

Welcome to Module 4 which features Tenet 4.....**Fundamental healing: seek, identify and acknowledge the fundamental cause of illness.**

### **Lesson 1 - Keep Seeking the Fundamental Questions**

To seek out information about our clients, to identify imbalance and find these fundamental causes of illness, we have to investigate...we have to ask questions

Well, in order to be able to do this, to seek out information about our clients, to identify imbalance and find these fundamental causes of illness, we have to investigate...we have to ask questions.

Unfortunately, it's NOT asking these questions that can hamper our efforts to move forward. This is where I see things normally going off the rails for a lot of practitioners, because it is the questions based on what they are trying to find that puts them either in a bad position or prevents them from finding these fundamental causes of illness. And so the question itself is going to be pretty significant. I would say that the questions that we ask of the client and about the client, say everything about us as practitioners, it tells exactly who we are, and what our mindset is.

*See Foundational Chart image located in your files.*

Now, where to start in all of this with a client? One of the key concepts on which to focus is supporting and maintaining normal functions of the body. So we're talking about the function of diet, hydration, digestion, assimilation, and elimination.

So in other words, are they eating right? Are they hydrating properly? Are they digesting their food? Are they absorbing the nutrients from the food and do they have good elimination, good bowel movements. So if these basic functions can be improved, there's a lot of issues that will work themselves out. That means we are clearing the field. People call this the low hanging fruit and use the approach of, well, I can work on these or not since they are just simple items without much significance. I disagree...it is not optional. Not only are they NOT simple, investigating these foundational items can lead you to understand all of the big symptoms in the body and prepare you to ask the deeper questions. I call it balancing the foundation of this person. If we do not have these things in place, it's really difficult to go after the bigger things. So in order to do this, we have to ask these right or correct questions to get there. And these questions that I'm going to go over with you today are not the not black and white, because I know that many of you are looking for this perfect black and white structure of how to move forward with a client and I'm asking you to allow these things to be dynamic and to flow and allow you to learn and see the needs of each client.

**Should we ask "how to fix it" before we understand "why is it there"?**

**We can't make a template and place it on top of each client and expect good results.**

Because then you're following a template and you are no longer following what the client needs and understanding what your next steps are for the client. So, getting back to this question, when we have a new client come onboard, we also get data back on this client. They're filling out a health history, they're filling out a symptom report, maybe a food and mood journal, hopefully a timeline. And they might even have some labs that they share with us. So we're looking for answers to questions because we want to help them improve their health. That's the goal. That's what we do. The biggest question I hear from

practitioners, after being able to list out all the data, is where do I start? But what questions are really being asked? Instead of asking how to fix it, ask why is it there?

### **What is it about their environment that has created this dysfunction?**

Many are afraid to do this because they are unsure of how to find out "why" and if they can't answer that question, it becomes much easier instead to just treat the symptom. I'm going to tell you that when we look at lab testing, the answer is never going to be a diagnosis or something that you, quote unquote "treat". So I want to be very, very clear about this. Everybody has choices in life. And if you are using these lab tests to find answers to fix or treat, instead of using what you find as clues and patterns to help you form an impression of your client, then you are not practicing Functional Medicine. This is not what we do. So this is where you have to make a choice in how you proceed with the data. You may find on the labs that the client has an imbalance in blood sugar. It is not good or bad but it is showing you that their biochemistry has shifted and it's providing a clue for you to follow.

What do you think when you see imbalance on a lab?

You might think, oh now I have an answer to my question, and I treat the glucose imbalance and I'm saying no, no, no, don't. Just stop right there. You are not looking for a specific answer to adjust the marker level. Yes, they have a high sugar but how did they arrive here? What is driving it? **The most important question to ask is why has this person's biochemistry shifted?** This is the most powerful question that you can ask and it requires strong investigation. It starts you off at the bottom of the foundational health chart. And the bottom of the chart, where you are exploring these basic health functions, will provide you most of the answers and then it allows your thinking to grow from there. So the question again, is, why has this person's biochemistry shifted?

**What we call imbalance may not be wrong; it could just be the body making choices based on keeping you alive.**

The body is doing what it is supposed to do, it is making the necessary adjustments it needs to in order to sustain homeostasis. Think about this...What we call imbalance may not be wrong, it could just be the body making choices based on keeping you alive.

Let's use an example here: You have an employee that is very punctual and one day, she is 30 minutes late for work. When she arrives, she explains to you that on her way to work, she discovered construction on the highway. She had two choices: If she waited to get through the construction, it would have made her 45 minutes late but by taking a detour, she was only 30 minutes late. She was going to be late either way but she made the choice to be "less" late by using the detour. She knew she had to get to work. She made the necessary adjustments to accomplish the goal of getting to work but at a slight cost to both her and you. Having to adapt to the current situation and find a new route to work is neither good nor bad, it is just a choice to avoid the least favorable consequence of being late. When we view lab markers, this is what we are seeing...we have an imbalance (stressor = construction), we see the response of the body reflected in a lab marker and the paths the body is taking to avoid additional injury to itself are detours to accomplish the goal of function and it will choose the best path. (high metabolized cortisol and low free cortisol) Function happens but not optimally and there is always a cost when creating a new route (symptoms of low cortisol). Lab markers can reveal the adaptation, or

detours, the body is taking to keep function happening while protecting itself. As Steve Hawes so eloquently states:

