Intro and guest background

So, I love that you have that 13-minute master class, and I'm really excited about your upcoming class that your going to be doing. Are there things that people can realistically do at home that can help?

Absolutely. A great story. A few years ago, I get an email from a client. She sent an e-mail like middle of the night. And she goes, my son woke me up at night and he had a neck pain.

Because I remember a couple of techniques you taught me, because I walked him through and it worked. I was so excited and proud of myself. So I had to like send you a message in the middle the of night, so yes, they do work and its amazing how quick it works.

Sending out those ripples of healing out into the universe, right? Yes. Yes, cool. Hi, and welcome to The Balancing Point. I'm Dr. John Needers and I am here to make traditional Chinese medicine, functional medicine and integrative health simple, practical and fun.

So you can restore balance, boost vitality and enjoy a healthier life every single day. Hello and welcome to another edition of The Balancing Point. This is Dr.

John, and I'm very happy to have a pain specialist on with me today. Now, those of you that have watched other episodes, you know, we've had several people that approached pain in different ways.

from acupuncture to Qigong, et cetera. But I'm really excited to have Ani Papazian on today because she has the most complete approach to pain that I've probably ever seen.

I was really impressed by the way that she went on world tour with Janet Jackson a few years ago. So that tells you something. But Ani is a pain resolution specialist practitioner with 30 years of helping professional athletes, helping Hollywood elites get rid of their pain.

And, you know, anybody who has worked around professional, athletes knows that they're always in pain, from something, right? I mean, my wife is the acupuncturist for the 49ers football team.

And so on Monday morning, those guys can hardly walk. So they need pain specialists. Annie is also a bestselling author and speaker, and she founded Last Stop for Pain.

I love that name. last stop for pain and has worked with a great many people. And what most impressed me about Annie's bio and website is that she creates personalized solutions for pain, and that's a very different approach.

You know, I have tons of people coming in for a pain and they go to one of the local HMOs and I know what they're going to do. They're gonna go down a checklist one thing at a time.

And if that doesn't work, they'd go the next thing, but it's really not personalized. It's personalized in that if it didn't, we'll throw something else at you.

Right? And so can you just kind of briefly describe. Briefly, it's probably impossible with all the things you do, but just kind of tell me about your approach.

Well, first of all, thanks for having me here, Dr. John. It's an honor to be here especially with your expertise and experience. And hopefully your listeners will get great information that they can follow through or it would be the aha moment.

Personalized pain resolution approach

So I think what makes my approach kind of different and unique is because I come from having a great foundation of you know, bachelor's in kinesiology, and then medical massage, which I studied back home in college.

And medical massages back on the foundation is very science-based, very medicine. It's not a lot of times massage here in America, people think of it's just a relaxing, you go to a spa, just kind of when you have extra cash to do it.

But that wasn't my foundation, it's medical massage. And then down the line, when I got into functional nutrition, reading blood work, which you, I think you teach a lot of it, how to look at the bloodwork, but mine is coming from my chronic pain is not getting better and I'm doing all these things.

Why? And, then also incorporating the personalized aspect of translational nutrigenomics. Genetically, How is your body? response to your environment based on the unique genes that you have.

And that helps me create the personalized approach. Wow. That's a lot. You made it very succinct, but that's A LOT. A tremendous amount of training. And to be able to put all of those things together.

I have an off the wall question to ask you first. It just popped in my head. Do you do any distance work with people? I mean, can people call you? Oh, absolutely.

Oh absolutely, I do online session. Definitely. Yeah. And that's my, I want to empower you to be able to do unique techniques yourself or even teach a friend or a family member so you can get rid of the pain.

That doesn't replace seeing a practitioner, but it takes the edge off for sure. Excellent. Yeah. I noticed on your website, you had a button for the 13 minute masterclass, which I thought was very cool.

So I will do this 15 minute discovery calls where I talk to people, right? And a 15, 13-minute master class I though was quite brilliant. Well, I love the number 13. It's been a lucky number for me.

well, well I was a high school quarterback and I wore number So again, many people will go to a variety of practitioners, chiropractors, acupuncturists, medical doctors for treatment for their pain, but then so often it just comes back again.

And so how does your approach work with that? Make it the last stop for pain. Well, you know, I love that and I loved challenges. So, one of the biggest things that I hear from so many clients is would it be that there's They actually voice their concern or from their facial expressions, they're thinking, okay, that's not where my pain is.

Why is she working here? When I came to her for my back pain and she has a glove on and goes inside my mouth and releasing all these things, but it's my lower back or it is my hip pain.

