Episode Eighteen - Love and Gratitude

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Dr. Carol: [00:00:03] Hi, there. Ok. Oh, you can hear me in everything. Look at us. How about that?

Kim Pittis: [00:00:11] Ok, I'm getting all my things here.

Dr. Carol: [00:00:14] Well, it's like I came screaming in right with one minute to spare.

Kim Pittis: [00:00:20] Remember the days we used to, like, join 20 minutes early and just talk about our hopes and dreams? And then.

Dr. Carol: [00:00:27] No. And there are days. Yes. Do you see the pictures I posted in the clinic yesterday?

Kim Pittis: [00:00:36] I Did. its amazing.

Dr. Carol: [00:00:40] And then I found out last night they have three doors. They have to reorder and the door guy has been the problem this whole time. So but that's OK. And then there are disc lights, and today there's the trash can for the bathroom because there's just a little space. So it's a skinny flip-top trash can. And I'm just like, Oh my god, it's real. And our chiropractic assistant/massage therapist is in a moving truck on her way up from California. This woman sold her house in Laguna Niguel. Before we even talked about what her salary was going to be because she wanted to come. And then the receptionist I hired after I hired her decided it wasn't a good idea for her to take a job with a three-year-old after. So my sister, who is a project manager and does permitting and very familiar with computer stuff and familiar with FSM, she's going to be my receptionist. She's moving up here anyway to help me while I'm juggling all balls. Yes, she's coming up. And so she said, Well, I'm going to be here. I might as well go to the office with you. I'll be your receptionist. So all these people just fall out of the sky.

Kim Pittis: [00:02:13] But do you think they fall out of the sky? I mean, we talk about this all the time, right? What did you say? It was one of my favorite pieces of advice, and I think the first time I heard it was from the book, but how do you phrase it? I'm going to butcher it. The how is not any of your business or how do you? You say something like that.

Dr. Carol: [00:02:34] There's a what that you're supposed to do. You do the what? And you let God. How do you conceive of that universal energy? You let God worry about how. And it's like, So there is this thing in my head that says there is a mission. I need to train people to do this, that means I need to have a place to see patients. It's big enough to have students sit in the room. So that big room that you saw on the on the photograph, that's the video room, right? You filmed all last year. You saw that room, it was 10 by 19. This is 12 by 24. There's room for six students to sit and watch and for us to videotape new patient appointments. So history, physical and treatment, get all that on film, right? And and and send it. I just got an email this morning from I think she's a physical therapist in Bangladesh. She said, I want to be your how do I get to be a trainer? We've never found that instructor training before, or nor have we translated it into Hindi, which is, I think, what they speak in Bangladesh, right? And she wants to be an instructor in Bangladesh, huh? And you all have to remember, because now we have 27 people listening. You all have to remember that when this started in 1997, we were in an unheated classroom at the Naturopathic College with 25. Students, a lot of whom are Naturopathic students, and there were about 10 licensed clinicians. That's what started. And there were 10 people that used it starting in January, and by June we knew it was reproducible. So I kept teaching it. And now I'm waiting for a physical therapist to fall out of the sky. There is a physical therapist circling as we speak, waiting to. make like Santa, I guess. Speaking of Santa, did you have a good Christmas?

Kim Pittis: [00:04:58] We had a fantastic Christmas. It was nice and quiet, and I cooked all the things I said. I was going to cook for two days and we're still eating leftovers. So if anybody wants some ham, let me know.

Dr. Carol: [00:05:11] Ok, wait, wait. Wait, wait. Let's let's go back to the fact that you have. Three girls plus two are the two plus two were home,

Kim Pittis: [00:05:21] The other two are home. So OK,

Dr. Carol: [00:05:22] So just five of you,

Kim Pittis: [00:05:24] Just the five of us and the two dogs

Dr. Carol: [00:05:26] And the two dogs, and that's quiet. Ok.

Kim Pittis: [00:05:32] Hmm. It was quiet because we had nowhere to go and everybody slept in and we, yeah, it was fantastic.

Dr. Carol: [00:05:39] You stayed in your jammies all day long.

Kim Pittis: [00:05:41] We stayed in our jammies pretty much all day long.

Dr. Carol: [00:05:45] Our family tradition is when I had a family to cook for Christmas. Mom had a Santa hat because my hair was like, you know, needed a hat, and I stayed in my nightgown all day long and I interrupted you.

Kim Pittis: [00:06:00] No, no. There's just something so fulfilling about Christmas morning and having the tradition. We make cinnamon buns every morning and one of my daughters and I are gluten-free, so I've I've found this most amazing gluten-free monkey bread recipe.

Dr. Carol: [00:06:18] Oh, no, the monkey bread is with the little balls in the cinema and the walnuts.

Kim Pittis: [00:06:23] Yeah. We don't put nut scenarios, but it has this like warm caramel sauce. And I made salted caramel this year and you would never know it was gluten-free because it was all yeasty and chewy, and I will post it on something and send it to you. Ok, but that's just kind of what starts off our Christmas morning is this like smell of cinnamon bread and coffee, and you

Dr. Carol: [00:06:43] Put walnuts in it, right?

Kim Pittis: [00:06:45] I don't put all nuts in it. My kids aren't our big nut fans. But OK.

Dr. Carol: [00:06:49] Cinnamon is good and caramel. Yeah, and chewy. And you. I hate to do this because I'm. Do you understand that if you and one of your children are celiac or gluten-free, that everybody has at least one copy of that gene because you know you're the mom and they get it from you? And I didn't in denial.

