Why 'Normal' Labs Leave You Exhausted with Dr. Tracy Gapin, MD Transcript

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Introduction to burnout and integrative medicine

When a conventionally trained physician comes to me and starts talking about integrative medicine, about how burnout in the workplace doesn't just affect him, you know, didn't affect just him and his colleagues and people in that profession, but really is translated to entrepreneurs and anyone who is really excelling and focusing on moving forward in their career at a pace that taxes their physiology, the taxes, their biology that burns them out.

Everybody at some point in those positions, myself included, has suffered from burnout and hopefully has taken the time to recover. But not everybody has had the access to somebody who can explain it in a way that allows them to understand that it's just not in their head.

There are laboratory values that show up. There's physiology that's breaking down and there's a way to evaluate it and repair it. And so I'm really excited today to talk to with Dr.

Tracy Gapin, who is going to walk us through this approach that can help you and hopefully bring your corporation, your business and your performance to its peak without sacrificing your health.

Dr Gapan, Tracy, thanks for being here. Thanks so much, John. Good to be here with you. You are a conventionally trained urologist, you were doing robotic surgery, it was a high volume practice, lots of pressure.

Tell me a little bit, let's set the table for this conversation by talking a bit about your background. Yeah, so as you mentioned, I ran a very busy surgical practice.

I was a board certified urologist for 20 plus years. My area of expertise was robotic surgery. Did a lot of work with advanced prostate cancer detection, prostate, cancer treatment, but did a lotta bread and butter, urology, kidney stones, female incontinence, dealing with bladder cancer, you name it.

A high volume, very, busy, surgical, practice that It was great for a while, for many years, until I really hit a breaking point, and that was around the age of 40. That was about 14 years ago or so, 15 years or ago.

My wife and I love that women are listening to this because as much as my focus has always been men's health, I know that the women were the ones who drive most healthcare decisions and get their men to actually step up and do something about it.

Dr. Gapin's medical background and burnout

I'm no exception. in the middle of my career and I hit a wall where I'm fat, I am 30 pounds overweight, and feel like crap, stressed out, exhausted. I have a miserable human being, honestly.

They say surgeons are a-holes, but I was. And it's because we get beaten down. My wife was the one who convinced me to finally go see a doctor myself.

Most doctors are horrible at being patient, so when I went to see the doctor, that's when everything changed for me. And how did that change? I mean, because you could have walked in saying, I know it all.

I'm here because of my wife and dismiss some things that were said to you. You could've made up your own story in your head and continued down the same path you were on.

So what changed? Yeah. Here I was this men's health expert, an air quote for those of you listening. And I went to this doctor to really get a different perspective because I knew that I wasn't well, but I couldn't really put my finger on what it was that needed.

And so I went to this concierge doc in town and he did a lab panel and I'm sitting on that exam table. He does a basic physical exam. And I was sitting there with one of those little thin little paper gowns, barely covering some really important real estate, if you know what I mean.

It was a very vulnerable moment, right? I'd never really been on the side of that doctor-patient interaction. But the worst part of it was we get to the lab review and he goes through everything.

He's like, yeah, everything looks okay. Your cholesterol is a little high, so we probably got to put you on a statin, but otherwise, I think you're fine.

And I'm like but I am not, am I fine? I know I need something. I feel like crap. Am I fat? Am exhausted? Not sleeping well? And that was a pivotal moment when I recognized that he didn't have the answers either.

And so that got me fascinated and diving into rabbit holes on functional medicine and epigenetics, which is really just the science of how our lifestyle, our behavior, or environment affects the way our bodies work.

Started studying hormones and peptides and all this science around optimization and performance and longevity. And back then, that was still a very new, innovative space that there weren't a lot of people in yet.

In some ways, people back then were using the terms anti-aging and it had kind of this negative connotation to it. But what I was able to do with all this newfound knowledge was I will be able lose weight and get back in shape and fix my sleep and my energy and brain function and I felt like myself again.

And if I hadn't gone through that, I would have never learned all these new modalities that they don't teach us in medical school. And ultimately, I started sharing this with my patients, this new approach that I had gained and learned.

