But I kind of joke that I feel like I deserve a partial refund from my medical school training. Women's health, the lab testing, to pretty much anything that makes functional medicine functional.

Like if you're constipated and you can't lose weight, those are two different appointments. Your cholesterol's up, here's your cholesterol pill. You can lose weigh.

Here's a shot for that. It's almost like watching Scooby-Doo and trying to figure out who the villain is. And then they call us up and they say, OK, Dr.

Deb, I think I need a change in my hormone prescription because my night sweats are back. You're listening to the Lifestyle Medicine podcast with Dr Ivan Rusilko, brought to you by Access Lab, where we explore new perspectives at the forefront of personalized health care.

Well, welcome back to the Lifestyle Medicine Podcast. I'm Dr. Ivan Russocki, your host, and we're powered by Access Labs. If your doctor's not checking your labs, they're not a doctor.

Today, we got Dr Deb, And we are going to be diving in all sorts of different things, whether it's from women's health, lab testing, to pretty much anything that makes functional medicine functional.

So Dr Deb, thank you so much for stopping by from Cabo, of all places. Yeah, it was great to to here. Lucky you, I am actually in the rural of Pennsylvania, so we were on different ends of the spectrum on that one.

Well, good, so I would definitely like to dive in because I know you specialize in several different things. So I was just kind of curious to sit there and see what kind got you into this industry first and foremost.

Well I have my own personal story like a lot of other providers that get into. This I. Was tired all the time I, was cold all. The time. I Was irritable having panic attacks for no reason I had no understanding of what was going on with me because nothing in my medical training explained what.

What was happening to me. And what changed for me, actually, is I read a book by Suzanne Summers. You know, you remember her from Three's Company, Buying Master.

And I didn't really want to read the book because as doctors, we don't want get our medical information from celebrities. But I did know what else to do.

When I wrote the books, I learned all this stuff about women's hormones that suddenly made sense. And fortunately, she had a lot of resources in the back of the book about where doctors could go and get trained.

And I realized, like, this isn't woo-woo medicine, you know, just crunchy granola stuff. There's actually real science behind this, but I kind of joke that I feel like I deserve a partial refund from my medical school training because I left out a bunch of really important stuff from our training.

Pretty crazy, right? Again, Suzanne Summers, I grew up with a crush on her my entire life. So God bless her with that one. But no, it is true because when you really jump into what regenerative functional medicine, however you want to flavor this, you start to see that there is science and it's more common sense based science as opposed to just study after study funded by Big Pharma, this that and the other.

I have so many physicians on this podcast who kind of have the same story. They were going through some personal life, you know, their own, our own education couldn't figure it out.

And all of a sudden, boom, wellness medicine steps in and saves the day. So I'm definitely glad to hear that you

are another convert over here to the wellness industry.

Can you kind of tell me how you transition from that traditional mindset into now, like how do you see patients? You know what your overview when a patient walks in the door and how are you going to share your personal experience?

Yeah. Well, at first, I have to say it was really difficult to switch over because my original training was as a pediatrician. And I liked being a paediatrician, but all of a sudden I got opened up to all this new stuff that made so much sense.

This was back in 2006. So there weren't a lot of options for women back then. In 2006, bioidentical hormones were still not very well known. I actually had patients who were getting fired by their doctors to come and get on hormones with me.

Because I originally started as pediatricians, Um, I had a lot of training to do, and, uh, had lot imposter syndrome because, you know, who wants to go to a pediatrician for menopause care.

So I compensated for that by doing like every training and certification and you, know course and program IFMA forum. I did all the things, um, to get trained.

And I opened up my practice in 2007. So we're coming on 20 years now and it's really been wonderful because I, this is like literally what we hear every day, right?

Women come in the door. I mean, we see men too, but women come into the and they say like, I don't feel like myself, something is wrong. And they've got a list of symptoms like this long.

Um, and in medical practices now, when you walk in, the do a lot of the time, you're only allowed to have one problem at a time. Like if you're constipated and you can't lose weight, those are two different appointments.

You're not allowed to, even though they both could air thyroid, right? They're connected. So our system is so messed up. When I opened the practice, I had so much passion about what I was doing.

I didn't know how to run a practice. That's certainly not something that they teach us at medical school. And it took a lot of the school of hard knocks to get it all sorted out.

But now we have a wonderful system. We have really fun practice and I'm really proud of it. And our approach when we see people is we really want to listen to understand, we want all the symptoms because what we're really looking for is patterns.

