

MERYL: Hey everyone. Welcome back to the Rebel Nutritionist podcast. Today, I am privileged to have as my guest, Dr. Ian Russinoff, who is an emergency medicine physician and the director of concierge medicine center called Sollis Health. And so welcome Ian

IAN: Thank you. It is a pleasure to be here.

MERYL: I'm so excited. I'm really looking forward to this conversation. So why don't you start out with your journey into what brought you into medicine?

What was your journey because right. You were at the Cleveland clinic for a long time, and now you're more with a concierge practice. You get to do maybe a little more of what you like to do. So I'm gonna let you take the floor.

IAN: Sure. So thank you, Meryl. It's really, I'm honored to be here. So my journey began in Brooklyn where I was born and raised my brother and I didn't really, I don't know, have, I would say the privileges and the.

Weren't really exposed to, I don't, I don't know if I should say like the finest things in life, in our, in our youth and our upbringing. And we just were very motivated to make careers. My mother said you guys have to be doctors. So we decided to go on a path towards medicine. We were both good at math and science.

We went to the same college. We went to the same medical school. He's two years older than me. I kind of followed in his footsteps. We were even roommates my first year of medical school. And he chose to go into orthopedics. I chose to go into emergency medicine, but since

our youth, we had some family that was in medicine and I don't know, we were always impressed with.

You know, the career, the knowledge, and kind of just wanted to live that lifestyle. So we headed into medicine. I did my training at St. Luke's Roosevelt in Manhattan. I did my residency in emergency medicine and I went to school at Downstate in Brooklyn. I stayed home and kept my roots in New York until 2005.

When I moved to Florida, at which point I went on staff at Broward General now called Broward Health Medical Center is the level one trauma center in Fort Lauderdale. And really like coming from New York, I wanted to be a part of the action and Broward General had all the action trauma, gunshot wounds, really like critical care difficult patients.

Really a big learning experience. I was there for twelve years. Then I moved on to the Cleveland Clinic as the vice chairman of their emergency department. I was also one of the medical directors for EMS, for the Broward Sheriff's office and all was well going about my business, surrounded by great people. And sometime last year, I just decided that maybe it was time for a change.

Maybe. I wanted to do a little bit more with my career, maybe change my pace. And I joined Solace Health as their medical director for Florida and Solace Health. We are a concierge medical practice that specializes in treating urgencies and emergency. We for all intents purposes, **we're a private emergency department for members only.**

And really, it allowed me to keep my emergency medicine skills while leaving the hospital and **leaving some of the nuances of the healthcare system behind** it's really been eyeopening for

me. It's a completely different way of life. I get to keep my skills as an emergency medicine physician treating acute care.

But it's a completely different arena and you know, I'm learning as my patients learn it's really been very exciting. So I'm excited to talk more about it and really the disparities between conventional medicine in the hospital versus something like.

MERYL: Awesome. I love that. Thank you for that.

That was very succinct. And I think we all start in Brooklyn, right? I swear everybody's roots started in Brooklyn, but in any case. So when we first met one of the things we were on this amazing panel and, and I loved meeting everybody and being a part of that. And so, one of the things that you had mentioned is that a lot of what you are hearing from the members at Solace is yeah, you're dealing with the, with these emergencies, but that there's also an interest and a need for more of like a wellness based type of I don't, I don't know if we want to just say model, but **they're interested in wellness, they're interested in prevention.**

Can you touch on that a little bit. And is that something that I know when we were, you said, well you're happy to get out of the rat race of ER medicine and Solace is a little bit different, maybe touch on **what is different and you know what you're seeing your members ask for.**

IAN: Yeah. So the appeal to joining something like Solace Health, you just take some scenarios, say you have a kidney stone, say you have appendicitis that you have an orthopedic injury. You go to the ER, chances are, and this is anywhere in the country. You ended up in a waiting room for several hours.

Then they put you in a bed in a hallway for several more hours. They make a diagnosis. They give you a piece of paper that says to like follow up with the urologist in the setting of a kidney stone or an orthopedist in the setting of an injury. It could take days, weeks, months, you may never follow it up.

You may end up back in the ER, **the system is just like really inefficient, so and frustrating.** I think everybody that's listening will agree with that. So Solace Health is this alternative. The reason we really sign up members is the appeal of avoiding the emergency department and just taking the pain points out of the healthcare system.

The healthcare system is broken in terms of followup, follow through, advocacy, access. So at Solace Health, we offer this private emergency department and this private experience, you have a kidney stone. You walk in and literally within five minutes you have an IV. You're getting fluids. You have the same meds you would get in the hospital.

