Introduction and conference context

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And that we were measuring it and seeing it happen. It's like giving them hope, giving him safety to actually lift heavy weights and do it safely. and it's amazing because they get lean muscle and they're feeling fantastic.

They're like, I never felt better and there's 75 or 80 and that's a fantastic experience. I could see that they could build confidence there and then eventually make their way into sort of a normal jib, right?

Because there is like a, it is almost like training wheels. And they've gotten there with a place where they before had never even thought of it as something that they should be looking at.

Hello and welcome to the Evolution of Medicine podcast. We are live here at the Institute for Functional Medicine's annual international conference. And we are interviewing leaders from across the functional medicine space about what makes them tick and their journey to be here.

I'm here today with Dr. Ryan Arnold, If you've been following the content, you know that Dr. Arnold is involved in a number of really cool things. He has an amazing practice called Klava Health in Santa Barbara area in California, but he also is in involved with reversing cognitive decline.

And we're going to jump into some topics. We're gonna talk about CGMs, we gonna about blood sugar, the connection with brain health. So Ryan, great to see you.

Awesome, good to have you here. So tell us a little bit about the journey that you had to bring you to AIC. So I was invited by Dexcom because we've been implementing the use of the Stelo continuous glucose monitor in our practice for the last several year and a half as it got launched.

And we were on the earlier implementers and so they're like, can you just tell your story and let us know at the conference here and their users here, how you've implemented that in their practice.

And for us, it's been a game-changing tool in helping to personalize and giving precise advice for our patients in longevity and wellness and brain health.

So it has been very big center point of our focus. I know that you were sort of early on in the idea that this isn't just for diabetics. So what is the value outside of the diabetic population?

In fact, that's our main focus. I think, you know, Dexcom has a model, the G7, is for the use in patients with diabetes. But this is really for optimized patients that are looking to know more about themselves.

And so this this an over-the-counter device that kind of removes a lot of challenges we've had with alerts and things that were kind of bothering people and allows us to have the individual get a really personalized guide and knowing their risk factors for disease before it happens, not waiting for this, you know, to manage it, actually prevent it and reverse it.

CGMs for metabolic and brain health

And that's an exciting space in the field of metabolic health, which is one of the key drivers for chronic disease, but really with cognitive decline.

Okay. What do you see in data that tells you that someone's on the right track? Like what would you over time that

makes you now that whatever you're doing is working?

So interestingly, we've got such a new insight for an individual that shows that the blood tests that you might have when you're fasted don't give us any insight into truly where you are as the health perspective.

And so when we see patterns of good glucose disposal in your marker and we a continuous sign that show that are really adaptive and responsive to the meal, it gives us so much more insight than just how has your average been over the last three months.

And also it's actionable. So people make a decision that changes and they say, oh, this meal didn't do well, my next meal I can do better. And they can change that, make it personalized for them.

That has been remarkable because we've seen now, and I could say this, the reversal of a condition like pre-diabetes, like insulin resistance, measured by numbers that are the standards like A1C, but driven by the glucose monitor results.

What is the uptake in this kind of data gathering in the broader functional medicine community from the conversations that you have here and do you think it's catching on?

I do. I think that people are realizing that we can't wait for labs every three to six months and that really driving behavior changes requires this higher touch point.

And this becomes like a coach in the pocket for some individuals that don't need an individual, you know, like touchpoint with the human, but they can get this insight and then gain guidance through coaches, through insights with me to interpret their findings and get us a better result there.

We've seen really impressive things here and particularly around this building and growing body of evidence that's showing that blood sugar dysregulation drives chronic disease and specifically brain decline so that we've now know that this is a key marker for us to reverse that process.

Yeah, that's really, really cool. I want to get into the brain stuff because obviously you are the example that I always use to show practitioners. You know, you have a pretty broad longevity functional medicine practice, but you chose to add a brain program to that.

What was it that was exciting to you and what made you think that this was something that would be useful or interesting to your patients? I think that for me, realizing that the ultimate play in longevity health is brain health.

And on the heels of these recent trials that are so encouraging from published stuff from Dr. Kat Toops and Dale Bredesen and Dr Christine Burke, but now in the new Avanthea trial, which is going to be published soon, the evidence is mounting that we can move this needle and we do it through these mechanisms that specific to that individual.