And my patient started getting better as well, not just treating their urology diagnosis code problems, but actually helping them feel better and think better, and be themselves again.

And that's what ultimately led me years later to launch the Gapin Institute, where I can focus on really fixing performance and work with leaders and help them find those blind spots that my doctor couldn't find for me.

And, and that really where my passion has lit up again for medicine. I'm glad you brought up that, you know, when you started doing this, You know years ago it wasn't this super well known field that everybody was flocking to which which is now you get to the conferences and there's like thousands of people trying to learn and wanting to earn about integrated medicine and they're talking about longevity it's a very hot area right now within within integrative medicine.

But I want people listening to know that the concepts that you're talking about are not new, that they go back over a century. I mean, over 100 years ago in the medical literature, there's already a paper talking how different diseases, different people who are expressing symptoms, but some people are really just a manifestation of different ways that the body is metabolizing nutrients.

Discovering functional medicine and performance health

And since then, there've been a lot of research on the genetics, enzymes, kinetics, looking at how nutritional interventions can correct biochemical dysfunction.

At the end of the day, what you were experiencing sitting on that table is essentially bio-chemical disfunction, was imbalances in your biochemistry. And unfortunately, as you mentioned, conventionally, you can look great on your labs because the way that conventional trained clinicians are taught to look at human body is primarily through a lens of disease.

What is the disease I'm looking at and how can I treat that disease? Instead of looking the whole person in

wellness and what do the labs tell me about biochemical function, and how well adjusted the system is.

And when you experience that and you had that light bulb moment and transition into doing that, you really embarked on a different path that essentially took you away from your decades of conventional medicine and into this new realm.

When you think about looking back to that moment, If you were sitting in front of yourself, you are the doctor now, sitting infront of your yourself then who was a patient.

How would you approach that differently? Yeah, there's a really clear distinction between, traditional health care as we know it and a lot of people are now trying to try to bastardize it or trying to be critical of our system, but it's great if you have a heart attack.

That's amazing. If you get a kidney stone, if your in a motor vehicle accident, you're giving birth, it is great. It's built for that. Absolutely. Its built acute situations, a crisis situation, treating an acute problem, its great for them and I don't want to dismissive of that and what we now recognize is that it also lacking.

Is lacking in the sense that if there's not a diagnosis code to put to it, then we are not trained what to do. And I went through six years of urology and general surgery residency training after four years in medical school.

So six of really medical education before I was ever able to go out there and actually treat patients on my own. During that time, what we're taught is find the diagnosis and then typically this is the drug used to treat it.

It's typically diagnosis drug, literally in that order. Or maybe it's diagnosis and then here's the surgery or procedure to do to fix it. What we don't do well in traditional healthcare is understand the nuance and the physiology behind it all.

And, you know, the framework that I have come to learn is the fact that your biology, and that is what you talked about, it's nutrient levels, It's also your hormones.

It is also things like your microbiome. We can talk about how the gut controls the whole body, neurotransmitters in your brain, your immune system, Your blood sugar control, all of these things that are happening under the surface without us realizing it, That biology drives our state and our State is simply how we feel, how We think our drive our motivation and that's what ultimately affects performance by performance I don't necessarily mean athletic performance.

I mean how you show up as a leader how You show running your business as an employee as A parent as Spouse whatever area of your life we're all performing in different ways.

And a lot of people are trying to find the quick fix for what can I, what peptide can it take? What magic pill or something can take to fix performance?

When in fact, the reality is, is the biology behind it all is what's driving it. When you can affect that, that affects your state and that's what is ultimately going to impact performance.

So that model that I've developed was not around before. Traditional medicine wasn't built for that. It's built to find the diagnosis, the problem, and then fix it.

You go to your doctor and you say, I just don't feel like myself. My energy is not the same. I, my brain's not thinking as clearly. They're going to look at you like you're crazy, run some basic labs and tell you you are fine.

Just like they did with me. That's what we're looking at now. We're taking a very different perspective.

Why conventional medicine misses the bigger picture

And that's really, what the big difference is between traditional medicine and what do in precision performance medicine. And when you look at these different options to use, it sounds like for you, peptides are a tool.