Our centers have CT scan and we make a diagnosis and literally within a half hour we have your diagnosis and then we take it even further. We get you an appointment with a preferred specialist. We close the loop and really we come up with a solid treatment plan. So that's the obvious appeal to joining solace health.

But what I realized is speaking with our members is **that's the reason they joined. But in my feeling, the reason that they renew is for issues having to do with wellness, preventative medicine, and just maintaining like a better work life health balance,** where we're taking care of. An affluent patient population.

It's concierge, it's membership based. So I mean it's not for everybody. But for those people that do sign up and join, they, they really have an a focus on their, their health and wellness when I've given presentations. And I like to talk about injuries and illness and how we can help you.

The conversation always shifts to, rather than talking about what to do when I'm injured or unhealthy. **How do I stay well so I could avoid ever going to solace for an acute emergency or going to the emergency department.** So more and more, I have had to educate myself on wellness to really speak with my members, get to know them, build that trust, build that relationship in the emergency department it was very rare that I would make a relationship with the patient. I mean, I can think of many cases I've had. You know, I had a bond with the family or something that was devastating or a terrible diagnosis, but there really wasn't much followup or follow through. Now I like know my members, they call me, I see them on a regular basis.

We speak, I've met their family. Like we have relationships. They trust me with their health. **They come to me in their worst times, but it's my responsibility to also take care of them in their good times. So I find myself really giving more advice these days about health wellness and just longevity.**

Things they could do to like improve their long-term success or chances. We do things at solace in terms of like preventative medicine and screening and encouraging follow-up at the primary care doctor. We have protocols in our centers to do low dose chest CT, and also all sorts of referrals for GI, for colonoscopies and anything you would consider the health maintenance.

So I've had to reeducate myself and reacclimate myself to this other discipline and medicine, which is really preventative medicine. Lifestyle medicine, as opposed to my, my backbone, which is emergency medicine.

MERYL: Right. And thanks and it's an interesting perspective. So taking it a step further and look Solace is amazing.

I mean, it'd be great, but wouldn't that be wonderful if everybody could have access to that and I think the disparity in our country with being able to afford that kind of care and why is our medical system not more like that? Right. And what I'm sure we can go on and on about reasons for that.

And that's not the point of the podcast, but. One thing so how do we, right our audience, let's say, right. The majority of people are not able perhaps on, and if they are great to go, maybe have a membership to solace. But, but I think one thing that I hear often times is, and you, you mentioned that, right?

Like that our medical system is so broken. How do we, you're, you're a physician, you have been on both sides of. How do we really help? And maybe it's not the how it is. It's really more educating people like, okay. **Prevention is so important. It's it is so much easier to prevent an illness from happening than have to deal with it once we've got it, yet prevention is not embraced by them by the medical community.**

I'm sure you weren't. I mean, maybe you were taught a while ago in medical school that you don't want to get these diseases, but I feel like the evolution of that is really more of all right.

Well, you know, you, the typical scenario is you go to an ER, you go to a doctor, you get a prescription for a medication.

They're band-aiding the symptom. And then it's like, see you later until like you said, right.

Something happened. How do we help shift and, and look, it's a high task to ask, right? How do we help shift the mentality in the medical community that this is not necessary. And I don't know that we ever will shift.

What are the steps? Like what do you see as a solution or even to suggest to people like, how do we start changing this paradigm? Because really that's what has to happen, right? It has to be this, this major shift. And like you said, well, I'm, I'm trying to reeducate myself and I'm doing all of these things to try and help my patients.

But from your standpoint, because I really do think you have a unique vantage point of going from that real traditional medical model to something a little less traditional. What is your take on, on that?

IAN: I mean, it's, it's, this could be a long-winded answer. So I apologize, but you know, at the end of the day, the simplest answer is that **people are going to have to take responsibility for their own health.**

In terms of wellness lifestyle. And the reason I say that is medicine, it doesn't reward you for like working hard, seeing, doing the best job that you, that you did, once upon a time like doctor, I'll give him my, like my college roommate as an example, his father was a family medicine doctor in the old days back when doctors had a lot of respect, doctors spent time with their

patients, they built relationships, they were trusted, but they also made a lot of money and he was able to accumulate wealth.

And this is going back to the nineties, eighties, nineties, and then insurance companies. And HMO's came in and my college roommate. His father used to call our dorm room at seven in the morning and he'd wake me up. And I was in college and be like, oh my God, it's seven in the morning. I'm in college. I would say, why does he call so early?

And he's like, it's the only time during the day that he could call. **He has to see so many patients in a day just to make a living. I mean, whether it's 10, 12 an hour, like just to get by,** and that is unfortunately, what has happened with medicine. I mean, even procedures, surgery specialists, they deliver babies, reimbursements.