**“A biochemical or metabolic adaptation or compensation, even if it's considered negative and gives you cancer, is a necessary step the body has had to make under the circumstances to keep us alive”**

Imbalance (stressor) too much cortisol and low thyroid hormone conversion

Adaptation to the imbalance (lowering cortisol at the tissue to prevent damage)

We understand the path, or route, to avoid the construction as the path will give us clues. In the pathway of high met cortisol and low free cortisol, we are not trying to "fix" it by either lowering met cortisol or raising free cortisol as that action is just trying to affect the route around the imbalance. Instead, using the clues, we are trying to understand what is driving this imbalance (obesity/insulin resistance, CFS, chronic stress, etc.) and focus our support in that area and the route/pathway used by the body will balance out and will work correctly once the stressor is removed or decreased (all lanes closed as opposed to one lane open then two lanes open etc.)

Relevant to client: infection with subsequent inflammation - raises cortisol too much which in turn will lower T4 to T3 conversion

Infection "why": h. pylori

H. pylori "why": a period of chronic stress that led to low stomach acid which allowed HP to overgrow and maintain low stomach acid. Original insult to the body has come and gone as reviewed with client and on the timeline.

## **Lesson 2 - Understanding What We Find**

So let's take a look at an average person who may come to you with health concerns. There is probably a point in time that they were healthy. So you ask them that question, when was the last time you felt really well? Now they're sitting here in a place full of symptoms and they are working with you so there must have been a place in their life where they had little to no symptoms showing. So then we look at the health environment.

### **Are they living in a way that is supportive of their actual healing environment?**

Now, this is extremely significant because again, this is what we do. So let me let me say this again, but just in a slightly different way. Are they living in a way, eating in a way, drinking in a way, sleeping in a way, that encourages health and supports the body or not? Well, we know the answer to that question because we wouldn't have clients if everyone was able to understand their needs and how to get to that healing environment or already living in that healing environment. The problem is, and I'm going to use Sally as an example, is that people have been fooled into thinking that they are not doing anything wrong. And the reason that is, is because the body hasn't given them any obvious clues or signs until now that something is going dreadfully wrong and less recovery is happening.

*Sally and list lab data*

So Sally is 40 years old and she has always eaten processed foods, she drinks sodas daily. She doesn't exercise much. She is a type A personality and she has to feel in control of everything or she gets angry. Now, her body has tolerated this for years until it was no longer able to adapt. And it started failing her symptoms started appearing and they started small, so didn't notice OR accepted them as normal. But right now she has a fairly high level of glucose. She's losing energy. She's gaining weight. Her thyroid is not functioning well. So she's already been diagnosed with pre-diabetes. She's been diagnosed with hypothyroidism. We could add diagnoses on there too. It doesn't matter. What we're saying is that she has a list of symptoms, she has come to you with a list of symptoms. Now, the fact is, if you look at Sally's timeline, and if you get her history, and you start asking all these investigative questions, you're going to see that

### **Sally was never living in a healing environment.**

Do you see that? And while this case example has obvious facets, such as the standard American diet, other cases are not so obvious but deserve the same attention to detail. Because her actions, her emotions, her diet did nothing to support her health and without any signs of poor health that she could recognize, she just took for granted that the things that she was doing were okay. Those who DO recognize symptoms and make changes to improve their health but without symptom relief are in the same boat. They are not addressing underlying cause and are still not living in a healing environment that is addressing THEIR root cause issues. Sally didn't think of herself as sick because she didn't have any symptoms that she considered an issue. You the teacher can help her learn what she should be doing to cross that bridge to get to live in a healing environment. Now, there are changes that have to be made for this to happen. And these changes are directly related to the commitment level of the client. You are not in control of what choice they make. Your job is to lay these choices out. Your job is to give them a picture of where they are now and then the picture of what steps are needed to get them to a healing environment AND how to stay in that environment so that their body is able to heal and some of the symptoms or all of the symptoms are able to resolve. This is where you also have to disconnect the education you are providing from the choices made by the client. By giving solid and beneficial education, you are fulfilling your role. **Success is achieved by the work done by the client because of their choices and the follow through on that knowledge.**

#### Sally's steps:

Working on emotional stress, eating clean in order to increase nutrient levels, reducing processed foods and sugary drinks...wow, Sally did that. Sally feels really great. Again Sally did not know how bad she really felt until she felt great again. Now Sally understands that she's been declining for years and she just didn't realize it because there was no one to teach her. This is the mystery that has so many practitioners baffled. These are tiny, basic things and yet they can turn a life around when the person is making the choice to support their health. So, stop treating the disease. Don't treat and I'm using saying this with air quotes. Do not treat the disease, do not treat the hypothyroidism, do not treat the pre-diabetes. **Stop looking at the symptoms as if they have more power and significance than they do..they're clues.** Help your client shift their biochemistry with diet, hydration, nutrient support and whatever else you discover is a benefit that you want to add in to help your client find her own unique healing environment. Now, you must, must start with what you know. These facts and data are what I feel are the probably the most critical things to have in place in order to move to the next steps. **And these absolutes are diet and lifestyle and removing the biggest offenders.** So I'm asking you to please

stop looking at your client and their data as a big diagnoses field. Stop jumping to Lyme disease and heavy metals as guesses for what is wrong with your client.

