Episode 164 Transcript

00:00:00:03 - 00:00:09:00
Dr. Stephanie Dunlop
Unfortunately, when you realize that the medical textbooks are about 20 to 25 years behind before they ever update, then you realize we're missing out on the lot.

00:00:09:00 - 00:00:34:10
Dr. Jaclyn Smeaton
Welcome to the DUTCH podcast, where we dive deep into the science of hormones, wellness, and personalized health care. I'm Doctor Jaclyn Smeaton and Chief Medical Officer at DUTCH. Join us every Tuesday as we bring you expert insights, cutting edge research, and practical tips to help you take control of your health from the inside out. Whether you're a health care professional or simply looking to optimize your own well-being, we've got you covered.

00:00:34:12 - 00:00:55:21
Dr. Jaclyn Smeaton
The contents of this podcast are for educational and informational purposes only. This information is not to be interpreted or mistaken for medical advice. Consult your health care provider for medical advice, diagnosis and treatment. Welcome to today's episode of the DUTCH Test. If you are someone who's been told by your provider, your labs look fine, but you know that you don't feel fine.

00:00:55:21 - 00:01:19:07
Dr. Jaclyn Smeaton
Or maybe you're a practitioner and patients are coming to you thing. Help me because this is what's happened. Today's episode is geared specifically for you. We do know that labs are based upon these statistical analyzes of a general population, a population that sometimes really unhealthy to begin with. And so when people fit that box and you check the box and say, your lab is normal, a lot of times they're sent on their way.

00:01:19:13 - 00:01:48:08
Dr. Jaclyn Smeaton
But my guest today has really built her practice around helping people understand how they can go a layer deeper using lab Testing and a more comprehensive approach. Let me introduce you to our guest today, Doctor Stephanie Dunlop, MD. She's a board certified emergency medicine physician, a functional health coach, and

the founder of root, which is a doctor led program that's helped over 500 high achieving women get to the root cause of fatigue, bloating, hormonal chaos and stubborn weight.

00:01:48:14 - 00:02:09:05
Dr. Jaclyn Smeaton
She was trained inside the conventional system, like I said, and really frustrated by the fact that she was restricted to this 12 minute answer. And with that, she built root routes to really deliver what a hurried clinic visit can't, which is a comprehensive approach with really good lab Testing, individualized protocols, and a physician who's right there leading the way.

00:02:09:07 - 00:02:29:01
Dr. Jaclyn Smeaton
She also leads a group called the Clarity Circle, which is her own community of over 23,000 women. And she does a lot on social media as well, or audiences over 500,000, where she really helps women understand that when you're told your labs are fine, that's just not a suitable answer. I couldn't agree more with her. Let's go ahead and get started.

00:02:29:03 - 00:02:34:23
Dr. Jaclyn Smeaton
Well, Doctor Stephanie, thank you so much for joining me on the DUTCH podcast today. I'm so excited to have you here with me.

00:02:35:01 - 00:02:38:01
Dr. Stephanie Dunlop
Same here. I'm excited to be here. Thanks for having me.

00:02:38:03 - 00:02:56:06
Dr. Jaclyn Smeaton
Now, before we dive into the meat of what we're going to talk about, I really would love to know more about your background. It's always so fascinating to me to hear from providers who are trained conventionally, like a conventional physician. And you were an E.R., which couldn't you couldn't really get any more interventional than that. And seeing you move into a functional medicine space.

00:02:56:10 - 00:03:00:13
Dr. Jaclyn Smeaton

Can you talk a little bit about that transition and why it happened and what it was like?

00:03:00:15 - 00:03:20:17
Dr. Stephanie Dunlop
Yeah. I think it really all it started on my own personal health journey, quite honestly, after I experienced a lot of things. And now I see happening in conventional medicine time and time again to women. And I always say, you know, in the E.R., I have like 12 minutes and a chief complaint and that's all I really can, can go off of.

00:03:20:19 - 00:03:45:00
Dr. Stephanie Dunlop
And women would come in all the time, you know, exhausted cycling through symptoms for years and years. And I could rule out the emergency in front of me and send her home with normal abs and no answer. And I was trained essentially just to rule out death or something. What's going to kill you today? That's what that's what we're trained in the E.R. to rule out, not to explain why a woman might feel like she is dying a slow death.

00:03:45:02 - 00:04:00:08
Dr. Stephanie Dunlop
And what changed is I really stopped asking. What's wrong with this lab panel? And I started asking more about what's wrong with this woman. And I think those are two very different questions, or two very different answers that we need to think about more interventional medicine.