It's, it's just that **the in-system is so broken that physicians really can't get like reimbursed for their what they used to or for their time. So it's just do more, see more, then the quality is going to suffer.** So like concierge medicine has been around, I'd stayed probably, I don't know the exact answer, but probably 20 years.

And you know, it's different fields. Like there's concierge internal medicine. You'll see a lot of large practices, but basically it was just going back to the days of when patients had relationships with their doctors, their doctor would support them. They would get an appointment with them. They would call, they would see them.

They would know. And that just like doesn't exist anymore. So emergency departments were getting overran that's when I went into emergency medicine because **people couldn't get in**

with their doctor. There were no other options. So they were just end up, in the ER. So medicine as a system, I mean, it's just like badly, badly broken.

I mean, I'm a physician and for my own family, my wife commented today, but didn't want to take my son to the dermatologist. He has an appointment in August. I mean, how does that help us like that he has an appointment in August. I mean, it's, it's May, so it's just that I'm a physician and yeah, I guess I could get on the phone.

I could call, I could ask for favors. Maybe they'll get me in, maybe they won't. There's just, there's just no good, simple solution. And I see all physicians going into other fields and side gigs and side opportunities. There are other fields looking like esthetics and cosmetics. There are cash pay fields.

I mean, that's, physician's attempts to really kind of recover some of the losses either that they were once accustomed to or what they thought they were going to be getting into. So I think at the end of the day to answer your question in simplest form, **we have to do the best we can as a society to stay healthy.**

I recently joined the American College of Lifestyle Medicine. I just started doing my own research and I'm not going to lie. I don't know a ton about. And have discipline about staying healthy, reversing chronic diseases, and a lot of it you know, there's a lot of information. There's research, there's journals, there's articles, but a lot of it quite frankly, is the same advice I would give my kids, **eat a plant-based diet, get a good night's sleep, remove stressors from your life, avoid cigarette and alcohol, exercise and physical activity.**

I mean, these are the, this is pretty much the same advice I would give my child going off to college. You know about staying healthy, but I think at the end of the day, if, as a society, **because medicine is so broken, we kind of have to own the responsibility for ourselves to be healthy.**

And again, I'm, I'm 45. It means going to the gym, making sure I eat right. Making sure that I get a good night's sleep. Maybe not doing the things that I did in my twenties or thirties, to set myself up for success, because I don't know if physicians are who's going to be there for me in my time of need.

MERYL: Thank you for that candidness. And and, and it's true and this, I think is. Where certainly **where we in the functional medicine world bridge that gap of really A, we spend time with our client** we call them clients, not patients. Right. But we listen. And I think that when you said, well the physician, the old time doc who spend time with you, They listened to your problems.

They heard what was going on and yes, they knew your story from when you were young, because they followed you from when you are young. Right now you're a number. And there isn't any of that, even in a pediatrician's office, but you know, but getting back to, okay. Right. So, so all of these things that you would tell your family that you're telling your, your patients now do all these things, right.

I think the problem is that I see on my end of this is. **There's so much confusion. I always say we've made what should be a simple act of eating, very confusing.** Right? Do I follow this diet? Do I follow that diet? And, and not even from the standpoint of what's going to be healthy, then you throw in diet culture and the quick fix mentality, and it.

It's a muck, it's all a mucky you know, messiness because nobody knows what they should be doing for themselves. And they're confused. I mean, that's the one thing I hear all the time is I am so confused by what I should be doing. And oftentimes people are paralyzed right by it's like, **there's so much information overload.**

How do I, how do I make sense of that? And Yeah, again, that's like the bridge between the work that we do, right? Like the diagnosis they get from someone like you or right. And over like, here's, here's what we see as being wrong. **How do we then take that to the next step and really. Advocate for ourselves in a way that is going to make sense for my own body.**

And this is where a lot of the genomics that we **do that genetic nutrition, like, wow, we get to see the blueprint. We then get to do the testing and really take a deep dive into what is that N of one,** right. Because we're all unique and we're all individual. And I think. You know, there's a message that I always want to spread.

It's really about that. It's how do we take this and, and support you? And I think the other important part, and maybe, and I **think Solace, does do this is creating a sense of community** because I feel like that has been. So lost, not it's, it's with the age of technology and even now more so with post pandemic stuff, we're just so disconnected from ourselves.

We're disconnected from each other. And I think having a sense of community for people where they can go and feel supported and. And acknowledged and validated.

IAN: Yeah. Yeah. I mean, it's a great point and a little bit Solace and I'll take some of the credit myself, but what we've really given here in Palm beach, we were building our center.

We're not fully open yet. We're waiting for our CT and our MRI, like all the bells and whistles that we really sell, but what we have given to our members and we've gotten great feedback is access. **We have made ourselves available. And accessible.** And if our members like we also, we call them our members.