We want understand how these different symptoms might be connected. what's really going on because what we want to do is we wanna address the underlying cause of why you're having this list of symptoms.

We don't wanna give you one pill for the, you know, here's your sleeping pill, your cholesterol's up, Here's you cholesterol pill. You can't lose weight.

Here is a shot for that. Like what were doing with all of those different things is were kinda just putting a bandaid on the symptoms and while we may be able to get some improvement, we're not really getting people all the way well.

unless we get below that to understand the why behind why all of these things are going on. No, very, true. So 2007, you were definitely on the forefront of all this.

I'm kind of curious. If you could give anybody listening, what was the biggest, I guess you'd say, pivot point or the most important lesson you learned transitioning from that traditional into the actual wellness?

Because when you transition, wellness was still considered voodoo. You know what I mean? So I am sure you are

met with a bunch of different, from your colleagues, your friends, and your family.

What was one of the best things you learn from the A4M, all these different credentialing bodies? So I remember like the most impactful moment of all was I was sitting in a lecture and somebody was talking about how to treat hypothyroidism.

And they had a list of like all the symptoms of hypothyridism, and I'm looking at the slide and reading, you know, cold, constipated, tired, hair falling, all these things, as I am sitting the room shivering with my jacket on, like I had all of those symptoms.

And I had been on, like my story is, I have symptoms for 10 years of hypothyroidism, but my labs were always normal, quote unquote. And after 10, years I finally, the lab went out of range and I was given Synthroid, right?

Which is the standard pill. My labs became normal. But for another whole 10 year, s I still had all the same symptoms. So here I am, on SYNTHROID, my TSH lab test is normal but I so have all of the symptoms and so what he said in that lecture was, If your patient has a normal TSH, but they still have all of these symptoms, you haven't fixed your patients.

And I sat there and like, my mind just exploded. Yeah. I think for people who haven t been to medical school, well, of course, if your p atient still has all the same symptoms obviously you havent fixed them.

But for us, that T SH number is like the be all and end all right. Like if, your thyroid test is in the normal range, or not allowed to have a thyroid problem.

And even if it's a little bit outside of the raid, like it has to be pretty far gone before somebody will take you seriously. And so one of most important things that I learned that specifically changed my life is we have to understand how we're interpreting These lab tests, we have to make sure that we're ordering enough lab test to get the full picture and we are not just getting a little tiny snapshot because once I realized that even though my TSH was quote unquote normal, it was barely normal.

It was right at the edge of the range. how the different, when we actually look at the thyroid hormones like T3, I wasn't able to properly use that thyroid pill they were giving me.

I was not able make it into the T-3 that I needed and so I still had all the symptoms. When I knew that, it could change how I treated my thyroid and I am a completely different person.

Like I will never go back. I love that. I like it. Thyroid is such a sticky wicket because you know, you have the TSH, free T3, Free T4, but then people forget about reverse T-3.

TPA, all these different things that go into it, so, everybody comes in and says, oh, my lab tests are normal. It's probably one of the biggest buzzwords as a physician in this industry.

You're like, okay, I'm gonna go ahead and guess they're not. Because once like you said, once you start digging in, just because the surface aspect is normal, there's so much more intricacies that can make it not normal on the back end.

What are some of the biggest things that you find on lab testing where they say this is normal, but then you start digging more and all of a sudden, you know, it's like, whoa, there's so much more going on here.

Yeah. Well, thyroid is probably the best one because typically, yeah. The TSH, right, is the standard thing that we look at. And so a lot of times what we see is, the T SH actually might land somewhere in the normal range, But there are so many factors that impact how the actual thyroid hormones are being used in our body.

So if we don't look the big picture, we you know, we don't understand what's going on. And then a lot of times too, they're not looking for antibodies against your thyroid because 90% of women who have hypothyroidism, and men

can have it too just we have so much more often, but 90 percent of the time it's an autoimmune disorder.

So our thyroid gland would have been fine if our immune system left it alone. If we know that those antibodies are there, then we can't address that because really we need to be addressing the immune systems.

We have one auto immune condition, which I do have Hashimoto's, If we have one autoimmune condition it just raises the chances that we'll develop the next one and so we want to be focusing on calming down our immune system and if we don't know what's happening with the antibodies then we were missing so much of the picture.

So I would say thyroid is a really big one that it's not It's not super expensive to run these tests. It is not such a big deal, it's just blood work, but it is offered and so many times women will come in and say I had all the labs done and they're normal and got like barely anything.

