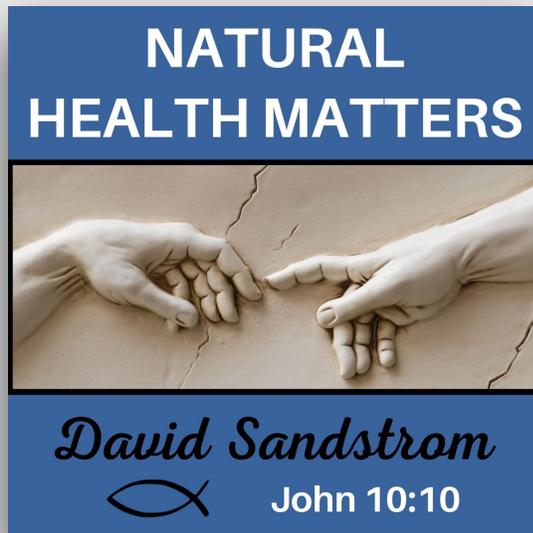


NHM - 49 Functional Medicine w/Dr. Aaron Hartman



David Sandstrom 0:00

Here's a sample of what you'll hear on this episode of natural health matters.

Dr. Hartman 0:05

It's amazing to see people with chronic health issues as you start to remove, you know, inflammatory foods, fix nutritional deficiencies, remove environmental exposures, address their gut address their sleeping patterns, how quickly people begin to heal. It's almost like they want to heal you just got to give him the right stuff. I think there's a saying in nature, Pathak medicine, removing the things that don't

belong, and putting the things that do belong in your body does the rest right.

David Sandstrom 0:30

Welcome to the Natural Health Matters podcast where it's all about maximizing your health potential so that you can pursue the abundant life more effectively. I'm your host, David Sandstrom, naturopathic doctor and biblical health coach, and this is episode number 49.

David Sandstrom 0:52

This episode is brought to you by my book, the Christians guide to holistic health. getting educated on natural and holistic health is time consuming and can be expensive, not to mention, overwhelming. I want to help you with that. My book will put you on a fast track to the vibrant health and vitality you've been looking for. If you'd like to avoid overwhelm and get some biblically based holistic health information that you can implement right away, go to my website, David Sandstrom comm, forward slash book, you can learn more, and pick up a copy today. If that doesn't work, you can go directly to Amazon. It's available there in paperback, Kindle and audible.

David Sandstrom 1:34

Today I'm talking with Dr. Aaron Hartman. He's the president of the Richmond functional medicine clinic, and he oversees 10 practitioners in Richmond, Virginia. He's super knowledgeable, and he's got a ton of information to share in this episode, he does a great job of articulating exactly what functional medicine really looks like. And he's also very much involved in the research going on with

the COVID-19 vaccines, the various ones. And today, there's a lot of conversation going on about the vaccines. And he's right there in the middle of all the research. So I encourage you to hang into the end and listen what he has to say it's very interesting. Let's jump right into my conversation with Dr. Aaron Hartman.

David Sandstrom 2:11

Today we have in the show Dr. Aaron Hartman, Dr. Aaron is a Board Certified family practice medicine practitioner, a clinical researcher and a functional medicine practitioner. After years in family practice, he felt called to make a dramatic shift, and began to pursue functional medicine for his own family's health. Soon, Dr. Hartman recognized the benefits of functional medicine for anyone who has suffered unnecessarily from a system that fails to support whole person Health. Dr. Hartman, welcome to natural health matters.

Dr. Hartman 2:41

David, thanks, thanks for having me. I'm really excited to be here.

David Sandstrom 2:44

It's my pleasure. So I'm always glad to have somebody like yourself on the show when you're trained in the traditional medical fashion. And you understand the the strengths and the weaknesses of that medical model. And you kind of branch out and instead of just being a medical student, you become a student of medicine. And now you do a lot of functional work. So I'd like for you to talk to us a little bit about what the difference is between traditional medicine and functional medicine, if you could.

Dr. Hartman 3:10

Well, the traditional medical model is a disease focused approach on first and foremost, it looks at you come in with a diabetes, blood pressure, cholesterol, it's, it's primarily focused on the one or two issues at hand, you have a heart attack or whatnot. That's the first thing. The second thing, it's focused on episodes of care, you know, these visits and acuity, it's mainly Acute Care Medicine. And that's the model that developed ya know. infectious diseases were the most common cause of death in our country. When antibiotics changed everything in vaccines changed everything, this idea of acute care, you have an appendicitis surgical procedures were going on, you have Ancient Egypt, they were doing, you know, surgical brains, procedures, you know, and what, and that's been the model going up. The problem is, is science has changed, but the model deliver care hasn't changed. The model, we're currently the way healthcare is currently delivered is the same health care model that my grandparents got, go to the doctor's office, pay him some money, insurance pays money, I'm sick, they give me a prescription, and I go my way. I'm

functional medicine is more, it's more chronic care focused. And it's a more broad thing, looking at recalls, you come with diabetes, not where the FDA approved medications I can give you based on your A1 C being seven, which is a sugar level, but why do you have this diabetes? How severe is it? What other things are causing your diabetes? What are other leverage points, you know, diet, lifestyle, exercise, sleep, nutritional things, environmental toxins, heavy metals, you know, the building you live in the culture from that all these things can play into your diabetes. And so what functional medicine does is it goes to the root of whatever's going on. But it's also Chronic Care Medicine, not just a treating the acute issue, but all the other underlying things that can lead up to whatever was coming before. So it's the phrase I use, it's it's a science based holistic way to deliver whole body personalized care. It's like the short phrase I use for that.