These things very well may be present but what's wrong with your client is that they're not living in a healing environment.

If they did, they might not have put their body in a position to be susceptible to all of these other things. Lyme disease is very real, heavy metal issues, not being able to detox them from the body is very real and they might very well be a part of the picture tied into the symptoms. But my point is that if you are not addressing the basics, there's no way that you can successfully help them work through these other things that are happening in their body. I talk about this a lot because this perspective is of such great importance. What are the nutrients that support the detoxification process? Are they present in the client? Is the body able to work to its full capacity to handle what it is receiving? So until you stop and ask the vital and proper questions, it's going to be hard to stop this vicious cycle with your client. This is why when a client comes to you and says they have been to five different practitioners for help and nobody can help them, what they are really saying is that no meds or supplements have cleared up the symptoms. They may think there is some elusive medication or herb that will solve all their issues and that they need somebody to tell them exactly what to do. Instead of telling them what they should do you are showing them how a person's lifestyle can create this scene AND teaching them that they can certainly learn how to correct it along with what choices they can make to start healing their body.

### **Lesson 3 - A Different Model of Investigation and Resolution**

It's not what they're used to. And we've talked a lot about this over the last couple lessons, that what we do is different. It is an entirely different approach. But I don't want you to be afraid of that approach. I want you to embrace it and learn more and more how to explain this approach to the client, because that's another area of working with clients, explaining what we do and how it's effective. Because the wording of it doesn't sound all that significant. Well, we're going to support how you eat. And they're thinking, look, I've been on every diet possible. But what they don't understand is we're looking at deeper things. It's not just what you eat, you can eat anything, but if you're not absorbing it, or digesting it properly, just really won't matter. So, where do we start to build health? This is, again, absolutely critical to start at the bottom. Now I see many practitioners say, Oh, yeah, yeah, I've got that under control. I told him to drink some water and he's pooping a little bit better.

**Now know if you are not fully enmeshed in understanding why the basics are not working, then you're missing out on so much of understanding the client's needs.**

If you're trying to be the hero, and you're trying to resolve one of their biggest issues then you're missing out on so much. And that's what I want you to truly see. If you have never taken a client from start to finish using the basics that I've described here, you have no idea number one, of how there is an ease between you and the client because it doesn't rush them into 10 supplements and having to try all these changes and protocols and methods but two, you're also allowing them time to explore changes that are happening within them and changes that are happening to them and learning changes that they still have to make. Again, we're back to choices because these changes that they have to make are choices. So, starting with these basics is going to set that foundation, clear the field, and make it much

easier to understand what is happening elsewhere in the body. Now, why is this part so critical? We're going to talk about this in just a moment when we get on to the next section about symptoms. But this is because there are things that appear to be huge, a huge dysfunction in your client. That is really just a part of the bigger picture that is easily resolved if we can take care of some basic health functions.

### **What are the root causes of dysfunction that you are seeking?**

They are not a disease or condition or diagnosis. Diabetes is not a root cause of disease; autoimmunity is not a root cause of disease. Hormone imbalance is not a root cause of disease. We tell our clients that we are helping them find the root cause of their health concerns and we say it as if we have a hundred from which to choose. **How many root causes actually exist?** In actuality, just a few, the very bottom level after asking "why" at each level of dysfunction: stress in various forms (emotional, physical) will be the central driver of dysfunction in the body in many cases. Outside influences such as poor diet, lifestyle and environment make up the rest. Examples of this may be injury, food poisoning, swing shift or third shift work schedules, medications, over-supplementation.

So before we move on to the symptom, I also want to talk about the gut.

Now I am no gut guru. I don't think that fixing the gut fixes every single thing in the body but the gut truly is part of this fundamental work. The gut has to be right. If the gut has an infection, that will affect everything else in the body. If this person is not digesting their protein in their stomach, where are their nutrients actually coming from? If they have SIBO and they're not digesting food in their stomach, how are they getting nutrients? You can do testing and you can see low B6, low B12, low zinc, low magnesium- Low, low, low. Why would that surprise you if they are not digesting and absorbing their food? Okay, so every process in the body, the immune system, fighting infections, the endocrine system, the HPA axis. These are all dependent on nutrients and minerals. So, this client is eating food, they're not digesting, not absorbing, they don't have nutrients and minerals and this creates stress. Why would you expect anything else to work to help them if their bodies are deplete of nutrients and hydration? So if you don't take that gut into consideration, first and foremost, and make sure that the function is pretty good there, how can you move on to anything else? And I want you to seriously consider that. I'm not saying that the gut is the sole responsibility of all dysfunction. I am saying that until you clear the field, until the gut is supported and things are working better, you can never know exactly what it has touched in the body, and what are the dysfunctions or imbalances it's causing and you do have to know this.

