Your Genes, Your Gut, Your Pain: A Personalized Path to Relief with Ani Papazyan Transcript

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Introduction to Pain Resolution

The biggest thing since I come from a pain resolution, a practitioner side is you never learn to live with pain. There are solutions out there. You just haven't found one yet.

Never stop looking for solutions. And when it comes to pain relief, just think of, create the picture in your mind. what is it if you didn't have that pain, what would you do?

And just have that picture in mind and never lose the sight of that picture because that's going to keep you motivated to find a solution and to get rid of that pain.

This is Doctor Talks. Real talk from real doctors on the issues that matter to you most. Hello, I am so welcome to introduce my guest today, Ani Papazian.

She is a pain resolution practitioner. She studied initially as a kinesiologist, became a medical massage practitioner, and also is a functional nutritionist.

She is a bestselling author. She is a speaker. She has 30 years of experience helping individuals live pain free. She's the founder of last stop for pain.

And she has worked with professional athletes, with Hollywood elites, and she creates personalized solutions to alleviate pain. Big welcome to you, Ani.

Hello, Dr. Monica. Happy to be here. Thanks for having me here. I'm excited. This is something that I really like to discuss with my patients and with the public in general about ways that we can improve pain, which is such, such, such a common problem.

I would say 90% of patients that come to me have some chronic pain symptom. I previously had the diagnosis of hyperalgae, so I can definitely relate to pain.

And I'm not very content with how mainstream medicine approaches it many times, which is just, hey, let's take a pharmaceutical to cover up the pain. And so I'm excited to have this conversation to you that's with you.

That's going to be about pain-free living through personalized care, a holistic approach to quality of life. So first of all, first of all, when we talk about pain and chronic pain, I like to start with dispelling some myths.

What would you say those myths are and how people can rethink a path to relief if they live with chronic pain.

Chronic Pain Myths and Root Causes

Yes, that's such a big, big thing, especially nowadays because, and I love that you're, you know, you're being a doctor, but you recognize the problem that's out there with the conventional medicine, how they approach the pain, especially chronic pain.

And there's so many people. So some of the ways is approaching chronic pain and acute pain exact same way. Absolutely. You can never address, fix the chronic pain with your same approach as you're doing emergency medicine.

It's just not going to work. Yeah. And that's a great point because, you know, sometimes we fall into this threat of

criticizing conventional medicine for its short fallings, but I definitely need to emphasize that when I say that, I mean, mostly they're short fallings for chronic disease.

For most acute things, conventional medicine is going to be the go-to for most acute things, not everything, right? But like you said, once we try to treat chronic pain or chronic conditions in general, we treat acute ones, it doesn't work as well.

Exactly. And our emergency medicine is fantastic. Absolutely, but you can cure the chronic pain. The other thing I think is, you know, not finding it when people come with the symptoms is just putting band-aids on the symptoms, treating the symptoms instead of trying to find out the root cause of it.

and then addressing the root cause because that's going to create this chain reaction of getting rid of all the symptoms. And that's one of the biggest things I have noticed in my clinic when I get, usually I get patients that have already been to a doctor, have already been to a physical therapist, a chiropractor, whatever, but they still have the pain because the root cause of their pain hasn't been addressed.

Absolutely. And so I guess that's what you would say that the biggest myth in chronic pain is, right, that people think that it can be addressed just like acute pain.

Exactly. Exactly. And not finding the true root cause of the issue. Absolutely. So how does pain actually signal these root causes, these deeper problems in people?

Well, the pain, as we know, it's your body's way of like throwing a red, you know, white towel and saying, okay, I'm done. I cannot. Stuck it up anymore.

You know, there's only so much abuse we can give to our body. At one point, the body's going to bring up pain to give you a signal that, okay, something is going on.

I need attention. And one of the reasons that Like when I see clients, the only reason I'm going to see a client or take on a new client because they have some kind of pain.

If you don't have pain, there is no reason for you to see me unless you're doing maintenance. But one of the things I tell my clients is, okay, I'm going to see you tomorrow.

If you can, please do not take any painkiller because I don't want you to desensitize your nervous system to numb your nervous system because I want to see where your body is.

I want you to feel what I'm doing and I want to get the same sense of where your body is instead of that numbing numbed up version of your nervous system and that's one of the biggest things you know it's easy to just pop pills to numb so you don't feel the pain but the pain is a good thing if you like this discussion please hit the subscribe button and consider leaving us a review it really helps people find us And we truly appreciate your support.

Absolutely. I love that idea that we need to listen to our bodies. If you have pain, it's, it's for a reason. Your body's trying to tell you something.

And again, acutely, it's okay to take a pain pill to regroup yourself and come up with a plan. But chronically taking that pain pill might actually do you more harm than good because you're ignoring what your body's trying to tell you.