David Sandstrom 5:05

Yeah, very good. Yeah, I'm a naturopath. And obviously that means a doctor, as teacher naturopathic doctor is doctor as teacher, and naturopath meaning simply the natural way. And for me, natural is consistent with God's design for a person. And I like to put it this way the allopathic practitioner, the traditional medicine practitioner treats the illness that has the person and the naturopath or the natural practitioner treats, the person has the illness. And that obviously demands a more holistic approach where you were just describing, there could be some emotional issues going on, it could be some underlying stress or hidden infection, that that person's not aware of it is seemingly unrelated to their symptoms. But that's the root cause.

Dr. Hartman 5:49

Yeah, that's, that's a good way to put it. David, you know, you look at you know, a patient sees a cardiologist for heart attack, and they see the psychiatrist for their depression. And they see the GI doctor for the IBS. But then the functional medicine practitioner would look to say, look, there's a connection between your gut and brain, heart access, we're actually neurotransmitters in your gut, affect your brain, your heart actually affects brain function has tons of literature on people developing the depression after a heart attack. So now so the functional medicine person would look at these three things as being interconnected, and not just to three different unrelated treatments, but try to find more foundational your treatments, your occom's razor, you know, the most simple explanation probably is the call. It's like getting more than the base of things. It's kind of interesting. in medical school, we talked about accom's razor, acutely, you know, if you guys want explanation, acutely, that's probably the cause of the acute disease. But in functional medicine, we see the exact same thing. We take it more deeper. What are the underlying issues functionally, you know, gut health, nutrition, environment, stress, they actually might have set you up for

your cardiovascular disease that you know, it's interesting. You know, that literature shows a cardiovascular disease begins in kids in their teens, they get these little fatty plaques, decades before they have the cardiovascular disease. They're, they're in their 50s. So a functional medicine tries to get to that root that bar back and prevent actually true prevention, true preventive health care.

David Sandstrom 7:09

Yeah, yeah, that's really good. Yeah, before that person is expressing symptoms consistent with what we would label as a disease. There are a lot of things going on biochemically in that in that person, and emotionally and spiritually, and addressing them ahead of time. I say one of the best things of this way to treat cancer is not get it in the first place. Hey, if we adjust our lifestyles ahead of time, we can build health margin into our lives when we're feeling better. So that we're better prepared with like a shock absorber can handle the bumps in the road, that health margin that we have, which is more health than we actually need to get through our days as a minimum, if we can absorb the health challenges in the form of an illness or an accident. When they when they come away, and they've got to come right, it's inevitable. It's part of being human. So how did your approach start to evolve? I know you started out in the show you grad graduate medical school, it was a traditional medical approach family practice, and you've evolved over time. So how did how did your thinking shift on that story?

Dr. Hartman 8:05

Well, I mean, started, you know, one of the primary care I went to family projects, I want to do everything I want to be the you know, I want to be a general contractor, master of all expert, nothing like you know how everything is my goal. My goal is actually to be a physician in a Mission Hospital overseas, and we're doing that, you know, went to a hospital in Ecuador, and it was for a family practitioner, a surgeon running a 38 bed hospital in the middle nowhere. I mean, that was kind of when my aspiration. So when I finished my training, my whole thing was learn a new procedure, a new skill set every year. So I started learning dermatology, during dermatology procedures. After my training cardiologist kept on doing a new thing every year, you know, that was like my underlying mindset, but we adopted my daughter. And she was actually Well, my wife's patients and she has cerebral palsy. We first got her, you know, not quite happy with the way she was being taken care of when our gi doctors, such as underweighting recommended us to put a feeding tube, you know, put a hole in her stomach and a plastic tube in there. So you can pull off

David Sandstrom 9:02

Can I can I interrupt you right there? How old was she when when you started this process?

Dr. Hartman 9:06

We first started with her when she was a year old. I think we took her into her house when she was about a year and a half to two years old. Okay, so my wife, my wife, actually, um, is a pediatric occupational therapist whose specialty was kids with special needs. And when my daughter came out of hospital at six weeks, after six weeks, my wife was her ot. So my wife actually knew her from the time she came out of the hospital, almost as a therapist. So I'm seriously having that interaction where gi doctor was like, let's put a two burner stomach and my wife we talked about like that would affected her ability to talk. Even though she wasn't ever supposed to talk. She was supposed to be basically a vegetable. She was never supposed to walk. We just don't really accept that, you know? Wow. And so we're like, we don't like this idea of this thing that's actually gonna prevent her from learning to walk and talk was fast forward six months, my wife was researching and found a pediatric growth chart for kids with cerebral palsy. And my daughter was right in the middle of it. So that was my Because my first thought was my first like realization of the experts don't know everything. And so all of a sudden realized if I want to navigate my daughter, I actually have to learn more about her than the experts know about her. And that was just like where this whole started. And so I started veering off the path a little bit and a little bit more and more learned. The more I realized, there's a whole new world we start I started studying genetics, and nutritional control genetic expression, I started looking at lipid medicine, how the fats in your diet affect brain development, environmental toxins, which is a big thing, my daughter was exposed to a lot of drugs and mush in utero, and her birth mother. And one of the issues I knew was just trying to get those things out the system and learn there's actually data on how that affects neurological developing kids with autism, cerebral palsy, so I started researching this, I just took me off the beaten path. And after four or five or six years, you know, I started doing things with her, like seeing patients with complex medical problems, and no one else could help with fibromyalgia, chronic fatigue, autoimmune diseases, patients with cancer who didn't want to recur. And I was like, let me start experimenting. That's that's what's called the practice of medicine, right? Yeah, I'm still I'm still practicing today, after 20, 20 odd years. I'm still practicing,

David Sandstrom 11:08

You know, hats off to you to have the humility to say that, I think that's great.