And we hear that a lot, right? Women will say, I went to my doctor, they did all of the lab and what they got was like a CBC, a complete blood count. and a CFP, a metabolic panel, which is like the most basic level.

But because there's a whole bunch of different things included on those panels, they feel like they got all the labs. Unless you have kidney failure or liver failure, or hepatitis or something, most of the things that we find aren't going to show up on the lab panels.

So true, so true. Yeah. And then hormones, I think, are another place where a lot of women struggle to get their hormone levels tested. Like for men, men don't often come in and say, like, I dont feel normal. What they often say is, you know,I'm tired, and I'm not sleeping.

I don' feel like myself, whatever. But it's probably just my age. It's so interesting. Men always blame it on their age. Always on the age! Yeah, but it's not so hard for men to ask for a testosterone level.

Like if they say, could you measure my testosterone doc? You know, most of the times doctors will say fine. But if women go in and they ask to get their hormones tested, more often than not, they're told, no, we don't do that.

You're too young. It doesn't matter. And I do understand that for premenopausal women, it's not straightforward because our hormone levels do fluctuate over the month.

So if you get your hormones done on some random Tuesday afternoon, they're going to be different, you know, two weeks from now. But, you know, your blood pressure changes depending on if you're stressed out or you are relaxed.

Your sugar changes, depending of when you last ate. But we don't say we can't measure your sugar because it changes. We just take into account when did you eat, what are you eating, etc.

So for women's hormones, I think there's a lot of information that we could get if we know when in the cycle we're testing, If we understand how to interpret the lab results, if we know that the LabNormal ranges are quite broad, we what patterns to look for, what optimal ranges look like, and that's just not things that we're taught in medical school.

It's not part of our curriculum to measure hormones at all. Now when someone, when somebody comes in and is going to do the testing with you, are you asking like, you know, were you stressed last night?

How did you get here? You know calmly and all that kind of stuff. Cause it seems like I couldn't agree with your more. I would say no fitness, no food, and no fornication for at least eight hours.

Plus I want to know what's, what else was going on because that can change an estrogen level testosterone level, thyroid, adrenal glands, IGF, everything under the sun.

So I think a lot of physicians go back and they, they kind miss that, you know, like, what is the person doing the last

eight hours? Because I could walk into a thing and check my testosterone, it's A, but if I did, you now, if got amped up in the car, almost got in a fight, worked out or something, is gonna be a completely different number.

And I think a lot of people over, kind of overthink that, I'm sorry, overlook that when it comes to female hormones. Yeah and you know the time of day matters, the month matters.

How we're drawing, is it a blood test, a urine test a saliva test? There's a lot of nuance that goes into measuring women's hormones and that doesn't mean just because it's not super straightforward doesn' mean that we shouldn't be doing it, we absolutely should be.

It just means that that us as medical providers, that the onus is on us to learn how do we best use these lab tests? What are the best practices? How do get the most out of the results?

what are complicating things that can go into it? So for example, if women are on hormones, that matters a ton too, right? If you're on birth control pills, if you are on topical hormone creams, or if your taking hormones as a pill, all of these things are going to affect the hormone levels, the timing, like when did you apply the cream?

an hour later, the levels may be quite high as the hormones are kind of going into your system. Whereas if it's 24 hours later the, levels are going to be much lower.

So we just need, it just takes a little bit more learning on our part to understand how to work with the hormone tests. so that we can get the best information and understand how to interpret the results.

And then they can be so helpful in guiding us for what best advice do we give people. Is it hormone replacement therapy? Is lifestyle changes? Are there supplements we could be using?

Whatever the case is. But if we don't know how use and interpret test results, then we're sort of drawn in blind. Very true. Everybody thinks hormones are the end all.

Now, do you ever get to a situation where you look at it and they're like, okay, all these hormones and you've tested everything, you know what I mean?

Like, actually look up and, they seem to be all right. What's your next smoking gun that I can look for? Is it something like food sensitivities, heavy metals?

Where do we go next? Yeah. I think this is so important for us to talk about because menopause is really having a moment right now. And the, you know, regular mainstream doctors are getting the memo that hormones aren't dangerous.

They have a role to play. We should be prescribing hormones, women, et cetera. But now what's happening is everybody's just knee jerking, getting a quick prescription, see you next year.

Scary, right? Without all the nuance. And so I think one of the things that's important to say is hormones aren't bad or scary. They have really important roles to play.