And it could be. the sign of something else. And for example, in my practice, I see a lot of people with chronic infections like Lyme disease, similar things, or buildup of toxins, which can present to a clinic as what some doctors would call fibromyalgia.

And so the mainstay approach, mainstay approach for fibromyalgia is give you people antidepressants, things to help with their pain, but If we're not trying to get to the root cause, they could definitely develop even more complications from whatever the root causes, a chronic infection, a buildup of toxins, or many, many, many other

things.

Exactly. That's exactly why approaching the, you know, looking at the body. And what's so interesting is another meat is that everyone gets the same approach.

So let's say if I have two patients, they come with exact same symptoms, but my approach, my treatment approach to these patients could be completely different because the root cause of their pain is completely something else.

Even though they both have the same symptoms, but our conventional medical system is almost like a conveyor belt method. You know, you have the symptoms that equals this diagnosis that equals days medication, whatever suggestions they may have.

So that's why I like a lot of times I my clients that they're going to go see their regular doctors. They were like only what questions do I ask? Or I would say OK, your genetic report showed that you have genetically you let's say your phase two detox is very slow.

Or, you know, you may, it's symptoms that even though it doesn't show in your blood work, when you look at regular lab, you know, your ranges and lab ranges, you're within them.

But when I'm looking at the functional ranges, they're much more narrow.

How Pain Signals Deeper Issues

So maybe you can ask them to test your histamine or your insulin you know fasting insulin levels like my doctor said I don't need them like you know what you're the patient you're paying for it your insurance is paying for it you insist or you get a new doctor yeah and and the good news about that is that more and more there's more physicians that are opening their minds to cutting-edge medicine a lot of times yeah a doctor's doing the best they can because they're following the guidelines but they're not realizing his guidelines are 15 years old and they're not up to date with the newest medicine.

So those patients out there who, who may be, or these people, the people who may be listening to this and saying, okay, I've already tried to talk to my doctor about this.

They're just not listening to me. Who should I go to next? Definitely there are practitioners like yourself who are more aware of the root cause approaches and physicians like me who have studied things like in addition to our Background is, for example, I'm an internal medicine doctor.

In addition, I also studied functional medicine, integrative medicine, other things that widen my toolbox and help patients get to root causes and thus longer lasting relief, the way that you're talking about things.

Agree. And I love that. As you mentioned, I see so many more doctors, they're recognizing those shortcomings and they're becoming more open-minded and open to more of a functional medicine route combining because the utilizing both it's such a powerful thing.

Absolutely. Absolutely. And so I always like to have like the big perspective on the subject that we're talking about in these podcasts. So I know chronic pain is extremely, extremely common.

I'm sure you would never run out of patients. And I was reading up a little bit on it right before we started this meeting. And I read that at least one in five adults has chronic pain.

It's so common that it's more common than diabetes. And I'm sure everybody knows a person with diabetes, right? And so I would actually be surprised if it's one in five.

I would say that, you know, that, number came from the CDC and sometimes CDC data is not super precise because they'll use different definitions than, you know, that we could use elsewhere.

So how common would you say chronic pain is? I'm going to say CDC says one in five. In my observation, that's probably closer to one in three. You know, it's interesting because one time I was at this meeting and there were about 50-60 people and that's a question I asked.

I said, if you feel comfortable just raising your hand, just answering the question, how many of you here are suffering from chronic pain? And out of 50-60 people, 32%. The ones that actually raised their hands, 32% said they're suffering chronic pain.

And I was preparing for a presentation and I looked up worldwide, over 30% of population are suffering from chronic pain. Yeah. And I'm sure most of these people have at least tried to get some relief from their chronic pain.

But in my experience, most people, they stopped short before they could actually get lasting relief from their pain. So what do you think causes this that a lot of people just don't really get all the pain relief that they need?

Well, it's a couple of things. And I think part of it is how the practitioners approach the patient. One of the things that I utilize in my clinic is, okay, yes, you come to see me for pain.

If your pain, let's say it's seven, eight, sometimes 10, you want that pain to be gone, right? So you're very motivated and you'll do anything. But once your pain goes down to two or three, so does your motivation goes away because you can live with two or three.

You can handle two or three, but not seven, eight, nine, 10. So instead of concentrating on my clients to get rid of their pain, my focus is the question I ask, if you didn't have that pain, what would you do?

And I have them paint that picture themselves. Because once, let's say, one of my clients was, I want to make sure that this summer I'm going to Europe for three weeks, I want to be able to walk around.

Or one of my clients was going to go to Machu Picchu. And she wanted to be able to walk. Well, when you paint that picture and have the patient paint that picture, their motivation will never go away until they can achieve that pain free state.

So I think as practitioners, we should be able to motivate our clients so they can continue until their pain is gone. So that's one of the approaches that has worked for me.