Kim Pittis: [00:07:14] No, it's funny. I didn't. I didn't know that. But I do want to talk about this a little bit because I have a list. But again, we kind of organically go down these rabbit holes, and I think it's really interesting. And if I find it interesting, somebody else hopefully does. So when I, I lost my mom to colon cancer in 2005, she was fifty-six. Oops. Yeah. And colon cancer, as we all know, is a super kind of hot topic right now. A lot of young people are dying of colon cancer. We're starting to screen earlier and earlier. I was really lucky because I had a fantastic position in Switzerland when we were living and I was only twenty-eight when she passed away and right away, he said, You need screening right now. And I'm like, I'm not even 30. He's like, We need a baseline and an endoscopy and a food panel and all these things. So I was lucky. Gluten. I know gluten diets and gluten sensitivities are again a hot topic. It's like a fad for people to be on these gluten-free diets. But it's a real thing for people and it doesn't just fall out of the sky like you said. So is there a lab that you like? Do you send people for genetic testing, food sensitivity? How do you go?

Dr. Carol: [00:08:39] It's a. Cheek swab, yeah. And it now that you ask me the name of the company, of course, thought my brain and I looked it up, so I would remember it. But it's the gene that you're looking for is the HLA D-Q-B1 B as in boy, one. It's an HLA, which is Human Lymphocytic Antigen. D as in David, Q as in Quick B as in Boy HLA QB one. And it is Entero Labs and Proloed Lab. Yes. And you send for a kit and they send you two Q-tips and you go and they go at and then you put it back in the little envelope and you send it to them. And four weeks later, you get a result that says yes or no. And there are two. I think there's a possible six. Four? Four or six genes and one and two mean your celiac. And my daughter is frankly celiac. Like she eats gluten. She has diarrhea instantly and it's not pretty and her joints hurt. Yeah, I eat gluten and. Everybody see this, this joint that's twice the size of the other ones. I eat gluten. I've had both my hips replaced before I was 65, and this joint is double the size of the other one. So I am HLA QB and I've got four and five or five and six. There are two alleles that are

associated with sensitivity. So that means for me, I eat gluten. I will have joint pain I won't get. I'm not celiac, but I will have joint pain and neurologic inflammation. My son eats gluten, he gets joint pain and is RSD comes back. So he has full body pain from histamine. So histamine stimulates Class C receptors and. And that's sort of generalized aching. Ok, so you eat gluten, it stimulates the immune system response in your gut, creates inflammation, which is how and why it's associated with colon cancer.

Dr. Carol: [00:11:14] And you don't get to vote. If if you do the cheek swabs so they can see it. And I have had I had a patient with ulcerative colitis who is in her 70s or 80s. And I I did the panel on her because I haven't ever tested anybody with inflammatory bowel disease, ulcerative colitis or irritable bowel disease. Who has tested negative one hundred percent they're all gluten sensitive with one of these alleles, one of these genes. She saw it. She didn't want to give up her biscuits, and she died two years later of ulcerative colitis. And it's like, Well, it's a choice. If you're 88 and you've eaten wheat your whole life. She's had ultra ulcerative colitis for 40 years. Ok. Right. We don't as physicians, as clinicians, even if clinicians, as clinicians, whether you're an MD or a naturopath or physical therapist or whatever, you don't get to vote. It's a collaborative relationship and if the patient chooses not to. You just live with that, it's like treating athletes, our job and athletes, police officers, firemen and. It's certain jobs in the military. Right. Our job is to put them back together so they can go back out and break it again until they break it, and we can't fix it. And then they get to retire and then we get the most comfortable as we can, but we don't get the vote, right? And that has to be in my world. That has to be OK. But do the testing so the patient can make an informed decision. So entrolab.com And it's the HLA DXB one, they have a whole bunch of tests. And that's the only one I do.

Kim Pittis: [00:13:17] And it's now maybe we'll put some links into this. I'm trying to put links. I think I have the first 14 or 15 links of the podcast on the FM sports website, and I'm trying to put some buttons on there for recipes and links to labs. And one of the things I wanted to talk about today just a little bit because I do have a very fun episode planned for our 2021 wrap-up. Well, we were. I want to go back for a second when we had Andre Benoit on, we were talking about patient versus client and there was a patient or that podcast I was listening to saying that using the word client is more empowering for the people that are coming to see you. And I've been thinking about it. I've been marinating with it. I still innately go to patient because I do want to be seen as

part of the health care team, right? This isn't just some person that's hiring me temporarily. I just think of myself as a patient when I go to a doctor and I've have a couple, I don't feel hopeless when I see them. I feel like I am part of this team. I feel like it's a collaborative partnership that we have. I feel like I have say so. I'm going back to using the word patient because

Dr. Carol: [00:14:38] There is a there's a concept for the practitioners that are listening. It's it's a concept just. Feel what the words feel like, right? Clinical Authority. So people listen to me because I have mileage. So I and education. I can explain stuff that's going on with them, and I'm a doctor and you're their therapist, and that makes them a patient. Now. The physician or the clinician, I like the word clinician, the clinician. Defines the relationship by how they behave. So I don't get along well with clinicians or physicians who are jerks. I just don't it doesn't work for me, it's like we need a collaborative relationship. I am not an easy person to deal with because there are some areas where I know as much as you do or more. I fully admit that there are a lot of areas where you know more than I do, but we got to work together. And if you can't do that, I'm fine with it. You, you do you. I'm going to do me and I'll find another doctor. Thank you very much for your time. Right, right. So the the clinician creates the collaborative. Atmosphere. Right. But it's still a patient because I know more than they do or they wouldn't be there, right? And I know more. Well, we not I we the clinicians that are listening. We know more than the last six people that treated them. Or they wouldn't be here, right? Right. I can guarantee that everybody that has taken the course seminar knows more about the Vestibular injuries. Than anybody that that patient has seen ever in their lives. Mm hmm. How to diagnose them, what can be done for them, how to test for it? All know more. So you have clinical authority in that area. Right? Yeah.