But we always want to put the hormones in a healthy body because what our body does with the hormone really matters. If we're very inflamed, if we have a lot of oxidative stress, we don't have enough antioxidants in our system, Like there's so many factors that go into what happens to those hormones after they're in our body.

So when we see somebody who comes in the door and they bring their list of symptoms, it might be hot flashes, but you know, honestly, for menopause, hot fleshes are almost the least of our concerns.

It's the brain fog, the memory, all the things. But so what we want to do is we to consider hormones and understand what's going on with their hormones.

And we wanna look at the hormones as a big picture because cortisol regulates our hormones, so cortisol is our main stress hormone. If it's out of whack, it is gonna knock the rest out a whack.

So for some women, especially relatively younger women like before they're already in menopause, if we can help with stress and lifestyle and getting cortisol normalized, that can go a long way to getting rid of the other hormonal symptoms and maybe they don't need hormone therapy yet.

But like you said, gut health is also important for hormone balance because how our body clears estrogen from our system. Every day we have to clear yesterday's estrogen to make way for today's.

And the liver filters out the estrogen and dumps it in our gut so we can poop it out. Well, if we're constipated and we are not having regular bowel movements, it stays there, it could get reabsorbed.

Or if we don't have the right bacteria living in our digestive tract, those bacteria actually help us to metabolize estrogen to get rid of it. So if they're not, we do not have right the bacteria, just re-absorb the estrogen in the system, and it can build up and start to cause problems.

hidden food sensitivities, like you mentioned, are really common. And they can cause all kinds of symptoms, brain fog, fatigue, achy joints, all sorts of things that we could easily blame on hormone problems.

But one of the things we love doing is while we're waiting for the lab results to come back, we get started with some of these lifestyle changes, especially dietary changes.

And what happens while women are waiting for their lab results is their night sweats get better. They sleep better, the loading is less, and that's so impactful because we didn't do anything except for change food.

And if what we did instead was bring them in, give them hormones and help them with, well, first of all, if all we do is just give him a hormone prescription, They'll feel probably some better, but maybe not all the way there.

But if we do the hormones and the food at the same time, what inevitably happens is they do well for a while on their nutrition and then, you know, life happens and they go back.

The symptoms come back, right? And then they call us up and say, okay, Dr. Deb, I think I need a change in my hormone prescription because my night sweats are back when it's really just that they're eating more sugar and went back to their glass of wine at bedtime.

So knowing that food plays such an important role in these other symptoms is so empowering because now you know what to do. And maybe you're not going to never drink a glass of wine or never have sugar, but at least when you have the wine and then the night sweats come back, you exactly what's wrong.

Having that sense of a little bit of control actually really matters. Oh, no, it's true. And again, I think putting the power in the hands of your patient is one of the best things you can do.

It's also one the worst things that you do, depending on what kind of teacher you are. I've come to find over, so I started my entire career in 2009, or 2010-ish.

You know, It is kind a funny to see like you have a patient come in, you're like, they're going to be a good patient. And then you have something like, this is going to be just a handful because it's all lifestyle.

You know, if you sit there and see their guts completely inflamed, they're drinking champagne every night, you know they are staying out there doing A, B, and C.

I don't care what hormone on earth you give them. It's never going resolve the problem. Like you said, it might be a little bit better, but then that's what turns us into big pharma.

Do you what I mean? Like, just putting a bandaid on a hemorrhage and we turn right back into traditional medicine. So I think the most important thing is understanding as physicians, which it seems like you've a great grasp on.

is correlating with patients being like, if you eat A and B, then C happens. If you sit there and don't exercise, this is how you'll look. And once the patient kind of understands that, Then you have the ability to start dropping all kinds of hormones and peptides and medicines and all this kind unique things that actually help the body work properly, not just, you know, depend on it, which I think is great.

Um, and, to actually go back to your, uh, your you touched on cortisol, I, think it's fascinating. A lot of physicians don' understand how important cortisol is.

It has the whole cortisol steel syndrome. which we know the more stressed we are the less our sex hormones get more cortisol is built up. It causes you know our body to create reverse T3 which I think is the most undiagnosed issue in this country right now the amount of people who have high reverse t3 because their cortisol are too high.

I mean it's just it it so fun as a vision I'm curious to see if you have the same thoughts there's so much science behind what we do as functional traditional I know sorry functional regenerative whatever you will call it versus just okay fine cholesterol is high here's Crestor okay this is how here is an antidepressant You know, you get that same kind of like, it's almost like watching Scooby-Doo and trying to figure out who the villain is, ya know?