### **It's All About the Symptoms**

Now we're going to talk about symptoms because symptoms are a big deal, because everybody's always trying to fix them. Oh, we have a symptom. Let's fix it. Oh, we have a symptom. Let's bring some rapid relief. And I'm going to tell you that **a symptom is not a fundamental cause of illness**. It is a sign. So getting rid of it means nothing. Will it make the client feel better? Sure, but I need you to view what it is in the perspective of what we're trying to do as practitioners. So again, a symptom is not a cause. There are other causes. Now, a symptom, as I said, does help provide a clue, but you know you can't view it alone; you have to view it in a group or pattern. Though the symptom is related to the client's Whole Health picture, it does not stand on its own. So, it's viewed based on the client...it means something very unique to that one client. You can't fix it with a specific protocol because of its uniqueness and relationship to the other imbalances found within the client.

So, two clients. Same symptom, they have headaches, two completely different causes. So if you are trying to fix a headache symptom, and you're trying to fix it the same way in both clients, you've entirely missed the point of functional medicine. And you have not asked the question about what caused this shift in their biochemistry. You have not investigated the foundational things that have to happen first. Because the truth is, you don't know why they have that symptom. You're just starting off with the client. And again, I caution rapid relief here. The reality is, we just won't always know what will work to bring this relief or the response that your client will experience. You don't know what the supplements you're introducing, based on some guessing, are actually going to do to the body. What are you forcing the body to do when you add a supplement to it? So when you take a supplement, the body is going to react to that and it may not be a positive way, you may not get the result or the outcome that you want.

### **Symptoms are not a fundamental cause of illness**

Why are we working harder to get rid of the symptom than we are trying to figure out why it is there? So I want to give you some examples now about symptoms, and that they are not a fundamental cause of illness. The first one I want to touch on is UTI or urinary tract infections. So you can ask, what supplements do I use to clear up a UTI? You know, your client just got back from the doctor and they said, well, the doctor said, he diagnosed me with a UTI. And you want to be a supportive FM practitioner and you say, Oh, well, let's explore a natural way of healing that. So, did you ask why does this client have a UTI? That's what makes a great practitioner. You're not trying to fix that UTI but instead, you want to understand the shift in biochemistry and

### **Why?**

Why it happened in THIS body...what else is going on inside? Even if the doc prescribed meds to clear it up, still, in the back of your mind, this is a symptom to put on the list to develop the bigger understanding of why this symptom showed up originally. You're not looking for a supplement to fix the UTI. Now, there are things that can help. Again, I'm going back to rapid relief, and you've got to be very cautious about this, but a lot of people use D-mannose. Okay, so client takes D-mannose. And they're able to get rid of the SYMPTOMS of the UTI but it may not be addressing the infection itself. It does not answer the question of how did they get that UTI in the first place and why? No. What imbalance exists in the body that allowed that to happen? We have to know what imbalance is related to why these UTIs keep showing up. What is the cause in this particular client? So, you could find it in different places. Maybe their immune system is weak, maybe their cortisol is too high. Maybe it was related to some infection in the gut. But the fact that you are asking why they have this UTI, what is the cause, completely separates you from the practitioner that says "here take the supplements to clear your UTI" and who also believe illness is gone because a symptom is gone. Now, another example is constipation. So, if you are only seeking ways to eliminate that without understanding what is causing it, then you are not practicing functional medicine. And I see this most frequently with new clients. A practitioner gets a new client and they want to win over this client to prove that they can make changes in the client's health. Well, that's the wrong setup to begin with. Of course a heavy dose of magnesium oxide or Vitamin C powder is going to make them poop but it's not solving the "why" they can't poop on their own. But secondly, what if you make a suggestion and it does not provide any relief. And then you make another suggestion. And it fails. And it doesn't provide relief or where the client has already tried it and it didn't work. Okay, this is going to affect your confidence and it will affect their confidence in you. And you've spent a lot of time trying to figure out what's behind this one symptom.. It is not the cause of

illness, therefore, it should be a concern but not your immediate priority. Yes, we want them to consistently poop like a champ but it has to be viewed as where it fits into the bigger picture of their health.

### **Hormone Imbalance is a Clue**

Now another example and this is a huge one. I want you to really listen closely to this. We're talking about hormones. So hormones are part of a vital system within the body called the endocrine system. They're distributed all around the body but they still belong to this group, this club, the endocrine club. And it is important to understand more than anything else, that when the endocrine system becomes imbalanced it is usually, I'm going to say 98% of the time, not pointing to a dysfunction within the endocrine glands themselves. There are other organs and systems in the body that will become dysfunctional first and lead to the endocrine imbalance. And when they become dysfunctional, they are the foundation on which the endocrine system sits.

Okay, if it has become imbalanced, the endocrine system has no choice it's being pushed on and it will become imbalanced. So let's work backwards. We could say the opposite. You know, if we are able to help support and clear the imbalances in the body, it can restore balance to the endocrine system. So we're looking at dysfunction in the liver, the gut, the HPA axis. These dysfunctions can be the root of endocrine issues, thyroid issues, adrenal issues. So very seldom do we ever need to address hormones in isolation when we are trying to restore balance to the endocrine system. Did you hear that? Instead, we focus our attention upstream, what is causing this hormone imbalance? Now, we can take a thyroid blood test, and we can look at this and we can see what the TSH is doing along with T4, freeT4, T3, freeT3 and all the rest of the markers. Okay, what's the importance of that test? Why do we need it? Why do we use it?