I don't say, oh, let's get rid of your pain. No, what is that pain preventing you from doing? Fatigue, brain fog, mood swings, weight gain. If you're a woman in your 40s to 70s, you've probably been told that it's just aging.

But what if it's not? At trulyhealthymd.com, we look deeper. hormones, nervous system health, hidden toxicities. You're not broken. You just need a doctor who really listens.

Visit trulyhealthymd.com and book a consultation today. It's time to feel like your real self again. Absolutely. I can see how that definitely can keep people very motivated to keep pursuing this because, you know, there's like, you know, there's no there's no quick cures, magic pills.

People definitely need to understand the value of them persisting in this. I always say, you know, our body is not Amazon Prime. We cannot deliver overnight.

It's like it's a process.

Personalized Care and Finding the Right Practitioner

It takes time. You know? Yeah, I like that. And so in your practice, what modalities do you use to help people with pain? Oh my God, how much time you have.

Give me an overview so that… What stands me out, I utilize very unique modalities that most people go, okay, I've

never even seen it. I've never heard of it.

That is too weird. But it works. I don't know what is it you're doing, but it works. And I was so fortunate that in my 30 years of practice, I came across some amazing doctors, some amazing practitioners that dedicated their lives of creating these unique pain relief techniques that work so well.

So out of all of those techniques, I would say the main think that pretty much puts them together, brings them together, would be addressing our autonomic nervous system.

Because in our society, everyone is operating on their sympathetic nervous system. They're just on this fight, flight, freeze mode constantly. And that completely drains your body, breaks down.

And even if you're going to treatments and whatever, your body is not going to recover fast enough because nobody is coming down your autonomic nervous system to allow your body start healing itself because we know given the right circumstances our body has the ability to heal itself.

Absolutely. So yeah like I said I do some like really weird funky techniques but it It works. And one of the biggest, doesn't matter what pain you come to my office, would it be neck, shoulder, hip pain, lower back, feet?

I'm always going to check your jaw. do an intraoral release of your jaw, of your tongue. And that's one of the things people like, you're going to release my tongue?

I didn't even know my tongue was tied. But it's connection to your cranial nerves and how it stimulates your cerebellum and stimulates all those cranial nerves.

The results are amazing. And that's one of the reasons I have such a huge client turnover. because you come see me maybe a couple of sessions, four or five, depending on your pain, and then you're gone because we get rid of your pain.

That's amazing. That's definitely the best type of practitioner, the type that can help their patients no longer need them. And I bet you that once you help patients, especially with their parasympathetic system, not only are you helping them with the pain, but all the other body processes get better.

I bet you their gut feels better, bowel movements are more regular, they're sleeping better. able to have more energy. Is that what you see in your practice?

That's just what I've seen in other patients that have worked a lot on their parasympathetic system on their vagus nerve. Exactly and what's so interesting also you know that's one of the reasons I went back to school and became a nutritionist because of internal organ and muscle joint connection you know sometimes I get clients come to see me for lower back pain or knee pain just the other day I had a client and he came to see me for knee pain and I'm checking and none of the muscles not his lower leg, upper leg, thighs, hips, none of it is tight.

My thinking went, I asked him, do you have digestive issues? He's like, oh, major digestive issues. The energetic connection of digestion and knee pain is massive.

All I did, I just went and addressed his digestion. I actually did a little bit of the visceral massage, abdominal massage, and then went back to check his knee and a lot of his knee pain was gone.

So just knowing that connection also is massive because a lot of times you just say, okay, your knee hurts, do stretches, this, but let's look at a little deeper.

What is the connection? That's really, really cool. And so you said you went to become a functional nutritionist and you also practice nutrigenomics which, could you explain for our listeners what Neutrogenomics is?

Yes, it's, you know, as humans, we share 99.9% the same genes, same DNA. But that 0.1% that is different, that's

what makes us unique. That's what just by kind of like looking at you, you seem pretty slim, thin person.

And Me, even though I used to be a professional athlete, I've been an athlete all my life, I have the hardest time losing weight. So the nutrigenomics is how your body reacts to your environment based on your genes, the genetic variants you have, the foods you eat, the exercises you do.

How does your body react response to stress based on your genes? and clinically what we can do with the lifestyle changes suggestions. that your genes will never turn on or if any certain genes have turned on, how can we turn them off?

So I always like to say your genes are not your destiny, but your lifestyle. I love this quotation. It says your genetics loads the gun, but your lifestyle pulls the trigger.

And it's all about comes down to your lifestyle. So are you able to connect these two? Yeah, you're you're a pain resolution practitioner with studies in nutrition and genomics.

So how do you apply that in pain prevention and recovery? Yes, so that's where the fun is. Genetically, when we look at your bone pathway, your bone and joint pathway, we look at your injury pathway, then we can see that, okay, genetically, your body, your connective tissue genes, you have genes that makes you more prone to having knee injuries, ACL injuries, or Achilles tendon injuries.