So it's not a one size fits all. but it helps identify who is at risk and which condition. So this is one of those key conditions. This is why we see the ability to move it in someone who has the risk because the signal shows up, we address it, they fix it and all of a sudden things are getting better across the board.

And that is such an exciting space as opposed to a here's the pill that fixes all your ills and it doesn't work in half the people. They don't know what to do, and they're frustrated with it.

Yeah. You mentioned something last night when we were at dinner and it was awesome to see you connecting with so many practitioners from the True Neuro Mastermind who you know through Zoom and collaborate with in that way.

But you were saying something about in your local area and the degree to which health systems and other health organizations are meeting the needs of the local population.

that when you have a system that is very, you know, ensconced in a metric of making money and financial reimbursements by following the tried and true, the FDA approved drug that we know doesn't work and yet they're still able to give it.

And that for them, that then translates to the message to a patient given no hope. So now you're surrounded in the system where you become the lone voice to express to them that there is hope and I can get you there, but you have to actually go against some of your colleagues that are saying, there's nothing to do, this is an inevitable process.

And so when you see that in your local area and you realize that you are kind of this salmon upstream, so to speak, or as Dr. Burke refers to us, a little bit of a cowboy where you're kicking back on the system, it's exciting because you you, you were like, I could do something different here.

Reversing cognitive decline and clinical evidence

what we love about this group and meeting my colleagues that I've been working with now for months, virtually, in person, you feel you have that tribe and that is connected.

So you're like, am I crazy? Can I say this? No, I'm not crazy. This is real. And time and time again, as Dr. Anasathas said last night, Dr Burke reminds us, this works, and you see it and watch real cases turn around and it gives you chills.

when you see that happening, because you're like, I'm not alone, not crazy, no matter what I am hearing from the fancy doctor in the Fancy Ivy League studio who's saying that this is useless, that we can actually move that needle.

Well I wanted to share something that Dr. Sattar said last night that really stuck with me is the Roger Bannister analogy for reversing cognitive decline.

And for those of you who may not know the story, Roger was a British runner and was the first guy to go underneath a four-minute mile. And that was a psychological blockage that the whole world thought was impossible.

And then now you see 100 cases reversed, precision medicine approach for cognitive decline, showing it to be reversible. Once Banister did it, then many other people went through it because it was like a cognitive blockade more than anything.

and I think we're starting to see the momentum around, the proof around the reversibility of cognitive decline. I'd love for you to compare and contrast conversations you have with other doctors and peers in the metabolic type 2 diabetes space and the brain space, because I figure in a metabolic space it's almost impossible to be blind to the fact that Whether you're talking about Virta Health at scale or employees, if you are talking in the National Health Service in UK with Dr.

Unwin, whether you talking clinics like yours, it's harder and harder to have the opinion that type 2 diabetes or insulin resistance isn't reversible, right?

Right. Oh, it's measurable. I mean, that's one of the beautiful things is that you have this quicker turnaround. So that why they can get their hands on it and they could say, okay, my patient doesn't need insulin anymore.

They don't needs oral anti-diabetic drugs anymore, they're doing it with lifestyle and food choices. That's an ability for them to see that. There was a paper written by a physician that I don t have to name, but initially when this came out said, it's inappropriate to use glucose monitors on patients without diabetes.

And we have now proven that to be factually incorrect because we are literally having measurable reversal of conditions. Now, as you'll know, like in the system, if you have pre-diabetes, a condition in which, you know your

A1C is elevated, but not to the criteria meaning diabetes, the management out there is variable.

It might be a metformin prescription or nothing. They'll say, come to me when you when have disease and you've failed. versus we can now reverse all that process through lifestyle and guided specific nutritional focus.

And that turns that around. But then you compare that to brain health. Now, a process in which it takes several months to years to really reverse some of those longer term kind of changes, but they are reversible, you have to have the patience and have have a system in place to support that.

And that's hard to do by yourself. It's not a simple prescription or a simply supplement or simple lifestyle, it's all of these things. precise to that individual and it's in a unique fingerprint for each individual.

And that's a hard thing to do. So compare and contrast the conversations you have with those two disease types now that you're doing both of those works.

I mean, I know they're interoperable, but you are having, i would imagine, conversations with other doctors who are treating the patients that reverse their type 2 diabetes or their insulin resistance.

and then you were at the beginning of conversations, you know, speaking to your patient's neurologist who's like, what are you doing over there? Right.

