Opening on Brain Medicine

And the brain medicine is probably not a phrase that you're familiar with, right? We might be familiar, with neurology or psychiatry as these different areas with inside the Brain or with Inside Medicine.

This is how we sort of organize and how medicine, is organized and shaped. But I saw this article which was talking about this company, Radial, that was being acquired and it says, from psychiatry versus neurology to brain medicine.

Today, physicians train in specialty areas like psychiatr, y neurolog, and pain medicine before practicing one area. And what he's describing in this model is cross-disciplinary care model shaped less by physicians past training and more by evidence of which effective technologies and innovations are available today.

Hello and welcome to the Evolution of Medicine podcast. I'm your host, James Maskell, and today we are going to do a little bit of a wrap up of what we've been doing for the last few months.

It's a while since I've done a solo episode and a lot's happened, so I just wanted to take some time to talk through some of the things that we have been up to and also to share a bit about the recent keynote presentation that I gave at IMMH.

This year, if you're a regular listener, you know that over the summer we shared a number of episodes that we recorded at the Institute for Functional Medicine's annual international conference, and we're extremely excited about our partnership with EIFM.

and to be able to go and capture so much great content there, so many great speakers, hope and agree that over the summer we really had some great stuff and then in the last month we've been building up to this integrated medicine for mental health conference which I think sits at the exact area that most practitioners who are in our space are interested in.

If you're not particularly interested, in mental, health ultimately that's a big part of everyone's health but the need for root cause interventions in mental health is clear.

Conference Recap and Mental Health Focus

And what I'm going to share with you some of today is that one of the consistent themes that they've had at the Integrated Medicine for Mental Health Conference is conversations about the brain and healing the And I think this is critical because this an area where functional medicine shows this, you know, shows its success because unlike many other conditions, there's no drugs that have ever worked for reversing cognitive decline.

And, uh, I've referred to it as sort of the final boss of functional Madison, because in order to get good outcomes in it, You need to be able to identify and remove the root causes and all the different root Causes that come up in functional Medicine end up In brain health.

And so I want to share a little bit about some of that presentation today, but that Presentation you'll see as I give it here shortly was informed by a number of things that happened along the way and I Want to take you back to that journey because ultimately it It has affected where I think that I can be most helpful and where my not only professional experience, but life experience can make the biggest impact.

So that's what we're going to get in today. We're gonna talk about group medicine. we are going talk group visits, we gonna about reclaiming our true nature and this is something that i'm feeling empowered to talk and I hope that you'll agree that this something whose time has come for the functional medicine community.

Let's jump in and tell a little bit of that story. So early this year, I had the opportunity to go to the Integrative and Personalized Medicine Conference in London.

And if you haven't been, highly recommend it. One, it's in June in london and the weather this was incredible. You know, i think England's had a big heat wave this summer or five heat waves.

But being in LONDON when the WETHER is good is something really special. And at that conference, I was connected to a guy by the name of Robin Daley. And Robin is the founder of the Yes to Life charity, which is a charity in the UK that sits on the edge of really bringing patients the opportunity to talk about alternative therapies in cancer.

That's why it's called Yes to Life. And I've always liked Robin. Robin and I have had a good connection. He told me that this year's conference, the theme was going to be called Understand Reclaiming our true nature.

And as soon as he said that, I was like, count me in, and I'm ready to go. Ultimately, that conference was on September 26th of this year. About a week before I planned my trip to England and was going to be headed there, but I had an experience that really spoke to understanding our True Nature.

It was really around what I'd seen in my men's group. Now, if you've been following the evolution of medicine for a long time, you'll know that you're probably bored of hearing about a men's group because I've been doing it for seven years and I have learned so much through actually being in that process for 70 years.

But something really interesting happened about two weeks before the conference that made me change my slides for that event. And those slides were so impactful and my story, even though I ended up coming in virtually for that conference, I got so much feedback that this really hit home that I end up putting those slide into these other presentations and I think that what I want to share with you today is my presentation or parts of it from the integrated medicine for mental health conference because Ultimately, I think it fits into any conversation about the future of health, about how to deliver consistent outcomes across the population and really getting to the root cause of some of the conditions that we care about.

So if you are listening to this on audio, then I highly recommend that you go to goevomed.com slash podcast and watch this session because these slides are some the best slides that I put together.

And ultimately, you know, we're going to get into some topics that have not really been spoken about on the Evolution of Medicine podcast. I will, before we jump into it, give a quick shout out that next week we have a podcast with Scott Hickel from Throne.