Which means the exercises you do, you should be doing type of exercise that strengthens the muscles around those joints or your body does not utilize.

If you're trying to lose weight and genetically, we see that your body cannot utilize fat as an energy source. Then. you have to do something else.

Pain Prevalence and Motivation for Relief

We're going to look at, okay, is it coming from detoxification? Is it coming from like where the root is? What's the best way for us to approach it? So that way, yes, exercising is great.

It's very good for your heart. It's very good for your brain function. But if you're higher in injury spectrum, then you have to do type of exercises that is going to have its benefits, but at the same time, not injure your body.

And that's where I bring it all together. And that's the beauty of it. That's where we do more personalized approach, create a personalized dietary suggestions, exercise suggestions that is unique only to you.

There is no one plan fits all. That's amazing. I love all of that, especially that last part of personalized medicine. Again, you know, not to, not to sound super negative about conventional medicine, but that is one of the pieces that is so different between conventional medicine and those of us who practice integrative and functional medicine is that we tend to have much, much, much more personalized approach.

We do get to spend more time with our patients, the conventional doctors, you know, insurance only gives them a few minutes to talk to each patient, right?

So it'd be, we can't ask them to do that. Those of us that are outside mainstream, most of us cannot be in the insurance model because they wouldn't pay us to do this work.

We have the time to get to know our patients and give them this personalized plan, which is, it's very valuable. So when you're talking about these personalized strategies, how can these help people thrive, especially when we're talking about different lives?

Transitions. I know that's one of the reasons I wanted to be on your podcast because one of the things you concentrate on the transitions and I cannot tell you how many times I've heard the client says only as soon as I turn

40 or only as soon as I turn 50 my I woke up and I have pain here and I have pain there.

Well, the beauty of it creating personalized ease Okay, yes, you turn 40 or 50, you're going through perimenopause. What is happening in your body? You know, we need to adapt to those changes.

I was an athlete before I did 25 kilometer trail races, or I would go 10, 15 mile runs. Well, I just turned 56, I cannot do that anymore. And my body is not designed for that type of running.

So, you know, we just have to take an every individual on its own and look at, okay, what transitions are you going through? And also make it so this client, we all have busy lifestyles.

You know, you have family, you have children, you have work. We cannot add another stress to on your plate. So we need to make sure that whatever we're suggesting, it's going to fit with your lifestyle.

It's something that you can do in a long term because we all can suck it up and like willfully do something a week, maybe two weeks, but it's not sustainable.

So that's what I love when I give client, I always ask them, Are you good with homework? Can you do homework? The ones that say, oh yeah, I'm really good at it.

Fantastic. The ones that say, you know what? No, I'd rather come and have you work on me. Perfect. Instead of seeing you once a week, coming twice a week, and then we'll take care of it.

So we're just addressing each person at their level of comfort. Yeah, absolutely. And as you said, yes, I do deal with a lot of people going through different transitions of life.

You mentioned perimenopause. Absolutely. A lot of women think that when they hit 50, 51, and they stop menstruating, that's the only hormonal change they're going to have.

But no, our ovaries do start to change after about, you know, 35, 40. All throughout our decades in our forties, we do have changes that are leading up to menopause and that perimenopause could even be worse than the menopause itself.

And so I love having patients that are that age range because there's so much that we can help them with. And yeah, sometimes they come to me because they're like, something's wrong.

I have pain. And if we address hormones, I can help patients with that and a lot of other things. One thing that I like to explain to patients is that they think that if we give them an anti-inflammatory or do something for pain in that joint or that muscle, that's the best way to resolve it.

But how would you explain to patients that pain is not just because of physical injury, it's not just because of osteoarthritis, sometimes it's because of emotional injury, mental stressful situations.

Is that something that you also Try to explain to your patients. I do. And interestingly, I have a great story on that. One time I had a patient who was referred to me by a local dentist for TMJ.

So this woman comes into my office. I swear she had her purse clenched to her chest. As soon as she walked in, I showed her to my treatment room. When she sat down, before I could even say anything, ask her anything, she burst into tears.

And I'm thinking, forget her job. I need to address her stress. Well, she's been suffering with the job pain for months. She's gone through Botox injections.

She's gone through whatever other treatments. And on top of it, she was getting ready for her wedding in couple of months. She was, you know, going to have her wedding.

So instead of addressing her job, I walked her through a couple of stress relief techniques, which I also teach my clients. You know, just calm down the stress and teach them the techniques that when they go home, they already know these techniques.

They can use it anytime they want to. And yes, when you're in stress, you know, as you know, with the high stress, that constant stress can actually change the brain chemistry.

So maybe your pain is not that much, but because your stress is so high, you feel that pain a lot more so than it actually is.