It's interesting. Sometimes they're members and sometimes their patients, like when they come ELL, I refer to them as a patient. The patient needs this, but sometimes when they come in for other things, whether it's a vaccine or whether it's routine stuff, or we're just helping them with travel stuff, I mean, we do other things other than the acute and urgent care, then we refer to them, say as members, but what we've given you.

Is accessibility and really that's more important at the end of the day, then a CT scanner, because they're getting like an honest medical opinion. We're building relationships. You know, the, **the limitation to the system is time.** So when I was in the ER, I didn't have time to like, spend with patients, get to know them, get to know their.

The waiting room was always full. The hospital was always full, more people needed to get in things like blood pressure. You know, it was easier to just give somebody a medication for like two weeks and tell them to see their doctor, why didn't there was other things I needed to get to cardiac arrest, strokes, trauma, like, but here in that world, it was just easier to give.

Medicine, but, so I really haven't had much exposure to functional medicine until I started at solace. And a lot of the overlap is really that you could spend time with your patients and once you spend time with them, maybe you get down to the nitty and gritty, maybe all those years in the ER giving blood pressure meds because they didn't have a primary care doctor.

And the number was egregious. **Maybe we would have benefited from a discussion about lifestyle and weight loss and exercise and diet and family history and a plan. But it's like there was never time for that.** There was always an acute abdomen or a critical patient or a code upstairs. So. You really can't do this in the hospital, in the traditional setting.

And again, I'm not advocating only for concierge medicine because there are great internal medicine and family medicine, doctors that are not quote unquote concierge. They go through their insurance, but they're limited by time. It's a fact, I mean, you just can't. Spend an hour with a patient going over those little fine details.

If you're just going to get reimbursed a few bucks from the insurance company, right? So it's, **it's a system problem. It's not a person problem.** I think we all went to medical school for hopefully the right reasons, you know other motives than others. But I think at the end of the day one of the motivating factors was to help others and to improve the quality of life for people, but then people get jaded.

The system breaks you down and people make choices. So yeah, I mean, I think solace has been. **Really our key to success has just been our availability or accessibility. Our follow-through the way we advocate for patients** that that's, that's noticed by our members. And yet it's nice that we have a CT scan and it's nice that we're open like 24 hours.

But I don't think that that's the secret sauce,

MERYL: No, and I, I would agree with you on that, right? It is. It's. Because you need to, you need time to hear what, what people's symptoms are. You need to know what is going on in their life. What are they doing day to day, what's going on with their sleep and their exercise.

And so we can sit there and say, like you said, well, all right, right. **The ingredients to a healthy lifestyle are actually pretty simple, right? They really are get good sleep, move your body, eat real food** yet our society. Is completely counterintuitive to any of those healthy behaviors. I was talking to somebody yesterday who works for a big corporation, a financial organizations.

And the work ethic of get in early, don't leave too late and you don't get to take that much lunch. And then there's no self care time. It's just, like I said to her, well, just get up for five minutes every hour. I said, think about it. **If you get up for five minutes and walk around, go up and down the stairs, or just walk around the office for five minutes. At the end of an eight hour day, you've now put in 40 minutes of just movement that you wouldn't have done before,** but yet nobody where's where are, where are the employers that are advocating for, for people who we just keep, just push the pedal to the metal. Just keep grinding, just keep grinding.

And yet we wonder why we're such an overload. Sick, mentally stressed debilitated society, you know? And so yes, the concierge medicine part is, is amazing for people who can get it. But how do we really, as a community, right? That you and I, as this community, we're trying to really help people.

what do you see as the way out? I mean, I know that's a challenging question, but if you don't have access to something as wonderful as a Solace coming from, from the battlefield of the ER, how, what is the way out for people?

IAN: Yeah, I mean, it sounds like it sounds, challenging and difficult because like things happen.

There's unpredictable occurrences in medicine, cancer and trauma and things you just would never expect. And you don't know why it happens to some and why it doesn't happen to others.

But again, I think it comes down to **taking ownership of your own life. And making like wiser choices** and believe me, it's not, it's not easy.

I have kids, I love good food and it's, it's really tempting. And I can't say that I take all of my own advice, but I think that in moderation, looking at the bigger picture we just have to make it a priority to like live a healthier lifestyle. Like I'm trying, it's not easy. But I'm definitely trying because I'm more aware of as I get older, just health will interfere with your plans and things just start to happen. So I don't want to say that the answer is to never you know, set yourself up to not have to see the doctor. How did you know things like high cholesterol, high blood pressure, diabetes, chronic illnesses.

