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**DR. KEESHA EWERS:** Welcome back to the Women's Vitality Summit: Caring for Yourself, Body and Soul. This is Dr. Keesha Ewers, your Summit host, and I'm very excited about my interview today.

This is with Dr. Dan Kalish, a pioneer that developed his own model of functional medicine which he founded after 20 years of successful clinical results while he worked with over 8,000 patients in his private practice.

He has certified over 700 practitioners worldwide in his Kalish Method which solves patient challenges through a proven, lab-based mentorship program addressing the three key areas of hormones, gastrointestinal health and detoxification. Welcome to the Summit Dr. Kalish!

**DR. DAN KALISH:** Thank you for having me, glad to be here!

**DR. KEESHA:** I'm so excited because you have been one of my mentors. I love the fact that you have taken something as large as functional medicine and taken it down to a system where you have taught people like me ways to really come at some of these very common problems that women across the board suffer from as a result of our cultures; what we do as women, in order to nurture every aspect of our lives and not ourselves. Ways that are accessible and don't take a lot of extra time. We've talked about this a little bit in the Summit and we'll get into that as I talk to you.

The way I always start the conversation is really reviewing what the word vitality means. Of course, it's life force, life energy, the sparkle, the passion that is in life. In my own clinical practice, I see women come in that are lacking that vitality. This is what drove me to do this Summit. I'm sure you see this yourself and it's why you do what you do. So I would love to start with asking you what you think and what you see as the biggest drainer of vitality in women today?

**DR. DAN KALISH:** That's a really good question. The biggest drain? I don't know the right word for it. I wouldn't call it perfectionism, because that's not quite the right word. It's not quite obsessive-compulsive disorder because that's not quite right either.

But I think it's sort of this drive to meet completely unrealistic expectation and goals of oneself. To be a mom, and a lover, and a businesswoman, and a soccer coach all at the same time and to have zero capacity or time for self-reflection and deepening of one's own spiritual path, you know?

It's this modern compression of life and women taking on all of these massive roles that are undoable. It's undoable. It's unrealistic. You can't achieve that.



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**DR. KEESHA:** Kind of the superwoman thing is what you're talking about right?

**DR. DAN KALISH:** Men are lazy, right? Men tend to be overachievers too, but men are lazy. Men watch football and drink beer and space out and ignore their children. Men do all kinds of things that give them a little bit of slack in the system, and women seem to not leave as much room for that.

**DR. KEESHA:** This is, across the board, what the experts on this Summit have said in one shape or form or another, which is that women take on way too much. They don't put themselves on their own task list of to-dos in term of self-care.

They're just multitasking the hell out of their lives to the point that they're burning the candle at both ends and winding up lacking vitality. In the end this means they don't have anything to give to all the people they're trying to give to, which then causes the kinds of things that you and I see when they show up in our clinic. This is a very big cultural issue right now.

I love that you say, from a male perspective, that men have figured out ways to paint in slack time for themselves. They pencil it in, in some way, shape, or form, whether it's come from work and just – I hear this from women all the time – sit on the toilet with their telephone and read the news, you know? They find ways to just decompress. They go from work, they decompress, and they go into the next thing.

I think women are wired with their brain, their neurological function, from a tribal perspective – prehistorically we could say – to make sure the toddlers don't fall in the fire pit, that the hides are getting tanned, that the corn is getting ground, the jerky is not being eaten by wild animals that are just off in the forest a little ways away from the huts. They're used to watching a million things at a time and making sure everything goes well.

We have a lot of those things to watch these days. Our information input is on overdrive. Where before it might have been wild animals and fire, now it's Internet, it's everything.

One of the things that I love to do is talk about when we get overloaded and when the system can't keep up anymore. This will be individual for every woman, based on their genetics and based on what's going on with their interior alarm system – what we call the fight-or-flight system – what's going on with their hormones, and all of these things that are intertwined with each other.

Often women feel pain, but they don't realize what it's all pointed at. They'll come in and say "I can't lose this weight", "I've been starving myself", or "I've been eating

everything that the nutritionist I've been working with for the last year has been telling me to, I've been working with a trainer, I've been doing everything right, and I can not lose this weight! Not to mention the fact that I can't remember anything, and I'm exhausted. Help." You've seen this woman, right?