00:04:00:10 - 00:04:18:11
Dr. Jaclyn Smeaton
That's so interesting. And it makes me think about the way labs are used in the E.R. versus the way you must look at them now, which is really different. You know, similarly, I think so much in conventional medicine. I had this conversation earlier about cortisol. Like when you look at cortisol in serum, you're looking at do you have Cushing's or Addison's.

00:04:18:11 - 00:04:37:21
Dr. Jaclyn Smeaton
But obviously there's so much dysfunction in the middle that falls in the normal range of the lab Tests. So when a patient first comes into you now with this kind of new lens that you treat and they come in and say, my labs are normal, what are the first things that you're thinking about that their span of workup might have missed?

00:04:37:23 - 00:05:07:03
Dr. Stephanie Dunlop
Yeah, yeah. So I'm always what I like to look at is I'm looking for what was in ordered before and before I ever look at what actually came back. So I want to know what do we miss first and most inner panels. You know, they're checking things like thyroid with just TSH alone or they check a basic CRP instead of a high sensitivity CRP, and they almost never look at what you just mentioned, like cortisol rhythm across a day instead of just one cortisol drop like a 10 a.m., you know, in the morning.

00:05:07:05 - 00:05:27:18
Dr. Stephanie Dunlop
And I think, you know, things like a single cortisol draw. They tell you almost nothing really, except what you just mentioned. And a rhythm across four points in a day tells you, you know, is your adrenal signaling is intact. Is it blunted or is it inverted? And I think that's a big difference between missing HPA axis is regulation completely.

00:05:27:18 - 00:05:29:16
Dr. Stephanie Dunlop
And then actually seeing it.

00:05:29:18 - 00:05:59:14
Dr. Jaclyn Smeaton
Yeah there's such such an interesting nuance. And I'll just share this with DUTCH. Like when we look at our reference ranges, they are tighter ranges than you would expect to see on a serum blood Test. So like estradiol is a great example. Our reference range runs from the 20th to the 80th percentile, rather than the fifth to the 95th, because we want to see women kind of closer to that normal, where we do tend to see more dysfunction, not disease, but dysfunction when you're reaching those outer edges of a normal range.

00:05:59:14 - 00:06:20:01
Dr. Jaclyn Smeaton
And that's the difference between that kind of quote unquote normal and like a functionally optimal range. How did you get so interested in this approach? Or I mean, I'm I imagine this is probably coming from years of patients coming in without answers with normal labs. But tell me a little bit more about when your philosophy really started to shift here.

00:06:20:03 - 00:06:39:09
Dr. Stephanie Dunlop
Yeah. So I'd say it was in my own postpartum health journey. After I had my son, I went from being in what I feel like was a very health filled state to a not so great one. I, you know, even I'd say even the first two months after my having my son in my postpartum journey, I felt great.

00:06:39:09 - 00:06:58:14
Dr. Stephanie Dunlop
I was like, you know, you feel like you're stepping back and you're getting everything back together. And then all of a sudden, I went through this phase where I gained like 30 pounds in a matter of two months without really having any significant change in what was happening with me. And I went to all of my doctors and they told me everything was fine.

00:06:58:14 - 00:07:33:16
Dr. Stephanie Dunlop
And, you know, it's it's all normal. It's you're a new mom, it's mom brain, the brain fog, all these things that were going on. And I just knew that something wasn't right, you know, deep down in my spirit. And so I went and did my own research. And that's when I really discovered functional medicine. And through my own lab Testing and my own journey and and figuring out how to heal myself and get myself back in a better place, it really made me realize if I couldn't figure this out with all the training that I had in conventional medicine, what hope do any of my patients, my clients have?

00:07:33:18 - 00:07:48:20
Dr. Stephanie Dunlop
Especially women, and I hear it all the time. Because I own a fitness and wellness center as well. And then I started to hear the same kind of things in the women that I worked with there. And I was like, there's a real issue here. So that's what kind of prompted me on this journey.

00:07:48:22 - 00:08:10:21
Dr. Jaclyn Smeaton
Yeah. It's interesting. Unfortunately, the story that you share is so common with women where, you know, you do get the workup and things come back to normal. But, you know, this is not my normal. You know, this is not my normal. This doesn't feel this way. How do you personally define the difference between normal and

optimal? And where did that framework come from?