Dr. Hartman 11:13

I think one of the things, you know, you're Socrates in the Fado, when he was giving his defense in Athens, you know, his whole defense was you claim to know and don't know, and I know that I don't know. Therefore, I'm the only was

one among us. Like, that was his whole defense was, I know that I don't know. I'm the fool. Therefore, I'm the only wise one among us because y'all think you know, you don't know. And so you're just realizing the infinite complexity of the human being?

David Sandstrom 11:39

Well, I'm thinking about this Bible verse, it says, proclaiming themselves to be wise, they became as fools.

Dr. Hartman 11:45

Exactly. And what Socrates proclaim himself to be a fool. And we're still talking about today, right? Yeah. So. So it's just one of the things that I'm so it's basically ministered learning, realizing that she was way more complex, and no one's gonna know her, as well as my wife, right. So he's kind of she became our, our, our focus. And so the fact we adopted all of our kids, our second daughter, as well has neurological issues, our son had health issues, and so just bled into my practice. So I started taking care of complex patients with complex issues, and just changed and evolved. And now with the whole COVID thing, the patients have been seeing me for years, already had the vitamin D levels maximized. Were already taking their B vitamins, all these things we know, you know, 87% of people who die with COVID have low vitamin D levels. Last Imagine if you've already had your D levels optimized,

David Sandstrom 12:31

Optimized before, just that's what I was saying earlier, if we can if we can build health bargain. While we're feeling good, we're better prepared for the challenge is going to come our way. I'd like to back up just a minute. I know you got some great things to share. But I wanted to share this quick story. When you're talking about the feeding tube. And you found out that was actually not even necessary down the road. You found that out. We have four daughters. And number three and four were twins. And I was doing some research, my wife was pregnant and I and I came across some research that supported the idea that too many ultrasounds during pregnancy, probably not great for a developing baby. So we said yeah, we're going to do it, but we'd like to wait a little while we'll do one early on, and then maybe one, you know, mid pregnancy. So we did want around. We did the first one early on, it was everything was normal, we didn't even know it was twins. And then we did it later on. And that's when we found out that there was twins, which is quite a story in itself. But anyway, when when we did when we didn't want to do any more this well all twins are high risk, we should do an ultrasound every week, I said that we're not going to do that. I just don't think that's necessary. So we didn't my wife gave birth and one baby one of the twins was more than a pound heavier than the other and they're identical. And the doctor came to me after the birth and she said you know Dave, good

call on the ultrasounds because your wife went full nine months with the full term with these babies. If we had known that there was a pound difference, we would have taken these babies out weeks ago. So good call on not doing the ultrasound. So that's just an example of how you know the medical profession I mean do a lot of good but they kind of have the the mentality of what can be done will be done

Dr. Hartman 14:08

Yeah, well a part of a part of that that people don't realize is that ob is like one of the most highly litigious practices in healthcare and a lot of things that are happened are your if you do something and there's a mistake or something's messed up your medical legal liability is much lower. If you don't do anything and something happens your your medical legal liabilities much higher and it's in one that one examples in the literature is our C section rate in the United States. You know you go to Ireland you know there's a lot of Irish people united states right you know, my wife's wife, her family's got Irish just sitting there and the C section rate in Ireland and mostly deliveries is done by nurse midwives, not hospitals is 5%. Yeah, absolutely. The United States has about 50 Oh, Mike is going up. And some places some countries in the world like Italy Brazil has a high high in certain populations. You're looking at close to 80% and C section rate. Then you guys yourself Why is that relevant Ecuador admission hospitals is one lady that came out as our ninth baby. And shell eight had been delivered in the in the home the jungle. The reason she came to the hospital and was very voice on this um in um shell Mehta has where it was in Ecuador. If you're familiar actually with Jim said, Jim St. Tim Elliot. I'm sorry, Jim Elliot.

David Sandstrom 15:21

Yeah, he's the guy that inspired the at the end of the spear movie.

Dr. Hartman 15:24

And this is actually this is the hospital. This is where they were at. So okay, how it's kind of it's kind of that's kind of its kind of setting. And so she came the hospital, she was bleeding, right? And so I checked her out and like, she's forcing Mary She's fine. I'm gonna walk down the hallway, get some he walk out the door, and the nurse is trying to talk to me in Spanish is like my second language, and I'm not 100% fluent. And so I'm like, Okay, I'll be back in a few minutes. You know, do you want me to stay walking down the hallway? Here, Doctor, Doctor, I run out. The lady is standing over on the floor. scrunch the baby's out. Oh, he went from four senators to out in less than a minute. And it was one of those things. It's like, wow, like, and that's normal there. That's Yeah, that's the only reason she that was number nine. And the reason she came to the hospital was she was bleeding with number nine, not eight, or seven or six or Farber Four, three or two? You know, it's just one of the things it's like, Wow,

that's pretty. I mean, it's kind of profound, you know, yeah. When I delivered probably 30 babies was there. And that was a very quick process. It wasn't that long. Even though the women whose first baby, they were they were laboring maybe 45 minutes an hour, it was just a totally different experience there. And here, we have women have a second third baby, they're still spending hours and hours and hours and labor and having c sections on their second third baby. So just totally Yeah, totally different expect?