Kim Pittis: [00:17:09] So I think we need to post some support for our clinicians and practitioners that are listening because the one thing again, this goes into the whole. You're welcome and I'm sorry. Oh, sorry is, you know, especially for those of us in physical medicine who spent years and years and years of training and writing thesis only to find two decades later, it's never the muscle.

Dr. Carol: [00:17:37] I'm really sorry. You think you're in trouble, right? I have to go to London in September, and I'm John Sharkey, the fascia guru of the world. Yeah, for 90 minutes in London. And I have to explain to John that the fascia is innervated and the

fascia never, ever the problem, unless it's glued to a nerve, right at which point the nerve is still the problem.

Kim Pittis: [00:18:06] Can you just put me on face time and then just put your phone in the corner when you have this conversation?

Dr. Carol: [00:18:11] So I can maybe duct tape or general anesthesia involved? Perhaps a little bit, I don't know. Maybe 970 and 90. Something.

Kim Pittis: [00:18:21] Yeah, that's so funny. Because so, no, because it's never the muscle, and I jumped on Facebook first thing this morning. The answer is somebody's question and I saw another question on the practitioner page and it was about somebody writing she was new to FSM. She was treating somebody who had mid-scapular pain who after a workout. And ran 124 and 62 and 124 I think and 77. It was better for twenty-four hours and then it got worse in the in the front.

Dr. Carol: [00:19:05] And tell me what it was.

Kim Pittis: [00:19:08] So the first thing I'm thinking is this is not a muscle. I don't care if he's a bodybuilder, I don't care if he had soreness after a workout

Dr. Carol: [00:19:20] With the scapula pain, it's 10 percent of the time. It's a disc. Yeah, he did. He asked him what he did.

Kim Pittis: [00:19:29] So, so you got to remember it's like 5:05 a.m. And I'm firing on my phone and I'm just like, No, you haven't had your coffee yet, backspace. Just wait. And I was reading, I'm like, No, I want to see what some of the other people have written, and there was some, some really good. Things to try that were decent, but everybody had missed disc. Oh, and she she had written something about running 13 and somebody said, Oh, if it's unstable, you could make it worse the next day. And I said, Yes, this does happen if you're running 13, especially in a shoulder. If you're running 13 and it's better temporarily in the next day, it's worse. You have to think there's probably some ligature laxity there because if you decrease the scarring and the pain goes up, if there is an unstable

Dr. Carol: [00:20:21] Ok, I failed, I have to go back. It's like, why would you run 13 on a brand new entry and why would you not know after I paste Cloward in your face, that pain in between the shoulder blades is always a disc in the neck. Right? Sorry.

Kim Pittis: [00:20:36] No, that's just me, though this was me at 5:15 before the coffee, so you're using me. So I went back and I said, Yes, you're right. If you run 13 and there's instability, you're going to make the pain worse. 124. But there's a disk indication there, and I don't care how old a person is, especially bodybuilders who are using improper form blow discs all the time. And they're always missed because people seem to think that unless you're in your seventies, you're not going to have a disc that's blown. And if you're a healthy young person, it's not a disc. And that's just

Dr. Carol: [00:21:14] The thing is right. I just really out of what I should drink wine at four o'clock or something.

Kim Pittis: [00:21:22] It's the last thing. You should have done it certain two years episode. I know.

Dr. Carol: [00:21:27] But the thing is, the younger you are, the more likely, more likely you are to bulge. Or actually, it takes a lot to herniate a disc, but you're more likely to bulge a disc because the nucleus is more liquid. It's it's softer. So it's much more common for a 30 to 45 five-year-old to bulge a disc and have midclavicular pain. Yeah, then it is for a 60 year old by the time you're 60. The discs are dried up. I look at the MRI and they're black. Yeah, got a thirty-five-year-old and it's white and it's got this little sticky out thing that shouldn't stick out, right? That's the technical term for it, right?

Kim Pittis: [00:22:17] Sticky outy thing. Yeah, I think so.

Dr. Carol: [00:22:19] I'm really glad you were up at five o'clock and not me. I'll be good

Kim Pittis: [00:22:24] Now. So again, we have to keep kind of hammering home. I think we're always learning things and, you know, by the Facebook questions that I see, I think it helps us as educators figure out where not we're failing, but where we need to drive home the messaging, maybe right stages of healing. So I get it, it may not fly. because of a new injury because somebody has post-exertional soreness, but that is an

acute injury when we think about hypertrophy. That's why this guy is at the gym, I'm assuming, is to get bigger muscles or to cut up his muscles or to drop body fat. The whole process of exercising, whether it's in the gym or running, there's wear and tear on the muscular tenderness function, the muscles pulling on the bone. This is a great thing. We all need it, but there is tearing and there's repairing, and that's an injury at a microscopic level.