It's not the panacea. Everybody should be on peptide, which I hear and I see people out there promoting them like crazy. When you're looking then at trying to understand the whole kind of physiological picture to eventually change somebody's state or help them understand how they can do that, then what is an evaluation for you and a proper evaluation or comprehensive evaluation look like if you were to wave a magic wand and say, okay, in traditional medicine or conventional medicine, whatever we want to call it.

The system would look this, whereas today it doesn't. Yeah, so when I look at approaching this topic, I think of it in terms of systems. I'm a system-minded guy and the system I've developed is simply test design and track.

Test is what are the diagnostic tools that we need to use to uncover the hidden constraints that may be affecting energy, drive, performance, body, sleep, sex, etc.

And then how do we design a plan around that? And in track, how we ensure we're getting results? How do continually dynamically adapt to the situation so that we are actually getting result or outcome?

So test design track. In terms of testing, I think of it in terms blood testing. We can go into detail on that if you'd like. functional testing, which is looking at things like microbiome and cortisol and complex hormone metabolism.

We can look at metabolic testing. Look at genetics and imaging, stuff like that. All of those tools help us really understand what are the blind spots, what the hidden constraints that we need to focus on so that can take a really personalized, customized design approach to fixing it.

And I would love to get into the lab testing because it's an area that I really think is important for people to understand. Sure. Yeah, so talk to me a little bit about that.

So we'll look at blood testing first, and then we can look the other testing, the functional testing separately, just to try to help organize for the listener.

When we look a blood test, I think of five general categories of blood tests that we want to focus on. And it is cardiovascular risk, it hormones, its inflammation, is metabolic health, Not necessarily in that order, but those are the five general categories that we look at.

And every one of those categories, there are labs that your doctor is not checking that are critically important that you check. So I'm going to go through specifically the ones that.

We want to check that, your doctors not looking at, because that's what I want. Cardiovascular risk, the couple of markers there, APO B, apolipoprotein B.

is the probably the most important marker as it relates to cardiovascular risk. So every atherogenic or clot forming plaque forming particle and there are a lot of different types LDL, IDL VLDL chylomicron a different complex.

molecules, they all have exactly one APOB on them. And so APB is a way to actually stochastically measure exactly how many particles that you have. We recognize now that your doctor is looking at LDL cholesterol, for example, total cholesterol.

That doesn't tell the whole story. It's not nearly as predictive as how. Many particles are carrying that cholesterol in your body. Basically the submarines, if you will, APA measures the number of submarines carrying cholesterol much more predictive of risk.

and cholesterol alone. The other marker in this category I want to emphasize is LP little a. It looks like capital L, little p, and little A in parentheses.

LP Little A is a type of LDL, a subtype, that is genetically inherited from mom and dad. And if you have a high LP, Little a, then you a significantly 10 to 12 X increased risk of early cardiovascular disease.

If you have an elevated LPLA, which 20 to 30% of the population does and doesn't even know it, your approach is completely different. What we need to do with you is complete different, statins don't fix that.

It requires a very different approach to how we address that, and so very important that we recognize those who have a high LP little a. Again, you're doctors not typically checking APOB or LP a as it relates to cardiovascular risk.

OK, so that's category one. Category two, hormones. There are a lot of hormones we look at, probably 40 to 50 different hormones, but a few that most doctors aren't looking at is free testosterone.

So most of us look a total testosterone, which is, I'll argue, fairly worthless because I can see patients with a full testosterone of 900, Which sounds great.

Test, design, and track: the performance medicine framework

And a free Testosterone of 20, which is optimal, or a whole testosterone 900 and a Free testosterone 3. night and day different clinical situations there.

The free testosterone is the actual bioavailable active form that your body needs. And so you got to be checking the free to testosterone, not the total, because the told just doesn't tell the whole story.

Another hormone that's very, very important is free T3. It's a thyroid hormone. Is the active for most doctors are looking at TSH, which is simply the signal from your pituitary gland in your brain telling the thyroid to make thyroid hormones.

A lot of things can go wrong between that and ultimately the active form of thyroid, which is free T3. So you've got to be checking free t3, reverse T 3 is the antithyroid, another hormone that your body can make with high stress, with inflammation, and with gut health issues.