David Sandstrom 16:37

Well, one of the things you I'm sure you know way more about this than I do. But we've had four children and I was there for all the births. And when when a woman is induced, it tends to slow the labor down. Also, when they give them the the epidural, that will slow labor down as well.

Dr. Hartman 16:54

Also, increase the C section incidence as well.

David Sandstrom 16:57

Yes, right. Right. Because of some happens there. It's not it's not natural. Again, we're going back to the God's design, it's my contention that we we maximize our health potential. When we align our lives more fully with God's design for spirit, mind and body think God has obviously designed for childbirth. And again, the medical profession can do a lot of good saves a lot of lives, by the way. But we should be careful about intervening in messing with God's ideal design. That's my contention. So I saw a couple phrases on your website. And I'd like you to speak to these for a minute. One was harness your body's power to heal. What does that mean?

David Sandstrom 17:40

So you've decided to make some improvements to health and well being, you're listening to shows like this, where you can get information that can help take your health to the next level. The trouble is, getting educated and implementing effective strategies is time consuming, and can be expensive, not to mention, overwhelming. That's why I wrote my book, the Christians guide to holistic health. In my book, I've taken 20 years of research and experience as a natural and holistic health coach, and distilled it down to what you need to know to maximize your health potential in spirit, mind and body. It's my contention that we maximize our health potential by aligning our lives more fully with God's design for spirit, mind and body. My book, the Christians guide to holistic health will put you on the fast track to the vibrant health and vitality you've been looking for. By the way, many of my recommendations won't cost you a nickel, they're free. Because a lot of my message is simply aligning our lives more fully with the Word of God. That doesn't cost you a thing. If you'd like to avoid

overwhelm and get some biblically based holistic health information that you can implement right away. Go to my website, David Sandstrom comm forward slash book, that's da Vl, d, s, a n d, s, t, r o, m, as in mike.com, forward slash book, and you can learn more and pick up a copy today. If that doesn't work, you can go directly to Amazon. It's available there in paperback, Kindle, and audible. Now let's get back to the show. Harness your body's power to heal. What does that mean?

Dr. Hartman 19:28

It's really interesting if you give the body the right nutrition, the right food, the right environment, the right rest the right sleep, it wants to get better. It's almost like the body wants to heal. And so it's amazing to me that you can actually feed your body on processed foods, breathe dirty air, drink dirty water for years and years. It takes how many years does it take to get lung cancer? decades? Right? Yeah, it's amazing what you can do your body and it's self heals and repairs and wants to be healthy me put, put diesel in your car, your gas car wants, put some dirt in there once? How many times to take that thing to break down? It's so easy for a complex machine to break down, right? Yeah, get your body which is infinitely complex. It has this built in redundancy, this built in a buried ability to work around stuff. And so it's it's amazing to see people with chronic health issues as you start to remove, you know, inflammatory foods, fix nutritional deficiencies, remove environmental exposures, address their gut, address, the sleeping patterns, how quickly people begin to heal. It's almost like they want to heal. You just got to give him the right stuff. I think there's a saying in naturopathic medicine, removing the things that don't belong, and putting the things that do belong in your body does the rest, right? That's Yeah, like, that's kind of like, you know, seeing the science behind that behind the whole gut microbiome, the gut brain connection, realizing that Parkinson's disease starts in your GI tract 20 years before diagnosis. All of a sudden the gut becomes if you have any about a neurological issue, the gut becomes one of your primary organs of interest, you know, yeah. And then learning how that that connectivity is super important. But also there's leverage points, things you can do. I think that's important thing is hope. There's things you do for people that will change your health trajectory. Yeah.

David Sandstrom 21:06

Yeah. Well, you know, getting back to that naturopathic approach, I'd like to tell people this we had an important concept for for a naturopath is the concept of total body load. And that is, we're all dealing with various health challenges, you know, we're breathing toxic air, we have genetically modified food in our diets, you know, this, sleep compromises stress at work, you name it, we all have a number of stressors. And when our body starts to get loaded down with too much of that, that's when we start to see symptoms. And that's we know, we

get comes a point where you're going to have disease a diagnosis. So we build health into our systems by reducing our total body load and getting rid of those things that are hindering our health, and adding as many health enhancing factors into our lifestyles as we can. And we tilt the scale in our favor and where it's like we're on a seesaw, we want as many health enhancing factors on one side, and as few health inhibiting factors on the other. And that's the concept of total body load. Because we can lean on that God given innate wisdom of the body to heal itself as health is our default setting. If I cut my finger with a kitchen knife, I don't have to tell my blood how to clot, I don't have to tell my cells how to dispatch cholesterol and other proteins to heal the skin that happens automatically. So we lean on that God given wisdom, by getting the obstacles out of the way and let our bodies do what they already know how to do. And that is to heal and to thrive.

Dr. Hartman 22:30

I think it's also interesting, if you look at just the diet literature that from University of Florida, that half of all chronic disease in our country can be directly attributed to eating processed foods. And from the Harvard School of Public Health. Walter Willett, who's like pi, the top epidemiologist in the country, he said 80% of heart disease, and 70% percent of cancer can be prevented by dying lifestyle alone. Yeah, that's amazing. That's just there's numbers. It's like, you know, I tell patients like your anything you do is way more powerful than anything I can do for you.