### **Causes of Thyroid and Adrenal Imbalance**

The pattern of the markers gives us clues to the underlying dysfunction that exists, this underlying imbalance, so if we see an optimal TSH and T4 level and a low T3 AND the client has symptoms of thyroid dysfunction and connections that also show that possibility, then each specific marker, when viewed as a pattern, is significant of the imbalance. Every pattern has a purpose. So it can point to these other dysfunctions. It gives us really solid clues of what to explore. So we're not looking at the thyroid labs to fix the thyroid. We're not looking at the thyroid labs to even suggest what type of medication might be good even though medication is out of our scope. But the client is going to talk to you about their visit with the endocrinologist and what kind of meds they might be given as a choice. Why would a thyroid need meds? If there is a gut infection or a nutrient depletion or severe inflammation, wouldn't it make more sense to address what you see, educate the client on their body and then the balance is restored to the thyroid? So you eliminate pathogens in the gut, you balance the HPA axis, you unburden the liver. And when you're minimizing exposure to toxins in the diet and the environment, this is also part of that balancing system. Our job is not to sway the client in one direction or the other as they need to make their own choice but I consider an educated client, a well-informed client, an empowered client!

Usually, this is when we're going to see hormones balance on their own, and they didn't need any direct thyroid support. That's coming back to my earlier statement. So when you have a lab that has these thyroid markers, and it looks like the thyroid is over-functioning or under-functioning, and you want to



rush in and support the thyroid, I'm telling you to just slow down. Learn what these markers mean and what clues they're giving you to the imbalance by the pattern they present. How do these clues fit in with the client, the history, the symptoms? What can we learn from the patterns shown by how the gland is functioning?

### **Emergency**

Another example of great investigation is, I was watching this TV show the other night. And this little section of the episode really caught my attention because it exemplified everything that I'm trying to teach you rolled up into this little two minute scene. So, on this TV show, there was a man and a woman, very much in love, who moved into together. She had severe stomach pains that whole first week after she moved in. The pain got so bad that he finally rushed her to the ER. He's very concerned over what's happening with her, and he approaches the ER nurse at the counter and he says my girlfriend is having horrible stomach pains and I've checked Google and we don't know what could be wrong and we think she has this terrible condition. Something was brought up about the fact that they had just moved in together and the nurse says to the woman sitting in the chair very close to the desk. How long have you been living together? And the woman says a week, and the nurse very astutely says, huh...you're not pooping, are you? I busted out laughing because that's an excellent question. There was nothing medical done here. There was a question asked, a vital question. So to initiate that there was a lifestyle change that needed to happen, is not medical. It is an analysis. It is using detective skills. And so the whole whole point behind this is that if you are not reading the client and you're not understanding these lifestyle points and habits, then it's going to be really, really difficult for you to discover what's going on with them. Put on that detective hat and be the investigator, understand what you're looking for. Stop trying to be the hero. You're going to be a hero; it's just not going to happen in the first session or two.

### **Recap**

So just a slight recap on a few of the things that we've talked about. If you're asking how to treat a dysfunction, then I'm telling you right now, you're not relating it to the client. You're just wanting to know how to treat a disease. If somebody has diabetes, and you say, how do I treat diabetes? What protocols do I use? What supplements do I need to treat diabetes? Then you are not, and I can't be more clear about this, you are not relating it to the client. You are only seeing a disease and only seeking to treat the disease without looking at the pathways the body is taking and why it is expressing in this body. You are not asking, how did the client get here? What changed in the body, what started all of their sugar going up? Was it their diet or was it stress or both? You have to know you cannot be successful with clients by throwing protocols at disease labels and practice in the form of allopathic medicine but believe that you are practicing FM just because you're not using medications. You do need to investigate every facet of your client, and then take that investigation and the results you get from that and turn it into a way to teach the client how to understand their own body. It is not up to you to give a protocol to Sally to say, I want you to change your diet, I want you to take these 15 supplements and start these protocols...no, no, no. Bring Sally into this partnership that you two have formed and stand on equal ground with her. Sally, you have eaten this way for years and it resulted in these imbalances... you're showing her the lab results and all the data based on her timeline and case history. Now Sally, in order to get to your unique healing environment, here are some changes that will support that...what are your thoughts on these suggestions? And you show her what will support her body to

eliminate some of the imbalances. That's you as a teacher, that is not you as a doctor. I think being a teacher is much more beautiful.

#### **Lesson 4 - Practical Investigation**

Okay, this lesson is encompassing the beginning of practical investigation. So we're looking at questions, what questions we need to ask, what questions need to be answered. And as I mentioned, in Lesson one, it's the lack of questions, or just the fact that you don't know what questions to ask to get the right data, that can lead to a huge gap in this information that you're trying to get from your client. And in one area that I want to touch on are the questions that are involved in diagnosis names versus the actual symptom and I think that this is truly an area of confusion.