I know. It's, to me it feels like such common sense medicine. Oh my god, yes. The problem is we don't ever do one thing so it is hard to study. Like if you took patients, so when patients come in the door, they often present us because they feel like they have a hormone problem, but once we get them in door we sort of talk about how we need to, we look at four pillars.

So we looked at your hormone balance and we'll look all your hormones. your estrogen, progesterone, testosterone, your cortisol. We look at all the different thyroid hormones, you're insulin, DHA.

Like we're looking at the whole pattern and how they balance out. But we are also looking gut health and nutrition because your nutrition is partly what you eat on your fork, but it's partly you digest and absorb.

And if your gut's not healthy because of food sensitivities or imbalances in the microbes or whatever it is, You're not going to absorb your nutrients.

Then we want to look how your body is able to detoxify because we all exposed to so many chemicals in environment, the plastics and the pesticides. all the things, and they're hormone disruptors.

So they mess up how your hormones work. And then your lifestyle factors. If you're not moving your body, handling stress in a healthy way, then you know, you are never going to feel your best.

It's a two-way street because when you feel crappy, it's hard to exercise and eat your broccoli. Very true. Even if you really go all out with good lifestyle habits, sometimes you can't fix all of the other things that are going on.

We really want to wrap our arms around the big picture and address all these factors together because they all impact each other. But I think it's so true that stress, the way that we live our lives, a way we're not eating healthy food, all of those things are just messing up our hormones.

And so now we show up with these symptoms and if all we are doing is just a pill for this, even if it's a vitamin, right? A vitamin for the symptom, a vitamins for that symptom.

If we're not really understanding what's driving the symptoms, then, I guess, the vitamin is more often than not better than a pharmaceutical drug in terms of potential risks and side effects, but we are not doing the best for our patients.

And the challenging part is, because we're doing all of these things, it's very difficult to study it. So, you know, when

we are studying a drug, its pretty easy.

We take two groups of people that are similar, we put one of them on the drug and one not, and then we see, what happens to specific endpoints like their blood pressure or how many people have a heart attack.

But if we're looking at people like this and we are helping support them in healthy lifestyle habits and cleaning up their gut and getting the toxins out of their system and balancing their hormones, then the argument from the conventional mainstream medicine is going to be, well, which one of those things helped?

Well, they all helped. It's very difficult to tease it out. Each person's going to get individualized care, so it's not like everybody's getting the same thing.

it makes it so hard for our academic medicine to study, therefore, we don't have the kind of data to prove that this works, even though we've got all the patients walking around that are coming off their medications, their symptoms are going away, they're living a healthier life.

Like we got the proof in the pudding, but it's just very difficult to get academic doctors on board with all of this. Well, it's funny too, because again, my brother's arguably one of the top urological reconstructive doctors on earth right now.

He hated what I did because he's like, there's no research behind it. And then you brought up a very good point. Even when you're doing a traditional double-blind, triple- blind study when it comes to like the traditional research aspect, but what does that patient do when they go home?

Are they having beers? Or are they sitting there getting in a fight with their wife? There's so many factors that go into any type of study. There is no real, unless you have them in the hospital, they can't move and you regulate everything.

Plus I think the amount of people who are submitting themselves to these studies for traditional medicine are usually underserved. You know, they aren't living the best lifestyles to begin with.

They're coming with comorbidities. And if you take a look at traditional medicines in 2019, I believe they did a study at Harvard that showed medical error was the third leading cause of death.

In the world, I mean, in this country, should say, you know, but I think the most important aspect or takeaways, common sense medicine, we all know what hormones do, what bad diet does, good diet, exercise does versus not.

I think us as physicians and more importantly, patients, uh, you know, of our own medicine. Cause I mean, I treat myself daily. You know what I'm mean?

Every time it's like, Oh, have a Jack and diet coke. I'll be like. Well, what's going to happen with that, but I could prepare it. If I do this thing and this, this and thing, that's where I.

As physicians need to kind of really push our patients. to make educated decisions. Because at the end of the day, I'm not going to tell somebody you can never have pasta.

You can ever have alcohol again. We're human. I mean, that's just nonsensical. But I think the true version of a biohacker or a functional doctor is to teach their patients how to live an everyday life but make informed decisions." Yeah, make the best choices under the circumstances.

And one of the things that I know is very difficult is I do a lot of training with providers, both in terms of like training how to do functional medicine, prescribe hormones, but also how does start your own practice and how do this in a way that works because it's very difficult to practice medicine this way if you are in the conventional medical environment.