00:08:10:23 - 00:08:33:00
Dr. Stephanie Dunlop
Yeah. So when I think about normal versus optimal right there, first of all, there's a big difference in now, that I didn't realize before. And when I learned about the fact that the standard reference ranges on your labs are really built off of a bell curve, you know, who, like you mentioned earlier, who never happened to get Tested at that lab.

00:08:33:02 - 00:08:55:14
Dr. Stephanie Dunlop
And I think this is the part that nobody really explains to patients is that it is that statistical average of the actual population being Tested and not an actual definition of health, which is what we all interpret it to mean. And I think the math is pretty simple. You know, you take the distribution of results, you drop the bottom 2.5%, the top 2.5%, and it's not, you know, like 5 to 95%, kind of like what you mentioned.

00:08:55:14 - 00:09:19:23
Dr. Stephanie Dunlop
And everything else left in the middle gets called normal. And that's the whole method. And so that means that like normal in the US compared to normal in Korea are two different numbers, which makes no sense to me because we're all human beings and we all want to be optimal. And so also when you think about the fact that, like here in the US, I think the numbers three out of four adults have at least one chronic condition.

00:09:20:01 - 00:09:34:22
Dr. Stephanie Dunlop
That and over half have two or more. So we're building a normal range off of a population where the majority is already dealing with some level of dysfunction. So we're not really measuring how we're measuring how sick the average person is allowed to be and still get called fine at the end of the year to.

00:09:34:22 - 00:09:36:22
Dr. Jaclyn Smeaton
Other people who are also sick.

00:09:37:00 - 00:09:59:00
Dr. Stephanie Dunlop

Yeah, exactly. And so optimal, I think, is a different question entirely. It's the range where a woman or a man actually feels and functions well, and, and that's why it came out of watching hundreds of women get told in the E.R. that they were normal, while their lived experience clearly said otherwise. You know, the range itself was a problem, not the woman.

00:09:59:03 - 00:10:25:07
Dr. Jaclyn Smeaton
So it's so interesting. And I think, you know, it's fascinating that we are looking to the general population to find our lab normals, but we're seeing things that have evolved over time as well, where the normal range is changing. Like one example that comes to mind is like semen analysis. The normal sperm concentrations in semen have changed with the World Health Organization's data over time, and the normal range tends to get like lower in the lower.

00:10:25:09 - 00:10:44:13
Dr. Jaclyn Smeaton
So right now it's like 16 million per mil. But if you look at the top end of range, it's like 200 and the middle of it is about 75. But if a man is at 17, he's in the normal range and kind of sent on his way. But if you look back in years ago in earlier editions of the World Health Organization, the normal was much higher.

00:10:44:17 - 00:11:07:23
Dr. Jaclyn Smeaton
So a large number of men Tested today and told they were normal 50 years ago would have been told they're extremely low, but the reference range has changed to kind of hold in people who are less well, who have metabolic dysfunction or mitochondrial distress or things that are just part of a poor lifestyle. Now, it's just a really interesting thing to wrap your head around there.

00:11:08:01 - 00:11:19:18
Dr. Stephanie Dunlop
Yeah. The way we're trying to accept dysfunction as the new normal is what I kind of think of it as. You know, we're missing all the check engine lights and we're only looking for straight up engine failure.

00:11:19:21 - 00:11:21:03

And then they.

00:11:21:05 - 00:11:43:07
Dr. Jaclyn Smeaton
Well, and that's an interesting thing that you say because that's almost modern medicine today, where a lot of times and I think a lot of it is systematic, it's not like any physicians don't care about their patients. Everybody does. But the way that you have a single chief complaint or you treat one thing and one diagnosis code, or you have limited time in the visit or limited tools at your disposal.

00:11:43:09 - 00:11:49:08
Dr. Jaclyn Smeaton
You know, you really until the engine fails sometimes it's like okay you're fine. Keep going, keep going.

00:11:49:10 - 00:11:57:21
Dr. Stephanie Dunlop
Yeah. Yeah. Until we have something to treat with a medication or a diagnosis essentially unfortunately. Right.

00:11:57:23 - 00:12:08:06
Dr. Jaclyn Smeaton
Tell me a little bit about what the red flags are when you're meeting with a new patient that makes you think that maybe a standard panel may not pick up on what's happening for them?