Autonomic Nervous System and Unusual Treatment Modalities

So explaining to the clients and teaching them self-help techniques that your pain, you're feeling so much pain or it's not getting better because of the stress.

Let's address that first and then the pain will get lower and you can get rid of it much faster. I've happened a couple of times that I told the client, I cannot address your pain.

It's a digestion issue. It's not a pain issue. It's not a physical, muscular, structural. It's a digestion issue. You need to fix your digestion. He's like, no, you need to get rid of the pain.

I'm like, I cannot get rid of your pain if you don't address the digestion. And I had to tell the client, I can't book an appointment for you. I cannot.

If you're not willing to, Do what needs to be done. You're wasting your money and your time and my time. Yeah, for sure. I have a lot of funny stories that are similar where people come to me for things that are in their mind, not at all related to their gut digestion.

And let's say somebody comes to me for migraines. And I mean to explain the link between migraines and gut health, but sometimes I forget to explain. I go straight to talking about their poop and they're like, no, no, that's not what I'm here for.

But, but yeah. And once I explained it to them, yes, they're very willing to go through the. changes in their nutrition, the evaluation. But initially, it's just not a logical step for them to think, if I fix my gut health, then my other problems are going to get better.

And some of these people don't even have gut symptoms. I just know that they have increased intestinal permeability, what people call leaky gut, or imbalance in their gut bacteria.

And fixing that, whether or not they have symptoms that they consider to be GI symptoms, It's amazing. It's amazing how the body can heal. My favorite is the blood sugar issues.

They're like, oh no, my doctor says my blood sugar is fine. Like they never check the A1C. They just do a fasting glucose maybe. And it's like my doctor says it's fine.

And then when I ask them, okay, do you ever crave sweets after a meal? Especially if it's a card meal. Oh my God. Yeah. Sometimes I have to take a nap.

Or do you feel jittery or anxious when you don't eat for five hours? Oh my God, yeah, I have to eat. Well, you have blood sugar issues. Like, really? You know, it's just, it's funny because they're just so unaware of it or not in tune with their bodies.

Yeah, yeah, that's, that's true. The patients that I have an easier time helping them help themselves are those that aren't in tune with their bodies.

And that's like the first step because if they're not in tune with their bodies, it's going to be really hard for me to help them get to real, real healing.

So that's, that's, that's such an important point. Is there, obviously we're not a, we can't give medical advice on this show, but if there's anything you could tell people saying, if there's something that you wish everybody knew about pain management, self care, little things that they can do to start heading the right direction.

If they're, you know, if they're waiting to become your patient, if they're trying to find a practitioner like you in their area, what are those little things that people could be doing on their own?

that could start helping them in their long journey to better pain management. Well, one of the things I always tell people is you never stop looking for a solution.

You know, this day and age, there are so many amazing modalities, approaches to pain relief, just because you've tried a couple of things and it didn't work.

doesn't mean that you have to live with that pain. My favorite is when the client says, oh, my doctor said that's normal for your age. I'm sorry. No, no pain is not normal for any age.

So you never stop looking for a solution. If you're still in pain and you've tried a few things, you just haven't found the solution yet. So keep looking for a solution.

Sometimes it could be what I'm doing, Or sometimes it happened to a client like, okay, I need to send you to someone else because that's what's going to help you best.

So just look for solutions. It's out there. Yeah, absolutely. I love that advice because sometimes patients forget that they need to be their own advocates and it's worth it.

You are worth it. If you have a chronic problem that you haven't been able to get help for, keep trying because you having better health, it's, it's worth that, that effort.

And there are, there are more and more people out there who, who are trained to address chronic health problems that sometimes do get overlooked. Unfortunately, first one, two, three visits.

I mean, man, I've had patients that have told me I've seen 15 doctors and it wasn't until I found you or somebody similar that I finally started getting some relief.

So it's, it's not always an easy road. Exactly. And you know, having that's one of the reasons I like having a group of practitioners, different practitioners, so referral partners.

Because if something you're doing that it's outside of scope of my practice, I can refer you to. So you take care of that portion that I cannot take care of.

And a lot of times, unfortunately, practitioners think that, oh, no, if I send you a patient, you're going to steal my patients. No, first of all, there's enough patients for all of us forever, especially this day and age.

Also, let's say if I was a patient and you tell me, Ani, you got to go see this practitioner first to take care of this. And then you come back to us and we'll take care of the rest of it.

I'll be like, yes. And I have that, you know, throughout the years I've created that amazing connection with different practitioners that I can send my patient to a chiropractor They say, you know what, I need you to align their body.

And then when they come back to me, I can fix them so much better, so much faster or other doctors, whatever. But having that community of referral partners, I think it's, it's massive.