And so you got be check T three and reverse t three for sure. Those are a few hormones. Metabolic health. Critical important area, you know, it's not just a situation of you're either diabetic or you are not.

It's a spectrum of what's called insulin sensitivity. How well do you regulate blood sugar? Why do we care? We care because that directly affects your ability to burn fat, build muscle.

have higher metabolism so that you can have energy that lasts all day. So your brain can function properly. It actually correlates with the risk of Alzheimer's disease.

Regulating blood sugar is so important, not just whether you're diabetic or not. The two markers for that is fasting insulin, which is a short-term measure of blood-sugar control, and hemoglobin A1C, a longer- term marker of control.

I'll suffice it without getting into more detail. Those are the two markets for metabolic health. Inflammation is a key driver of so many issues, including cardiovascular risk.

It's not just lipids, it's inflammation, blood sugar control, hormones. And so it is so important we look at markers of inflammation. CRP, specifically HSCRP which is highly sensitive CRPs.

Ferritin is another marker of inflammation, and then LPPLA2, that looks like capital L, little p, capital PLA, then a number two, is a marker vascular inflammation.

These are critical markers to understand if you're having systemic inflammation doctors aren't looking at any of

these. Finally, I know I'll shut up for a moment, nutrients.

Nutrients doesn't get enough attention. As you mentioned earlier, homocysteine is a key marker of methylation, cellular efficiency. It's complex marker, ultimately, B complex vitamins and folate levels.

Homocystein is such an important marker. And red blood cell magnesium is another one. Almost everyone we work with, their magnesium levels are low, they're deficient, and it's such a critical micronutrient that you need.

So those are just a few of the blood tests that want to be looking at that, again, most doctors don't look at any of those. Yeah, and there's a wide range of choices and I'm sure many more that you run perhaps or optional.

Key blood markers for cardiovascular, hormone, and metabolic health

But in terms of those different categories, one thing I was thinking as you were talking is how fundamental dietary changes are to all of these things that mentioned except perhaps the genetic predisposition of the lipoprotein little a.

But the end even that might be affected i don't know you can educate me on that but the statement or the phrase it was going through my head is what i've heard before and i love saying which is you cant exercise away a bad diet you cannot.

Just in my opinion at least you know i'm not a fan of people just saying well i've got these markers of my blood sugar is not well controlled so i just going to take a pill when i looking at clinical outcomes mortality longevity.

those sorts of outcomes in the research across the board, you know, every physiological system benefits from a healthy diet. So where does diet play? You know some people look at you talked a little bit about genetics and genetic predisposition and epigenetics.

Some people, I think, interpret that, and people have told me their physicians have just told them it's genetic, as though it is a declared sentence that there's nothing you can do to change that.

That's right. Yeah. Great point. So what I really think is important is that you do the testing to fully understand what needs to be fixed first. For example, in addition to the blood testing, it's microbiome testing.

I found often the gut controls a lot of underlying issues. Cortisol balance, which is our stress hormone, looking at complex metabolism of your hormones.

looking at genetics, which can help us understand what your body needs, what's right for you that may be wrong for somebody else. Then we move into the design section, with what you're talking about now, is how do we actually impact that stuff?

And in terms of design, there's a lot of things that we can do. And I think that what is paramount first is nutrition, gut health, hormones, sleep. You got to get that right first.

I look at this design category as there is repair, restore and optimize, like three general areas of focus and those first four have to come first. You've got to get your hormones, your nutrition, and your gut and sleep fixed first, then you can move on to other stuff.

Start looking at mitochondrial function, looking a fitness level, look at detoxification and other more complex maneuvers. But I completely agree with you that that nutrition is paramount and a lot of what we do and I have an amazing team around me of functional medicine trained coaches and one of the biggest things that we we Do to impact lives is getting people eating the right foods and it's not necessarily that it is like everyone should be eating this and and i hate Social media is so funny.

People are battling over whether it's keto or paleo or vegan or Mediterranean or carnivore or plant based. It's all BS

because it depends on your body, your genetics, or your biology that dictate what you need.

