Why “Normal” Lab Results May Still Mean You’re Sick Transcript

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Introduction to Lab Testing and Patient Buy-In

We get very precise quantitative information. We increase patient buy-in because it's official. And by that, it is not so much the patient. It's the patients' family.

Okay, you're going to see this acupuncturist. You know, are things getting any better? Well, honey, yes, they are. Look at my labs. My liver enzymes have come down, my kidney values have improved, My blood sugar has gone down.

They go, oh, wow. Well I guess you should keep doing that then. Hi and welcome to The Balancing Point. I'm Dr. John Needers and I am here to make traditional Chinese medicine, functional medicine and integrative health simple, practical and fun.

So you can restore balance, boost vitality and enjoy a healthier life every single day. Hi, welcome back to the Balacing Point and as you see on the screen this is Dr John Neeters.

I'm going to talk actually a little bit about my background. And I do this with my classes because everybody has a bias. Everybody has background that will affect how they see reality.

There's no escaping it. So this is from a presentation I did to Arizona acupuncturists about functional medicine values of lab testing. This is part one.

We're keeping them short.

Dr. Needersu2019 Background and Training

several slideshows. So here, Dr. John Needers, LAC, that's Licensed Acupuncturist, DAOM, That's a Doctor of Acupunture and Oriental Medicine, and CFMP is Certified Functional Medicine Provider.

Okay? And this is, by the way, is where you can find this presentation if you want to take another look at it. So, and so I often get asked by my students who are acupuncturists, doctoral students, et cetera, why do lab testing?

Chinese medicine is such a beautiful system in and of itself. We get so remarkable amount of information from taking pulses, from looking at patients a little more thoroughly than their Western MD does, by looking their tongue, the top and bottom of the tongue.

You can make a diagnosis just from that. Of course, I want all the information I can get. And the key here is that TCM, traditional Chinese medicine testing, is qualitative, right?

We get qualities. So I could tell if someone has high blood sugar, I don't know exactly how high. I mean, because if I haven't ever seen them before, I have nothing to compare it to.

Western testing is quantitative. You get very exact values. And one of the things that's nice for patients then is you can track your progress with the quantitative testing, where with qualitative, you're kind of relying on my opinion and then of course how you feel.

We get very precise quantitative information. We increase patient buy-in because it's official. And by that, it not so much the patient. It's the patients family.

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down.

They go, oh, wow. Well I guess you should keep doing that then. Otherwise, you know, what's really happening? Again, that's the family members. Also increased diagnostic capacity.

Now it says Jessica story. I'm not going to go into that right now. but I will talk about it in another program. And you find problems in an early stage when they're easy to fix.

All of my Chinese medicine teachers said the same thing, you know, catch problems before they become symptoms, before the become an illness, which Chinese medicines very good.

So you can accurately track quantitative changes over time. I'm going to tell you a little bit about my background. It'll seem like a lot, but I think it's important.

Functional Medicine and Chinese Medicine Integration

So I am a clinician. pithy volumes of Chinese classics. So that's not quite true. I did do a two-year program on the classics, as well as my clinical training and clinical practice.

About eight years of total TCM training. But my 70,000 patient visits are mostly what in Chinese medicine are called nauti, meaning like, you've got a nice board, a branch, and then you get to the knot and everything is twisted and difficult to work with.

So my specialty has been working with naughty problems. So, my background, a Taiji Qigong. since 1972 with my Seafoam Berkeley. Then I worked with Peter Ralston doing functional touch, hours of tuisho, pushing hands for 12 years.

And then Sifu Cuiwei, who was my mentor in acupuncture and herbal medicine. I was teaching his Tai Chi classes while I still was a student. That's all about energetics and touch.

about feeling, about FEELING the direction that the Qi or energy is flowing. And this can be trained. This is nothing magical. You can feel it. you can FEel points on the body and tell if they're excess or deficient.

and again, this is NOTHING magical I'm not saying there isn't some magic, but this isn' it and so it's just a matter of making your hands very sensitive and your energy system very SENSITIVE.

And in my master's program in 1995, most teachers were Chinese. They had rigid patterns. Then I did a class with this fellow right here, Jake Fratkin.

He blew my mind. And so I had a friend that talked me into going to this class. I didn't want to go. pretty much blackmailed me into going, I think. And it was in Berkeley in 1999, and it a leaky gut seminar.

Though, those of you that are old enough will remember that in 1989, if you said the term leakey gut, your patients thought you were nuts and your doctor was certain you are absolutely nuts.

Now, of course, like everything else, we have lab tests that will specifically identify leaky gut and it's now talked about all the time everywhere. But Jake was my first exposure to functional medicine.

The meeting place, the balancing point where East meets West. And I was so blown away because All of the ideas that Jake was talking about with functional medicine fit perfectly with Chinese medicine.

Standard vs Functional Lab Ranges

Perfectly. It just gave you another set of tools to utilize to keep people healthy. To keep them in what we call the sweet spot, maximum health, rather than waiting till they're sick and need to go in the hospital or take a drug.