And that conversation, because we now have a building evidence that we can show them, they're starting to be open to it. And then they went from being critical in the past to just being passively accepting and nodding or not engaging.

less aggressive pushback, I've seen more kind of like, okay, you know, no one's going to argue with improving their metabolic health. We do get some eyebrow raises on hormone replacement at certain ages and I still, we sit in our foundation on that.

But the conversations are starting to change and we are having some people that are frustrated still. They are They know that their reimbursements are based on certain drugs and I take their patient off that drug.

That can be a contentious moment. I try to engage with them in those. And I tried to explain to them why these situations work. But it's not always easy.

Challenging conventional medicine and finding support

glimmers of hope of individuals that are kind of being more open to this process because they're seeing that there's a changer. But honestly, you need to find someone that has some humility and some humbleness around their knowledge base and accepting that we might do things differently now going forward.

One of the things I really appreciated a couple of weeks ago, I had the chance to come and see what you're up to there and meet some of your ecosystem that you've built around your practice.

And we got to have a tour of HealthSpan Plus, which maybe you could share a little bit about how you came across them, what they do, why you decided to this be part of ecosystem and why think other practitioners should look for something like this in their area.

Yeah, the partnerships here are so crucial because if you try to be the keeper of all of that guidance, you're overwhelmed and you can't do that for that scale.

So when you have these partners that share the mindset and helps you, then you make move amazing more mountains, right? And so this group is an amazing group in Montecito.

They have a training facility that helps safely with guided trainers and physical therapists that work with the patients

who have low muscle mass, low-muscle-mass, high visceral fat.

Two factors we know are directly correlated to a dementia risk. And so now we find this alliance because they have DEXA scan, body composition scan on site.

I send my clients, my patients in there. they get this assessment and then they're training with them to like build lean muscle, to reduce visceral fat.

These two predictors that we know can be beautifully correlated to brain health. And honestly, the way they do that is through glucose monitor and their glucose assessment.

So those are mechanisms that get us to that final goal. But we've seen You know, honestly, breaking bounds of what was been told possible to me and taught to be medical school that at the postmenopausal women at a certain age could not gain muscle mass and that we were measuring it and seeing it happen.

And it's like giving them hope, giving him safety to actually lift heavy weights and do it safely. It's amazing because they get lean muscle and they're feeling fantastic.

They're like, I never felt better and there's 75 or 80. That's a fantastic kind of experience. say I could see that they could build confidence there and then eventually make their way into sort of a normal jib too, right?

Because there's like a, it's almost like training wheels. And they're gotten there with a place where they before had never even thought of it as something that should be looking at.

Doctors actually will sell, and I've had my patients been told by other primary physicians, you're too frail to lift weights because you have osteoporosis or osteopenia.

Well, that's the cure for the frantic is to lift the weights. And so it's just, and then we lean on a drug, which we know and we can show with evidence that it doesn't change.

So now the drug fails. All they do is shrug their shoulders. Like that. Just getting old. We're like, we're not accepting that we had a, were going to change that were gonna change what aging looks like.

It's network sufficiency through muscles, right? Absolutely. It is one of the main network pieces of that puzzle. Well, you're a great user of EVO-MED ecosystem.

So we're going to take a moment here and I'm going introduce you to the EVo-Med ecosystem, then we are going come back and talk about some of tools that Dr.

Ryle is using. Hold on tight. So I just want to 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, I want thank Fullscript and Fullscrpt Journey. Full script 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 Full Script 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 practices an optimal way into practice. 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.

Building a practice ecosystem and muscle health

So go to goeomed.com slash Jonova to find out more. Come on over here. 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 BigBoost 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 trunura, you can get a demo. You can see what it means to be part of an integrative clinical networks. That's mentorship, that's software, and that makes 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. All right, let's start by talking about Fullscript Journeys. You were one of the first to get it going and get used in your practice.

So I guess maybe you could just share what was it about full script journeys that got you excited and tell us a little bit about what you've created as our front end for your practices.