Dr. Carol: [00:23:20] And what you just brought home to me is that Cloward slide is only in one or two slides out of 542, right? So I need to put it in multiple places and I need to put it in quiz sections. And I put it in the practicums. And I need to put it because it is literally, I would say, literally the most commonly missed symptom. A pain in between your shoulder blades. What's there? The rhomboids. What on earth would you ever do that would make the rhomboids sore? Who even uses or can find the rhomboids now?

Kim Pittis: [00:24:06] And that is the one thing that if you want to see my head spin around like Poltergeist is when people say I have tight rhomboids. Because never in 23 years has anybody walked into my clinic like this. Because if your rhomboids were tight, you would be completely retracted. That's what they do. Everybody is Romberg's are stretched and they're weak because we all live around here so you can have some scarring on the periosteum along the vertebral border of the rhomboids. But that's not tightness. That's just a stretch. Calcification from being stretched. The pain is coming either from the iglesias costalis, the rectum muscles. Underneath that have lit up to protect.

Dr. Carol: [00:24:50] The disc, the disc. Well, there's the other thing is the iglesias costalis, cervicis, and thoracis are both innervated by slips from the C-5 -6-7 dorsal roots, right? So even if the iliocostalis, iglesias costalis are tight and the rib is indeed rotated up because they attached to the rib, yeah, they're innervated by the 5-6 and 7 nerve roots. Right? So roots which are irritated by. The disc, right? Thank you. Yeah, sorry.

Kim Pittis: [00:25:34] No, I think these rifs are important because those of us in physical medicine would not jump to that right away. And this is the been the great thing and such an enlightening process of learning FSM is it teaches you to think outside of

the box, but this isn't outside of the box. This should be the box. We should be in the box with this. This is the

Dr. Carol: [00:25:56] Box. This should be in the box. And the fact that it's not, yeah, it mystifies me, you know? Cowher published that diagram in 19 and the article in the American Journal of Orthopedics. In 1957, oh, '57. And it seems to be the best-kept secret in medicine. Thank goodness for Dan Murphy, who taught a class. That I took in 19... It was before I graduated, so, let's say, 1990. And that's where I saw that diagram, and It just smacked me in the head, and I've never forgotten it, and yes.

Kim Pittis: [00:26:42] And, you know, for those of you who still don't think it's the disc and you want to treat the muscle, it doesn't. It takes you two minutes to just start at the disc when you have a patient that does this just humor me. Just start at the disc and feel the muscle soften. And if you start, there doesn't mean you don't do any manual therapy doesn't mean that you can't treat the muscle. Of course, you can go back and treat the muscle in the fascia and all the soft tissue. But unless you treat the cause of it first, it's never going to relax. Like those of you who are addicted to Smush, you can become a smooshy junkie. What's going to get me this much the fastest rate treating the cause? We'll give you the smush. Otherwise, you're just kind of chasing your tail the whole time.

Dr. Carol: [00:27:31] So I got one for you. Yes. Ok. So I have a 5-6, 6-7 fusion. Yeah. And that means that the 4-5 disc is bulging in the 7-T1 disc is buldging. And so when I'm working on Facebook or typing on my phone in the morning, my fingers go numb and like, I stop replying on Facebook when I can't feel the face of my phone. So I went to see my physical therapist today, and she is learning FSM. And. I said my fingers go numb. And she said it's always the neck. So she said what she said was, I want to start here. So we did 40 and 710 and the muscles softened, she said, Oh, that got better. And then we did torn and broken in the disk, and that worked for a while. And then we did the nerve and we did scarring in the nerve and then she. Her fingers just know where to go. So she went here, just above my clavicle, right where the scalenes are. And the disc didn't work. The nerve didn't work. And I went. Let's try 124 and 77. So if the disc is bulging and we know it is and the nerve is irritated, what's going to happen to the Scalenes? They get really tight. If the scalenes are really tight and they're pulling like crazy on the first rib, that is why you have carpal tunnel symptoms.

Dr. Carol: [00:29:07] It always starts here. So she ran torn and broken in the connective tissue because the. Scalenes attach with these flat tendons and all of a sudden her fingers slipped in behind my collarbone, and she said, Now we're going to go to the pecs that C7-T1. So she treated the nerve again in the pec, relaxed. And then there's this thing here. What's wrong with it? Well, that pecs really tight. She's a manual therapist, so she starts mashing on it. So just wait. Torn and broken in the connective tissue. What is the attachment to the pec minor? So if you have carpal tunnel? You have. You'll always have Triple Crush. Disc. Pec Minor. And then she followed it down the nerve. And then did scarring in the nerve all the way down to my wrist, and I left with not numb fingers. But it's it. And we can do that because the frequencies always work. And because we have a way of testing that hypothesis, right? Anybody else, will you inject steroids into the carpal tunnel? Mm hmm. Why would you do that right? If I keep taking us off track, we're never going to get to your list, and I really I love you of that. So let's let's play.

Kim Pittis: [00:30:44] So we we have a bit of a New Year's wind up, and I don't want to be like the sappy. What was your favorite moment of twenty twenty one? But I do want to ask you some, some of your favorite enlightening things of the year and talk a little bit about what our projections of next year are going to look like. So I had a few of my kids friends over today and I was getting ready for the podcast and I was going through my list and I said to the girls, like, what? What's a different way I could phrase resolutions or something along the lines? And one of the girls said something so enlightening to me. So I'm going to start with this one. What was your favorite unexpected lesson that you learned this year? All right. That was what my face did, and she was talking about, you know, like if you learn something from a five-year-old or if you learn something from a source you weren't expecting. Do you have anything that stands out?