**DR. DAN KALISH:** Yeah, this is basically my entire practice for the past 25 years.

**DR. KEESHA:** Right! This is my practice too, and that's why I invited you on this Summit, because I want you to talk to that woman. There are so many of them out there. I would love for you to address this from your beautiful perspective, about how come these women can't to lose weight, or how come they can't remember anything. What's going on for them?

**DR. DAN KALISH:** You know, the really interesting thing is that it's so often weight loss that brings people in. When you look underneath everything that's going on, there's anxiety, depression, lack of sex drive, just general frustration with life, relationships, dissatisfaction, digestive problems, skin problems, it goes on and on and on.

For some reason, weight loss is the compelling driver of action, for men and women both, I think, when they decide they want to get healthy. In our culture we associate losing weight with being different or feeling different when you've lost the weight, you know?

**DR. KEESHA:** Here's what I tell women that we've done to ourselves – listeners have heard this million times at this point – but I always say we've painted ourselves into a place that none of us would ever trade. We have to bring home the bacon, fry it up in a pan, and look hot at the same time. It's the "look hot at the same time" thing that is used as a benchmark too often, what the scale says. It seems like I'm failing if I can't get the scale to look the way I want to or to look like I can balance all these balls in the air and look great doing it.

**DR. DAN KALISH:** It's kind of like the physical manifestation that's seeable, palpable, observable by other people, but if someone could look into your cardiovascular system and see your blood vessels, or see how much your DNA was being damaged, or see your risk of cancer, or see what your metabolic rate was like, and your risk of diabetes, you know, we just don't see or perceive risk factors like heart disease, cancer, or diabetes. But the weight is this easy-to-latch-on-to kind of problem.

There are ways you can lose weight without getting healthy. That kind of describes the weight loss industry. That's the world's biggest loser. That's every extreme diet program that's out there.



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People either do excessive exercise or they do calorie restriction, and if you do those long enough, at least in the beginning of your weight loss journey, it'll work. You'll peel off a few pounds, or maybe even 10 or 20 pounds.

But, as everyone knows who's done that a few times, if you go back and you try to do excessive cardiovascular exercise or calorie restriction over and over again, it stops working, and then people get really frustrated. That's usually when they come in to see someone like me, because their previous strategies of starving themselves or over-exercising aren't working.

By definition, when that's happened, the person has what we call a damaged metabolism. That's why they're not losing weight, that's why the "calories in, calories out" equation has fallen apart. It's because their metabolism has changed for the worse.

I see our job in functional medicine as using weight loss as leverage to convince people that they should get healthy and that if we're going to get their metabolism repaired, that's going to mean they'll be at lower risk for heart disease, cancer, diabetes, depression etc. All these kinds of things will start to be less of a problem and then we can use weight loss as a goal.

Really the goal is to get healthy first and then start to lose the weight once the metabolism is repaired. That's what we do with functional medicine, with lab testing. As you know, I have it divided up into three pretty simple systems: neuroendocrine, GI, and detox. Each one of those can very strongly correlate with weight gain, so we do these labs to figure out whether it is a neuroendocrine weight issue, a digestive problem that's triggering the weight, or – very frequently – we see these toxin related problems that are causing people to hold on to fat.

The labs guide you, as you know, in terms of designing programs and figuring out how to get people healthy and to repair the metabolism to the point where they can start to burn off the fat.

**DR. KEESHA:** Now you said something really powerful in the beginning when I asked you about what you see as draining female vitality in our era. You said running around being a combination of OCD and perfectionism. I get what you were saying: trying to take on too much and do it really, really well, then not doing so great with self-care.

You said something about not having or taking enough time to be introspective. One of the things that is not often talked about is when we get this lab data in front of us, there's a reason why it's off. That can be unique for each woman. This is something I love to do in my own practice. I do a lot of genetic testing to see, well, where are those genetic issues that maybe have been turned on by certain lifestyle factors.

I also love to do a test that you are an expert at, with urine, that looks at which of those genes is now flipped on that's not serving you very well. It gives guidance for how to turn that back off. But underneath all of that is a reason why that got flipped in the first place.