It's been amazing. I mean. If anyone has gone through this when they're practiced with the pain points of ordering the specialty test and having to literally fill them out by hand and paper on different forms, I mean, that alone was this challenge to them bringing all together a place where you can order their supplements.

track what they're taking, order the specialty testing and put it all in the one space and then actually add, you know, the constant verbiage that we would put on why we're ordering a test and what it's for and how to do it.

And then they couple that in this system that is so in one little universe, allows them to hit buttons quickly connected to my electronic health record, goes right to the patient's email and they are filling their prescriptions.

I don't have to manage inventory for supplements anymore, I do not have my staff spend half an hour with the patients kind of filling out a form. which we can't track, by the way.

I get updates on tracking. There's so many aspects that are fantastic. And then also within a, I think I built it in 45 minutes and it was up in an hour, had my own space that was branded with my brand, my color scheme, and all of my labs that I order my panels on.

and I can send my patients to them and say, here's what I recommend you have. Then there's a transparent cash price for them to say if I want to go down this route, how much does it cost?

And that is such an amazing experience for my patience because many of them are just stuck in this rut of the

frustration of denial from insurance and getting charged a way big overage fee.

And so now there's a transparency there that they know what I want. They know where they're trying to get and we can get the thing done quickly. So it's been great.

It's great way to build trust too. Tell us a little bit about how you came up with your six panels and why you chose six and what those different panels do for you.

Well, and they're now building actually more panels recently because that six started as like the key things on either hormonal balance on a comprehensive cognitive, you know, like say cognitive program, kind of looking at the root causes of cognitive decline, just a panel for let's say insulin resistance.

And so some of the keys factors that we know people are tracking on regular basis where they just want to say, hey, I made a change in the last three months.

Let me check in on how I'm doing. And it's been a beautiful kind of I think assimilation for the empowerment of the patient to have their own agency to say, I want this on a monthly basis or a quarterly basis and not just driven by what I say to do.

So they have some power there, but they also know what is important to Dr. Arnold? Like what does he care about in me? I've read about this study, and then they can ask and they ask to add a thing in there.

There's a transparency there but I built my panels to really hit the key points that I do a lot of. The hormone panels, the metabolic panels. at risk panels for nutrition deficiencies and those kinds of things that kind of really help us drive those, what we think of as root cause drip processes.

Awesome. And you've been such a great addition in the True Neuro Mastermind. Obviously, last night you had a chance to meet in person some people that are on the other side of the country.

It's only an hour a week. But what I felt last there's something about working together with a group of people, going over hard cases, learning from each other that is cohesive, right, for relationships and connection and trust.

Tell me a little bit about your experience.

Fullscript Journeys and practice workflows

Oh, true neuro has been a game-changing thing for me. I mean, I came from an academic background, and I did love the collegiality around that and didn't miss it in private practice.

And I love my patients, love what I was doing, loved that I had the power to do what wanted. But, oh my gosh, it was fantastic for us to be able to really leverage colleagues and realize that they're doing what I'm doing, and that we can then lean on each other, share cases, present those cases.

Learn from people like Dr. Burke, who's been doing this now for many more years than we have, an experience with Dr Bredesen and Dr Toops and all those different trial perspectives, experience kind of as a mentor and a lead.

And for us, the apprenticeship model is what medicine is based on. That's how we should be learning. You need textbooks, you need research, but you also need the care of individual humans because they're always unique and different there.

So to have that guidance there and to feel like you're not alone and then you can lean on colleagues and be like, how do I get this test or how to get someone compliant with this?

I mean, it's not just the science, It's the human factor. of how do you comply with this? How do convince the

patient? I mean, Glenn Garland, I love some of his things he talks about with kind of compelling the story of why this is so important time sensitive for his patient.

He's a neurologist that has come over to this space for us, which is just like, for it's like the rare pink elephant that we don't see a lot of. And it was just wonderful to have him a part of that.

I'd love to get your thoughts on we connected, you trusted me to join part of this, but there was something inside of you that thought that this was a journey, having brain health and learning about it was going to be critical to the forward progress of your journey both your clinical abilities or otherwise.

What would you recommend to someone who has a practice, has maybe a focus that isn't brain-health, what can learning Yeah, I think, for me, it started very personal.

