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## Why Are So Many Clinicians Choosing to Practice Functional Medicine?

Narrator:

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Mr. Troup:

Hi, I'm John Troup, and we're with ReachMD today talking with about Functional and Integrative Medicine with Dr. Shilpa Saxena. She's with the SevaMed Institute in Tampa, Florida. She's a Board Certified family practitioner, a Fellow of the Arizona Center for Integrative Medicine, the Institute for Functional Medicine, faculty and lead faculty member in their educational programs and a faculty member of the Metabolic Medicine Institute out of George Washington, and I think a frequent speaker at a number of associations including the American College of LifestyleMedicine.

Dr. Saxena, thanks for joining us.

Dr. Saxena:

Thanks, John; I'm really excited to be here.

Mr. Troup:

So, today, healthcare is changing quite significantly and even impressively, and what's happening, I think, in the world of healthcare is a greater focus on the patient and the patient outcome, and so traditional medicine is now more open to and including considerations of, "How do I actually take care of my patients as effectively as I can?" And there have been concepts for some time, but now I think over the last 5 years at least, if not longer, they have been better developed, and those concepts are integrative medicine and functional medicine.

Can you share with us a little bit on the definitions of what those specializations are and maybe even the difference between integrative, functional, complementary, alternative medicine?

Dr. Saxena:

This is a great question. So many times, being a board certified family physician, when I started dabbling in these fields, my conventional counterparts would be very curious about what I was learning, so they'd say, "Oh, you're holistic," "Oh, you're wellness," and some of these words have been overly used but quite misunderstood. So there are some kind of firm definitions that we can rely on. So, the word complementary, in terms of complementary medicine, means that you are able to do something that complements the conventional medicine or classical medicine therapies. So, for instance, acupuncture could be complementary medicine for a pain management doctor. So the pain management doctor prescribes a prescription; complementary you can do acupuncture. Now, alternative, acupuncture can also be alternative medicine in some ways, because if in that same example the person decides, "I'm not going to go to my pain management doctor and do prescriptions; I'm going to go to the acupuncture as an alternative to my conventional prescription strategy or procedure strategy," well now acupuncture is an alternative medicine practice, so it can be both based on how it works with the conventional paradigm. And so then the next definition is integrative. So, let's say we have a D.O. who is a pain management doctor who then gets training in acupuncture. Well, he's integrating his classical, conventional D.O. training with this new non-Western, nonclassical training, so he's now an integrative physician.

Functional medicine is a little bit outside the three of these, if you will, and it really uses the same physiology that we learned as classical physicians to understand disease. So, for instance, I always explain like in med school we learned how the body works with

anatomy and physiology, and then the next course we take is pathology. We understand that there's a place in which this thing is diseased and this is how you diagnose it; this is what it looks like under the microscope or on the physical body. But there was this gap that we had, which was, "How does it go from being healthy to being full out diseased?" It doesn't just kind of turn a switch to where you're getting scarring, let's say, in the kidney. So, the dysfunction that occurs in between can be caused by a variable set of triggers and be different based on the person's individual genetic predispositions, if you will, and so understanding that gap between health and disease is the purview of functional medicine.

So, some people who are functional medicine doctors may call themselves integrative as well, because many times they are MDs, DOs, that still practice conventional medicine, but they have an expanded set of options because they understand the dysfunction that occurs and they work to address them, identify them, so that you can reverse disease processes.

Mr. Troup:

So, those two concepts of integrative medicine, functional medicine, is actually very powerful. There is a lot of clinical science and clinical insight that supports that practice approach. I think that's fundamentally important as more and more mounting clinical evidence, evidence-based medicine, can be applied to these categories or specializations. There's confidence for the traditionally trained practitioner as well as the patient to know this is all based off of evidence that has been published and studied quite significantly.

Dr. Saxena:

Yes, it's very true. When I first started, I was a board certified family medicine doc with a low-risk obstetrics kind of slant to me, so I really enjoyed women's health, children's health, in addition to the full continuum of family medicine. And when I started my practice, I said, "You know, I understand that there's a lot of people who take supplements," and I thought, "Well, we can pretend that they're not taking them and I can ignore it, or I can just ask them, 'Please tell me everything you're taking, and then show me what you're reading that tells you that you want to take this.'" So, I had patients start giving me clinical trials from PubMed and I realized, "Oh, this is not an infomercial. There is true science."