And if you go to thronescience.com, You'll see why I'm quite excited about this. We've always had health technology on The Evolution Of Medicine podcasts, but Thron is unique in that it's a wearable that you put on your toilet that can actually detect what's coming into the toilet and many other things.

And I think it's very, very interesting, particularly if you focus on diseases that are connected to the gut. If you're in functional medicine, potentially all conditions are connecting to your gut, so make sure to tune in next week for my interview with Scott.

So let's jump into this presentation. I was again very grateful to give this presentation. Also, I'm grateful that some of my heroes were sitting in the room with me.

And one of those heroes was Dr. Tracy Gordette, who we've had on the podcast recently and brought whole health to the VA. Incredible leader, educator, and she was listening.

And then also Dr Richard Horowitz, whom we hope to have in the future.

From Anti-Amyloid Drugs to Root Causes

I followed his work for a long time. So everyone in New York 15 years ago knew that Dr Horowicz was the leader in Lyme. But his works has crossed over into Alzheimer's because of the Pathobion, which is again another podcast that we've had just a few weeks ago with Nicky Schulteck from the Alzheimer's Pathobiome Institute, where they are looking at all of different pathogens and how they affect brain illness.

And so it was such a thrill to give this presentation in front of all them. The name is the Brain Medicine Revolution, Healing Brains Beyond Silos. We're going to talk about some of those silos and what it takes to heal brains.

I hope you'll enjoy this. The first thing that I shared was just a review, the Cochrane review that said that the anti-amyloid Alzheimer's drugs show no clinically meaningful effect.

If you've been following people like David Perlmutter, Dale Bredesen and other leaders in the brain space, you know that there is an emerging consensus.

that removing amyloid from the brain is not synonymous with fixing brains. And that ultimately, you can see that through many of these anti-amyloids drugs that are approved for cognitive decline, that changes in dementia severity were absent or trivial.

Ultimately, we need a different plan. I've also shared this graphic before, I have written about this, but it shows all the drugs in the Alzheimer's drug development pipeline.

and there's maybe 150, and each one of those drugs would have had to convince someone that this was worth a few billion dollars to go after. And the key thing that I see in this graphic is if you look up here to the left with the mechanisms of action, there are multiple mechanisms action.

Maybe as many as 15, amyloid, ApoE, epigenetic regulators, growth factors, inflammation, metabolism, neurogenesis, neurotransmitters, oxidative stress, synaptic plasticity, tau.

vasculature and others. So these are all mechanisms that are being tested and my feeling is that when you look at a disease and it's got all of these different mechanisms being test, ultimately the only sensible conclusion is one that we obviously don't understand the disease if all of these mechanisms of action can be tested and have shown enough effect to get that billion dollars to go on this journey towards understanding these drugs.

And the obvious conclusion to me, as someone on the outside, is that it's a little bit of all these in all different patients. So the game has to be to work out what's going on in each individual patient's brain if you want to fix that.

That is the basis of the brain medicine revolution. And the brain medicine is probably not a phrase that you're familiar with, right? We might be familiar, with neurology or psychiatry, as these different areas with inside the Brain or with Inside Medicine.

And this is how we sort of organize and how medicine, is organized and shaped. But I saw this article, which was talking about this company, Radial, that was being acquired, and it says, from Psychiatry versus Neurology to Brain Medicine, Today, physicians train in specialty areas like psychiatry, neurology, and pain medicine before practicing one area.

And what he's describing in this model is cross-disciplinary care model shaped less by physicians past training and more by evidence of which effective technologies and innovations are available today.

So when I heard that, when i read this, it reminded me of what I'd learned along the way at IMMH. If you've been watching the Functional Forum for a long time, you know that we went to IMMH in 2024 with the cameras and we've got the whole episode there.

But I interviewed Chris Palmer and Chris, Palmer is known as a metabolic psychiatrist, like a leading voice in metabolic psychiatry. But as I listened to his session, I expected to hear how all of his work is around changing the diet and fixing the metabolism and the effect on brain.

But, as i listened him, he talked about all these different causes of brain dysfunction. Metabolism, inflammation, nutrients, mitochondria, hormones, trophic factors, cardiovascular and vascular health, microbiome, biotoxins and chemical toxins.

And you may be familiar with all of these because these are a lot of the root causes that you might be finding in patients of all kinds of issues, especially brain issues.

And so ultimately what that tells me is that we don't need a single solution. We need something that is capable of solving, of identifying all the different causes.

That's typically the work that has been done by practitioners who are at the cutting edge of precision brain medicine. So now we go to 2025 and I was listening last year to Dr.