I would love for you to share your story about how you came on to all of this. You've spent some time being very introspective in your life, and have continued to make that a part of your life, and I think this is an important teaching for women of today who are mothers to teach their children and do for themselves. Do you mind sharing a little bit about your monk time?

**DR. DAN KALISH:** It's funny because I lived for a couple of years in these two or maybe three different Buddhist monasteries: one in Japan, one in northern Thailand and one in southern Thailand.

In those countries, they're pretty strict and they're pretty sexist. There are no female monks or nuns in Thailand at all. There are women that live in monasteries and have a spiritual teaching role, but this is a 5,000 year old tradition of it being men. There are Western women that have revived that and are starting to ordain females, but I think historically, women have carried the spiritual banner for most of human culture, for human history.

So anyway, my training was exclusively with monks, and I now have a meditation teacher as well. I woke up at 3:49 this morning. I meditated until, I don't know, 7:00 or 8:00, and then started to deal with registering my car and starting to work. I wake up pretty much at 4:00 every morning and I get a good two or three hours of my meditation practice in every day. Back in the monastery that was kind of lightweight. We would sit for anywhere from 12 to 18 hours a day. Seemed like I couldn't really get much past 18 hours a day, although once a month in the Thai monasteries they do this all-nighter thing on the full moon where you meditate all night long until the sun comes up.

I focused on that kind of practice in my early 20s. Now I'm in my early 50s and it's coming to fruition. It took about 30 years for it all to really sink in, but I see now that people are in some level of spiritual crisis. They're acting out, in a way, in self-destructive patterns that eventually start to disrupt their physical health.

In our culture, it's totally not socially acceptable for a woman to say "I'm in spiritual crisis. I'm disconnected. I'm supposed to be the leader of my tribe and I feel like I'm just a slave to all these things that I have to do." But it is socially acceptable to say "Hey, I really need to lose weight" or "My thyroid is messed up."

I think we sort of somaticize our emotional and spiritual crises because it's okay to tell your partner "Hey, I'm going to go see this doctor about my thyroid" but it might be harder to say "Hey, I'm kind of in a feminine spiritual crisis right now. I've kind of lost connection with the Earth. I'm not sure what to do with my life." I think that we see in our practices a lot of this because the physical is an easy way to address it and it's socially acceptable.

One thing I've always loved about functional medicine is that the really great functional medicine practitioners all understand that there is this spiritual undercurrent that we're working with and that even though we're working to fix your metabolism, you're going to lose weight and you're going to look great, we're also wanting to do that for a purpose. It's not that we're just getting people healthy so they can be healthy and live longer. That would be relatively meaningless. We're getting people healthy so they can have an active pursuit of their emotional and spiritual lives, which is what enriches the planet and our relationships and everything.

People enter into our world because of physical complaints and we fix those physical complaints, but we don't want to miss out on the fact that the whole purpose of this is to get people to the point where they can do something else with their lives other than sitting around being sick and fat and tired and not having sex all the time. They can be engaged in the world and start to have deeper relationships with other people and with themselves.

**DR. KEESHA:** I think this is so important and it's why I asked you to talk a little bit about that. I agree with you. I'm not so certain that women have the 'languaging' for that, but it's definitely what's going on.

Women come into to see me and they say "I heard that you prescribe bioidentical hormones. My friend got so that she was feeling great. I want to have some of that too." Then I start asking some very simple questions. It becomes clear that this person is having a crisis that runs a lot deeper than what she thinks she's having.

So I'll say "Well, what is going on for you?" They might say "Well, I don't really have any sex drive and it's driving my partner crazy. I feel so guilty because we used to have a good sex life and now we don't." I'll ask simple questions like "Well, do you like your partner still?" Sometimes they they'll say "Oh, I adore my partner!" and then other times I get tears. They had an affair, or they're stressed at work, all this stuff is happening financially, they're afraid about where their job is going, or "My last kid is leaving for college and I feel a great deal of sadness."

Some stressor is happening that the woman is not really aware of that's causing a lot of this and she's not got a great framework for dealing with it. We just don't have that red tent experience that women of ancient cultures used to have where they could talk with

one another, with intergenerational females, and get guidance from the elderly, and the young ones, and perspective. We just don't seem to have that any longer.