So, you know, a lot of practitioners, they just address your symptoms. And that's what a lots of the doctors do. Initially you mentioned, it's like, unfortunately, our medical system is like a conveyor belt medicine.

You know symptoms equals diagnosis equals most of time medication. But yeah. When I was a little kid, this is probably 70 years ago, 65 years, ago there was this song.

It was very popular song, but it went something like, and the hip bones connected to the thigh bone. But everybody forgets that, right? It's like if you don't have a solid foundation, you know, ankles, your feet, or as you said, I'd love this.

I wasn't aware that you did the techniques that do in the mouth. And a couple of the doctors that I've followed for years have said, if you don't fix that, then you cannot fix the rest of it.

So I love that approach. You're an acupuncturist and I'm not sure if you address the, do any tongue acupunctures, which I can't imagine sticking needles in the tongue, but it's done.

Tongue plays such a huge role and most of the time no practitioner talks about it or addresses its role in your overall health and body pain. Like five cranial nerves innervate in you tongue.

That's massive. Wow, that's awesome. And do you do intramuscular release also?

Distance sessions and at-home techniques

I do intra-order release where I address the pterygoid, medial parygoids, the mass of the sphenopalating ganglia, but I also release the tongue, which the root of tongue is connected to your hyoid bone, and all that tiny little muscles that hooks into your highway bone.

All the glosses, semaglossus, hypoglossa, whatever, those tiny, little muscle. and your neck, and then its connection to your sternum, to you first rib, all those can affect your overall health.

And actually I have a workshop coming up where I'll be teaching tongue, jaw, neck pain release techniques specifically that has to do with your jaw and tongue.

Oh, I definitely want to hear more about that before, before you leave today. My wife will be really excited because that she works, you know, on a different way, but really looks at a lot of like, she'll have the professional football players come in and they'll tell her.

And one of the things about these. young players is they really know their anatomy. I mean, they've got millions of dollars on the line. Whatever. And so my wife will have them do a little gait analysis and check the musculature and start treating something completely different.

Then look at her like, what's the matter with you? Don't you know what I'm trying to tell you. She'll go, yeah, but here's, the problem, right? This is what throwing everything off.

So she'll, she will love to see your stuff. That's great. Is that coming up soon? It's actually May 27th. May, 27. We'll email you the link of the landing page of The Workshop.

Great. Would you be okay if we sent that information out in our weekly newsletter? Oh my God, that would be my honor. I'll be excited. Yes. Oh, I'm excited!

I mean, so many people, as I am sure you know, have been in pain so long that they just live with it. They don't even really think about it that much.

It just limits their life and what they're going to do. And going back to what you were saying, two or three years ago, three year ago I think, was I have a very tight neck generally and my upper shoulder girdle and I was talking to my brother-in-law.

He'd sent over a bunch of labs and his doctor had missed a lot of stuff in the labs. And so I talking him, but I laying on the couch and was holding my head up like this reading the lab.

I thought it might be five minutes. It ended up 45 minutes and the next day I couldn't move my neck. So I did PT and all sorts of things. I wish I had seen you because they didn't really do anything.

You know, they'd have me stretch my neck different ways and work with some bands, but it was very, very little help and it took months to heal. So yeah.

You know, it's so funny you said that with the head posture, which I'm sure you and your wife pay attention to, especially right now with a tech neck.

It's the neck pain, the thumbs and forearm pain and shoulder pains. But I came across and I learned that from the chiropractor in my office. There is this thing that you put on your neck and in the back is these sensors that if your head comes forward after a few seconds, it buzzes.

Oh, wow. It buzzes and makes you aware of that, you know, go back, fix your posture. And it could be annoying for some people that are constantly doing this, but I think it's a great, inexpensive, like $21 tool.

Really? Yeah, it is on Amazon. When I sent you the link, I'll send you that with it. Yeah. it just like a cheap tool to make you, aware your poor posture, So, Ani, many decades ago, I owned a real estate company.

And I never got good phone calls during the day. It was always, and I had 50 fairly new agents. So it was, always hey, someone's going to sue us or, you know, it never good, right?

Nobody called to say, hi, John, love you. Right? And so I got to the point where every time my phone would ring, just tighten everything up. Then it would stay that way.

I have a timer that would go off every 15 minutes. And I figured it would take me a day or two until the timer went off and I wasn't doing this. Right.

Six months before I caught myself one time with my shoulders not up around my ears. And so that little buzzer would have been awesome. Yeah. And you know, there is a thing called Pomodoro method, which it's a technique.