Dale Bredesen and he shared that he felt that Alzheimer's was network insufficiency. And over the last I've been pretty inspired by that and we've talked about it a lot.

I mean, I talked to him about in this newsletter and on the podcast a lock because as someone who wrote the book, on what I would say is social network insufficiency, it was interesting to me to understand that network insufficient was a sort of an all-encompassing term for understanding how we get to Alzheimer's.

And ultimately, my question is, well, then what networks become insufficient? If there's network insufficiency, which networks become insufficient? And ultimately, Bob Roundtree, in a conversation I had with him at the speaker's dinner, shared that he felt that it was really Jeff Bland who was able to take a lot of the studies in the early days of functional medicine and thread the through line to come up with this, the seven functional networks.

In fact, Dr. Bland shared a graphic similar to this at the IFM conference this year when he did his keynote.

Network Coherence and Functional Medicine

And ultimately, it's always been about networks, if you look at functional medicine operating system, you know, communication, structural integrity, defence and repair, assimilation, energy, biotransformation and elimination, these are the 7 nodes of the matrix, right?

These are 7 areas where you're looking to track dysfunction over time to understand how you go from health to disease. So this is not new to our community.

But you have something specific in Alzheimer's where you know time is brain because ultimately unlike other conditions if you see a 40-year-old woman with Hashimoto's, if you get the diagnosis wrong, or if not the diagnoses, but if, you got the root cause assessment wrong.

This patient's not going to die, right? You could get it next time when they come in after three months. But in cognitive decline, You have to go quickly because you could be losing anywhere from two to four Mocha score points a year.

And that could put you in a position where it's very difficult to come back. If you have, anything under 15, very difficult to come back, anything under 10 almost impossible to go back to health, which I learned very rapidly through my father as well.

So what is the process? And if you look at this graphic, what you'll see, and I'll spell it out for people who are just listening, sort of the five stages from what I would call coherence to diagnosis.

Why am I using the word coherency and not sufficiency? When I brought the idea last year of network insufficiency to our True Neural Mastermind, I had a couple of feedbacks that the opposite of insufficiency isn't sufficiency.

That's just a sort of a scoring mechanism. But really, the the other side of of in insoufficiency is coherence. that is a

thriving system. where you have clear thinking, strong heart, resilient immunity, healthy metabolism, energy, and vitality.

That gives you an opportunity to have balance, connection, adaptability. You could even think about it in the context of, Stephen Porges was there at Iron the Mage, you could think of it, in a context a polyvagal theory, right?

And how coherent is the place where your open and adaptive and connective and ultimately different inputs can put you in different situation. Then you have dysfunction, so early disruptions.

You have adaptation, the body adapting to these dysfunctions. And then you had disease and only after that you'll have diagnosis. So coherence, dysfunction adaptation disease, and diagnosis and part of the reason why I've been involved and interested in functional medicine.

is because it feels like dysfunction, adaptation and disease are the areas where we have the most ability to bring people back to coherence. Once you get to diagnosis, you know, the disease is named, maybe the changes are irreversible, You have to just focus on symptom management, your life narrows and you have limited options, but in dysfunction if it's inflammation, chronic stress, hormonal shifts, metabolic changes, this is where you the have most agency to be able to come back coherently.

And I really want to talk about adaptation because this is where the cross-pollination went where it got me excited because a lot of times in the functional medicine process, you're trying to understand what are symptoms of dysfunction or what areas of disfunction to what area of adaptation to that dysfunction, but you are still decreasing resilience, reducing flexibility and the system is having to work harder to maintain dysfunction and then you get to disease.

So this is a small disruptions compounding over time towards diagnosis. So my judgment on all of this, is that functional or precision medicine has to be the operating system for the brain medicine revolution because we have to able to determine what's driving the dysfunction.

And that's a key part of that. That's why I believe that we're in the right place at the time with the proper operating systems to really understand the brains.

sort of leg of the stool. If functional and precision medicine is the operating system, then it's like, well, what's going to be the delivery system? And ultimately, this graphic comes from my second book, The Community Cure.

And it was basically showing the odds of all-cause mortality across different areas. But the question I started to ask myself after this experience that I had in September is what is social stress and You know, I pulled up some studies to show just the degree to which this is true So here's a study from Wing and Jeffrey 1999 that shows that more people kept weight off when they joined with friends to support so you see 24% in the alone treatment and with Friends added and It's 66%, you know, talked a little bit about that.

Partners in healthy change, people are more likely to become active when their partner did too. So you can see that there's a big, big shift in that if you're working together as a team.