00:12:08:08 - 00:12:42:23
Dr. Stephanie Dunlop
Yeah. So I'd say there's a there's a couple things, you know, we're looking for the woman or the man who is dealing with just early signs of dysfunction. So we're talking wait, that won't move. That used to easily come off, cognition changes that they never used to experience before or that have been kind of insidiously shifting over time, bloating after meals or having food sensitivities that they didn't previously have that are kind of starting to pop up.

00:12:43:01 - 00:13:05:13
Dr. Stephanie Dunlop
They're, also having fatigue potentially, that they didn't have previously. The energy levels are not where they used to be. And that if they can't tie that to any specific rhyme or reason or changes within their life, I'd say those are kind of the biggest

things that we see that kind of stick out and make us say, we need to dig a little deeper here.

00:13:05:15 - 00:13:19:01
Dr. Jaclyn Smeaton
Those are tricky because there are symptoms that so many people would probably check. Those boxes, they're a little bit more vague. Like something like fatigue. Like how many diagnoses are on your differential for fatigue? It's a very long list.

00:13:19:01 - 00:13:20:06

Yeah.

00:13:20:08 - 00:13:36:23
Dr. Jaclyn Smeaton
So it can be really difficult to track that down. Let's talk a little bit about like in those cases, what markers or Tests aren't being run today that you think we really need to be thinking about adding for the that group of patients that has a check engine light on.

00:13:37:01 - 00:14:03:08
Dr. Stephanie Dunlop
Yeah. I would definitely start off with high sensitivity crp. I think we don't Test that nearly enough. You know, a lot of clients or patients, they have to specifically request and I like to order it because inflammation is upstream of almost everything that I'm treating. You know, whether that's autoimmune activation, insulin resistance, hormonal chaos, gut dysfunction, like all of those things are so critical.

00:14:03:08 - 00:14:25:12
Dr. Stephanie Dunlop
And until we calm and quiet that inflammation, honestly, your body's not going to respond to really any other interventions that we're trying to give it. And then, ferritin I think is really critical as well. And I think most providers are only looking for anemia a lot of the time. But ferritin is an acute phase reactant. So it tells me about iron storage and inflammation all at the same time.

00:14:25:12 - 00:14:51:20
Dr. Stephanie Dunlop
So I'm getting two for the price of one innocence. And I think a lot of especially

women get told that their ferritin is fine when it's sitting at a number that's completely inadequate for something like your energy production or even your hair growth. The third one I would say is homocysteine. I love that one. And it helps us really flag that methylation dysfunction long before it ever shows up anywhere else, including, you know, iodide.

00:14:51:20 - 00:15:18:04
Dr. Stephanie Dunlop
So when we're looking at things like methylation for detoxification of hormones, but it's also really important for understanding cardiovascular risk as well. So I think that's really pivotal. And the last thing that I think is, is really important, especially in this day and age with the metabolic issues we see happening in our population. Is fasting insulin. I think no primary care doctor, unfortunately, that I know is ordering that on a regular basis.

00:15:18:06 - 00:15:36:06
Dr. Stephanie Dunlop
You know, we're just checking glucose or A1 C and and checking the box and then but really what we see all the time is that insulin can rise 5 to 10 years before your glucose. So your A1, C will ever show that you're pre-diabetic or even diabetic. So we're missing a lot of those early stages of dysfunction for those people.

00:15:36:08 - 00:15:59:20
Dr. Jaclyn Smeaton
It's so wild to me because that seems like such a well known fact now. But it's not part of standard screening guidelines, and it's not like it's an overly expensive Test to do fasting insulin. But we talk about that all the time. I mean, when you see changes in health, I mean, we're very adaptable creatures. You know, we are always looking to maintain balance and homeostasis.

00:15:59:20 - 00:16:19:03
Dr. Jaclyn Smeaton
So when our when we're in an environment that's not ideal, our cells adapt and our tissues adapt. So glucose is such an interesting model for this. But all of our hormones are similar where the cells act when there's a lot of blood glucose and a lot of insulin around that. The cells will kind of modify first. That will handle glucose differently.

00:16:19:03 - 00:16:41:04

Dr. Jaclyn Smeaton
In a high insulin environment. It takes a long time to see the blood glucose creep up. But you have these early indicators that we can see as well that allow people to make changes before they need extreme interventions or like medication like metformin or even GLP ones and things like that. It's really amazing. I love the markers you picked you around inflammation, and I really love the approach that you're looking for.

00:16:41:04 - 00:16:49:17
Dr. Jaclyn Smeaton
The kind of this underlying environment just signs that things are really off from a right perspective.