If you work for a big hospital system, they don't really want you doing some of these things that are sort of covered by insurance. You don t have enough time to really like get to know your patient, talk through the options, do real informed consent because you've had an opportunity to answer all of their questions.

And so the way that we can really make the biggest impact on our patients is if we step away from the conventional medical system and do this sort of on own terms where the patient hires us directly, we are able to, you know, work for the patients, not for their insurance company or the hospital system.

But that's really hard because lord knows, as much as they didn't teach us all we need to know about hormones and more of these functional lab tests, they sure didn' t teach anything about marketing and business and, you know, some of the years back.

So it was really art for people. But I'm really encouraged because I see more and more doctors and providers are really seeing that the house broke in the system is they want to learn better ways to help their patients.

And so I seen more people every year turning to this kind of medicine, which I think is wonderful. No, it's great. It's, uh, exciting. Uh, at the same time, kind of scary, you know, I think, COVID really picked up our industry very fast.

And then you saw just so many sharks come into the water. Cause again, easier lifestyle, no call. I mean, getting paid cash. You don't have to worry about insurance aspects of it.

That tends to draw. The good doctors, but also the doctors that have maybe, you know, nefarious type, uh, aspects to it. And then the businessman. So, I mean, i, see a lot of that.

I'm, kind of curious. Have you seen that kind, of collusion take place in this industry where now all of a sudden, like you have the good, doctors who are really going for it?

And everyone's like, Oh, Zemblet, let's open up 10 clinics and just get people to lose all this. It's one of those hard things to do because it used to be so pure and now it's getting tainted.

Yeah. Well, so the, you know, big business has noticed that people want this kind of medicine. They don't want the in and out quick prescription. And so they're kind caching in by setting up a lot of clinics where they do just the surface of what we're talking about.

So if you're going to open up 10 offices really quickly, you need to hire people with a medical license and a beating heart in order to be able to prescribe these things.

But just like at McDonald's, your Big Mac has to taste the same in Albuquerque as it does in Wyoming. it kind of has to turn into cookie cutter medicine that's repeatable, it's following protocols, It doesn't sort of deviate.

And so what happens in order to make it the most profitable for these big chains is we take out the individualization a lot and we sort dumb it down and get the McDonald's version of this functional medicine approach, which is not…

And people don't know, right? If you go to an online telehealth to get your hormone replacement therapy, You get like a 10 or 15 minute appointment with somebody, but you don't know because that's what you normally get with your primary care doctor.

So you know that there's so much more that is available to you, which is too bad. Because then if you get the greatest results, you just think, oh, well, hormone therapy didn't work for me.

But you only got this much. It's just such common sense to, you know, the deficient nutrition, replace it, toxins, remove them, hormones down, get them up.

I mean, it's basic medicine that works for everybody, and if it doesn't work, You haven't dug deep enough with actual lab tests. And again, that's why, this is power by access labs.

They have been so gracious with me to let me test everything under the sun, and I'm finding Lyme disease. I am finding all sorts of heavy metal toxicities and things like that, that as a physician, if I hadn't been able to dive deeper, I would never have known that our headaches and migraines are from a mercury toxicity, not a hormones, because our hormones are great.

You know, so it's one of those situations to where I think, you know the diagnostics and that includes intake forms, imaging and lab testing. I that's where every physician needs to really understand the basics, learn it inside and out and then combine the lifestyle.

Become a nutritionist, become a personal trainer, becoming a sleep specialist or a breath coach just because all of these things are just as important as B12 or vitamin D or testosterone when you get to it.

But Dr. Deb, thank you so much. It's been amazing today. Can you tell everybody where they can find you? Yeah, so my practice is called Signature Wellness.

I'm in Charlotte, North Carolina. And one of the other things that I do is I help practitioners who want to have practices like this or have their practice be more successful.

So I am happy to help anybody that's interested. Great. Do you have any socials? Iam at DrDebMatthew on Facebook and Instagram. Fantastic. Well, Dr. Dev, thank you so much.

It's been a spirit conversation. I love your personal story and I loved your approach. So don't stop doing what you're doing and enjoy the sunshine where you are at.

Thank you. All right, guys, it's Dr Ivan Russoco, Lifestyle Medicine at We're Powered by Access Labs. If your doctor's not checking your labs, they're not a doctor.

Cheers. Thanks for joining us today on the Lifestyle Medicine Podcast. At Access Labs, every innovation we pursue is driven by one bold purpose, making personalized medicine more practical and accessible for patients and providers.

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