Think about connection and longevity. This is from Holt Lundstad, this is probably the most cited study in this space, but the stronger social ties were linked to 50% higher odds of survival.

That's a big number, right? And so we need to think about that when we're dealing with root causes. Cognition, now let's talk about brain and cognition.

In this study, which is Doja Al from 2024, conversation improved cognitive scores in a small trial subgroup. So this is a smaller group, but ultimately this a difference in mocha score points.

This is 1.75 moca score point going up, you know, uh, Which is significant if you look at the early Bredesen trials, the one that was in the Journal of Alzheimer's, you're lucky to get an average of a 4.1 or a four point four mocha

score improvement.

So almost half of that can be created from just 30 minute conversations, four times weekly for six months. That's a big, big issue there. And then also the last one I shared is the value of being heard.

Someone who listens may support cognitive resilience. The question then is, how do we really think about creating biological network insufficiency and this is my favorite graphic that I've created and ultimately what it shows is that if we want coherence we need to have healthy biology and that's sort of operating system of functional medicine, but that all of that biology is built on healthy behaviors, so food, movement, sleep, stress, and nature.

That's the bottom of the matrix in functional medicines, that's lifestyle pillars. But all that is build on relationship, connection, belonging, support, the way that you interact with peers and family and community and purpose.

that inner health empowers a more connected life, that empows better behaviors, empowers better biology, and that ultimately leads to coherence. This is why we can't separate the psychosocial from the biochemical.

One of the things that Kirkland Newman, who runs IMMH, said is that she believes that one of her goals with IMH when she brought it back was to get more into the psycho-emotional, the psychospiritual and, you know, and these kind of areas and also the, um, psychosocial areas because this is, critical medicine.

So, you know, one of the things that I shared on stage is that, when I wrote the book, The Community Cure, even though I'd grown up in community and experienced different types of community, I've chosen to live in a community age 25, and that was the beginning of my journey to get involved in this space.

I'd really never been in a community as I experience it now, which is to be accountable to a group of emotionally mature men. And that summer of 2019, a lot was going on.

If you followed the functional forum forever, you know that my partner, Gabe Hoffman, passed away on April 22nd of 2019, which is a big blow. Ultimately, a lot of things were happening with new health that summer, the alternative to health insurance.

Social Stress, Community, and Men's Groups

And I finally realized that I needed to have a community of emotionally mature men to just live a normal life and that, I didn't have that. I'd moved to a new city into the Sacramento area where my wife's family's from and was raising my daughter at that point and realized that I need to be part of it.

And that's what led me to joining a men's group. I want to give it in the context of the question and ask the questions, what is social stress? So I just want take a minute to talk about the incredible mission partners that we have here at the Evolution of Medicine that have made this possible.

So first and foremost, a lot of thanks. So Fullscript has been an amazing partner for 10 years. We only pick partners that can help us achieve our vision and help you achieve your practice vision.

And FullScript have been incredible partner, for a decade, but their new offering journeys, this is why we called it the Evolution of Medicine Journeys, is allowing practitioners to combine the relationships that they have with the newest technology to sell direct-to-consumer lab testing and use it as a funnel to bring into your practice and it's a game changer for the whole industry.

So go to goevomed.com slash journeys and you can get started on building the journeys for your practise an optimal way into you practise. We're going to have some conversations about it.

This is a Game Changer. Next, Jenova. Janova have been fans of the Evolution of Medicine for a long time. We're big fans with them and they now have a lot more specialty testing.

They have lot of more tools and it's a key part of understanding the body ecologically. So go to goeomed.com slash Jonova to find out more. Come on over here and I want to show you about the other mission partners.

If you've been following us for a while, you know that these are organizations that we trust, that add a lot of value. Freedom Practice Coaching, I have been supported by them since the beginning.

And so many of the issues that practitioners face in building a successful practice, scaling a success practice come down to having the right support with people who have done that.

Go to goevomed.com. Big boost marketing, Uli and his team are the best in the business when it comes to really understanding how to market your functional medicine practice.

Go to goevomed.com slash big boost and see how they can help you. And then what you're going to be hearing a lot about is the formation of clinical networks.

Ultimately, True Neura is our first effort at that, which is to build an integrated clinical network combining independent practices from across the country into a network that can reverse cognitive decline.

And if you go to goevomed.com slash True Neura, you can get a demo. You can see what it means to be part of an Integrated Clinical Network. That's mentorship, that's software, and that is making it easier for you to get incredible outcomes in a disease state where there are no other options.