David Sandstrom 22:57

Yeah, well, you know, there's a couple studies, when I was researching for my book, the Christians guide to holistic health, is that something like 85 to 90% of all doctor visits can be blamed on stress. So we may not have any control over the genetics we inherit, but we do have control over the level of stress we introduce into our lives, are we practicing good finances? You know, are we are we forgiving? The people that have hurt us? Are we building in margin into our drive to work? I mean, you know, if your drive takes 20 minutes to work, do you leave 19 minutes before you have to be there, you know, how about, you know leaving a little bit earlier? And just take some of the stress out of the drive? You know, those types of things will all add up to building in health margin? Absolutely. Yeah. You have a membership at your, your clinic. And I know there's an online community and an in person membership. So talk to me a little bit about or talk to the listeners about what becoming a patient at your clinic looks like. I mean, I try to leverage people's insurance and their resources as best I can. The problem is, is that this kind of message and takes time, you may take like two hours to see somebody. And then at pi it takes me 30 to 45 minutes to review their labs. And then when they come back, there's another 45 minute, your lab review all that, you know, for all that time insurance turns pays me for

the first 20 minutes of the intake and the 12 minutes of the follow up. That's it. So the membership basically is the way I can it's the way I can, you know do things appropriately, stay legally safe as far as insurance costs, contracts are concerned, which is the big, the big thing. Yeah, and then be able to be able to utilize my knowledge base to help my patients, your insurance pays for procedures, it doesn't pay for cognitive work. So, you know, I remember I used to be in the hospital and I go see some of the ICU, you know, insurance to pay me \$75 for an hour in the ICU, and another 45 minutes of feeling nursing calls. Now, they they wouldn't they didn't pay for, for brain work, they only paid for procedures and so that the membership kind of covers all that the online community is my way to get this kind of medicine out to more people. You know, the thing about this, there's less than 2000 practitioners in our country trained like I am, you know, I'm in Richmond city proper, there's two double boarded, functional practitioners, the other ones in the practice with me, Dr. jetski. And the city, there's maybe two or three other doctors that are functionally trained in our cities, like a population of 1.5 million, there's not enough people out there to deliver this kind of care to those those who want it. So the community is a way it's like a physician led community that has coaching courses and, and community. So basically, the idea is that I'll do a course on reduction. My first class is roadmap to resilience, or walk through the foundations of functional medicine, there within the community, people share ideas, share thoughts, you know, there's a lot of wisdom in a group, you have 100 people and their combined life ages, you're looking at 10s of 1000s hours of life in there. It's like that's a lot of wisdom. And then I have nurse practitioners can help with, with coaching with questions. And every month I'll do a live q&a. So the idea is like to empower the individual, it's kind of going back to the whole Lord of the Rings thing where, you know, as far as responsible, he has the Ring of Power. He's the one who has to take the part of the ring to the mountain of fire, right and destroy it. But he has a whole team around him. And he's got his his Gimli his guys legless these guys is Sam wise, which was actually probably the hero of the book, to be honest with you. And then got Gandalf and so like, that's I'm trying to create that team, then powers individual to take the journey.

David Sandstrom 26:23

Well, you know, before we hit record, we were talking a little bit about what the medical community can learn from the aviation community. And one of the things we do as airline pilots is, is a concept called crew resource management. And that is creating environment, especially as a captain, that you want to solicit input from your first officer, from the flight attendants from the ground personnel, the dispatcher, the mechanics, and all that. And then when you have a challenge, one of the phrases that we use in training is expand your team. Get some other people involved, you got a you got a question regarding security issue, we have a corporate security department, we can call and talk to them

about that we have supervisors at the station, that that can look up records and tell us things about a particular passenger. So expanding the team is a really really good safety practice when it comes to flying an airliner and and I think the same could be said here in health wellness,

Dr. Hartman 27:14

so but when you said basically it's that's I'm trying to mimic kind of almost I didn't realize it, but what you're doing in the airline community, we're putting this team together. But with the unique advantage of it is anybody anywhere in the country can actually join the community and be a part of it. I've got long haulers, which gets people to get COVID and have symptoms. You know, three months later, I've got one and I was in California, and Canada, part of the community. Um, so it's really, really exciting.

David Sandstrom 27:37

Do you do that with a Facebook group? Or how is the how's the online community work?

Dr. Hartman 27:42

Um, it's basically I do it through mighty networks, which is just a platform set up for that I don't do Facebook just because Facebook can shut you down whenever they want. One things I've learned with social media with the COVID is that if someone does it, it points platforms doesn't like what you say they can shut it down. Yeah, I was actually talking about when I did a post on pollution, and severe COVID. Because there's literature out there that air quality increases your risk for severe COVID disease. And I was looking at housing sales using article for the British Medical Journal, right, man, it's a reputable, you know, journal share, I was censored for political speech. Wow. Because pollution was in the algorithms for Facebook was concerned political speech. And just I realized, am I start changing my verbiage a little bit if I use a world health who articles a link their CDC article 1000s and 1000s and 1000s of views? If I used new internal medicine in JAMA, I'd have a couple 100 views. Wow. So it's a based on where I was using my sources determine how you know, legitimate or trustworthy my stuff was as real as I need to I need to control the platform to a certain degree. And that's kind of pulled out of that with this because I can't I don't know who I was working to have someone say I'm, you're crazy talking like you can you don't feel your body that's you know, that's not FDA approved. We're gonna shut it down. So I'm