I think it was established in Italy, of course, the Pomadoro. Every 25 minutes, it buzzes. You stand up for a minute, you walk around or you do gentle stretches or something, just to refresh and get your blood moving and maybe calm your nervous system a bit.

Wow, that's fabulous. I think one of the worst inventions for our health was a remote control on the TV, right? Now people just change channels so they don't have to see the commercials where I try to get people to say, don' do that.

Posture, stress, and nervous system regulation

If a commercial comes on or a break, walk up and down your stairs for 30 seconds or minute while you're waiting for that, but still, they still use their remote.

Well, I have my mini trampoline in front of my vibration plate also. So I either walk on my minitrampoline or I just stand on vibration for like 10 minutes.

That's, we love vibration plates. We keep one here in the office, which theoretically we use occasionally, but mostly it's just show and tell for my patients.

Anything that I want people to do, I keep a sample by my desk and I found that if I actually show it to them and they take a picture, they'll probably get it.

If I just tell them about it, They won't. Well, my, Oh, well I love it! It's under my desk, I always roll my feet on it and I have a pair like this in the office where I tell the client, gotta use this.

That's awesome. I was wondering where you were going there. Yeah, that's fabulous. And the mini trampoline. One patient, fairly obese. really started working on her diet and got a really good mini trampoline and just kept working up and working out.

And one day she came in and said, I want you to feel my thighs. and I said what? She goes, i want to you feel me thighs and her thighs felt like some of the football players we see.

They'd gotten so strong. It was just amazing. So you just mentioned two of my favorite toys. Mini trampolines and a

vibration plate. Perfect. Yeah. Now we all know that, you know, Stanford even did a study where they said 90% and another study was 85% of all doctor's visits have their root in stress.

And how do you find that stress affects what you're working with? Is it a huge factor? It is a huge factor. You know, the first thing when I have a client, especially when it's a brand new client.

But also I do the same test on all the clients is I palpate their between six to 12 ribs on the sides. Just to see 90, over 90% of the client's going to have the withdrawal reflex.

It's either the startle or they have to withdrawal reflects or their like, oh no, I'm ticklish. I don't know what that is, that reflex. It's a star dollar withdrawal reflex Yeah, it's one of the, what is it, when the babies are born, Ob-Gaur score, you know, they do the Ob Gaur Score.

I think the startle and withdrawal reflex is one the things that they test on the newborns. So when I palpate the between 6th and 12th ribs is a lot of times people, like I said, either they say I'm ticklish or they literally withdraw, I know that, that have upregulated nervous system.

And there's most of the time because they do more of a chest operating and they don't expand their diaphragm properly. Because if you look at the structure of their diaphram, all the muscular structures, like it's attached to six to 12 ribs, it gets attached your sternum, the muscles between your rib cage, and then in the back, your lumbar vertebrae, is attached too.

So when you're not breathing properly, expanding, all the structures can tighten up. So then a lot of times I would either walk them through a simple technique or I do the technique on them.

And then I go back and palpate. And then they have this look on their face, like, what did just happen? Like, I'm not ticklish anymore, or I don't have the withdrawal.

It's not sensitive anymore because we just calm down the nervous system, just like that. Wow. That's fabulous. Yeah. Then because a lot of, or when I notice that they're oversensitive and they are not on their like menstrual cycle or something, then I know it's a nervous system thing.

We need to address that first for me to be able to figure out what's exactly going on and then what I'm doing for it to last instead of coming back after two days.

Wow. So I'm going to switch gears just a little bit. I know you do a lot of very advanced testing. Can you talk about what things you're testing for and what the methodology is?

So when you mean advanced testing, like lab testing or… Yeah, lab-testing. So the lab test thing, I was fortunate enough to learn from Dr. Jeffrey Bland.

Oh, wow. Okay. They call him the Doctor of Functional Medicine when I going to the, getting my Nutritionist Certification, and then Dr Datis Kharasyan.

You just named the two guys, the godfathers. Oh, my God. I used to attend the, you know, when the Tiskaration was with the Ed Cox seminars. When he used teach the functional blood chemistry analysis, he doesn't teach that anymore.

He does way more advanced stuff now. But when he use to teach functional, blood, chemistry, analysis I use attend his workshops. So that's how I learned to look at the lab work very differently than doctors do.

But then also getting into a translation of nutrigenomics is looking at your genes. As humans, we do share 99.9% of the same DNA, but that 0.1% that That's what makes us so unique.