So thanks to our mission partners. Let's get back to the content. Because social stress is a bigger driver of all cause mortality than… cigarettes and nutrition and alcohol and all those different things.

But what is social stress? And this is the example that I want to give, and this happened in my men's group two weeks before I was meant to go to England and I wanted to share.

So ultimately, you know, the men group that i'm part of, The Mankind Project, that have been part for seven years, I didn't invent it. In fact, some of the early members of The ManKind Project were people in functional medicine, Dr.

Tom O'Brien. who I've been friends with for a long time. He was in some of the original groups that were in Chicago in the 80s. But it's built on Jungian psychology.

And one of key quotes from Jung says that everything that irritates us about others can lead us to an understanding of ourselves. And I want to talk about this in the context of what I experienced in a group because ultimately, you know, this is the critical work.

And again, if you're not watching this, highly recommend that you get on video because these are some of the best slides that I've ever created. So I wanna give you an example.

What you're seeing on screen here is an overview of what they call the bucketing process. Again, I didn't create this, but what's interesting about going to the IMMH conference is that ultimately you realize that these processes have a lot of connection to things that therapists might do.

And in fact, in my men's group, there's one guy who's a therapist, a somatic therapist. But there are also normal guys. electricians, plumbers, farmers, just sort of normal men.

This is not like an entrepreneur group or something where there's this sort a disproportionate number of different types of people. It's a wide range.

And about two weeks before I went to England, I had an experience where we're in our man's group, and one of the men left the group. And you can imagine that if you sit in circle with people every week, three hours a week for years, that you could develop very intimate connection with them.

You really understand their lives, you understand the hopes, You understand that dreams, all the reasons why I love the Group Visit, right? To create trust, why love, the idea of cohorts in medicine where you're connected to other people who have similar issues and you are able to connect with him, and over a period of time at Build Trust.

So in this situation, a man was leaving the group for his own reasons. And after he did his checkout process, we checked in with all the men. One of the man shared that he was having a very heightened experience of this.

He felt that the mad hadn't checked out properly and hadn t lived up to his agreements about how we enter and leave the Group. It was certainly a point of charge.

offered the opportunity to go into this bucketing process. And I led the process and maybe that's why it stood out to me because this has been happening for seven years, but it just really hit to be.

So the processes that we go through in the seven steps here is the situation. Part one is what happened. The man left the group and it kicked up a lot of energy inside of me or inside this person.

Um, the second was the feeling like where am I feeling in the body? What am i feeling and where Am I? Feeling it to try and understand like, where is this affecting me?

what is This outside element, you know, how is it affecting the internally and Where does it reside? The next step is to remember when the earliest time is I remember feeling this way and in this case the man shared that this is something that he can remember, You know from his childhood from being left out of sports when he was eight or not being connected in the playground at eight years old or moving to another part of the country and losing all of those friends and having to start again.

And so this was a memory that he able to like compassionately look at his own history and say, when did I first feel this feeling? Part four is adaptation.

So remember what I shared before about adaptation in that journey? What beliefs and behaviors did I adopt to survive? So in the case of functional medicine, it would be like, how did my body adapt to survived from this dysfunction?

That's the adaptation process. And in this case, you know, shared that, a lot of the armor that was built for self-protection, you know, was a function of that moment.

So then the fifth step is compassion. What did I need that I didn't get and can I offer compassion to my younger self? And ultimately the interesting thing is that in both cases, the solution here is community.

Right? What was needed back then was an older brother or a father or mother or friend to say, hey, this will pass. Don't worry. You're going to be fine.

This will not be a major part of your life. And that ultimately this is something that you'll get over and support in that journey. So that was what was need then.

But also, in this moment now, as a 40-year-old man who's now experiencing this push of emotion, what's needed now? Well, it's community again. This process was designed to be able to help this man identify the adaptation and to look back with compassion.

Stage six is integration. Can I understand these behaviors once served a purpose, right, to understand that this was probably healthy at that moment to develop new behaviors around, you know, not getting what you needed in that Seven is choice.

What can I choose now? And the reason why this really spoke to me when I was putting together the session on reclaiming our true nature is because what I judge is happening in this process is the man is able to separate what is real or what a real part of his personality versus an adaptation based on who he is and where he was at that

moment.

And I think this is a critical, critical piece because, you know, so many with our patients, they've got these layers. They call it peeling back the layers of the onion.

Well, that's as true physically as it is psychosocially. And what I'm about to share is probably the favorite slide that I've created. And it's talking about adaptation.