#### **A diagnosis is associated with an imbalance and is not itself a symptom**

Now, there are a lot of practitioners and coaches that will use the diagnosis name as a symptom when listing symptoms and use that to try and interpret what's actually happening with the client. Don't misunderstand me here. I'm not saying there's anything wrong with adding the diagnosis name to the list of information that you have about your client as a way of collecting data. I am speaking specifically about using it to investigate on a deeper level what's actually going on with your client. Some of the diagnosis names as symptoms that are used are diabetes, gastritis, IBS, Hashimoto's, Lyme...those names are not really telling us what's happening to that person but yet I still hear very often the question of "How do I treat Lyme? How do I treat Hashimoto's?" instead of, why has this person's biochemistry shifted and what are the actual symptoms the client is experiencing? We generally understand the meaning behind a diagnosis name such as diabetes, that just means that there is a glucose dysregulation, so it's telling us something, but it's not telling us why or how this unique individual arrived here and it's not telling us the other symptoms that may be associated.

#### **The question FM asks is, how do I offer support and balance to this person?**

If we are asking what supplements treat a diagnosis, then we are not practicing FM. If we don't know much about the client then we cannot help them. We must have a full health history, symptoms, a map and the data that a lab test can provide. Without those components, we are "treating" symptoms. We are saying "this person has X disease so ABC supplements are used to treat that". This is not functional medicine. The support that works for one client may not always work for another client with the exact same symptoms because two people with the same symptoms will have arrived at these symptoms in two different ways. You won't know what is best to support any client's needs if you have not thoroughly investigated who this person is and gathered all the clues that can fill in the blanks about their health concerns and how they got to this point. The question FM asks is, how do I offer support and balance to this person? Why is the body not able to balance this dysfunction? What happened in the past that may have led to this imbalance? How are digestion and absorption? What nutrients are they lacking? Why? Why? Why? We can never stop asking this question.

Constipation, headache, hives, these are symptom names and they're more descriptive of the condition and what that means for the body. Most of us have experienced these things or we know somebody who has, so we know how to relate to many of them, we know what they mean as they relate to the action happening in the body. But my question is: What do these symptom names mean to us as

practitioners? This question is so important to me because I see multiple times per day that the question becomes, how do I stop this symptom instead of "what does this symptom mean in this biochemistry shift? As in "it's a symptom, it must be bad".

### **Symptom repression is not health.**

Now, this leads me to believe that the practitioner thinks that if they can get rid of this symptom, the client will heal. I want to repeat that. Many practitioners think that if they can get rid of the symptoms, the client is healing. So in other words, if they can get rid of the constipation, the headache and the hives they have succeeded. They're looking at getting rid of symptoms, they're not looking at why the symptoms are there. They're using magnesium, curcumin and DAO to relieve these symptoms but what now? Have they discovered what is beneath these symptoms and why they are there? Now let's be very, very specific about this, the client is not sick because of the symptoms. **The client is sick because of imbalance and dysfunction.** So therefore, constipation, for example, is not a fundamental cause of illness...it can cause other imbalances in the body when it happens but something is also creating constipation.

Okay, so what can cause constipation? I can think of 10 things just off the top of my head. One of them is low bile flow. The only right answer of these 10 things is which one matches up with the client, which one is actually happening in their body. So then the question becomes, well, why is there low bile flow? And there's a reason. If we know that there's low bile flow, there is a reason that it is low flow. Now could this be associated with low stomach acid that is in turn associated with stress? What else is happening in the gut? Do we know?

So then the question becomes, is a symptom bad if this is the exact way that the body has had to adapt and protect itself?

Now I mentioned before about our role and how it's all about normalizing a person's biochemistry and understanding why the imbalances are there and the key to achieving this. So, one really good example is hormone resistance. I want you to really think about this when the body has too much insulin floating around, or actually any hormone for that matter. Cortisol we could also say, it becomes resistant to that hormone. Well, why? Why does the body become resistant to high levels of a hormone? Because the body knows that too much hormone for too long of a time period is dangerous, it will cause damage to the body. For any hormone in the body, when secreted, it will shoot out high and gently fall...that is its action...this is how hormones work. What happens when a hormone is called on so much that it stays continually high? This is not a normal or functional action, so the body itself will choose to become resistant to this. That means that if too much hormone is being produced because of a dietary, lifestyle or environmental factor, the body will seek an adaptation to prevent harm to itself. Again, it must become resistant to a hormone before the hormone causes any harm to the body. When we're under a stressor and cortisol is high, the body is performing exactly as it should but it is expecting the stressor to go away and cortisol to drop. So when you come in with 10 different supplements to lower the cortisol, you are seeking to bring health by changing a symptom. If you're trying to correct constipation, headache, hives, as I mentioned, you are not actually doing that with the needs of the body in mind. You're coming back to the symptom name, and you're letting the symptom name lead you to make a decision. Now, I know that it's hard to dig this deep. And you won't always get all the answers, but, by at least trying, you're going to see much more than you might right now. And you'll start to see beyond the symptom names and become much more intuitive about what the body is asking for, what it needs for

support. Instead of saying the glucose or the cortisol is too high and must be lowered, ask "why" it is so high and then turn to asking the questions that will help you discover these reasons.

**As investigators, we must shift our focus off of symptom names and what supplements alleviate those symptoms.**

We must learn and understand how the body works. Every single day, I learn some new piece of information or am reminded on some fact I forgot about how the body works. There will never be a time when we know it all so let's get okay with that fact and embrace it. When we first start out in our roles, we can hear a lot of terms and phrases of which we are unfamiliar and we must explore them. So, my caution here for you is to not use terms and phrases with which you are unfamiliar just because others do or because those terms are popular. This is an opportunity to do your thorough research. Now, in this example, I want to talk about the methylation process in the body. Many people talk about this process but cannot explain how the methylation process works.