Nutrition, Digestion, and Pain Connections

Yeah, absolutely. And I could say the same thing from my perspective. There is absolutely no way that I could help a patient heal by myself. I definitely need.

to have good contacts, both within the conventional world. I still talk to gastroenterologists, pulmonologists, neurologists, almost every day, but also outside of other physicians having the right health coach to work with my patients and the right practitioners like yourself that can do some healing modalities that I just, I don't do.

That's not part of what I'm trained for. So as a team, we can definitely help people heal faster. Exactly. Exactly. And people need to know that. That's why we need to spread our message, how we can help, what's out there, what's available, so people can learn what's available to them and be able to find those practitioners.

That's why I love there's so many podcasts and being on guests on different podcasts just to spread our message. Yeah, absolutely. And that's exactly the reason I have this podcast.

It's not to promote any product or service, it's an educational podcast because I feel like it's the best thing that I can do to reach more people than just my patients.

There's going to be a limit to how many patients I can see by myself, but if I can get this podcast out to educate people, then I feel a lot more satisfied with the impact I have on this world.

Exactly. Exactly. Especially for me, because I travel so much. You know, since last May, I've been doing the world tours. I'm Janet Jackson's massage therapist.

Oh, amazing. I mean, traveling with her throughout the, around the world. And actually I just realized that wearing one of her shirts. That's true, that's true.

But yeah, I've been her massage therapist. I did her 98, 99 world tour also. But traveling the world and seeing how different countries, their approaches, it's just amazing to see how differently their people's mindsets, their approach to different pains.

But just getting our message out there and especially when I'm like around the world and I meet different network with different practitioners and different doctors, it's fascinating.

Like what's available out there and spreading the message. It's amazing. Yeah. And I think, you know, most of our listeners are probably going to be in the United States.

And what a lot of people in the United States don't realize is how the use of opiates, you know, I'm talking about things like hydrocodone, oxycodone.

those kinds of things, that's not common in other countries, like none other country that I know of, the ones that I've, you know, talked to their doctors and traveled to, and I actually trained in Mexico, and we just don't use them like they're used here, and people have just as good outcomes with pain, so opiates are not the solution, especially for chronic pain.

Some acute pains, probably, yeah, we probably need them, right? Somebody just had a big surgery, yes, that's probably the best way to go, Anything past a few days, people do not have better outcomes with opiates.

Uh, we know there's a huge opiate epidemic. People are dying every day of addiction, but we know that people with certain conditions like inflammatory bowel disease, if they get a prescription for hydrocodone, they're going to do a lot worse.

Statistically, those patients have more hospitalizations and even more deaths. And so opiates are, are not, they're just not the answer. No matter how you look at it, as long as, you know, as long as we're not talking about that

super acute pain.

Yeah. And you know, it's interesting. I was in London for like almost 15 days in last October. And I've learned that in UK, you will never see a commercial about medication, which here, if you're watching TV, every other commercial is about medication with their thousands of side effects.

I know. You have eczema, but this medication can cause death. I'm like, well, I rather have eczema then. I will live with my eczema. of dying or having internal bleeding or my eyes going blind.

But yeah, that was one of the things I learned that in UK, they do not have… It's only two countries in the whole world. It's here and I think New Zealand or Australia, probably New Zealand, two countries in the whole world allow that.

Amazing. It's crazy. Yeah, I have a ton of funny stories about drug commercial companies. One is I do tell my male patients who are trying to understand their physiology better, you know, they come into me with sometimes a lot of medications are taking one medication from their cardiologist, one from their pulmonologist, five from their primary care.

And so I tell them, You know, I'm going to do my best to try to get you off any medications, which I feel are either too high a dose or unnecessary. I don't, I'm not going to take you off of them.

You're going to go back to your primary care doctor and talk to them about this, but let me just tell you this. There's no coincidence that on TV, first they run the commercial for the blood stat for the statin medication for cholesterol.

And right after that, they were in the commercial for the erectile dysfunction medications because there's a correlation there. If we drive the cholesterol too low with these cholesterol medications, our body cannot make testosterone.

And without testosterone, you need that little blue pill in order for things to work. So it's, it's fun to explain that to, you know, my gentlemen that are not comfortable talking about that to me, but you know, usually I get them to linemen up when I explain those kinds of things.

And so, and that motivates them and so I obviously would never tell a person that comes with a medication prescribed by another physician exactly stop it.

Let's work together so that that doctor can can tell you when it's safe to reduce the dose or stop it.

Nutrigenomics and Personalized Recovery

But that's definitely one of my favorite things to do, to deprescribe, try to get people healed enough where they just don't need it. And it's something that- You know, with the same thing we can say, and I see this a lot, and I'm sure you see this too, people, you know, like replace their medication with supplements.

Now they're taking like 10, 15, 20 supplements a day. Like, you know, you're overstressing your liver, your kidneys. they still need to be processed. You don't need to take 15, 20 supplements.