A lot of this is, is reversible and people can, there's no rhyme or reason. You'll see some, if you've ever seen a marathon, you look at some people that are overweight and out of shape, and they'll run a marathon. And then you'll have other people that are fit and slim and they can't even run a mile. **A lot of this is genetics.**

Some people are just luckier than others, but at the end of the day, you just have to like set yourself up for success and make like healthy choices. It doesn't mean you don't like live, enjoy. But try not to do anything in extreme. I always feel like anything done in extreme is probably not the answer.

Right. So my best advice is to avoid putting yourself in that situation. But if you do have to go to the ER or the hospital, those there, there are going to be those occasions because like life happens, you just kind of hope there are fewer and far between, and it's just, you don't want the reason to be that you've put yourself in that position.

You've, didn't take care of yourself. You know, I work sometimes like long days In Palm Beach. Sometimes we do double shifts just to give ourselves days off. And I say like, but today to your point, I said, I have to go for a walk, like every couple hours. Like I can't just, I don't wanna, I don't want to sit here all day.

Not burn any calories, set myself up for a blood clot, but it's hard. You get busy things come in phone calls, patients, but you just have to like cut. Make you have to make time for things like this. **Make time for exercise. Don't find time for it. You have to make time to like make good decisions and eat healthy, or plan your meals accordingly.**

And there's always going to be temptations, especially in the medical field, the way to any like nurse or doctor's heart is always like food. If you're in an ER or an office, if a patient like wanted to show a token of their appreciation. Food, usually donuts. Everybody wants it, but it's just, it's, it's not, it's not the best choice, but **we have to like learn to like avoid those temptations and kind of set ourself up for success.**

MERYL: Right. Well, and, and that's a good point and it is, it's not so much about, I always say it's not about deprivation and starvation. It's really, **how do you create consistency in your life?** And I think that's kind of what you spoke about, right? It's not. And look it's work. **People always say, oh, it's so hard being healthy. And you know, my response to them is it's harder being sick.** You know, it is really much harder being sick because you can't do the things you want to do and you end up really does not enjoying the life that you want to be living, especially as we get older. I mean, it's this falls on deaf ears if you, if you're young.

Look, I can't even tell you the number of stories I've heard just in this last week of people who in their fifties, in their early sixties have just succumb to wacky kinds of whether it's a blood clot, whether it's a heart attack, whether it's we seem to think we're invincible. Until we're not.

And I think that's the big piece of this. And when people say, well, it's so hard, it's, it's really not. It's a little bit of effort. **It's a little bit of effort in the right ways.** And that goes a really, really long way. And when people say, well, but I like eating. You know, the sugary food or the junk food.

I mean, at some point that catches up to you and it's not, and it's not an all or nothing. I mean, I look, I enjoy pizza every once in a while. I enjoy ice cream every once in a while. But the fact is, is if I eat it too much, I don't feel well. So **I think it goes back to staying connected to our own bodies and, and the disconnect that has happened over time.**

I mean the, the last few people that I've had podcasts with that been like what we've talked to a bunch of therapists and coaches. And we've seen just the **huge uptick in anxiety and really mental health disorders since the pandemic.** What is your experience been in, in your setting with some of that and, and post pandemic issues?

IAN: Yeah, so that's a great question. COVID is really it's opened my eyes to a lot of things in medicine. We have members who have joined Solace because they're just frustrated. They can't get answers. And most of the time, in my opinion, it's hard to prove the reasons we can't answer this, it's because it's something related to COVID.

We have several members now that they've been all over the place, like with certain swelling, tongue swelling, facial, pain weird aches and pains disorders that nobody could pinpoint. And

they've been everywhere. Mayo Clinic, Cleveland Clinic, New York, California. They've gone all over the country and nobody's able to put their finger on this.

And they keep saying, I can't believe I've never seen anything like this. Yeah. Cause it's probably related to COVID somehow. It'd be like, if we didn't see this forever and now we're seeing like patterns of these disorders that no one can like quantify, then it's probably COVID related and COVID has really, you know, opened up my eyes also to the functional medicine component, because I'll tell you, like in conventional Western medicine, when you get somebody, like I'm an ER doctor at heart, when I would open up a chart and someone's like muscle pains for eight months, and now they're in the ER, I immediately like I do an eye roll and I hope they don't see me.

Cause I, I think what are the chances I'm really going to solve this problem? It's been 8 month. They've probably been to multiple hospitals, doctors, medical centers. What is, and again, I'm pressured for time. The ER is full, there's no beds. How am I going to figure this out in the 10, 15 minutes I have. So it's a challenge.