Dr. Carol: [00:31:48] I actually do. It's. Probably the most difficult patient I've ever had physically. Um. And she's come up from California three times this year for one or two weeks at a time in my little office where I'm treating one patient a day. She. Um, had a chemical accident, we've talked about this, she drank drain cleaner. And there's more to the story. A medical physician. Who should not have a license took her off of thyroid when her TSH was over 100. That's a that's a good face, and then he said, Oh, when I got to 150 he said, Oh, you can go back on a little. When she got to 250, her TSH was

256. She still doesn't have eyebrows. Drain cleaner. And then she changed her mind. Walk to the emergency room. Right, so she has all this scarring, she found somebody that saved her teeth. Couldn't open her mouth. And. The lesson I learned from her was it's certainly not a one visit fix, but I have a piece of paper in my purse now that I found when I was going through things when we moved out of my little office. It says, think in layers.

Dr. Carol: [00:33:34] So the chemical burns in her mouth, esophagus, digestive system. Were necrotic. It wasn't even scarred. It destroys the tissue. So we treated the physical part. But then what's the next layer? So we ran concussion and Vagus, we ran necrosis in the Vagus, we ran scarring in the Vagus, and at the end of that session, she had sensation in the back of her throat and her palate raised her Vagus nerves started to work. She felt hungry for the first time in years. So the next time she flew up. We did that again, plus scarring, and instead of one finger, she got two fingers. And then we went in and worked in her mouth again. She had three fingers in her mouth. Then she wanted her tongue. Not to reach to her teeth, but out between her teeth. So we worked under her tongue. And there was an emotional component, she's an artist, she's just a lovely human and. She felt guilty. For what had happened, and I just, you know me, it's like guilty, you should be furious at the person that did this. But when you look at guilt, what is guilt? It's anger turned inward. You're not guilty. You're mad at yourself.

Dr. Carol: [00:35:21] You're what's the gallbladder One? Resentment. Hmm. And then there's grief. So we treated the emotions in layers. And what is the point of treating the emotions? If you don't treat the midbrain, so quiet the midbrain? Do those emotions. And then I can't remember what the third step was. But to and we're never going to to fix this with it's doesn't look like it, we're going to give it another shot, but we have to. There's a gastroenterologist out there that's willing to take another look at this patient. Let's do that. She deserves it. That was the most unexpected treat in layers. And. Treat and layers the physical. The emotional what exactly is feeling guilty? But is that right? And to to think in layers and what's the point of treating emotions if you don't treat the brain? Mm hmm. And that's that's that's I mean, the other ones are just easy, right? It's like somebody comes in with SIBO and gastroparesis and you ask, when did you have your infection? Oh yeah, there's this whole thing looks like then your Vagus turn off. So let's treat mold in the Vagus and then treat the SIBO. And that's easy. So those aren't that that.

Kim Pittis: [00:37:05] Flow, right?

Dr. Carol: [00:37:07] So that was the that was the biggest one and then creating the clinic because I was bored. It's like I want to go back to seeing patients and I've already got the course on video and we're doing practicums now that we hope people can come to, I guess. And so. So then then what was the next step? Right? And the next when you I guess that's the other. That's the other lesson for this year. The next step appears when you are ready for it. How about that one?

Kim Pittis: [00:37:55] Someone write that down.

Dr. Carol: [00:37:56] Yeah, I bet you are. You got a little pen going there. The next step will appear when you're ready for it, even if you don't think you're ready for it, right?

Kim Pittis: [00:38:07] Right. That was, you know, I remember coming home from Portland on the plane, you and I were getting together. I think it was the first time we got together to redo the slides for the pain and injury module, right? And I was thinking on the plane ride back because you'd been talking about all these complex patients and I was going through my real of athletes that were just so easy. And you? And then I said, You know, geez, I really don't have that many complicated patients. And man, did the universe answer that for me because 2021. Half of 2020 and all of 2021, I have seen the most complex. What the heck patients in my entire career in the past 18 months?

Dr. Carol: [00:38:55] And they weren't athletes.

Kim Pittis: [00:38:56] No athletes, no athletes was very sick. Tons of trauma. Um, how did you find me? Thanks for coming. And I'm sorry.

Dr. Carol: [00:39:13] You're welcome.

Kim Pittis: [00:39:14] Careful what you wish for, I guess, is the unexpected lesson I. But so, so grateful because the learning. Happens with these patients, that's where you gain the mileage, it's not reading the slides, it's not coming to courses. That's a little bit that gives you all the tools, but you have to build it and create it yourself so you have to

fail. You have to. And so that's what's great about the forum. People are posting their stuff up and it's like, where did I fail? And it's like, I remember my daughter bringing home the word fail from. I think it was second grade, and it had the acronym first attempt in learning. And yeah, you're going to fail and it's going to suck and you'll make people worse and you'll make them better and you'll. And it's a process. But so much gratitude for those people that are so sick and have so much trauma and are still out there trying to get better. They're the real heroes of our story that haven't just accepted anything, right? Because if you're like your podcast topic last time, I think it was last time there was hope here that stayed in my heart for a few days, because that should be all we should all have had on our door there. Should there should be that sign, or we should at least be giving that to your patients that you know, there's