David Sandstrom 28:55

good for you. I think that's great to have that kind of independence, because there's people building businesses on YouTube or Facebook or Instagram that

could be shut down overnight. You had you don't have any control over that, which is

Dr. Hartman 29:06

definitely one of the new things on online businesses that happened with all the COVID so people realize you have to own your information stream. And so whether like the basis is your website, need to own your website. If you'd have your resources on Instagram, I might be there or Facebook need to have them also sitting on your website because there's no guarantee those things will continue to let your stuff be out there. And now the Facebook and Instagram are more paid. To play. So now unless I put up you might follow me on Facebook and unless I pay money, you won't see it one day no post. Wow. So just like as that whole systems changing, people realize you actually have to have control of whatever information you're putting out there. So you have to either have your own website, or your own platform or something like that. So that, you know, you can say here, find me here and people will come and find you. Yeah,

David Sandstrom 29:48

yeah. Yeah. Excellent. That's really good. So I want to go back to what we talked about just a minute you mentioned the COVID, long haulers. Now, it would be my contention that a COVID long hauler, someone who's still has symptoms four or five, six months down the road, they probably have a higher total body load. So when you're working with especially those patients people with a COVID, long hauler, what other some of the common underlying issues that you're seeing with those people,

Dr. Hartman 30:11

I'll preempt that question real quick, this idea of a post infectious inflammation, you get a viral infection and you have chronic issues is an old old idea. We saw it in the late 1880s. With the Russian flu, we saw it with long flu of 1990 1920. We've seen with Lyme, you get a tick bite and get chronic Lyme disease. These are all post infectious inflammatory syndromes. And so one of the things on long hauls is, as a functional medicine doctor, I have the advantage of having all these, this old armamentarium from now applying to these patients. And so one of the things I'm seeing is your Hey, patients who live in moldy buildings, it's to date on 80% of our long haulers either worked in or lived in a moldy environment. I'm hypermobility, you know one out of 30 Americans is hyper mobile. Has this thing called hypermobility Spectrum Disorder have been double jointed? Well, that increases your your risk for inflammation and also increases your risk for gut issues and mountain nutrient deficiencies. You know, very untraditional status, you know, if your vitamin D is low, it's really interesting, but vitamin D does so many amazing things. But there's two arms of the immune system. There's the the old type, which is very, um, the archaic type that can

attack viruses and cancer then is the adaptive part that makes antibodies, you always use that innate part first of your immune system. And you switch over to the adapted or the antibody part of the immune system. Well, that handoff requires vitamin D. So if you deal with low and you get a viral infection, it's hard to transition to mecaanim eyes and it's also hard the innate system to turn off. So all of a sudden, there's a whole host of nutrients that can help that whole process and so because I already knew about these things and other postinfectious or other autoinflammatory syndromes where your body it becomes inflammation against itself. Not quite autoimmune diseases but similar concept. I'm unable to apply those to long COVID and a great example that is low dose naltrexone you may have heard of low dose naltrexone before it's been around for decades. It's been this literature on using for multiple sclerosis on using for parts and dysautonomia, chronic fatigue and fibromyalgia. Well guess what, there's data now with COVID and long COVID you know, COVID induced dysautonomia, and parts COVID induced chronic fatigue and fibromyalgia. So I started using naltrexone with my patients and lo and behold now his research to support naltrexone actually can help these people with long COVID and there's actually now a pharmaceutical company researching a proprietary form naltrexone to treat long COVID. And it's interesting how like that like that was already momentary. I just have to repurpose these tools. And that's those are some of the thing

David Sandstrom 32:52

I was doing some research the other day and tell me if you agree with this, but does this talk was saying that if you have super high level, you've optimized your vitamin D and even gone above the recommended levels, he's I know that they say maybe the naturopathic optimum is about 60. I think it's more does it milliliters per deciliter is that the way it's measured? It's millet. mil on nanograms per deciliter, nanograms per deciliter, but 6080 is the 6080 is considered optimum, this guy was saying go to 100 or more, because with a lot of vitamin D, you decrease the need to engage the immune system. So when the immune system is engaged, that's pro inflammatory. So if you can reduce the the reaction out of the immune system by having adequate D, you have less systemic inflammation. Does that make sense?

Dr. Hartman 33:39

Well it does this but there's an interesting twist to that, you know, David, like, you know, the whole idea of holistic, which, you know, I like to use the word that I like to use, I don't like using I don't like to use it, but um, but yeah, but I get it. But like, in, in indigenous cultures in Africa, where kids kids running around outside all day long, you know, crazy, potent sun with not a whole lot of clothing, the low blood levels of vitamin D between two and 300. Wow. Okay, so that's, you know, that's interesting facts. So the question becomes is our normal range

of 30 to 100? Obviously, the low end of normals, not 30. It's probably closest, just 60. Because it's let you know, maybe the high end is not 100. Maybe it's 150 or 200. No, so that's interesting. If someone who, who has an autoimmune issue, who's really sick, I'll push it just because I have to also remember behind behind every patient is as a malpractice lawyer, so have to like be careful to