So **COVID, we're really seeing like people who are struggling.** There's all kinds of syndromes. I mean, you could read about long COVID and people who have permanent neurologic issues after COVID or just diseases we can't explain. And I really have developed an appreciation for functional medicine, because I know even if this can be determined through internal medicine and neurology, what happens, internal medicine, they're going to send you for some labs.

They're going to take your vital signs. Then they're going to send you to a neurologist they're going to or send you for an MRI. It's just going to follow like an algorithm of like the on tests or

labs or pictures, but really getting to know some of the functional medicine specialists they take the time they try to come up with some unique therapies.

They do other sort of more sophisticated blood work, which I'm sure if you asked internal medicine or Western medicine, they would think that a lot of that blood work you're kind of going down like a black hole. And what do you do with some of those results? And sometimes you end up causing more trouble than you started with.

And now we can't explain these. I do understand both sides. Cause I'm really kind of like in the middle of it at this point, because we do refer to functional medicine, but most of my colleagues are still a traditional internal medicine, pulmonary, critical care, infectious disease, very black and white.

You have an infection, you need antibiotics. You know, you have an orthopedic injury, you need a cast or you need a surgery. There's really not many people that I know. And again, I now know a handful of functional medicine people. We have some mutual connections that are great and they've been eyeopening for me because **they're really like dealing with the patient as a whole, trying to get to the bottom of the issue and try to improve somebody's quality of life.** Most Western medicine, doctors, that yet they want to help the person, but you don't want it. They're kind of busy. They want to help him and then quickly move on to the next person.

So functional medicine has been kind of nice in a setting that they book hour long appointments. They spend time with people, they follow up with their, with their patients and the. You know, again, I think that the COVID has really just like Solace, like COVID has, it has accelerated Solace's business.

I mean, access to care. People are afraid. We have treatments that are available and testing and even more than just treatments and testing, we offer like 24/7 availability where people could just call and ask us questions. I think that goes a long way. Well, we have like opened up our doors and we have time to just talk to people, **functional medicine, besides from like all the labs, like they're booking an hour long appointment.**

They involve a coach in nutrition, dietician, wellness, preventative. So they're spending time and they're building a relationship. And I think that that's probably goes along the way.

MERYL: Yeah. Well, look, that's what we do, right. I mean, our appointments are an hour and a half. And, and to your point of right, you go to a specialist and they're just looking at one aspect and because everybody specializes now, but I always say to people, look, in the scheme of things, **your body is one whole system. It is all connected. You can't think that your brain isn't connected to your gut, which is not connected to your joints, which is then connected to your hormones. We're one system, everything is interconnected.**

So if we don't take the time to really understand someone's story and someone's timeline of when things start and then go back and connect the dots and then get to the root. So right when you talked about functional medicine, like what we talk about the lab. The reason we do the labs and, and it really is not sending someone down a black hole, but yes, a lot of Western medicine doctors feel that way because here's the thing.

Ask any physician and I'll ask you how many hours of nutrition did you get one class?

IAN: Maybe, maybe not even.

MERYL: Right. So **I have been studying nutritional biochemistry for 15 years.** Right. We get to look at the intricacies of what makes the body tick. **So when we do these labs, these functional labs, these organic acid tests and these detailed stool tests and detailed genetic tests, we are literally looking at the operating system and really what is making your body tick.**

Yeah. And you know, I always say it's like putting a puzzle together. How do you put a puzzle together? You, you take it out of the box, you turn all the pieces over. They don't seem to make sense when you're looking at them. Right. You're looking at the cover of the box. You're like, oh, that's a pretty picture.

How do I take all these pieces and put it together? Like you start with the edges, right? That's exactly what functional medicine is. You start with the edges, let's start with what are the systems that are off balance and offline. And I always say, if you hit the nail on the head in the right way, if you're looking at how the body detoxifies, and if you're looking at oxidative stress and inflammation and immune health and all of that kind of stuff, then all of a sudden you're getting a really good picture of how someone works.

And if you get all of those systems back online, nine times out of ten, They're going to be feeling better and whatever they came in for is resolved. Right. And you get them to move forward. And that's really what the beauty of functional medicine is for someone.

IAN: Yeah. Two quick things. I mean, to that point.

So I was talking one of our. We referred from Solace somebody who's got recurrent pulmonary issue. She was, he had some pneumonias and he just wasn't feeling great. And this is like an

ongoing thing. And he's been to multiple doctors even before Solace. He had been on antibiotics. Now he has scarring in his lung because he had this recurrent pneumonia and he called me, he's like No one really ever got to the heart of this, but this gentleman has sleep apnea.

And if this gentlemen just wears a mask, he's aspirating because of his sleep apnea, like it's very easy to just, oh, you got pneumonia. Here's antibiotics. Oh, it's not better. Go see pulmonary. But if anybody were to just like, spend time with him and look at his body and look at where the location is. You would realize he has sleep apnea.