Dr. Carol: [00:40:35] We're going to make the graphic available. And it's it's I think it's 18 by 40. And any sign company can put it on a piece of plastic. Yeah, I got another one. The post I put on Facebook with a picture of our blackboard. Yeah. So I have a blackboard and the all you see now is the chalkboard, but there's going to be a piece of tape down the middle of it. And then somebody who can do lettering is going to write love on one side and gratitude on the other. So there is a book called Messages from Water by this Japanese naturopath, I think. And he had the idea to create a freezer chamber and outside the freezer chamber to take vials of water and write on them different words and something on the order of 80. Well, that's OK, right on the water vials this word. Then you go into the freezer chamber and you take a drop of that water and you put it on a slide and you see what Crystal is created. And he had a graph. Of. The shapes of the crystals and about 70 percent of them turned out pretty close to identical. And the most beautiful starburst were created by the words love and gratitude, no matter what language it was in English, Japanese, German, French. You write love and gratitude in the vile and you get this beautiful sunburst. So. That just stayed in my mind. And instead of focusing on all the negative stuff that you can focus on.

Dr. Carol: [00:42:39] I started and it was a struggle back then because it was in a difficult time in my life and I was. I'm told I was. Inflamed, I was anxious, I was depressed, I was and I was not about love and gratitude. And so you grab your brain by the scruff of the neck and you say love and gratitude. Ok, fine. When you focus on that, what do you love? Who do you love? What are you grateful for? I am. When you once you start down that path and I have talk and everybody gets to right and it has to be

something you love or something you're grateful for. And if anybody puts anything bad on there, it's erasable. That's why it's talk. What are you grateful for? Running water? Being able to swallow. Right. Cinnamon, one of my personal favorites. And what do you love? I love puppies. I love horses. I like the smell of grass. And when I used to climb mountains, when you get above 12000 feet. You're always in snow, so you're on a glacier and you're above 10, 11, 12000 feet, there's this smell that only happens there. It is the smell of nothing. It is the smell of snow. It is maybe hypoxia, I'm not sure, but I love that, right? I love waterfalls. So love and gratitude, that's maybe that's a good resolution or a good something. What are yours? Resolutions or learning?

Kim Pittis: [00:44:45] So one unexpected lesson I have to talk about that I learned and it didn't come from the clinic because I'm almost expecting to learn in the clinic. I'm almost expecting now to learn from patients or from talking to you or other colleagues. I'm like, What can you give me?

Dr. Carol: [00:45:04] Yes.

Kim Pittis: [00:45:05] So I have this puppy that I'm sure everybody's been hearing. If you've been listening, she's she's one and she's going through her teenage years and she's stubborn and I have a new trainer that I work with. So she's doing some, some nose work, but I have a new trainer for obedience with her and I've had dogs my whole life. My parents had dogs. My dad was a very good dog trainer. I thought I had I had this figured out and she was the problem.

Dr. Carol: [00:45:34] Aha.

Kim Pittis: [00:45:36] So I am had learned I was not what I in, you know this, you taught me this. What I wanted to say is not what she needed to hear. Oh yeah. So it's been an unexpected lesson in communication. So I am learning to give her commands, read her language, and I think any good lecturer or educator, we think we have it figured out. We know our, we know our material. It's it's not like public speaking, though, and I I was in public speaking classes since I was 12. I can speak in front of a room if you really care about your audience and I deeply care about helping educate the FSM community. I want everybody in the room to run out of there with their hair on fire, and they can't wait to do this stuff. I want all that energy, and I wanted my dog to have that

energy and to listen to me and be obedient, and I am learning these different tactics on very simple commands. We went back to the very basic heel. But she was feeling fine. But no, I want to, you know, finding different ways to get her to come right onto my leg. So I am learning how to communicate differently and to read people, whether it's patients or people that we're talking to on Zoom. I think there's always room for improvement in what we do. So I am going

Dr. Carol: [00:47:09] To learn that was different,

Kim Pittis: [00:47:11] How it was my energy. He and this trainer is he's he's amazing, so he's like his he grabs the leash and she is looking at him like, Yes, what? I grab it and she's like, whatever. And so it wasn't me being more confident or being more alpha. It wasn't any of that. It was just having confidence in myself like, this is what we're doing, just being a better leader, I guess, you know, in in the wild, when you have a pack of wolves, right? And you have the mama wolf and she's going down the trail and the puppies are following, you'll always have one at the end, right, who's a little bit more scared, who wants to be the follower. This is my girl. My my puppy is a little more timid likes to check out the situation. She needs a strong leader. She needs to have faith that I know you're scared, but she's going to come with me and I had this positive only trainer that was like skipper cookies and give her positive encouragement and pet her and the other trainers like, Well, how's that working for you? Well, it's not. That's why I'm here, very similar to how we have patients in the clinic that have seen everybody, and I'm like, Well, how is that working for you still have pain? And he's like, Do you think Mother Wolf would go back to the end of her cupboard and lick the cub and be like, Come on, it's OK. No, she's leaving, and you better follow. And that's that's what you have to have. That's the energy you have to have. So I feel like now in the clinic, I have more even the cases that scare me, that when I read it or I do a zoom, I'm just like, Oh boy, I don't know if I can help. I think I have more of a positive leadership role in the clinic. And I think we have to and I think that's why you're so good at what you do because of your mileage, you know, and there's there's nobody that has a mileage that you do.