And a lot of times what's right for your can change in time as well. I've had patients where they have significant food sensitivities that developed as a result of gut problems.

Benazin coffee were the main triggers for their brain fog, for example. Not that those foods are bad, but for right now, I could eliminate those, fix the gut, and eventually you can get back to them.

But you're right that nutrition is a big part of that. I'll also point out that for some people, the hormones are the biggest part. You know, we have endocrine disruptors, chemicals, toxins in our environment and our food and drinking water, our personal care products that have been destroying our hormone production and function for decades now and is having, unfortunately, an exponential effect.

And we're at the point now where a perfect diet cannot fix that. So a lot of people, they need hormones, testosterone, thyroid, DHEA, nitric oxide, vitamin D, all these key hormones.

that diet won't fix. And so I think that it's really an integrated approach that most people need. Yeah, I don't think when I mentioned diet, by no means mean to imply that that is the panacea.

That's the one thing. It's part of an integrative approach. Part of a whole approach and what's right for one person is maybe not the right starting point for somebody else.

If they're so toxic, maybe you start with that. And you didn't mention some environmental toxins. Are you testing for those as well or are you doing environmental intake assessment?

How would somebody know? if they're just listening to this, that the toxic burden might be a cause, because honestly, even just what we've talked about today, and there are many more things, where would somebody start with the evaluation if it's just chronically not feeling well?

And it could literally be dozens and dozens of things. You're exactly right. And that's why I like to systematize it because it's so important that you don't miss stuff.

To answer your question in short, yes, we test environmental toxins. We test heavy metals. we do all these complex tests because a lot of people will have very vague symptoms.

I'll give you a great example. And he was a very high level competitive handball player. But it got to the point where he had such fatigue and brain fog and decline that he couldn't even play hand ball anymore.

And it was affecting his life. It was like everything to him now was competitive. Handball. He had already come to me already on testosterone from another doctor.

Didn't do anything. We did a bunch of testing. Come to find out he has major mold. He had systemic mold toxicity that came from a water leak in his house many years ago that he didn't even realize had left him with black mold in the walls of his home.

And that was what presented it. Yeah. Just dense fatigue. That's why you got to go through the testing to understand because you're right. It could be any number of things when someone comes in with that.

Well, and the mold toxicity too, it's not, people can't smell it. It's invisible. And it can be very subtle.

Nutrition, genetics, and personalized design

Are you doing the like you biotech urine test for that? What are you, what tests do you do? Yeah, we do a lot of urine testing for, that we, do blood testing, for some of the environmental toxins.

urine testing for that as well. But it really depends on each individual. We could do tons of different tests. At some point, it becomes overload. So we want to really prioritize, systematize what comes first, and then we'll take a deep dive depending on the situation.

Yeah. In terms, then, of looking at these changes, I'm curious. I'd love to go back to the life of protein little a and b in cardiovascular disease risk, because that is the number one killer, cardiovascular.

That's right. So tell me how those can be modulated. You mentioned statins. And I don't really want to get into that right now. But how can those be improved with, or can they, using this integrative, functional, holistic approach?

Yeah. is a very interesting marker because there is literally nothing that has been shown to dramatically lower it. Some things, actually testosterone, estrogen can actually lower a little bit.

We've seen maybe 20, 15, 20% reduction in LPA just by optimizing hormones. There are several drugs in phase three trials right now for managing lowering Lp little a, and hopefully those are coming down the pipeline for us.

But for now, when we see high LP little A, it dramatically changes our approach with everything else. And so now ApoB has to be that much lower, AboB to has be 50. Typically, for most individuals, under 90 is acceptable with high LPLA.

Able B now needs to be under 70, preferably close to 50. Blood sugar regulation has to that much better. We have to optimize inflammation that better as well.

There are a lot of other markers that when we see high LPLLA, it dramatically changes our approach and we're much more aggressive. with the other markers knowing that we have to be because this patient and now has a dramatically increased risk of a major adverse cardiac event.

And so what we need to do is lower risk in every possible way that can, knowing there's not much we can do to dramatically, specifically lower LPLA. Now, historically, the approach or the paradigm when it comes to atherosclerosis has been looking at cholesterol, just cholesterol numbers.