And what he really needs is like a mask and some help in the nighttime. And that will improve him. But you don't get that unless you spend time with the patient and do like a deep dive and try to get to the, to the root of the problem. The other thing I just wanted to say is patients, I agree, I just had dinner with another functional medicine group and the patients that like as an ER doctor, that you typically.

Try to avoid in the emergency department. People who think they have mercury toxicity, chronic Lyme disease functional medicine. Those are the patients that they're eagerly looking for to try to solve the problem. And for me it's an ER doctor that is like a breath of fresh air. And it would be naive and foolish for emergency medicine, physicians or internal medicine to look, listen, and understand the limits of the limitations of your practice.

I mean, yes, this involves a lot of time effort, followup visits, attention to detail coordination, maybe like an ER, you don't have the bandwidth, maybe an internal medicine. You know, when you have 14 people, 12 people in an hour, you don't have the bandwidth, but hand it off to somebody who's really going to like get down to the, to the heart of the matter.

Right. So it was, **it's refreshing to see someone want to take on those challenging patients.**

MERYL: Yeah. Yes. And, and Lord only knows we, ours are definitely challenging. So how do you. I guess until you really, you stepped into this role, right? You were probably one of those skeptics at one point as well, correct?

IAN: Yeah. I mean, I, I, didn't, when I signed up for Solace, I'll be honest. I mean, to me, it's like, I'm signing up for a private ER, I know about the concierge world, this company sounds amazing. And it's got all this potential and I spoke to some people in New York who were great and I like immediately drank the juice and it's that, this is for me.

With the impression that, you know, I'm doing emergency medicine in a smaller setting and the concierge world, but again, I've had to expand my own horizons and learn about this myself. Like I said to the point where I joined the American college of lifestyle medicine, because **I felt like I wasn't doing the service to my members by not educating myself on wellness and preventative medicine and alternatives to medications and staying healthy.**

Like I wanted to speak their language and I wanted. You know, give them the best advice, not just like, look your pressure's high and let's go up from five, five milligrams, 10 milligrams. And you know, why either see your doctor maybe call us and I really wanted to educate myself. So yeah, for me, I don't know if I was like a skeptic to it.

I wasn't exposed to it. I don't think most people are exposed to it. They're probably, **I would think a lot of doctors are skeptical of it because they're not educated about it and they're not willing to invest the time to learn.**

MERYL: So what do you say to a colleague?

Because look, I get pushback all the time from people like, oh, that's voodoo. That doesn't work. Right. What do you say to someone who is skeptical or who's was like, oh, well you said they run a whole lot of tests and all that give you a supplements, right? Like what would you, how do you convey to your colleagues?

Like, you know what? This stuff is the real deal.

IAN: Yeah. I mean, I've seen like amazing successes and I've seen how some patients like live for their functional medicine doctor and declare them as life-changing. And I've seen some good good or great outcomes. I respect the relationships that the members of the or the patients, I would say of the practice of the functional medicine practice have with their doctors.

They fly them around and , they have small practices because again, **the patients require attention to detail and that just requires time. You can't have a large volume. Functional medicine practice**, in my opinion, I mean, some could be larger than others, or you could hire an associate, but I think that there is like a personal touch.

I mean, and I could definitely, like, I could appreciate that. Working at solace where Saturday, I got a phone call. I saw, I a member it was calling me. I give out my number and it was like Saturday at two o'clock. And it's like, I think my first thought is this is gonna be some work I'm not working today.

And you know, we're going to have to do a house call. And all he really wanted to say is he was going back up north for a few months and how my, how me and Solace have really improved the quality of his life. And he's gonna miss me. And I think that that's the pride and the pleasure that some of the doctors and more, I would say in the functional medicine world and just your

general internist, I don't know if they get to know their, their patients that well anymore to really reap the benefits of feeling that, building that bond and that relationship.

So I don't know if that exists. I don't think it does. Again, I'm not just promoting concierge medicine, but when you keep your practice smaller, you will get to know people the, the way it used to be done the way it was done in TV many years ago, the way it was when we were kids and people had a relationship with their doctor, and now it's just like it was just, you turf it off to a consultant in and out.

You go to the doctor for a specialist, they do scope. You never see them again. It's not the way it was supposed to be. That's not why people signed up for medical school. So again, I think functional medicine and will continue to grow. I think integrative medicine, just things outside the box, especially in a, in a world with COVID.

When we're going to get more nebulous diagnoses and can't really explain the science. I, I think it's going to continue to grow and be more appreciated as time goes by, look, I'm not advocating that if you have appendicitis you're having an EMI, believe me, I'm the first one that will tell you, you need conventional Western medicine.