Just because it's natural doesn't mean, first of all, 97.5% of the supplements on the market are garbage. Only 2.5% that says what's in it and don't have any added ingredients in it that is crap but some of the people that's what they do.

I have sometimes clients they come with like two bags of supplements and then we do my muscle testing and we're testing the quality of the supplement and then also is it good for your body?

Do you need it? So that's also I have seen being a big issue. Yeah, absolutely. And a lot of times people, that's the first thing I talk to patients about when they see me the first time they're like, Oh, you're a holistic doctor.

So sometimes their expectation is that I will be able to substitute their pharmaceuticals with a nutraceutical. And I tell them, yeah, there, there might be some more natural treatment options for what your, your chronic medical problems.

There's things to lower cholesterol and blood pressure, but That's not the point. We can definitely make a few substitutions, but the point of working with me is to heal your body so you don't need either alternative, right?

And yeah, and if people choose to purchase a supplement, especially to treat a medical condition, you know, it's one thing to take a supplement because you want to, you know, have that potentially prevent dementia in the future.

But if you're treating something to say, treat high blood pressure, It's so important that you work with a physician or another practitioner to tell you the right one, to monitor you and to guide you as far as how to get good quality supplements because it's a huge problem.

People will take something that has the right active ingredient, but since there's no oversight, no governmental oversight, if there's not third party testing, then nobody's going to notice if that pill just has sand in it instead of the active ingredient, or if it has a hundred times more of the active ingredient and it could overdose you.

So those are very important things that people need to understand about when they want to start taking supplements. But also I think knowing how your body reacts to it.

And that's one of the reasons I like the genetic testing is because I just got this new company with their supplements and they're like, oh, I'll send you a sample.

It's really good. It calms your body, relaxes you. It will increase your serotonin. And knowing my genetic blueprint is like, yeah, I would never take that because genetically my body breaks down neurotransmitters very slowly.

They linger in my system long time and the last thing I need. It's a lot more of serotonin and that's not good because you don't want to be in either spectrum of it.

But knowing that I could never do CBD with THC. I could never do take gummies and stuff because I've had a horrible experience. I went into a paranoia just from inhaling.

Someone was smoking pot next to me just from inhalation. I went into full on paranoia just because my body does not break down those things fast enough.

But knowing those things, it also would help you. Okay. How does your body break? Maybe your body I've seen so many of my clients with their genetic report is vitamin D does not convert into activity three because genetically they have that variant.

So, okay, what do you do? Like, oh, I take vitamin D, but my vitamin D is always low. Just knowing this, again, we're going back to personalize it. Don't generalize.

I always tell clients, even if you have their own accountability partners, do not do the exact same thing together because your individuals and your body is never going to respond to the same thing, same way.

Absolutely. They're very important things for patients to You know, start getting these concepts because these concepts of nutrigenomics is not something that I find the general population has heard of, much less they have a good grasp on.

So very, very important concepts in your practice is nutrigenomics, something that you offer to. most patients, a small minority, how do you go about recommending?

You know, it's such a personalized approach because some people are, their minds are not open to it. They don't

make the connection that, oh, for me to leave pain free, I may need to know my genetics or it's too expensive.

So I kind of go by, if I'm having a conversation with the client, I may mention it or I may bring on some examples of, hey, you know, the client came to see me with the migraine since she's been having migraines since she was six years old and nothing has helped.

And then we looked at her genetic report. Well, guess what? She had an HLA gene, which is non-celiac gluten sensitivity gene. and she got rid of gluten and her headaches went away.

So it's just based on the client, how I feel if they're open to hearing it or they're like, no, just address my pain and I'm good to go. So it's just various.

I wish everyone, I think everyone should get a genetic report because you just do it once. Oh yeah, that's true. You can just keep digging and digging it.

Yeah, your DNA is not going to change. So it's definitely something that you could just get once and then use that information over and over for, for years or decades.

And the science is always advancing and there's so much research going into it. So that same genetic report could be used in the future to apply to whatever the newest data is.

So I agree. I wish more of my patients had the ability to invest in these tests, but since it's something that's not covered by insurance or Medicare.

you know, you have to make sure that you're telling patients what is the most important test that they need to get at this moment. Exactly. Exactly. And educating people that, you know, sometimes feel like, Oh no, I don't want my DNA to be known.

Stress, Hormones, and Emotional Contributors to Pain

They're going to like, it's going to affect the insurance or preexisting, whatever. And educating people that, No, there are laws in place that doesn't allow the insurance company to take your genetic report and deny you of any coverage because you may have any predispositions to certain things, certain conditions.

Because just because you have the gene doesn't mean you're going to get the condition. So it's all about, again, goes back to educating and informing patients.

Yeah, and it's so good to have practitioners like yourself here helping educate and inform and knowledge is definitely power. Exactly. Yeah. And as far as the nutrigenomics again, it's just such an interesting thing that I want.