And that's why sometimes even, you know, your wife working with these athletes, some things works great on

someone, but the same training, the other one doesn't get the, same, let's say VO2 max.

That it's the way, because they could be a power athlete and the someone could, be more of a distance athlete. Right. You need to approach their health completely differently because as we know, one system does not work for everyone.

So genetic testing, I absolutely love, and I wish that it was a requirement for every client to have it. Wow, that's fascinating. And do you work much with nutritional issues?

I do some not hundred percent like the way you would work because I think my education is not deep enough to give the client the proper. The way I address pain, I can't give that same.

approach nutritionally. Got you. Okay. I would say, okay, send me your lab work. Let me take a look at it. But, and then, especially when it comes to autoimmune conditions, when he comes too more of a hormonal issues, that's way above my knowledge.

So I may refer them to someone else that I know will take good care of them. Well, That's very humble of you, but if you studied with datis, nothing is way about your head.

Well, believe me, no.

Lab testing, genetics, and hidden pain patterns

I mean, I studied and I can look at the basics of it, but when it gets into especially autoimmune, which the test is massive on auto immune, that's such a complicated because you have to approach in so many angles.

And I like to stick with pain. Got you. Well, it's nice that you have something that really focus on. When I teach endocrinology on the thyroid section, my textbook is Datisse's book, right?

With the woman. That's all my website. My labs are all normal. Right. Yeah, so I think that's a great book because the way he breaks it down is really easy to follow.

And these are not endocrinology majors, you know, they're doing it as part of a program. It moves them way ahead, but it's not too much for them. He's really good at that.

What kind of hidden patterns, I'm going to say, now you talked a little bit about the back, which was amazing, and the mouth, but what kind hidden pattern are really behind a lot of chronic pain?

Well, you know, I'm sure you would agree with me that as an acupuncturist, the meridians, nerve innervations, just because you feel pain somewhere. In my office I have a chart of the dermatome chart, which a lot of times I tell the client, okay, look, it hurts here, but it's coming from, let's say the lumbar two to four vertebrae, because that's the femoral nerve pattern.

So things like that, that is, you know, so unique. And people that get surprised, like, okay, I'm feeling pain here, but this is where it's coming from.

So it, and I have a huge chart of the acupuncture meridians. I ask people like oh, do you do acupuncture? And they're like no, no. No. When I used to see my Korean acupuncturist, thank God he did the Stasang medicine, like the constitutional medicine.

He did more laser acupuncture than putting needles because I don't do well with needles. But it's just the idea of understanding to have like how the meridians affect the body, especially when the clients have, let's say, injury or they had the surgery, you know that the Meridian pathway was disrupted.

Well, the medians do find other pathways. They create new pathways, but what happens to that area where it

interrupted where you have a massive scar? Right.

One of my instructors, when I was in my master's program many decades ago. a Chinese woman, a doctor, the first thing she would do basically, I mean, she'd listen to people for a few minutes and she say, do you have any scars?

And that was the thing that she was interested in. And the interesting thing watching is that many people forget they have scars. You know, they go, Oh no, no.

I don't have these scars and I'll look at their abdomen. It's like, you had your gallbladder out. Oh yeah. Yeah. Uh, You had a C-section. But they really don't put it together because it doesn't hurt, right?

And C-section scars in particular are cutting all the meridians in the front of the body. Major ones, your conception vessel governing, what is it? The CV goes from the frond and the govern goes form the back?

Yes. But it just messes with that loop, all those major meridians passing through it. And another thing I'm glad you said with the C-section is as a massage therapist, we learned back home, and even my instructors, here's the medical massage, were Russian or Ukrainian.

which they had such a strong foundation. We always worked on the abdominals. Always. I always on my client's abdomen. But here, even in the massage schools, they don't teach you abdominal massage.

And it's amazing. One of my associates did an abdominal, massage training and was really shocked that they hadn't taught that in school, right? None of it actually.

Not even the rudimentary basic issues. That's unfortunate. Yeah, just the other day I had a client came in with a neck pain and she was constantly burping.

I just did about 20 minutes of abdominal, more of like a visceral massage and her neck, pain was gone. It's just connections that it's, that's what makes me so excited and challenging.

Do you ever get some funny looks from your clients though? Absolutely. And the funny thing is, you know, when I get European clients, I'm like, okay, need to put a towel to cover your chest to open the belly.

She's like don't worry about it. I love European client. Yeah, exactly. When clients they're like cover nothing opens. Honey, i'm a woman. You don' have anything that I don have or I haven't seen and you have something I havent seen.