Yeah, that's right. Then it migrated to, well, it's really an inflammatory oxidative stress trigger on that those oxidized particles then nick or damage the lining of the arteries and that causes an immune mediated response that starts that pathway down towards forming the atheroma and eventually the calcified plaque.

So are you testing oxidize LDL as well? Are you looking at oxidative stress? Yeah, for those with high LPa, we now do several additional tests. We can look at oxides, LDL, myeloperoxides.

Looking at a much deeper dive now on cardiovascular risk. It changes everything when we see that marker, so yes. as it relates to management without getting into the conversation on which drugs to use, there are tests that we do additionally now to understand what drugs might be right for you.

And I'm a perfect example of this. So my story way back, almost 15 years ago now, when that concierge doc wanted to put me on a statin, I hesitated. I declined because I knew that there was more to it than that.

Come to find out that This test that I'm talking about, run by Boston Heart, is an amazing test to understand why is your cholesterol high. For some people, it's production by the liver, in which case the statin would actually be effective.

We can argue whether it is the right drug or not, that's a whole other conversation. But for me, It was not that. It wasn't production of the livers that was causing elevated cholesterol.

for it was absorption from the gut. There are two different reasons why your cholesterol is elevated. And for that, statins don't work. It's the wrong drug.

I am on Zetia. Have been for years now and it dramatically lowered my LDL particle number, my APOB. My cholesterol numbers are dramatically improved because I'm on the right drug, and that's really a key thing to understand.

Again, this goes back to the comprehensive testing to understanding what's right for your body, because there's not a single just take this drug and you're going to be great.

So, when you're looking at this, you know, test design, tell me again the three things you test. Test, design and track. Design and Track. And you are working, it sounds like, your area of focus is peak performance.

Environmental toxins, mold, and deeper testing

These are probably, I imagine, type A individuals, very driven, hard workers who suddenly start to feel like you did years ago, like something's wrong, something is breaking down.

Are there things you can help people understand just to become a little more aware, you know, that signs or symptoms that, because people, myself included, I'm no different, but I push things under the rug, power through, ignore things.

Are their subtle signs and symptoms a bit of the canary in the coal mine that maybe people can Noticing themselves ask themselves that they're experiencing and hopefully take action earlier.

Yeah, I love the question. So I I recognize now so clearly how The patterns that help us create success, create wealth, build a business, built a team, provide for your family, all of these patterns are ultimately, I believe, our biggest downfall.

When I'm talking about exactly what you just described, it's the grind mentality. It's a sleep when I am dead mindset. You keep pushing yourself harder and harder.

Yes, it's never enough. And having gone through medical training and being a surgeon and that lifestyle where you sacrifice yourself, you neglect yourself for the sake of everyone else, for your business, your career, Your clients, patients.

What's happening over time is I hate the word stress, you know, because most people say, I'm not stressed. I mean, it's not the right word. It's pressure is load on our system and it is chronic constant pressure and load.

On our. System that is work demands, poor sleep, travel. the stress of meeting deadlines, of being a parent, a provider for your family, running the house, the business, all these things.

I look at them like hats. You have hats in your closet, right? And each hat is one for me is being dad, one's being husband, being homeowner, podcast guest, an entrepreneur, doctor.

All these different hats and they're all pretty freaking heavy. Right? I should be wearing them all at once. Yeah, most people wearing them all one exactly.

And it's an incredibly heavy load. So what do we do? We ignore it. We compartmentalize, we keep grinding through and we pretend that it is not affecting us on the inside.

But it it, it crushing you, is destroying you on inside, you just don't realize it because it does the key point here.

Managing cardiovascular risk and Lp(a)

It's a subtle, gradual decline. It's imperceptible every day, but it's happening without even realizing it. And over time, it accumulates and it builds up to the point that you start having some subtle signs.

So full circle to answer your question. It is the Two or three in the afternoon where you're just exhausted already. You can't wait to go to bed. If you wake up in morning, you can wait until you go bed, right?

You're exhausted before you even start the day. you are having issues where your can think clearly anymore, where focus isn't like it was, You are noticing that you cant burn fat like you used to.