I love that you talk about this and think about this in this way because I agree with you. I think it's a big problem culturally. Women are the wisdom keepers of many different aspects of what it means to be human and if they're out of touch with that, then where are we as a people?

**DR. DAN KALISH:** Absolutely.

**DR. KEESHA:** Lacking vitality is where we are. I have this framework that I use. I call it the four pillars of freedom framework. The first one is to get to root cause, the next one is to really confront the data from the lab work, then it's connect the dots and the last part is to create the life that you want with intention instead of with your factory default settings. When we get to the part when it's time to confront the data, do you ever see just one reason why someone isn't able to lose weight?

**DR. DAN KALISH:** It doesn't really work like that, you know? I don't think it can work like that. It's not like you're driving around in a car and a hose breaks, all the water spills everywhere and you're like "Oh, if I just repair that hose, then things will be fine." We're multifactorial, systems-based creatures. It's pretty rare that there's a single input that's causing a problem. But there can be an original input. I definitely see that.

There can be some genetic factor, like you mentioned, or some physiological deficit of some kind, some nutritional problem or some infection that the person has that sets things in motion. However, I think by the time we notice that there are problems, there are a dozen different things that are going on. That's why it's so difficult for people to lose weight because if you capture two or three of the problems that are causing you to gain weight, but you don't see the other five, then you're just going to have to these partial, frustrating and unsatisfactory solutions.

**DR. KEESHA:** That's why people gain weight back. They lose weight and then they find more to go with what they lost.

**DR. DAN KALISH:** Yeah. The way that I analyze people is to look at all the body systems up front, every potential variable. Maybe we don't work on them all at the same time, but at least know what all the variables are. Then we march through the list of things that are most likely to help the fastest; the things that are going to get people feeling better. Some of these programs drag out for a good year or two years.

I had this one – this is a great story – I had this one patient of mine. I love this woman. She's German but she spends half the year in Africa and Asia. She's a super high level

engineer, a powerhouse, corporate woman, and she does these huge jobs. I don't know what she does – builds dams and huge corporate kind of stuff.

Her entire weight loss program was kind of stalled out. We're doing all of these supplements. She's buying tons of stuff from me. This is going on for months. Everything was in place. The supplement programs were going. The diet was really good. The exercise was there. The one that was missing that just peeled off all the body weight – which just blew my mind – was that she was dehydrated. More dehydrated than I knew, obviously. We got her hydrated, and boom! That brought the whole program together.

So sometimes there's one variable that's missing in a program. In her case, there were probably six or eight things we were already doing. Adding in that last variable, which was just getting her to drink adequate water, was enough to bring the program together.

Sometimes people might be frustrated because they're doing six or seven of the right things but they're missing one or two. You just have to identify what those missing variables are and put them in the program.

**DR. KEESHA:** So in Ayurvedic medicine – which is the sister science of yoga, at least 5,000 years old and comes India – one of the things they do, similar to Chinese medicine which came from Ayurveda, is that there's this understanding that there is a process of disease progression, or imbalance progression. Often we don't notice something is going on with our bodies until this imbalance has progressed into the third or fourth stage of six stages of sinking its way into the system.

The reason I asked that question, fully knowing what you were going to say, is that often people are looking for the one thing. They're looking for the one size fits all or the magic pill, the kind of thing that the pharmaceutical company has led everyone to believe in.

What I want people to understand is that by the time you show up in Dr. Kalish's office, or go to see someone like me, at that point this imbalance has been going on for many years. It's been advancing until you start to notice outward signs. This is never an 'all of a sudden' thing.

You'll hear it in stories – I hear it all the time – “Why all of a sudden is this happening?” It is never all of a sudden. This has been going on for a really long time! It's just that we're not trained to listen to the communication that our body is trying to tell us.

We just don't have the language, like Ayurvedic or Chinese medicine to, where you wake up in the morning and you're brushing your teeth and you check your tongue. Your tongue is actually telling you what your digestive system is doing. We're just not taught to look at that. We don't know.