That's awesome. Yeah. I found that with, in fact, I used to share an office with a French chiropractor, a young woman. And she was telling a story about how she doing an anatomy class.

They said, okay, she didn't understand what they said exactly, but something about this wrote me. So she took all her clothes off and the instructor went, oh my God, put your clothes on.

She was, isn't this an Anatomy class? Oh yes, actually one of my, when I was going to massage school here, anatomy instructors, he was an MD, doctor. And he would say like, if you want to, If you feel comfortable completely take your clothes off, feel free to do it.

Some people were just open to it, yeah. Yeah, I have, this is totally off base, but it was a kind of a funny story. I had one patient who was older than I am and had been, he would go around with bands as a roadie, right?

He would set up the equipment and things and some big name bands. So he's a child of the sixties. And so I'd say, okay, go ahead and lie down, take off your shoes and socks.

Right. and so then I come back a few minutes later and he is absolutely naked. right. afterwards I said, Okay. It's

fine, but we don't need you to take your clothes off, right?

We're going to be treating your arms and legs. Every time I'd have to, and I had several female practitioners, I say, George is in there and they go, oh, okay.

But that's, you know, to the sixties, everybody, if you're getting a massage, take you take off. It is a normal thing. Funny story, I have a client. He's a French, very famous composer, Alexandre Desplat.

So I see him whenever he comes to LA. And first time I went to his house, he was referred to me, usually hold the sheet up so they can undress, take off whatever they feel comfortable and get on a table.

I'm holding it up and he goes, please, i'm not an American. Even though he didn't get, he kept his underwear on. But I was like, thank you. Yeah, right.

Exactly. So I love that you have that 13 minute master class and I'm really excited about your upcoming class that your going to be doing. Are there things that people can realistically do at home that can help?

Oh, absolutely. A great story. So this was a few years ago. I get an email from a client. She sent an e-mail like middle of the night. And she goes, my son woke me up at night and he had a neck pain.

Because I remember a couple of techniques you taught me because I walked him through and it worked. It was so excited and proud of myself. So I had to like send you a message in the middle of the night.

So yes, they do work and it's amazing how quick it works. Sending out those ripples of healing out into the universe, right?

Scars, abdominal work, and workshop preview

Yes. Yes, cool. Anything else you want, you think could be valuable for the listeners? You know, one of the biggest things, and I'm almost finishing up my book that will be coming out, hopefully by the end of this year, is all about being your own health advocate.

You now, how to speak with at the doctor's office, at a hospital. Me going through, my dad was smoker for like 30 years, two packs a day, being in and out of hospitals with him, now my mom.

has been in and out of hospitals is how you speak with the doctors that they would listen or hear you. Or as a patient in a patients office, one of the simplest things is, you know, I'm sure you've had this experience too.

I asked the client, please ask your doctor to run this, this lab test. And doctor says, You don't need it. My answer to them, next time you see that doctor, please say, could you put that in my file that you refuse to run this test?

No doctor wants to do that. Right. Yeah. Oh, that's brilliant. Absolutely brilliant So in my book, it's actually going to talk about the medical gaslighting and how to speak.

And I give exact scripts of what to say and to how say. My mom was in a hospital for like five days and we knew this wasn't, this was second time being in the hospital with her, you know, when her mind was completely gone.

She's like, oh yeah, your dad came to visit me. I'm like really? Dad was here? My dad's been dead for five years. She's like, yeah, he was here. I said, well, next time when he comes and says, follow me, go with him.

So I spoke with the doctor and I say, did you run her ammonia levels? Like she was two months ago. her ammonia level, because last time it was crazy high.

Her liver enzymes were crazy-high. Did you do urine analysis? She goes, no, we haven't run it yet. But I've been asking to speak with the doctor for five days.

Finally, when I told the main nurse, I said, I need to speak with the doctor now and I'll need you to tell me who's in charge of the patient advocacy department because I needed to stick with them.

I swear two minutes later, the nurse walks in, phone doctor is on a phone to me. That book is so, so needed. I interviewed a doctor a few weeks ago, a female retired gynecologist, and now she coaches women who are in post-menopause.

And she said the amount of gas lighting that happens with older females, she says they don't get listened to at all. I find that with males also, but I think it's worse even with females.

It's like, here, take your pills, shut up, go home. And so you need an advocate. Absolutely. And you know, I find I love it when my patients bring in a significant other with them.