What protected us can become what confines us. This graphic really shows it. In the middle, you have your true nature. I am sure you've had experiences of reconnecting with the childlike empathy and levels like that.

I've learnt to try and explain that. Having kids gives you sometimes access to that, so what is our true nature? Connected, open, joyful, creative and whole, but then these layers end up sitting on top of us.

Fear to stay safe, domestication to meet expectations, conformity to fit in, that's a huge one. people pleasing to be accepted and armor so that you don't get hurt.

Care Orchestration and Clinical Networks

These are all layers. these are the layers of the onion in functional medicine, in my judgment. This is the psychosocial layers the onions. But beneath all these layers, you are still you.

Part of a goal of functional or any medicine really, medicine that takes us back to coherence is to identify these layer so they can be shared so you can choose.

Ultimately, this is work. that's happening there. And if you look at it through this end, you can see that network insufficiency, when we don't have what we need, that could be biologically, right?

Could be the systems of the body not working in the way that we want, but it could pain, alone, adaptation, protection. This is who I am, where your adaptation becomes your identity.

But now there's this bridge through relationship, through community, from survival to possibility, where people can feel seen, heard, accepted, challenged, supported, and ultimately known.

Together we heal. And so this is the journey back to network coherence, when the relationships work, triggered, witnessed, understood, integrated, you know, now you can choose.

And there's many different examples that you could give of this working. I didn't have it on my slide, but I recognized straight away, Tracy Gordette was in the room.

You know she brought whole health to the VA in probably the biggest delivery of whole heath to any health system ever. And ultimately, the whole health name even came about from the people who experienced it.

It was called integrative medicine by the practitioners doing it, but it was experienced as whole-health. And so that's a good example. Open dialogue is another example, you've got the group visit model, and you got social prescribing.

If you see my social media recently, I had the opportunity earlier this summer at that same conference, and I got to check in with Dr. Michael Dixon. And Dr Dixson is actually one of the leaders in the social prescribing movement.

He's King Charles' doctor, he's the head of The Royal College of Physicians. When he was introducing me to his wife at the Houses of Parliament, He said, James Maskell has written the seminal book on social proscribing movements.

And I asked him if I could quote it and he said that I can. And he says, I highly recommend it for anyone interested

in true healthcare transformation.

So social prescribing is a part of this too that's really taken off in the UK, not so much here in US, but we have these ideas of group visits. Just last week I put in my email newsletter that the American College of Lifestyle Medicine now seeing that group visit should be a critical part I like the phrase cohort medicine because it shows groups over time.

So I never would have been able to develop a kind of coherence that I would've been with my men's group in a one-off session, right, which is the early sessions of group visits.

If you think about the way the Shilpa Sac Center talked about it and the group visit toolkits, it was like a more efficient way of delivering more information.

But if you thing about a cohort, they build community over the time and that is a pathway back to coherance. I have a little bit here about the Odessy trial, which is something that's going on in the UK.

And really what it is, is family, person, family and social network in same conversations. It didn't show any significant difference in time to relapse, but there was improvements in fewer re-referrals, better self-rated recovery, quality of life and satisfaction.

If we come back to the four pillars or the 4 legs on the stool of this revolution, functional and precision medicine is part 1, community is Part 2. So then what's Part 3? Well, what we've been looking at for the last two years in like, how do we scale care that can reverse cognitive decline?

It's really about orchestration of care. You as the provider, you know, need to orchestrate an episode of Care that Can Reverse a Chronic Illness. And that's why, You know you can see in this graphic, we have the Provider, the Dietitian, The Health Coach, and the Community and The Patient.

So the patients in the center. Why? This is patient-centered care. The patient is ultimately the person that has to make the changes. And the thing about functional medicine is that you have to kind of do it to yourself.

You're moving the locus of control to your self. How do you do that? Well, it takes community. That's why community is the next piece here. If you look at the Avanthea study, which hasn't come out yet, but if you at, you know, the best, most effective care, always the spouse has to be on that, or you have to have someone who's going to help the patient in implementing that.

That's why community is so important. And ultimately, I can imagine this in group visits, But I could also imagine in the home collective. How much different is it in a patient where the whole family takes on these healing diets or healing behaviors together.

You've got the health coach. I feel, you know, Gabe and I, one of our contributions to the functional medicine movement is to popularize this provider health-coach dyad.

And I'm grateful to be able to do that. The clinics that are really scaling care the fastest. If I look at the most successful clinics around the country, the Health Coach is a critical part of the infrastructure of care delivery.

