-9 code to match it up with the insurance to get reimbursed. And the more those insurance companies squeeze your colleagues and professionals, the tougher it is for the patient to get even hurt.

How can you even relax or breathe in five minutes? Exactly. And it's like the final blow is when they, you know, the doctor drops her head, writes a script, and everyone agrees the appointment's over.

It's like they haven't asked to… Now, in defense of your colleagues, you know, the allopathic doctors, I don't think they want to practice that way.

It's just the system has been squeezed. And I think that's why not only you give hope to the patient, but I love what I'm hearing that, you know, hope to other healthcare professionals that there is another way that they can practice.

And I see the movement. It's very slow, but I do actually feel like we are making some changes in the way you're practicing and teaching so many others.

I just am so grateful to have you on here today. So thank you. Thank you, and I am grateful to be here. I'm grateful for. Also just being able to, like I had mentioned, the products have been really, really a game changer, have been so helpful for my patients.

And the fact that I can put them five things into one means everything when, as you know, this world where everyone's so busy with that, it's just like one less thing you have to do is going to make your life easier, is all the reason for someone to like actually adhere to a protocol can mean everything.

So thank you for everything you're doing too. get you on our product development team here and get some input. Seriously, a lot of our formulas, you know, Dr.

Land and Dr. Tracy and Laurie Roman and somebody at least a coach. So many of our clients and doctors have been involved in our formulations. I think it's time for us to take the next step together.

So thanks so much, Dr. Patterson. Thanks, Christine. It's been fantastic. Any parting shots, Christine, for all the fans out there? I was just going to say, if you loved what you heard today, please comment, like, and share this with someone who needs to hear about how to heal autoimmune conditions, Lyme disease.

Dr. Jekyll shared so many pearls of wisdom with us. So make sure that you make notes on social media. And I promise in the show notes, we will have all of her contact data so you can get in touch with her too.

Thanks so much. It went quick, so you always know it's great when it goes fast. So thanks, Dr. Patas. We appreciate you being so generous with your words of wisdom and your time today.

Congrats again on the new baby and the family and incredible practice. Thanks, Christine, for joining us. I know you're really busy this week. So thanks, everyone.

We appreciate it. And let's continue making the world healthy one person at a time. So God bless, my friends.

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