Right. I loved that. If I go into my doctor, take my wife, if she's not available, and I take Katherine, my associate, because there's just too much that goes back and forth and you forget things.

So I'd love the advocacy idea. The patient that I saw last week, she's 90, 90 and had been going downhill and her doctor, I didn't think was running the right labs.

She was in a care facility and having horrible pain, abdominal pain. And they weren't doing anything about it. Her kidney function was dropping very, very low.

I thought she wasn't going to make it and her daughter flew out from Tennessee and basically got in the doctor's faces. And there were three doctors and finally one agreed.

to do more of an exam, they found she had a huge area, an acratic intestine, colon, and they did surgery. She was in here last week and she has gotten 10 to 15 years younger once that they took that out, but nobody was going to listen to her.

So yeah, having an advocate, I'm so glad that book's coming out. Yeah. My mom's doctors do not like, because I'm the one who takes my mom to all her doctor's appointments because they, I speak their language.

And then my sister is in charge of the more insurance because she's an HR manager. So it's really good. What a great combo. And yeah, the doctors, they're like, oh, my mom is 81. They're, like oh she needs statins.

Why? Her cholesterol is perfect without statin. She needs a flu shot. why? She never had a full shot in her life. she doesn't get sick ever. For her age?

No. No, I'm sorry.

Patient advocacy and closing resources

It's absolutely a delight to speak with you. I mean, partially because you do things I don't, but partially is because I think we think a lot alike. And so that's kind of fun to have a compatriot out there.

So if people want to get ahold of you, what's the best way? So my website is laststopfourpain.com, and four is a numeric four, pain. com, where I'm on different variety of social media sites.

They can connect with me. I have free resources page that they can download several things. My YouTube channel where weekly I produce different videos, techniques, what I share, tons of them.

That they can definitely get a bunch of free resources and techniques. And yeah, my website would be the best resource. So that's laststop4pain.com and four is the numeral four.

Numeric. Awesome. By the way, I have to tell you. My favorite doctors for my patients have been consistently

Russian female doctors. Now, I haven't had them see a lot of Russian males, but the only doctor that's ever called to ask me for advice was a Russian psychiatrist in San Francisco.

And I had a patient who had A horrible time after hip replacement, horrible pain. We treated her. She was great. Got all of her labs in order, but she was going to have another hip placement.

And so she scared to death. I said, you know, You should really talk. You might do well with some anti-anxiety medicine. But talk with your doctor. She did not.

And she went to the, then ended up in the emergency room in San Francisco. This Russian doctor called me and said, you've been seeing this woman for years.

I'm thinking of putting on her some anti-anxiety medications short-term. What do you think? I said I love it. Absolutely love that. a week, two weeks max, I think she's going to be fine.

She just needs to, you know, bring it down a bit. That's the only doctor that's ever called me in almost 30 years for my advice. Yeah, no, most of my medical massage instructors have been Russian doctors, like I said, Russian or Ukrainian.

You know me growing up in former Soviet Union, if you're Ukraine or where you from, for me, it's Russian. Right. But yeah, it's been them because their foundation is fantastic.

Yeah, very different. Very different, I find that Cuban doctors also I've had good experience with. So, you know, different training, looking at things a little differently.

I had one doctor from France say, well, the difference between us is that American doctors treat labs and we treat patients. Now, I don't mean that, you know, there are many doctors that I love, so I didn't want anybody to take that the wrong way.

There are fabulous doctors, but I think there is, in general, an over-reliance on some things. So, one of my podcasts is on bedside diagnostics. how much you can see.

I'm sure when you see someone walk into your office, you're going click, click click. Seeing all the things that are out of balance, right? And I talk about the dozen things you could see that can indicate potential heart damage just from looking at the patients.

without sending them out for expensive tests. When I find something, then I send them up to their doctor for the expensive test. But to be able to recognize that, and I think that's largely what I see with the Russian doctors, is they're using all their modalities.

And I'm sure you've seen how so many regular convention MDs are converting into becoming functional medicine practitioners because they are fed up. I have one patient who's lost her last three doctors because they all got fed up and completely changed their practices.

Well, Ani, it's been such a pleasure. I want to thank you. We need to talk more often. You're quite delightful. Are you in Torrance? Is that correct? I'm in Los Angeles.

Okay. Awesome. Cool. And I'm really excited. I hope everybody goes on Ani's website and downloads some of this information because I found it very, very valuable.

So I want to thank you and it was a real joy having you on here. Thank you so much for having me. It was such a pleasure and honor to be here, thank and leave a review.

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