Dr. Carol: [00:49:07] So and to get that mileage, you have to be wrong, a fair amount of time. But that's that phrase. I used clinical authority. So it is a collaborative relationship with you and the dog. Yeah, but you have to know and the dog has to know that, you

Kim Pittis: [00:49:25] Know, yes,

Dr. Carol: [00:49:28] That you that we are going to do this. Yeah, and we is you and me and the dog. I mean, the patient. Yeah, me and you. It's why we bond so well now is that there's mutual where there's mutual confidence and respect. There is. A good environment for learning. Yeah, so when when we have students that are. It's why I miss doing classes in person. I know that the videos were necessary, but I miss the feedback, the look on the face of somebody that doesn't believe that they're capable of doing this. So someplace in every video we do, I say to students and to everybody that's listening. I believe in you more than you believe in you. Hmm. You can do this. If it wasn't teachable, I wouldn't be teaching it right. Four thousand people in twenty-three countries have learned how to do this, and you are not the only exception. So you can do this. Yeah. It's persistence, it's pattern recognition. How do we know that Mid-scapular pain means it's a disc? Well, I have that slide from Cloward embedded in my head since 1990. Right now, I need to know because of what you found on Facebook. I need to show that that picture. About eight times because it takes seven exposures before somebody makes a clinical decision. This is before you decide this is true. The data suggests that we need to see it seven times. So. When I first started, we first started exhibiting it. I have found Institute for Functional Medicine. First-year. Hmm. They walked by second year. Hmm. There's still here. Third-year I saw you here, what is this thing? Fourth-year Hmm. Yeah. Wow, that's new. How did? Fifth-year, sixth-year, seventh-year, he takes a class. Or she. Right, right, so. It is patients.

Kim Pittis: [00:52:15] Which I don't. Which I am also learning to get more and more.

Dr. Carol: [00:52:19] Oh, don't ever pray for patients, you know not to do that, right?

Kim Pittis: [00:52:22] Yeah. Serious. Now I have learned my lesson, I might. So we checked a couple of things off my list again organically, I wanted to ask about important lessons if there is a patient or event that stands out to you. You talked about the patient that was your unexpected lesson is or another big event that happened this year doesn't even have to be clinical that you'll kind of think of as your 2021 mascot.

Dr. Carol: [00:52:55] Oh. Well. Wow, OK. This is a little close to home, but I feel like I should have a sign on me that that's one of those little flip-up signs. So Doctor, Mom? Yeah, the nice lady that hugs you and tells you it's going to be fine. And there's Dr. Carol that says. And. Doctor Mom has emotions, Dr. Carol does not. Right? Yep, so November 23rd, George was coming down the stairs and something happened about six stairs up and we have a tile entryway floor and the scrapes and bruises were all in the left side of his head, but he landed on the floor on the right side. So he must have fallen, and I was in the kitchen. He fell up against the wall. And. But when I found him, he was on the floor in the entryway with his feet up four or five stairs. He's tall and he's on the shoulder on his shoulder with his arm pinned. And there's a pool of blood under his head because he had a scalp wound. And he and I've been together for 30 years. And there was no emotion. I got a pulse oximeter on him. I checked his pupillary response. Checked his pulse, he wasn't an atrial fib. Yay. Sinus rhythm, yay oriented, do you know what day it is? He said.

Dr. Carol: [00:54:45] I never know what day it is. Good point. Point taken. Do you know where you are? I'm on the floor in the entryway. Get me up. No, you're not moving. 911 lady calls right. And then the firemen come. So that and then the next day, I had patients, I had stuff at the clinic, I had contractors, I had stuff to do. He's from the hospital, I can't and the podcast and I can't visit, so I'm still Dr Carol. All my functions that day were Dr. Carol. Up until 11 o'clock at night when I finally turned off the computer the next day. Eight o'clock at night is when George usually walks in. Right, because we do much better when we don't live in the same house, so that's when he usually comes in at 7:30, right, 7:30 at night day 3. Is when? I got to have emotions about it. Mm hmm. And then it's like, Oh, I hope they're being nice to him, is it OK? I really miss him. Right. So there are times when. I guess that was the biggest learning about myself this year. Number one, there are some things about me that are just broken and are going to take some time to get better.

Dr. Carol: [00:56:14] That's like old news. But the. The shift. Doctor Carol, Doctor, Mom, sometimes I'm. Get to be. An emotional human person, and sometimes I'm the boss, I'm the doctor and there. If I join my patient in their hopelessness, we ain't going anywhere. Yes. So I refused to participate, and I have told patients that this year my life is terrible. I'm just so sick. I'm never going to get better and nobody can fix me. And I said, Whoa, whoa, whoa. You're looking for sympathy. You're going to find it in the

dictionary. Ain't going to find it here. If I join you in this drama that you're replaying in your head, we aren't going to go anywhere. So if you need to stay in that track, then we can stop now. But if you want us to. If you want us to progress. I can help you. But if you keep repeating what you've just said to me in your head, then you can't see yourself where we need to go. I can see where you're going to be in six months. You can't. Nothing you have scares me. Ok. And that usually, I mean, because it's like you and your dog, if you're all sympathetic and it's like, Oh, poor baby, it's like, Yeah, no, I've been there.

[00:58:06] Yeah. There. Yeah.