Your noticing maybe your putting all the work in gym but your not seeing any results. your wired but tired kind of feeling all day you get home at the end of a work day and you collapse on the couch and your kids want you, your wife wants you your husband wants and can't, you're done.

Or you feel like you have to have a glass of wine every night just to calm down. which makes it even worse. There you go. The alcohol compounds, it makes even worst.

Then it's time for bed. Now it is 10, 10 through 11. You're in bed on your phone, you're scrolling social media now. That blue light, the stimulation, that cortisol drive from the social medium now, now it just ups your sleep.

If you have poor quality sleep, if you wake up, and you haven't gotten the repair, restorative effect of good quality of sleep and it gets compounds the next day now on day after day, after, day and eventually that takes its toll on all the stuff we just talked about.

Hormones, nutrients, inflammation, blood sugar control, cardiovascular risk, everything we've just talk about is affected by this pattern that we're dealing with.

It's like the analogy I thought of was it's, like, driving a car and never changing the oil, never getting a tune up. And just keep running. It is Groundhog Day.

That's right. Every day you wake up, you do it over again, and eventually it takes its toll until one day, You wake like me, suddenly you're like how the hell am I 30 pounds overweight?

How do I feel like crap? how am i so miserable? Because it was a gradual, subtle decline until suddenly it is noticeable. Yeah. And the reality is, look, people put in the work to attain what they've attained in life, the family, and the house, that the career.

The reality, is if people would even put a fraction of that energy into repairing and into their health. then they could have, you know, probably restore that energy, feel better with the right approach, with right integrative functional medicine approach because unfortunately the conventional system is not yet there.

I mean, there are positive steps, they're positive trends, but it takes people like yourself who have made this leap, who've educated themselves, have gone really deep into this and created systems and opportunities for people.

Do you work with people remotely or do they have to come and see you? Yeah, yeah, we work with people remotely around the country. We do comprehensive testing is really the first step for everybody.

Anywhere in the county we do telehealth and so I think that's really What is the effect of all this chronic pressure that has affected your system?

Signs of burnout and how to get started

And I look at it like, you know, it's not stress versus recovery so much because people, again, they discount stress. It's pressure versus capacity. And that eventually that pressure overwhelms, overloads our capacity to handle it.

noticing and suffering the decline that we're talking about here. And so it starts with testing. So get some blood testing, some basic microbiome testing some cortisol testing to understand what are those hidden constraints.

Most people are shocked. I have clients who are like, they're like influencers on IG, like these guys with their shirt,

you know, don't even own a shirt because they always walk around the shirt off with muscles everywhere.

There's still major issues that they don' even realize is affecting them. Eventually the grind will catch up with you and take its toll. Yeah, get the data so you can make the right choices and put the program together.

How can people learn more about what you do and where can they reach you? Thanks so much. So peaklaunch.com is our website. And if you go to peak launch.

com forward slash guide, that's G-U-I-D-E. We have an amazing high performance health handbook. It's a 15 strategies and tactics that everyone can start using today to have better energy focused drive performance.

And there'll also be a link there if you want to jump on a quick complimentary strategy call with my team. There's link where you can do so there as well.

I love that and congratulations on your health and revitalizing, you know, really the doctor as teacher being the example of what is possible in living that.

And I really think that it's impressive what you've done and I hope that people take advantage of your free resources on you website and go and find out what they can do for themselves to improve their health as well.

Thank you. Of course, I'll add one more thing to that as well is I have had over the last several years many doctors come to me and I know doctors are listening to your show as Well, and they ask, how do I do what you've done?

How do you go from traditional medicine, whatever field you're in to this world of precision performance medicine? Because I gotta tell you, John, I freaking love what I do every day now.

It's amazing, and I love it. I am obsessed with it and it's my passion project and doctors want that too. And so I've developed Peak Launch Institute right now, also help doctors on the professional side.

How do you build this model as well? So if any doctors listening are interested in that, that's peaklaunchinstitute.com. They could jump on a call with me to learn more about that as.

Oh, amazing. So thank you for mentioning that. Thanks for your time today. Appreciate it