#### *Methylation pathways chart*

Methionine converts to SAMe, which converts to Homocysteine, which converts to Methionine. Homocysteine is a by-product of this process. However, if there are not enough methyl groups to add to homocysteine, then the homocysteine levels build-up in the body. Homocysteine can go 3 different ways: down the transsulfuration pathway, around the "long route" back to methionine (via B-12 and THF route), and through the middle of the methylation cycle back to methionine but it needs a methyl group to do this. Where can homocysteine get some methyl groups so it can transform back into methionine? As I mentioned, one pathway is from folate and/or B12. A different pathway is from TMG (or betaine, DMG). Either of these pathways can give a methyl group to homocysteine. Some people may make better use of one pathway over another so this is why several of these precursors are often recommended together when discussing support. Choline is another possible methyl donor. An alternate way to keep homocysteine from building up is with B6/magnesium (think back to the methionine to SAMe conversion where ATP and magnesium are necessary). This is a transsulfuration pathway that converts homocysteine to cysteine. But if you don't understand how it works, how will it benefit you or the client? What if their MCV is 89.9, their HCY is 8.8 and their GGT is 6? What can we learn from that pattern, what is it telling us? So don't use the word methylation just because you see B12 or folate off balance. If you use the word, any word, any term, and you really don't understand how or why it works, then go research. Hey, there is no problem not understanding something. The problem comes in when you only partly understand it, and you're trying to utilize it with a client. Be able to explain how methylation works AND why you think, specifically, it is not functioning optimally. If you do not understand something, go research it because when you do research on this, it will raise many more questions. And it's also going to, and I love this part of it, it's going to prepare you, it's going to put you in a position where you now know the questions to ask because you can see the bigger picture of how the body works. And that's what we're trying to get to in this lesson, understanding the right questions to ask so that you get the right information that guides you with your client. And, most importantly, so that it all makes sense.

## **Learn About the Client - Everything!**

Now, we talked about this a little bit in the last lesson where you're asking these questions on a health history form and a symptom form and a timeline and you're getting information back from the client, but you don't know what to do with it. Well, that's because it's just data. It doesn't really have a solid meaning to you at that point. And that's why we have to continue on in the investigation process. This is just top layer and we have to continue to dig down to understand the individual processes of the body. And I'm not saying you have to be a biochemistry or an anatomy or physiology expert but you have to have a general sense of how things work. That's very important. Now the question really that is encompassing this whole lesson is if these basic areas of health support our focus; the hydration and nutrition and elimination, etc. then what are the predominant but basic causes of illness? Before I answer that question, I want to start with the fact that the human body is dynamic. It will pulse hormones. It ebbs and flows with energy. There is nothing static in the body. So it's always moving and changing, it's adjusting and it is adapting to its surroundings in every moment. The body wants to live and it wants to thrive. And it only knows the priority order of what's going to keep this one body alive. So as dysfunction builds, the body will adjust and adapt. It must keep the system on an even flowing keel, even if it means that function elsewhere in the body is compromised. So, for instance, when the body's trying to fight infection, it is going to rage, the immune system is calling out all efforts. And when that happens, it's going to turn cortisol way down until the attack is resolved. When under stress, the opposite happens and cortisol goes high in a stress response while the immune system is turned down. So it will, on its own, also keep iron levels down to prevent feeding pathogens. In that same manner, it's making a choice. So it's continually checking for imbalance and to see what steps it needs to take in order to assure that this body has the right environment in which to live despite the environment into which we have forced it. So it works with what it has in the box. It knows, and it sees what parts aren't working well, and it understands the pathogens that have entered in. And it's doing all that it can to protect us.

**If the body can do ALL THIS on its own, why are we needed? Is this why our roles become that of an educator?**

So without knowing the reasons that the body has for all it does, because sometimes they just don't make any sense to us, but we still step in, and we try and correct all of the mechanisms that we see and name as symptom or dysfunction. And we might be way off on that. The body is much smarter than us. Now, I want to quote Michael McEvoy of the Metabolic Healing Institute, because I felt like what he wrote was extremely beneficial to what we're talking about today. And he says,

**"My thought is that there are very few mistakes in body chemistry. Everything is happening for a reason, for cellular preservation. When we only look at highs and lows, and try to even them out with medications or with supplements, the results are often disastrous for the overall health of the client."**

Now please take a minute and think about this. We run lab tests, and we see highs and lows. And we assume that the highs and lows are areas that need individual correction. We feel the need to fix instead of asking back to the question here, asking why the body is creating a particular environment. Now, what happens is our clients don't improve. So you're trying to force the body to do something it's not prepared to do. If you are inserting your own ideas, then you're not listening to what the body needs. Let me give you an example. If pathogens are present, and the optimal iron level is greatly reduced from the body because it's choosing to stockpile it all into the ferritin storage in order to stop feeding these

pathogens and then you come along, you run a blood test. You say, oh, they've got low iron. You start supplementing with iron because the iron levels are low. Well, what have you done? You have just added another burden to the body. Now, it's having to work even harder to keep all this iron from the bugs that are hurting it. So what have you accomplished? You have to investigate why the iron is low, and why the iron is low is just part of the bigger picture. So in cases like this, we need to be led to support the body by the clues that it's giving us and I think this is a pretty important clue. And it's one that is not hard to understand. It's one that you can continue to be familiar with. Instead, we may go into a case, thinking that we know exactly what's right for the body or to start repressing symptoms and we start imposing our own views on how things should work and they just don't. Guessing is easy. Doing the investigation and continuing to ask questions until you feel like you've got a really good handle on what is going on in this particular body is hard. It is hard to do. It is hard to be a teacher.