The more people that find out about this, the better. A lot of people have a hard time understanding the concept of a SNP, a single nucleotide polymorphism?

Is this something that you feel you've been able to explain to your patients in a way that's, you know, that they can really wrap their brains around it?

If so, how would you explain it to our listeners just so that they can go home with a little bit of knowledge regarding genomics? You know one of the things that my client like my explanation because it's so simple because English is not my first language or my second language for me to understand it has to be really simple and that's how I convey the information to my clients to very simple.

And I never get into, you know, I would never say a sneak to my client ever because they're not going to understand. And nobody wants to feel kind of like, oh, I'm not stupid.

You know, like nobody wants to feel like that. So usually I would say they are genes. We have genes and specific

genetic variants. that makes us unique, that makes us how we respond to things, how our body responds to the foods we eat, everything we do.

And once you know those differences, those specific genetic variants, the genes with their specific variants, then we know how to create personalized plan specifically for you.

That's unique to you. That's it. I don't get into the snips and I would never use those unless I'm talking with a practitioner like you. And then I would say, yes, you know, we're going to look at your methylation pathway and in your methylation pathway, you know, you may have these genes or You know, in Apple EE2E4, you know, you may have a higher potential of, let's say, Alzheimer's, but also it's a great genetic variant to have when you have any chronic conditions because your body would respond to treatments much better if you have an Apple EE2E4 or E3E4 or E4E4, you know.

So, but it's about keeping it simple and with the Basic layman terms so people don't feel like that's I think one of the actually things with the doctors also they use so many like medical terms that the patient just feels.

I don't know what's the word in English, but they almost like feel stupid. So then they can't ask the right question because they didn't understand the first place what the doctor said.

Yeah, absolutely. Absolutely. Yeah. Yeah. I do think that is something that a lot of us are guilty of. And I'm going to be honest. I think, well, I know that when I transitioned from practicing 100% conventional medicine, I was an internal medicine doctor, worked for a big hospital system.

And I started spending more time with patients and making sure they understood once I went into my own private practice integrative medicine. I did look back and I was like, you know what?

When I was in hospital medicine, I was not explaining these things, right? There's, I just was, didn't have the, nobody told me, right? That I was explaining things.

People were not understanding. They just weren't asking me anything because I wasn't explaining it in things in terms that they truly, truly 100% understood.

Um, and so, so yeah, it is, it's very difficult when people only go to conventional doctors, cause they don't have that. And not all of, not all of them, but this is, it's hard.

It's really hard in the insurance model to sit down and have the time to explain everything. I'm sure there's a lot of commercial physicians out there that do a phenomenal job, but it's just so, so much harder in the conventional model than when you come see an integrative doctor that is gonna sit down for at least 60, 90 minutes your first visit and really get to know you and explain things better.

Key Takeaways and Final Advice

Exactly. And also as a patient knowing, I have a paper that people can download which it tells you like six questions you wanna ask to your practitioners or to the company.

Like when you're thinking of doing genetic testing and analysis is what company do you go with and why? And knowing that because there are some companies that would do genetic testing just to sell you supplements.

That's it. You don't get any explanation, anything. All they want to do is just sell you supplements. And then also, who's the person that's analyzing your report?

Is it a direct sales company that the person, you know, doing this on their spare time and they decided to have a side hustle? So they signed up, now they're gonna analyze your genetic report because someone gave them a paper and said, okay, if this shows up this, this is what you tell them.

Or it's a practitioner who's been studying anatomy and physiology and chemistry and nutrition for years and they know what they're seeing and what they're saying.

So it makes a huge difference. Yeah, absolutely, absolutely. I'm sure that the patients that you've seen are just very happy with the way that you are able to explain this to them, get them true healing.

So I'm so, so glad that you were able to come here and explain this to our listeners. Before we go, could you please give our listeners quick recap or the take homes for today just because we talked about so many things.

It's okay if you guys want to listen to this podcast again, but just so that you guys have what the take home message should be. Can you let us know what that would be Annie?

Yeah, so the biggest thing, like you said, we address so many things. The biggest thing, since I come from a pain resolution, a practitioner side is you never learn to live with pain.

There are solutions out there. You just haven't found one yet. Never stop looking for solutions. And when it comes to pain relief, just think of create the picture in your mind.

What is it, if you didn't have that pain, what would you do? And just have that picture in mind and never lose the sight of that picture, because that's going to keep you motivated to find a solution and to get rid of that pain.

Absolutely, absolutely. I think those are amazing takeaways. I really hope our listeners found this valuable. There's going to be information about Ani in our show notes, so make sure that you look at those so that if you want to continue to learn more There's resources for you to continue to learn about how to heal your bodies.

Thank you. Thank you, Dr. Monica. Thanks, everyone. Bye. Thank you for tuning into Dr. Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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