Like if you're you're having a stroke, you need to get to a stroke center as soon as possible. You know, you fall 30 feet, you need to get to the trauma center. I I'm well, well, well aware of that, **but I have now opened my eyes to other sides of medicine and to see that there's really a lot of room in the sandbox for all these other disciplines that really I wasn't exposed to in med school and in the emergency department.**

MERYL: Well, thank you for that. No, that's great. I love that. And yeah. You know, look, we I always say **I live for the days that my clients come in and they're like, you changed my life. That's why I do what I do.** Right. And like you said, right, people, you go into medicine with the intention of, you want to make a difference in someone's life for the better, obviously, right?

You want to help people. And unfortunately that's not the case so much, like you've, mentioned, but in functional medicine. Yeah. We have relationships. And to know that we are working in the direction of really making an impact and a difference in someone's life, certainly Keeps my passion going for what I do every single day.

So yeah, for sure.

IAN: This has been a lot of learning for me. Like I I'm learning on the fly too. I've been like, I'm getting articles sent to me from again, functional medicine colleagues. That's really, I mean, I could tell you the emergency medicine part backwards and forwards, I've been doing it for 20 years.

I feel like I've seen. Mostly everything by now. I mean, I'm still get wowed or surprise every once in a while, but a lot of patients later, but you know, it's, it's definitely been an eyeopening and again, pretty stimulating for me to just really advance my own knowledge. And I think it really helps me build relationships with people.

And you have to kind of read your patients the same thing. Yeah. Some of our members, they come in and want them to get it. Now that's why they pay for concierge medicine, because they don't want the hassle of time. Others. They want to sit there and talk about minor things like a sore throat and we don't push them out.

And if they want to talk, we let them talk. So it's been a big adjustment for me. It's not like I came into Solace as like knowing it all are able to lead by example, but I've been around like great people, great doctors. Great leaders and I've met some great colleagues. Who've been able to like educate me.

And again, I can't, who knows where the future holds, but like, I don't want to go back to the ER. I do feel like I do feel like I maybe should do it once in a while just to the procedures and the skills and the intubations and the trauma. I mean, that's really what I spent all my years doing, but like, I really love Solace and don't want to go back if I could avoid it.

MERYL: Good. Well, I love that. Well, well, welcome to the other side.

And yes, you're doing amazing work there and they are lucky to have you And so, yeah, I mean, I look forward to continuing our relationship in that aspect. And, and look, like I said I'm looking forward to doing more in the wellness arena with you guys, as you start to delve into that ring a little bit and because it's so needed..

IAN: Yeah. Yeah, there's an opportunity for our members. Again, I wasn't Solace was formed in 2016. I wasn't a part of it at that time in New York city, but I don't think wellness was one of the considerations at the time. It was really in an alternative to the ER, advocacy and patient access and care navigation.

But, but again, as we've grown in members built relationships, numbers, and volume, I think **wellness is one of the keys to our success and will keep our members engaged, interested, and excited about the future of Solace.**

MERYL: Amazing. Amazing. Wow. Great. Well now people know where to find you and Solace and awesome.

So this has been a great interview. I think it's going to be wonderful for our audience to hear it because it's not often that. You know that I've interviewed someone who's sort of now on the other side of the coin and, and open-minded, I think that's the hardest part of this is really getting the open-mindedness from physicians who have been in traditional Western medicine.

And I always say, look, I'm not knocking Western medicine. Like you said, **Illness for acute care, it's vital, right. And lifesaving, but, but they do a crappy job at the whole long-term health thing.** So I think we're on the same page there and continue to do the amazing work that you're doing there.

IAN: Well, thank you. Thank you. Yeah, it's been, it's been a great ride and yeah, I look forward to like you know, further educating myself. So I can really help improve the quality of care and life for our members and, and our patients. And again, like exactly, like you said, I mean, I know there's a role for all modalities.

Then once upon a time, or even a year ago, I didn't have the exposure to the functional medicine. And I was a hundred percent like Western medicine. And you have this problem, you go to this doctor and I definitely now see other sides of the, of the picture. And I think that there's like room for collaboration and you know, at the end of the day, Yeah.

I think just getting to know your people and spending time, you'll figure out what's best for them.

MERYL: Exactly. Well, thank you so much for being on this podcast. It's been thoroughly enjoyable and I hope we get to revisit this at some point. And anything else you want to tell us that you haven't already shared?

IAN: Oh, thanks. So it's been a pleasure and I appreciate you, and I think you're doing great work and very inspiring, and I thank you for your time. Thank you.

MERYL: All right. Everyone knows. So this is your Rebel Nutritionist signing off till next time. Make it a great day.