My progression from health to rheumatoid arthritis was long. I didn't know that. Just one day, all of sudden, I woke up and I couldn't move without pain when I was 30 years old. But when I was 18 I had terrible acne. I took Accutane. I was one of those people. Of course my liver didn't like it. I took antibiotics when I was in college for strep throat so I broke down my gut wall. All these things happened over a period of 15-20 years before I showed up with an autoimmune disease that finally got my attention.

I want to help people understand that it's never 'all of sudden'; that your body has been trying to talk to you for a really long time. However, we don't have the language to read what we're flushing down the toilet every day, or what our skin is doing, or what our hair is doing and all of these signs. Right?

**DR. DAN KALISH:** Absolutely. People notice when their symptoms are bad enough and they date the onset of the problem from when there's been a failure of a system that's significant enough to get their attention. But there are always steps along the way. That's part of the initial new patient consult. Trying to put the whole story together so they can see when it really first started and what were all the variables that went into contributing to the problem so they can understand the progression.

Once you understand how long you've had the problem, your perception of how long it takes to fix it really changes. In other words, if you think this just happened last week, you might expect it all to go away in a few weeks. If you realize it's been going on for 18 years, there's a little more understanding that it might take a year or two to clean things up.

**DR. KEESHA:** Right. Of course, you've heard someone say "I've heard that eating gluten was maybe one of the problems, so I didn't eat gluten for two weeks but I didn't notice any difference, so I went back to it" or dairy or whatever. I would love for you to address that too.

**DR. DAN KALISH:** The short duration thing or more about the foods?

**DR. KEESHA:** Both. The short duration thing – in our culture it seems like a great effort to go for two weeks without something, but two weeks doesn't actually do it, does it?

**DR. DAN KALISH:** It's on the level of nature. This is, I think, the best way to understand it. If you planted a tomato plant, obviously you want some tomatoes later. You could stand there and watch it for two weeks if you wanted. You're not going to have tomatoes right? You're going to just water it, and wait, and wait.

Nature has a different time scale than Google Internet searches. We're all conditioned now. I get frustrated. If my computer takes more than two or three seconds to get me exactly what I need, I'm pretty upset in two or three seconds.

You get away from our Internet speeds and look at a plant growing and bearing fruit, and that's more what the healing process is like. It's part of nature. We've tried to strip that away and deny that healing and nature are connected with our modern system of medicine, but it's still pretty much the eternal truth.

You can't change eternal truths and universal truths. Healing takes place on this timescale which is really gradual. Now, you might be standing there and watching a plant that you planted, and all of a sudden it blooms and there's a flower. That happens all in one day, and that's amazing. But you know for sure that it had to start as a seed, and it grew for a while, and then it had some leaves, and then finally the blossom came out. That's the scale at which we look at healing.

There are also ups and downs in terms of how people respond to programs. There's never a linear progression. What do they say? There are no straight lines in nature, right? Human beings just don't operate that way. They slip up, and they slip back. Things get better, things get worse, and there's a gradual progression towards a goal. If you think about nature and how nature works, it all kind of makes more sense. Get your head out of the "Internet modern pharmaceutical" models that are speed oriented, or like you said, single fix oriented.

**DR. KEESHA:** That's a really beautiful way that you just put that, I love that.

So you can't sit and watch tomatoes grow. I just love that. You're going to put your patience to the test. You've just got to keep going out and watering it every day, knowing that someday it's going to bear fruit within a certain frame that you're going to expect.

You can't predict when there's going to be a drought. You can't predict whether or not there's going to be a bug that starts eating at them that you have to fix, or that there's too much water coming out of the sky. You just can't predict everything. It's not linear. I love that analogy, it's great.

In terms of applying this, women of today who are frustrated with their energy level, levels of weight, mood, sex drive or whatever is going on for them, one of the things that you do – and I do also – is to do lab testing. Now why is that? Why get all that data up front?

**DR. DAN KALISH:** I've learned over the years to not trust my personal opinions about some things. It's interesting; as I've been doing this job more and more years, my intuition is really heightened now after 20, 30 years of doing this. My intuition is 100% accurate if I listen to it, which I try to. But my personal opinions? Not so accurate.