I've watched the loss in my family and I'm currently going through another one and it's heartbreaking. And I that when you're on our part of the aisle to know that we're empowered to do things is exciting, but sometimes heartbreaking, But for somebody who hasn't built it in their practice, and think it is too complicated, Really, it's what I look of it as the foundation of functional medicine because everything that we're doing there from environmental toxin, you know, reversals and metabolic health and hormone optimization and inflammation control, these factors are what we do in functional medicines anyway, but the ultimate goal here is targeting the brain itself.

And if you think about the brand is the Ultimate Play, I always said it because if you have this perfect body but your brain fails, you're not there to even know it, happen and enjoy it.

And so when any individual patient, when you let them actually get honest with you, they will share with that that's their ultimate fear. They've been told there's no hope.

So why share this thing that they're worried about? For the practitioners out there, they were like, I don't even know. I've read Bredesen's book. Or I haven't done that training.

That's where the apprenticeship model of TrueNeur and this group represents. To think that you can bring a case. to a group of people that are seasoned in this and give you guidance.

I mean, where does that exist in private medicine, much less academics in the space that has the time to do this? We all dedicate this time and spend that time as a groups committing to each other and supporting each, but also learning every single time.

TrueNeuro mastermind and collaborative care

And there's never a week that we don't learn something about this. It's wild. One of the things that I've come to recognize, because I have seen people do case collaborations on Zoom, and I see people present cases.

But I think when I seen it, it's typically two or three slides, PowerPoint slides. And you might be thinking to yourself, well, based on the pattern that's I'm seeing there, I might think it might this or it may be that.

Because I had my own pattern recognition and intuition from seeing all these kind of cases, The cool thing that I see is that there's no guesswork because all the data is right there.

And I think that a complete set of data plus collaboration is so much richer because you don't have to wonder, well, was there mold in the house? You can see the mold test, right?

Right, you can actually see it so you do not have guess. There may be some psychosocial things in there that you did not quite know, but at the end of the day, that to me seems like something that if you're doing it that way and then you are using the system day to day what I've started to see the confidence that I have seen from practitioners that came in sort of like doing some functional medicine, but not really sure to be confident to take on these really tough cases has been amazing.

Yeah. I mean, the ability to actually have a bit of a game plan and say, you have a terminal illness. I'm on terminal diagnosis and here's how we assess it.

It's comprehensive and we don't let you choose, oh, I don t want that test or I suggest this test, but maybe like, no, we know that these factors drive this disease.

We have to assess them all at once and figure this out for you and then work slowly, incrementally to improve them. That gives you the peace of mind, be like okay, my colleagues have done this.

They've advocated for it. It helps me explain to the patient what to expect, but also now feel like there's a systematic approach to get that fixed. And that's, you know, a very nice place to feel comfortable in that.

Well, last question. You're here at AIC. What have you enjoyed? What are you looking forward to? And tell me a little bit about your experience of this conference.

I think, honestly, just to meet some of my colleagues in person has been one of the biggest pluses. Something I'm really looking forward to, I thinks, is this interaction and these dynamics I've had with conversations with clinicians here about what I am doing, what they're doing.

We're sharing that. That mental model sharing is exciting. I, you know, think you're going to speak later with Dr. Kenji Shibuya. colleague, a friend of ours is now also a colleague from Japan who is championing the idea of getting functional medicine to another country and a country that we, in functional, medicine emulate.

We think about like the culture and the cuisine and diet and life expectancy. And so here we are, they're coming to us to kind of collaborate. We're like, but we're looking to you, for example.

So to me, those are exciting things. And I think that you and I were talking about, you know, kind being at this event with him in the future. strange connection between like public health and individualized medicine.

And it's funny that like, public-health in America, sort of disastrous, right? Massive gaps between the rich and poor. In that way, Japan, not like that, highest life expectancy.

Conference reflections and closing remarks

So, you know, good solid public healthy in that If you want to really understand about the cutting edge understanding of network sufficiency and network medicine and reversing, you know, pre-existing disease, this is the place to be.

Absolutely. Yeah, absolutely. This is a place for me. And people are, I've seen more people from all around the world here this year. Well, Dr. Ryan Arnold, thanks so much for tuning in.

this has been the Evolution of Medicine podcast. We are live here at the Institute of Functional Medicine's annual conference. Over the summer, we're going to bring you So many interviews of interesting people that we met here.

None more interesting than Dr. Ryan Arnold. Thanks so much. All right. Enjoy and we'll see you next week. 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 want to 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 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 them. 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