Look at Parsley Health. Turnpore Health, look these other areas. They use Health Coaches significantly. Dietitian, critical too, especially in reversing cognitive decline because you basically got to be in ketosis for nine months.

So you need someone who's going to help you adjust your diet to a different type of way of eating. And if you look at the Ornish study, it's not ketogenic, but it is certainly a whole food plant-based diet and different outcomes, both successful.

And ultimately, in this graphic, you can see that the provider is the one who is orchestrating all of this. And so the team orchestration is a key part, and that's why if you're following along, we've had Seth Conger talk a little bit a lot,

because ultimately his experience in running a clinic really speaks to many practitioners who are trying to work out how to deliver these successful episodes of care.

How do you get 91% of patients to reverse a chronic illness? Well, you have to be able to orchestrate an episode of care. And that's why we've always spoken about practice management on this podcast and on the functional forum, because it's a critical part of facilitating transformation.

And the last piece that I want to share here are the Last Leg of the Stool are psychedelics and the reason why, you know, a lot of my thoughts on this evolved over time.

But if you go back to the podcast I did earlier in the year with with Will van der Weer, who's been a leader. He spoke on psychedelics back in 2017 on the Evolution of Psychiatry Functional Forum in Boulder, which is actually the most watched functional forum of all time because Isabella Wentz was on there.

She's got a huge community and over half a million people have watched her talk from there, but certainly Will Van der Veer has been leader at the cross-section of functional medicine and psychedelic and has taught over 3,000 practitioners at that cross section, he's a psychiatrist.

He actually introduced this talk. His good friend and a great man and great provider. And if you've been following my content for a long time and also in the last couple of years, you know that I've be particularly interested on this sort of cross-section of functional medicine and psychedelics.

Last year at IMMH, I heard from Rick Doblin and he said that he thought the MDMA and 5MeoDMT are the future of psychiatry because of the way that it really brings you back to yourself and allows you to have honest conversations about where you are in your life.

But ultimately, my journey to get to functional medicine was psychedelic infused back in 2004, where it was the thing that helped me to realize that I didn't want to be an investment banker, that i wanted to follow this thread.

And I'm so glad that did help me. to move in this direction. And so I think psychedelics could be a potential catalyst to give you both psychological flexibility, network flexibility and the capacity for new learning.

One of the talks that I loved at IMMH was by a doctor called Chris Winfrey. He was talking about TMS, Transcranial Magnetic Stimulation, and he was saying, look, we've thought about this as a cure for depression or an issue with depression, but it's just that that's where it has been tested.

Really what this is, is delivering network medicine, where you're treating the network and not the symptom. And that made me think of the work of all of us, because ultimately functional medicine is about treating networks.

Psychedelics, TMS, and the Future of Brain Care

and not treating the condition. And so this really shows the potential of psychedelics to be a catalyst in those areas. One thing I want to share that I got from spending time with Will is that psychedelic can't heal your gut.

They can balance your hormones. maybe in the brain, but not in rest of the body. And that's why I think functional medicine and psychedelics play such a key synergistic role, because for every patient that comes into your practice looking for functional medicines, there are five patients who would never consider it because they haven't been red-pilled, they have not thought about it, and they come across a situation where they wouldn't need to just trust their doctor.

And, you know, take whatever medication is recommended to them. And so I think it can be a catalyst to really help people get in reality for the way that they're thinking.

So these are the four pillars of the precision of their brain medicine revolution. You've got functional and precision medicine, your community, psychedelics, team orchestration.

And ultimately, I'm excited to share some of this again in future sessions. And I really wanted to show the part about the men's group because I think it's a medicine whose time has come.

At the conference I heard from Dick Schwartz, the founder of Internal Family Systems. And just recognize through some of the other conversations and topics that we're on, maybe topics I wouldn't attend because they're not really at functional medicine conferences, they are at IMH, that ultimately a lot of work that's happening in the men's group is based in ideas that come from therapy and are based on mental health traditions.

And what's been really cool in men group as we've started to have a therapist recommend men to come into the group because something else is happening.

that maybe is not possible inside a therapist's office and you can create this. I mean that's the purpose of this is that you listening to this can be the leader in your community that can orchestrate these kind of things and maybe psychedelics isn't coming to your state right now and that is definitely bleeding edge.

But all of these other things, functional and precision medicine, community and team orchestration is available right. I would say that I've had messages from people in Europe where they're scared to practice functional medicine because they are in a similar position that maybe this medicine was in 2008 in America where practitioners might lose their license for practicing in certain way.