For example, I can pretty much psychic vibe people and just know what's really wrong, what's going on, by the time they walk in the room. So if I listen to my intuition and tap into that, it's very easy. But when my mind starts going and I start going "I wonder what's wrong with you? I wonder if it's a thyroid problem or if it's a metabolic energy problem?", I find that my mind is not so accurate. It's probably wrong 50-60% of the time.

The lab testing gives us an objective and very clear measure of exactly what's wrong with that person. It takes all the personal opinions and personal views out of the assessment process. I think this is the art of personal medicine; having really strong intuition and knowing what's wrong at a deep level, but also relying upon scientific data so your personal opinions don't cloud what you're going to do.

Because I rely 100% on the labs for program design, it really just frees me up. I know the programs are going to be reliable, consistent, and what the results are going to be. I don't have to wonder what's really going on. As each year goes by, I rely on the lab testing more and more. The accuracy and reproducibility of the testing is quite remarkable.

**DR. KEESHA:** I'd also like to say that the flip side of this is that I have a really powerful intuitive ability. I can say right away the same thing, but if I don't have the data to show somebody, they might not trust my intuition. It's great because it gives a common 'language'.

In Ayurveda, one of the body types is the *pitta* – that's one of the mental types too – and they really like lab data. They're the ones that most often burn themselves out. I think it's a gift for the client, having that lab data. They've been told by many doctors before they ever reach my office that the regular insurance-based blood work that's been done is normal and they should be feeling fine. Yet, they are not.

So when I do functional medicine testing with them and I show them this data, sometimes I'll have women burst into tears. It validates what they're feeling and they think "Oh, my gosh! There's finally an answer!" I think it's a huge gift to your patient that you do this.

**DR. DAN KALISH:** The funny thing is we all grew up in this culture of lab testing and science and medicine being intertwined which is a relatively new concept to human beings. Almost brand new really.

Only in the last couple of generations have we really thought about putting science and healing together. We're obviously still working out the kinks, especially when people have been assessed in the conventional medical system – with conventional medical lab testing – and told there's nothing wrong and it's all in their head. That makes a whole other level of impression on a person. They start to feel like they're making things up, that their doctor doesn't believe them and the testing doesn't make sense. People get really confused.

The subtlety of functional medicine testing that is able to detect problems long before they would show up on a conventional medical test also help validate people and their understanding. If they have yeast overgrowth on their lab, they really start to understand why they're eating sugar every day. Or if their mitochondria are damaged, they really see on the lab why they're fatigued and how we're going to solve that problem. That process of seeing it on paper and that validation is 50% of the healing process right there. To just see that there's a way out and to understand that it's real and not some psychological defect or something that's going to be solved with an antidepressant.

**DR. KEESHA:** I can't even say how many women have said to me "Can I get a copy of this so I can show my husband? This explains why I haven't been in the mood for sex for so long."

I say "Absolutely! And then we'll work on this." It really helps them to see "Oh and I can show my partner, who's been frustrated with me, this is where hormones are. This is what's going on for me. This is what's happening in my gut. It's not just me. I'm not crazy."

I hear that so often: "So you mean I'm not crazy?" To me, that's such poignant question filled with hurt and pain from the past, seeing doctor after doctor and going home feeling crazy.

**DR. DAN KALISH:** I don't want to put down medical doctors. This isn't a joke but it sounds funny: some of my best friends are medical doctors. They really are. The good medical doctors, in the current culture, are in a really awkward and difficult position, but the system that we've built up is more the issue than the individual physician.

The system is built up in a way that if it's not an identifiable pathology that has an ICD code to it that you can categorize for insurance purposes, then it's not real. This has happened in my lifetime. We didn't used to practice medicine like this.

It's just another nail in the coffin of female health that the majority of health problems like subclinical thyroid issues, mitochondrial damage, and neurotransmitter imbalances don't even show up on any of the standard clinical testing.

You can be pretty depressed and anxious and have pretty much no sex drive, and have everything on our lab work look just fine. That is just frustrating across the board to everyone.

**DR. KEESHA:** In fact, that's more the norm than not the norm, that you can have all of those symptoms and have everything in your blood work look just fine.