Now, I was never trained to think or look into these trials because my training was really based on pharmaceuticals and procedures, so I thought it was very interesting, and I thought, "Well, I can't in good faith tell them to not do it when I don't understand it. I can say I don't know, but I can't say, 'Don't do this until I know more,'" so I started pursuing course work, and I was very surprised to find that there are so many CMEs that are AMA-accredited that really are all evidence-based medicine on these non pharmaceutical, nonprocedural options for patients, which we know is a huge ask for patients, and they are waiting for their physicians and their healthcare practitioners to be trained in such.

Mr. Troup:

It seems that that's really an important consideration as healthcare and healthcare dynamic and healthcare systems begin to evolve into a new world order where it's about value-added improvement into the system, and so we're managing health and not disease at this point. Can you give us, and shed some light on, the approach to managing health with good clinical evidence in this patient-centric approach with functional and integrative medicine?

Dr. Saxena:

Yes, it's a great question. It's a huge group of patients who want this. So, these patients started coming in, and what I realized from their slant was, "I'm just not interested in living to 85. I want to have good years." And so what came up was this understanding of compression of morbidity. They were not actually living just to take more medications. They actually wanted to feel better. And this was very different than me just trying to get their A1c to a certain goal or get their LDL cholesterol to a different goal, because if the medication didn't make them feel well, then they weren't as interested in taking the prescription therapy, let's say. So, this concept of promoting health had to be included in my overall strategic plan for them, so if I gave a prescription -- let's say I gave something like a metformin -- but then it caused GI upset, well just because it helped lower their A1c but it created this morbidity of GI upset, they would help me understand, "You need to give me another option." Well, then I started running out of pharmaceutical options, and I realized functional integrative medicine really tries to reestablish the healthy baseline of the body, so if I can work with things as powerful as diet and exercise, stress management, nutrient therapy, many times I could get them to their goals not only with less side effects but with improved quality of life, and that's what it's really about. We're not just working to manage disease but to promote health, so why not look for solutions that do both?

Mr. Troup:

Right. Now, I'm sure, and I hope, that today we have a number of practitioners who are interested in the integrative and functional medicine. We may have the listener who might be a skeptic on what this category is and then the practitioner who's also listening trying

to figure out, "How do I make that transition, that change?" Could you give us an example of how you went through that in your own practice to make that final decision and then what steps you took to actually establish yourself as a functional medicine practitioner?

Dr. Saxena:

Yes. So, as I explained, the patients started bringing me articles, and I started realizing there is some evidence out there. I actually started searching -- now this was quite a long time ago, so there's a lot more available now -- I started just doing searches on AMA-accredited CME, and I found a list. I was looking at my patients and realizing they are doing other things to try to help themselves and I am not trained in a way to help them or support them. So, going to webinars was a way that I started kind of scoping out the credibility and started realizing these people are talking the same science that I was trained in, so I felt more comfortable, and that took me to an on-site conference, and that's where I just became completely opened to this vast array of possibilities. And this is now what I do. I still maintain my board certification because I do think that when you see patients, to have your roots still in conventional medicine is strong, but what I have in addition for my patients are all these other therapies that help compress morbidity and promote health, which is what they want.

Mr. Troup:

Yes, fascinating, great, great story. You know, I'm sure that the listeners are sitting there in their different profiles, but what's your experience with your own peers and colleagues in Tampa, as an example, or as you travel across the world and across the country? Can you give us some examples on the type of questions that your colleagues are asking you as they consider this journey?

Dr. Saxena:

Well, it's changed over time. When I first started, it was quite funny. I'm a very vocal person, and so when I first found out about probiotics, I thought it was just amazing, and so I started using this crazy probiotic kind of formula to try to help patients with IBS because many of my IBS patients did not respond to the traditional pharmaceutical therapies that I had to offer. Well, I noticed that they were getting better. So then I would be in social settings with physicians and they would tell me about some patient who had IBS, and I'd say, "Oh, try probiotics," and they would look at me like I had 15 heads thinking that I was speaking so out of alignment with conventional medicine. So, I think in the early years I almost learned to keep my mouth shut because it would turn into this, "Well, you're rejecting what you learned," and in my mind and in my heart I wasn't rejecting it; I was just adding on to it because my patients weren't getting better. I took an oath to serve my patients.

So, if you have autoimmune disease, let's say, and your options are for biologics or steroids, although it may help, there is this growing group of people who think that at age 20, "I don't want to be on that for another 60 years," and so there's this interest. And now I'm a little bit cooler and people are interested. My peers are very interested, and I then will shift them over to some of these free online courses that are accredited, CME-accredited, so that they feel safe that they're not venturing into things that will conflict with their oath to do no harm.

Mr. Troup:

This is John Troup and Dr. Shilpa Saxena talking about functional and integrative medicine on ReachMD, so thanks very much for joining us today.

Narrator:

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