But this is an idea whose time has come and I expect this to be a bigger part of the future of medicine for all these different reasons. and so then the question is what will this year bring and I think that that Chris Winfrey quote of treating networks rather than treating um treating symptoms you know resonated with me and there was a lot more uh to do that so the brain medicine revolution healing brains beyond silos think of all the silos that we operate in right now the psychiatrist teach treats mental health the neurologist treats brain, brain dysfunction, the pain medicine doctor treats pain.

But all of these things have psychosocial components and the solution is often psychosocial in nature because the psychiosocial changes drive the new behaviors, that ultimately drive, drive network coherence.

And so this is the message that I wanted people to hear and I hope that it's landing for you as well. So, this is the Evolution of Medicine podcast. This is, you know, the session that I really wanted to share with all of you here today on the podcast to show a little bit about it.

I did have an amazing trip, I had the opportunity to keynote in the Mexican Association of Lifestyle Medicine. I've recommended that conference over the years to many people, and I have seen a few of you show up there.

It really is a different energy. The wisdom of the Mexican medicine is lot more embodied, so there's a lot to learn from just coming to one of those conferences and being part of it.

I had a great time with Dr. David Rabin and Dr Sarah Godfrey et al. and Dr. Brad Jacobs were all there from the American contingent. There were some doctors there also from Harvard.

About half of the lectures are in English and half in Spanish. They're incredible breakout groups, incredible embodiment. The sessions are on grass. So if you saw my pictures on social media, you know that I gave my talk barefoot, which is a first for me.

And look, I just want to take this moment to say I hope that you enjoy these sessions here, these Evolution of Medicine podcasts. It's such a thrill to be able to share this with you.

And it's a It's not just a podcast. We're trying to bring you the tools so that you can operationalize this in your area. And part of the reason why I'm so excited about the cognitive decline stuff is that that's a disease category where there's no competition.

There's an unlimited number of people that want this care because people are just finding out now that cognitive

declining is reversible. And there's no supply.

So if you're the first doctor to step in and deliver comprehensive orchestrated brain programs in your community, that you are in the right place at the time to really make a big impact and have real longevity.

in an industry that is changing rapidly. At the Quicksilver Scientific Conference that I spoke at, QSX, which I would also highly recommend because it's awesome.

It's so much fun. Great speakers there this year. My talk there was on the future of functional medicine. And the key thing that i want to share with everyone is just that medicine is changing and functional medicine's changing because of the consumer health revolution.

And there are companies out there like Function Health that will tell you that they are building the preventive medicine infrastructure.

Closing Thoughts on Functional Medicine's Future

I think all of us know that that's necessary. But the truth of it is that it doesn't include you. Their effort doesn' include practitioners. It includes AI as the tool that gives people personalized insight on their data.

And so, ultimately, this is something that is coming to your community. And if you're a person right now or a practitioner that's being asked to interpret your function tests, that won't last much longer.

The interpretation inside the system Just yesterday, I saw that they've signed a deal with Google health. So these are the biggest players in medicine, you know, getting into a way of thinking functionally, but I believe in the patient practitioner relationship.

I belief in level of coherence that's created between people and for healing. If you want to hear more about that, last week's podcast from Dr. Cynthia Lee was all on that.

And Cynthia was a doctor who had all this functional medicine training and all of those functional medicines tools were not able to solve the things that she was feeling.

It was really about some of this interpersonal coherence that was able solve those issues. I think with all the sessions that we're bringing here we are painting a picture of what it takes to heal and I respect all of the time, effort and energy that it take for practitioners like you to do the work.

So, and to the do work in your community, be a beacon of light in you community and make a true impact on health in the community. This is James Maskell.

This the Evolution of Medicine podcast. Thanks so much for tuning in. We'll be back next week with another epic session talking about throne and wearables that measure your poop.

And we got a lot of other cool stuff coming very soon. So thanks so for much tuning and we'll see you next time. So we are here asking practitioners about their practitioner journeys and the reason why is because journeys is a new product from Fullscript.

Journeys allows you to set up your own lab offerings as the top of the funnel, give the patients what they want, they wanna know about themselves and it's the easiest way to bring them into your practice.

We have all types of practices from across the country that are building their own unique lab panels for their unique practices selling them to their community and acting as a great funnel into their practice.

This is a massive innovation. I think this will accelerate the evolution of medicine. You can go to goevomed.com slash journeys to find out more, set up your own journeys in half an hour and transform the health of your

community.

Go get it. So that was the podcast. What an epic session. Thank you so much for tuning in to the Evolution of Medicine podcast, we'll be back again next week.

And thanks so