Dr. Carol: [00:58:11] So when that's the next book is what did you say about the recovery stories, the patients of the miracle? Yeah. How people recover. You look at my medical history, all match histories with everybody except the. That lady. And it's like I recovered, I have a life, I have visions, I have hopes, I have dreams, I have issues, but that's not who I am, right? Is that who you are? And there's that the. We made this poster for the clinic, and once again, that's going to be available on the website for people to download for free. People need to know that you are more than the bad things that happen to you. Yes, that's Nightbird. That's the lady that's got terminal breast cancer. Yeah. All right. And you can't wait until life isn't hard anymore before you decide to be happy.

Kim Pittis: [00:59:13] Yeah.

Dr. Carol: [00:59:15] I just for one-liners today, I better stop talking, we got.

Kim Pittis: [00:59:19] No, this is what this episode was all about was all these one-liners that we can use to inspire and reflect on. New Year's Eve is my favorite holiday. I love New Year's Eve. As a young lady, I loved going out and getting dressed up and celebrating with friends, and now as a mom who enjoys the quiet. Our tradition is we do like appetizers. Like every couple hours, I throw an appetizer out and we play games and we talk and we just stay home and try to keep the dogs calm in case there's fireworks and

Dr. Carol: [01:00:00] The20re's always fireworks.

Kim Pittis: [01:00:02] Yeah, but I I love New Year's Eve because I love reflecting on the year. I have a hard time staying present. So this is my I don't want to say resolution. This other young lady that was over today said instead of using resolution, why don't you ask people about what their healthy habits are going to be? I love that phrase. Iy was a very wise teenager that was over today. Yeah. So before we end, I want to ask what is your healthy habit that either you found this year that you want to take into next year or something that you want to do for yourself? That's healthy for next year, for 2022?

Dr. Carol: [01:00:44] Well, the first thing was that I've lost 20 pounds in the last three months. That's good. My blood sugar is under control. That's good. The healthy habit, I'm seventy-five. Right? The healthy habit is internal. It's not physical. I mean, I walk now because I can, thanks to medication and two smart doctors. And I go to the gym. Well, when I'm not taking care of George, so that's been on hold for a few weeks. But the healthy habit is internal. For me, it's holding the vision. Of what is true for you. What is true for you? For me, it's. Having people that I care about and caring more about their success than I care about mine. Hmm. Yeah, yeah, I'm I'm already. I've got three meals a day. I have all these books on the wall. I've got stuff in the file cabinet. I got more stuff than I need. So. Caring about other people's success more than my own or as much as my own, because when you succeed, then I succeed and love and gratitude. What is your vision? Sometimes the vision is. Sort of fill me. That's a bright light that I'm heading towards that carries me and I know it's going to be good. I just don't know exactly what it's going to look like and that has to be OK. That's mine. Yeah, what's yours?

Kim Pittis: [01:02:52] I like your phrase about the internal stuff. I'm lucky. I'm active, I'm pain-free. I I eat well, I sleep well. I feel like I'm checking a lot of those very basic boxes. For me, it's staying in the present, you know, trying to. Find gratitude in the present, I can think back I'm really good at going forward, so my healthy habit is going to be to try to stay present. And yes, we have to plan and yes, we have to do things. But I think what, especially like the whole COVID pandemic, has forced upon anybody that dealt with any sort of functional anxiety is we have such little control and we have we can't plan. Things are changing and turning. So learning to be adaptable is an important healthy habit and that it's OK if things change. And it's probably good for us if they do

and being resilient and we're stronger than we think we are. So I'm going to piggyback off of that. Yeah.

Dr. Carol: [01:04:05] And what I can tell you from experience is the healthy habits you have at your age lead you to be healthy when you're my age because I had my 45th birthday after summiting in Switzerland on two summits. I had my forty fifth birthday in a youth hostel in Salzburg, being toasted with beer at 10 o'clock in the morning by Australian college students. Yes. Yeah. So those healthy habits when you're younger, pay off. When you're older, so. Yeah. I no, that's that's I like I like that and being present is all we have. Yeah. There is no the future doesn't exist yet. You have to plan and then you have to be aware that your plans. Aren't reality their plans and when they don't happen, the world is not going to come to an end. The past does not define you. It actually doesn't exist anymore, anyplace except in your head. Right? So why would you do that? So all it really is is the present. Right? Yes. And then

Kim Pittis: [01:05:36] And then

Dr. Carol: [01:05:37] You are you. You have a bow on you. You just don't know it.

Kim Pittis: [01:05:45] And I am so grateful for our present and our podcast. And that's it for today. That was one of the fastest. It's true. So we didn't really get to very many questions. I think there is just one. A lot of that was just some comments. I'm sorry, we didn't answer anything.

Dr. Carol: [01:06:04] I think we answered a lot. Ok.

Kim Pittis: [01:06:09] So keep everything coming, we will be back next year. For our, I'll have something else special for us to start the new year off. You know, I will I

Dr. Carol: [01:06:22] Have a new well, have a new year. Thank you so much for doing this with me. This has been so much fun.

Kim Pittis: [01:06:28] It is so much fun. I love it. I look forward to every Wednesday.

Dr. Carol: [01:06:31] Yeah, that's my favorite day.

Kim Pittis: [01:06:33] Yay. Well, have a great New Year's, everybody. All right here next week for those of you who want to join us live otherwise. That's it for today. We'll see you guys next week.

Dr. Carol: [01:06:45] Happy New Year!

Kim Pittis: [01:06:46] Happy New Year, everybody!

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