I'm definitely not blaming medical doctors, but when someone is helped by what I'm doing and they say "Well, how come my regular doctor..." – that's my favorite term – "didn't find this?" or "He told me that food had nothing to do with what I was feeling." I just say "It's not the fault of your doctor, it is the system."

Because you're relying on using your insurance benefit, the insurance company makes the rule that average visit time is six minutes. Well, what is your doctor supposed to do in a six minute time period using the insurance that you want to use? It's the whole entire system.

What they can do is order a few labs and give you a prescription in six minutes. There's really not a lot of time to do much else. That's the system. If you want to get to the bottom and to the root cause, you have to know that you've got to pull out of that system and use a different one. They just can't intermix. Do you take insurance Dr. Kalish?

**DR. DAN KALISH:** Never have. Ever.

**DR. KEESHA:** Right. It's a different system that you do, right?

**DR. DAN KALISH:** Yeah. Insurance doesn't really work when there's someone else involved that's paying for it. That always goes poorly.

**DR. KEESHA:** Yet so often people will be angry that their insurance doesn't cover functional medicine, but functional medicine is all about what you just talked about: listening to the story. How much information do you get when a woman tells you her story over the period of seeing her for an hour?

**DR. DAN KALISH:** It's so interesting, isn't it? If you look at the historical context, maybe just two generations ago, what we now call conventional physicians were actually doing this. They had 30 minute visits. They made house calls. They told people "You

should open the window, go outside, get a little exercise. It doesn't look like you're eating very well."

This is the thing that's fascinating to me on a cultural level. We've lost more than we've gained in our pursuit of the current medical system. The things that I do in my medical practice and that my buddy Duncan, an acupuncturist, does at his practice down the street; these are things that were historically done by regular doctors.

Because, as you said, the system has grown up around insurance reimbursement, and the industry of medicine has completely corrupted the delivery of medical care, we're in the system where these people outside of the system – like me, I'm a chiropractor by training, like Duncan, who's an acupuncturist by training – are filling the role of what used to be done by primary care doctors. It's an awkward and strange situation.

I think that the MDs that I know, who are coming over and taking my training program in droves now, are frustrated with this. They didn't sign up to be a pill prescriber. They signed up to be doctors and they want to help people.

I think, somehow, there has to be a pretty significant shift in how this works. It's going to have to come from outside of the current system because there are too many people making money the way the current system is set up for that to change. It's going to be more of a revolutionary change that happens. Maybe it has already happened in some ways because people are already just doing this. Services like my practice – all for cash – maybe that is the revolution? People are just going around the system and doing something different.

**DR. KEESHA:** I've always maintained that we're not going to get healthcare change or transformation in our country unless we have agribusiness sit down at the table with everybody else. Our food and our food sources have to be looked at, and how we eat. That's not part of what insurance companies pay for in terms of what they call preventative medicine.

Preventative medicine for them is to pay for a mammogram. That's just a screening for disease. True prevention is really looking at how you think, how you eat, how you move, and like you said earlier, how you hydrate.

I'm going to tell women listening to this that you do not have to get up at 4:00 in the morning to meditate until 7:00. This is a foundation that you, Dr. Kalish, have done.

My husband has also lived in caves in India and he does the same thing. But when we start talking about engaging the other side of our nervous system, the one that lets us rest

and digest or feed and breed, the parasympathetic, the relaxation response, that's what this is good for. It's good for tuning that side up and introspective. Just having half an hour of that a day would be better than going frenetic, headlong, and then crashing into bed at night. It's not working.

Vitality is being drained all over the place, as a culture, and in women. I appreciate so much the work that you do, Dr. Kalish. I know you're offering a free bonus to our listeners and all of that information about how to reach Dr. Kalish, how to look at the program that he has for practitioners, and also for this free bonus will be on his speaker's site on the website for the Women's Vitality Summit.

He is an amazing wealth of many years of clinical experience and information. I appreciate you sharing your wisdom today.

**DR. DAN KALISH:** Thanks for having me. I'm very glad you're doing this.

**DR. KEESHA:** Everybody remember to live, love, laugh, and continue to learn, and be the most fabulous version of yourself, and until next time!