### **So, What is Imbalance?**

There is too much or too little of something in the body plus lack of dynamics. Symptoms are an expression of the body as it adapts to this imbalance. And what I would like you to do is picture a seesaw. We know what a seesaw is. And I want you to picture that when we're discussing imbalance. Alright, so what are the biggest imbalances? Stress is probably what I would consider one of the biggest imbalances in anyone's health, because stress, unfortunately, can come in many different forms.

Stressors, both perceived stress, which this is emotional, getting cut off in traffic, having an argument with your spouse, and it's also seen internally, such as infection or inflammation - these, too, cause stress to the body. So when we look at stress, remember I told you to use the picture of the seesaw in this, the seesaw here is the sympathetic nervous system versus the parasympathetic nervous system. And all the weight is on the sympathetic side. OK, so now we've got both parts of this nervous system on a seesaw. The sympathetic side is the heavy side, it's down functioning. It's controlling everything. Parasympathetic side is up in the air has no control over anything. It's weightless. And this is how stress is. It really does look this example, this analogy, 24/7 in somebody who has strong cortisol responses to stress and are constantly in this fight or flight mode. Okay, another big imbalance is poor diet. Now, diet is our form of nutrient delivery. And when you have long term nutrient depletion, what is the recourse for the body? What's the body supposed to do? Well, it's very intelligent. So it's using whatever is within it for support. So this depletion of nutrients is a constant catabolic process or a breaking down of the body without the benefit of the opposite anabolic process. So let's come back to that seesaw. We've got catabolic on one side anabolic on the other. Catabolic is weighing one side down because there is a continual lack of nutrients coming into the body. It can be because of the food choices. It can be because of digestion, it can be because of poor absorption. We don't necessarily know the answer, but we understand that the nutrient depletion is keeping the body imbalanced. So catabolic, anabolic, they're on a seesaw, they're imbalanced and all the weight is on the catabolic side. The question becomes, how do we balance this? I mean, this is really what we're looking to do. We're not looking at constipation or hives to fix them. We're looking at this imbalance so the current environment in which they live, the current way they eat, their current dysfunction, everything about what they do is keeping the seesaw to one extreme. So the question becomes, will moving to a healing environment balance the seesaw out? Yes. But let's take this one step further.

We want balance, not in the form of a static, perfectly balanced seesaw where they both have an equal weight 24/7. We want dynamic. Okay, so we want a seesaw that is dynamic and it moves both sides up

and down. This is the way the body was meant to function, to respond to influences. And in imbalance, we stop seeing that fluid response and we see a strong need that is pushing the body to become weighted on one side or the other, in one area or the other, to slow, to stagnate, not allowing the seesaw the freedom to move.

We have to be prepared to know what the questions are that we should ask. I want to assure you that over time, this is a skill that you can build because questions are going to come up and you're going to say, Oh, I want to use that for my next client because I got such an understanding of the situation by asking it.

**As you learn and as your perspective changes, the questions you ask will be the ones that get you the information you need to help the client.**

So keep the good questions on a list and why you are asking them. If all you're doing is taking in a list, like the history, the intake form, the symptoms, the timeline, the lab data...then it's just a list of information that doesn't have anything surrounding it and doesn't necessarily relate pieces to each other at this point. And that is where you start pulling these pieces together with connections and questions. So you have to know who the person is. You have to know their daily habits, what they eat, what they have stopped eating to relieve symptoms, their family, what is their home life like? You've got to get into this and turn these individual pieces into a story that you understand and through which you can clearly see the client. This is the story of the client, which is different than the history because the story will start pulling clues together for you. Now, we are going to talk about this at length in Module 5 when we discuss visualization, but I wanted to bring it up now because I wanted you to understand that if we can start seeing connections and asking the questions that form connections between pieces of information, we can get clear on the imbalances and next steps.

Let's go back to Sally. She complains of very low energy and she gives you this data: I eat breakfast, lunch and dinner and here's the foods that I'm eating. Okay, that's one piece of information. And then Sally says, I go to the gym and I exercise. All right, that's the second piece of information. But the question is, what information is missing here? When you eat, what times of day are you eating your meals? How long are the hours between each meal? When do you feel tired? Is it the same each day? How much are you eating? What foods are you eating? What time do you go to the gym? How long and hard are your workouts? Do you work out fasted? Do you use protein before or after the workout? Now if you're going to ask these questions, you have to know the importance of asking them, for example, what is the difference in protein intake before vs after a workout? That is research on your part. So again, this is a really good point to make here because you need to ask questions related to digging deeper into the root cause of the imbalance and what may be affecting your client. You have to understand the importance of finding the patterns in the data that have correlations with Sally and her symptoms.

**The investigation is everything.**