David Sandstrom 34:33

It's a shame that that's true, but it is,

Dr. Hartman 34:35

But it's, you know, I think that in medical school in 1996 Wow. That was Yeah, exactly. Yeah. Um, but so I'll push somebody closer to 100 and check their calcium levels, you know, make sure I'm not pushing that up. Yeah. But the reality is, is that I've had patients who've taken it come back with levels of 130 to 150 I'll check their calcium, check the stuff they were fine, you know, so I try to I try to if someone's really sick, I'll push it closer to 100 level, like you said, But using some of that innate wisdom from other places around the world, you know, that's part of the translational medicine. Part of functional medicine is like, why can't I use data from Africa and South Korea and Germany and China and Japan? Why do I have to only use stuff that the FDA says I can use? You know? Yeah, and that's where I think COVID is actually accelerate this because people want to know what's going on around the world they want to know what's going on the UK which is actually leaps ahead of everybody in the world right now as far as tracking COVID controlling COVID and producing data, you know, on why can I look at their the Irish data on vitamin D? In Ireland, they produce the whole book last summer on D usage in Ireland, sorry, at all? Yeah, yeah. Yeah, it was national, their national health system, and it was like d d should be 60 to 80 kids should be taken when 2000 units a day, it was like all these things, you know, practitioners like even saying the United States is just the, the government in Ireland was saying the exact same thing.

Dr. Hartman 35:51

Yeah. Well, our government is obviously, you know, slow to move, slow to change. And, you know, slow to embrace new ideas, when that's where, you know, a practitioner, like yourself can look at the research and start using that right away. And you don't have to wait for the government to tell you or give you permission.

Dr. Hartman 36:09

Well, I think that's one of the things people don't realize we talk about standard of care. In my mind staff care, it's the lowest hanging fruit it's the lowest common denominator standard cares we all that's the least quality care we all

should do. You realize the standard of care it's like a you get a room of doctors or cardiologists will decide what's what's the optimal blood pressure control and medications and what can we all agree on. And that becomes the new standard of care for blood pressure control. It's not anything cutting edge. It's just what a whole group of people can agree on. I mean, get a group of your favorite, you know, nature path people together, whatever we all agree on, right? Yeah. And the answer is, you only agree on what you don't disagree on. Right, by definition, so all of a sudden, it's like, Well, how about cutting edge stuff we can't agree on? Yeah, yeah. What about what about, you know, using medicinal herbs using heracleum Lion's Mane now? We can't agree on that. So I don't Yeah, all of a sudden, like, Okay, alright, so, vaccine, we can all agree. Okay. You know, maybe maybe we don't agree on that, too. Right. But that's point. It's like, who you're talking to? But yeah, so what's funny because like, I'm a clinical researcher, with Pfizer, like my research site is the six biggest in the country for the pediatric vaccine for Pfizer. So you know, I've kind of got my foot in the research world. I've done over 60 clinical studies and published in Lancet, I've got my foot in primary care world, the functional world, I'm leveraging all these patient these things for my patients. Uh huh.

David Sandstrom 37:27

So talk to me about the vaccine. What's that research been telling you?

Dr. Hartman 37:31

I could talk for hours about that.

David Sandstrom 37:33

Yeah, we have to wrap things up here in a little bit, but but I know there's an mRNA vaccine. And then there's a more traditional or inactive viral vaccine. That's the that's the j&j one, I'm pretty sure. All right, so could you talk a little bit about the differences and share what the natural nation what you've been seeing with your research?

Dr. Hartman 37:52

Well, the the, the, the differences the delivery system, but the end product is the same. So with the modern, the Pfizer, they're using an mRNA. That's the delivery system is a is a nanoparticle, a lipid nanoparticle that's based on phosphatidylcholine, which is I use that all the time my clients. So they put the mRNA in there, versus the j&j is using a adovirus capsule, and putting DNA in there, okay. And so what happens is, you have these two different arms come in there, mRNA, goes right to ribosomes, ribosomes, make proto spike protein, right, that your body has immune response to. So the mRNA cannot turn to RNA doesn't turn on DNA, right? The DNA is going in being transcribed to RNA to mRNA, to go the ribosomes, and once it gets to that stage, it makes a spike

protein. So once it's once it gets the point of the Ribosomes making the spike protein from there on it's the same process. It's just how do you get it there? Okay, what's your delivery Mac? Is it is it a a capsid a bio capsid it you know, which actually here it's it's actually kind of a unique, it's actually a different unique delivery system. You know, you're still using molecular still using nuclear nucleic acid DNA versus mRNA. We don't have any other DNA vaccines today, us using the adovirus as a delivery system. It's actually these are both very elegant systems. You know, I was actually emailed to the president of Pfizer, like, because my question is, is how, how long is it gonna take for us to make new vaccines? And we're actually starting, actually, today, the variant vaccine study with a South African variant of COVID-19. And the answer was, we can turn out a new vaccine to a new thing now in 100 days, wow, this might change how we do all vaccines going forward that you can literally make a new vaccine, and 100 days, there's a lot of unknowns. But that's that could be a game changer

David Sandstrom 39:41

So the process very, very different the technology that they're using is her very different than the traditional vaccine manufacturing process. So what would you say to the person the critic that says, Well, these actually aren't vaccines? It's experimental gene therapy, because it is gene therapy. Right? So what would you say to that?