Okay, so certified in diabetes care from Zhejiang Hospital, in gynecology from Xinhua Hospital. My PhD work was in breast health. I did not complete that PhD because it was going to require me to go back to China way too many times.

And most of my teachers in China had dual degrees. They had a degree in Western medicine and in Chinese medicine. So they were doing what we are now doing here in the United States of combining functional medicine with traditional Chinese Medicine.

This is me, the really handsome guy in center of the back row, and I was in first group of Westerners to go and do the integrated diabetes prevention and treatment plan, or I guess I'd call it a program.

And it blew my mind, absolutely blew mind. They were so much more successful at treating and curing diabetes than any programs I've ever seen in the United States.

So introduction to basic lab testing. The way we organize this, is we looked at standard ranges from a major HMO, standard range from one of the three largest lab testing companies, and then looked at hundreds and hundreds of research studies, particularly if they had graphs, and really found what were the ideal levels.

And they weren't hard to find. It's just you have to look for them. If you actually look at the research, the values are quite different than what you will see, say, on a report from LabCorp.

Their values of LabCorp are far wider, broader, and you can actually be pretty sick and still show up in a normal range. And here's the fallacy of standard or reference ranges, right?

It's done by standard deviations. The original testing, now some of them have been modified as the real world experience comes back in and they realize, wow, those standard deviation are telling me much.

But most of the tests were set up that way. So osteopenia, your one standard deviation from the mean, that should be a negative 1.0. Osteoporosis, 2.5 standard deviations from mean.

T-score is used for the mean. T score means you're age matched against a healthy 30-year-old of the same gender. Z score is age-matched to patient's age and gender, so what are the potential problems?

What could go wrong with that? Other than the fact that you don't know what the baseline was, you know, if they ever had more bone mass than they have now, and you do not know if it's high quality bone or poor quality bones.

For example, the bisphosphonates, drugs that are used for osteoporosis, make the bones bigger, thicker, and weaker, right? They lose their ability to have the beautiful crystalline structure that bone should have.

Using Curves to Find Optimal Health Markers

Few standard ranges are set in stone, hemoglobin A1C. If you're 5.7, you are considered pre-diabetic. 6.5 is diabetic. You're under 5,7 you considered, quote, normal.

But again, the sweet spot, people with the longest lifespan and the healthiest lifespan, their hemoglobin A1c is between 5.0 and 5.2. So, you know, all these with a grain of salt.

Chronic kidney disease has a standard. 16 to 90 is stage two chronic kidney diseases. Now, your doctor will never tell you that you're in stage 2 chronic disease.

They wait until you are at stage 3 or 4. And the problem with that is if you are at, say, 61, this is estimated glomerular filtration rate, if your at that level, then you can do things to fix it so that you never get to stage three or stage four.

So it's really important to understand functional values as well as what they consider normal or standard ranges.

Now, functional ranges are created. We look at actuarial tables, we look a research studies, and we looked at functional medicine, the work of Jeffrey Bland, etc.

The functional people did some brilliant work 20 years ago and came up with these functional range. So you see in our books, something that may look something like this.

And by the way, our newest book on the complete blood count is in color, and it is so much more fun than our first book was, which is the metabolic panel, Which is all in black and white.

So the new one's cool. And so when we're looking at research studies to determine the healthiest ranges, we are looking the J-shaped curve often. or the U-shaped curve.

And so the J-shape curve will have a shorter arm on the left side, usually, sometimes there's a reverse J, but almost always it's like this. So if you're at the very bottom of that curve, that's where you have the lowest mortality risk.

Now most labs have U shape curves, like the one in the center there. And it's stunning how quickly, for example, white blood cell count. Most labs will say under 10 and a half or 10.5 is fine.

The inflection point for white cells is 6.0. When you get above 6 point zero, the mortality risk goes up pretty dramatically. And we get a lot of people coming in in the eight or nine range who've never, it has never been pointed out to them that that's a significant issue.

This is a fun one. I pull this one out often when I'm talking particularly to women. And what you're seeing is an overlay of multiple U-shaped graphs.

These are cholesterol levels.

Closing Remarks and Call to Action

And these are the death rate. And so for cardiovascular risk only, the sweet spot's about 210, 215. But overall mortality risk, this sweet spots about 230 to 235, and yet on your labs, it'll say if you're over 200, you need an intervention for most labs.

Some will say 239. As you can see here, these were infection risk. The green. They pretty much, deaths from infection pretty, much disappears when you get up over the 220 range.

So that's really pretty significant. That's why we love using the curves, the U-shaped and J-shape curves. It was a quickie, but it's a preamble to some things I'm going to go into in the future, which are specific tests that you should look at if you've had any labs done and see if your fall in functional lab ranges.

So I thank you, Catherine thanks you and our beautiful little pooch thanks here. Bye bye. Thank you for joining me on The Balancing Point. If you enjoyed today's episode, please follow the show, share it with a friend and leave a review.

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