Dr. Hartman 39:57

Well, the thing is, that's the thing. It's a misunderstanding. Like your DNA makes RNA, RNA makes mRNA. And mRNA goes to Ribosomes makes protein. People are conflating that with mRNA going into your DNA, changing who you are. But it doesn't work, you can't, I can't take a protein and change your DNA. I can't change a ribosome and change your DNA. I can't take an mRNA change with DNA. If I have an RNA with a reverse transcriptase like Hepatitis B, like HIV, then I can insert that into your DNA. But you need to reverse transcriptase, which is the reason why with the Pfizer vaccine, we wanted to get people in the study with HIV, to see how this would affect those people who already have a virus in the body that has reverse transcriptase that can actually put in nuclear material into the DNA. And a lot of people don't realize that there are there are three different vehicles that Pfizer was looking at Pfizer was looking at a self replicating protein called like, almost like a prion there, and they were looking at two other two other vehicles. And they chose this one, which I was actually happy about, which was the least risky per se, you're the mRNA in your body hangs around for 48 hours, 24 to 48 hours, these little cells called lysosomes, that break them down really, really quickly. So if you look at a regular nutritional vaccine, it uses aluminum as an adjuvant, yes, the literature is the aluminum can stay in your body for years, sometimes not this i like to. I got I just finished reading this book, um, you know, six months ago, and if you read vaccines and

auto immunology, me, yeah. And so basically, it's written by Dr. Schoenfeld who's like the head one of the head immunologist in the world at the University of Tel Aviv. And we've known for decades that the adjuvants, the things that irritate your immune system, whether it's you know, aluminum, or different foods adjuvant which is an oil based adjuvant, those can linger in your body and cause autoimmunity. The beauty with this new technology is the adjuvant is the mRNA. And it's gone in 48 hours. So that risk for immune overactivation should be much less than this vaccine as they should be. Because we won't know for years because that is how science works. Even with any traditional FDA approved drug, they follow that for years after the approval process just to see how it's going. That's called phase four studies just keep on watching it, you have this thing called ivrs where people look and they put in vaccine or whatever side effects and we learned that new drugs get pulled for the market for a reason.

David Sandstrom 42:13

Interesting. Good good stuff. Good stuff there. So if someone wants to get ahold you how can listeners get ahold of you?

Dr. Hartman 42:20

They can just go to my website, Richmondfunctionalmedicine.com. That's my that's my my main launching place for social media. Hopefully, we'll get back to doing the blog. I mean, that means after the podcast, the blog stuff, social media stuff are there and you can then from there go to Instagram my um, community access is there, as well as my in-person um membership is all from Richmondfunctionalmedicinecomm,

David Sandstrom 42:42

Alright? And what's the name of your podcast?

Dr. Hartman 42:44

Foundations of functional medicine. I've done like four or five episodes. So my goal is once a week, my life calms down a little bit to at least finish the foundations, which are diet, lifestyle, stress, relationships, sleep, so

David Sandstrom 42:58

yeah, so you've you took a pause from the podcasting right now,

Dr. Hartman 43:01

I'm just gonna pause and it got sucked into the whole COVID social media world with all the stuff I'm doing wrong with that. so

David Sandstrom 43:06

I can imagine being who you are and what your training entails, that you're going to be you're probably a pretty busy guy over the last year. Yes, I have been. If you didn't have to go look for people. I'm sure people were looking for you. But ah

Dr. Hartman 43:17

yeah, well, my office, we never closed through the whole pandemic, we were open our primary, our primary care offices open seven days a week. And so when this will happened, you know, as a business owner, as it sounds, it's like it's if you're a firefighter, and someone says look the buildings of fire, you don't go Ah, fire. I'm kind of scared to call me back when its smoking, right?

David Sandstrom 43:38

They run in.

Dr. Hartman 43:39

Yes, yeah. You know, it's you gotta be a little crazy. Yep. to run into a burning building building. But it's like, what's what you train for? Yeah. It's like when something is a crime, you call a police officer, where they go to the to the scene of the crime. It's like, I'm going the other way, you know. And so when this all happened, I was like, you know, I've been talking to my wife about this ever since we met. It's like, you trained for this kind of stuff. And we need to be here for our patients to keep the hospital to keep them safe as best we can. And so I felt my moral obligation I have to, and I'm the president of our of our clinic, we have 10 practitioners, and we see like a return of patients a day through our office. And so I was like, we need to stay open. And so we did that. um this whole time. You know, my job was to serve and so this was like, this might be my only opportunities. This is never hopefully it's never happened again in my career. And it's like, it's just like, you know, it's game day. Yeah, yeah. People are scared. We wore masks. We did all kinds of stuff in our office, people waited in their cars, we had to develop the whole system to take care of patients, but we we did it because we feel like it's our duty

David Sandstrom 44:32

Good for you. Hats off to that. Love it. Alright, Dr. Hartman unless there's something else you want to share. I appreciate your time today.

Dr. Hartman 44:40

David, thank you again for inviting me on just encourage your listeners just to take to hold of their care you know, I think we're made we're designed for health if you're not optimizing your health just figure out what those things that set you up for illness triggered it things that are keeping you there and if you move those your buys made amazingly and it tends to want to heal itself, you know,

David Sandstrom 44:57

Totally agree. Alright, thanks again. Take care. Well, I hope you enjoyed that conversation with Dr. Aaron Hartman. He is not only a very knowledgeable medical doctor, but he's firmly planted in the functional medicine world, or some would call it the natural and holistic world. And he's also a very loving, compassionate human being. What a pleasure was to meet him. For more, go to DavidSandstrom.com. in the show notes for each episode, you'll find links to all the resources that were mentioned, as well as a full transcript with timestamps that you can download for free. In addition, I always include a content upgrade with each show, which is a free download that is designed to help you go deeper with that subject. Once again, thank you for listening, and I'll talk with you next week. Be blessed