00:16:49:19 - 00:17:08:13
Dr. Stephanie Dunlop
Yeah. No, I think it's great. You mentioned foundations because that's where we always like to start with all of our clients. You know, we operate off of something called the priority of dysfunction pyramid. And it all starts with foundational work like your inflammation has to be down, your nervous system has to be regulated. Your sleep has to be in a good place.

00:17:08:15 - 00:17:31:03
Dr. Stephanie Dunlop
You have to have enough of something like stomach acid to be able to digest and absorb your nutrients properly, so we can fix these basic nutrient deficiencies before we ever start tackling the more in-depth things like gut metabolic hormones, all of these things that are a little more, complex, but we see a lot of people jumping straight to those things without really ever addressing what's happening at the foundation in the root.

00:17:31:08 - 00:17:54:05
Dr. Jaclyn Smeaton
I couldn't agree more, like it's not the sexiest work to try to sleep more or relax or like reset your nervous system, but it's so critical you can't, like, give enough ashwagandha to to fix a problem that's caused by a bad marriage or a stressful relationship or, you know, trauma or whatever is going on in your life. You have to really fix things at their core first.

00:17:54:05 - 00:17:58:23
Dr. Jaclyn Smeaton

It's just so critical, right? I, I love that you. I'm sorry. Go ahead.

00:17:59:00 - 00:18:21:01
Dr. Stephanie Dunlop
No, no, I was just going to say and I think we I think we think a lot about external stressors, like what you just mentioned to you. But then we're also not thinking about the internal stressors that are going on in our body that are also contributing to the overall picture in our nervous system dysregulation, like a lot of gut issues, leaky gut, we see so much of that all the time that we're dealing with.

00:18:21:01 - 00:18:33:17
Dr. Stephanie Dunlop
And it's just putting the body into hormonal chaos. And so we have to understand what's happening as a complete picture, not just external, not just internal, but take the person for the whole person and their environment.

00:18:33:19 - 00:18:55:05
Dr. Jaclyn Smeaton
You're right. And even things like, chronic infection, like low grade infection and people that have EBV or mold exposure or anything that's immune stimulatory, all these things act as stressors on the body and systematically or physiologically. We don't differentiate between what is a tiger chasing us and what is a viral illness like. All the response physiologically is very similar.

00:18:55:07 - 00:18:57:11
Dr. Stephanie Dunlop
Yeah, yeah. Couldn't agree more.

00:18:57:11 - 00:19:15:10
Dr. Jaclyn Smeaton
Yeah I love that you mentioned ferritin too. And one thing that I found really fascinating as I was digging into the research, because just a couple weeks ago, they increased the recommended kind of low level of ferritin of like when you start to treat women, which is great. It's like long overdue. But one of the things that's so interesting because you mentioned ferritin is an acute phase reactant.

00:19:15:10 - 00:19:37:10
Dr. Jaclyn Smeaton
And what you meant by that really is that with inflammation ferritin goes up. And so

right. This is an interesting thing because I was reading this paper about how ferritin can be elevated due to inflammation. And that can actually mask iron deficiency. So there's a huge problem where women's ferritin looks adequate, but it's almost falsely lifted by inflammation.

00:19:37:12 - 00:19:48:00
Dr. Jaclyn Smeaton
Is that something that you've thought about or how do you get around that? Are you looking at other inflammatory markers to see if the ferritin is trustworthy as an as a marker for iron deficiency?

00:19:48:02 - 00:20:06:02
Dr. Stephanie Dunlop
Yeah. And so that's why I think it's important to look at everything comprehensively. So we've seen, you know, a high sensitivity CRP of say 18 or even greater than the upper limit of what's on the Test and a ferritin of 114 and like, oh well, that looks great. Like your, your iron stores look like they're in a wonderful place.

00:20:06:02 - 00:20:26:18
Dr. Stephanie Dunlop
But really that inflammation is just lifting that up and falsely looking like you have enough iron stores. But really your body's sequestering iron away to have enough to be able to fight off whatever inflammation, infection, etc. we're dealing with. So in those cases, it's like we have to ask the deeper question of why, where is it coming from?

00:20:26:18 - 00:20:51:00
Dr. Stephanie Dunlop
And then we need to tackle that first before we ever start looking at how can we tackle even the iron deficiency or the potential issue there. So I think we get stuck too often on this kind of surface level of things, and we never dig deeper to understand the why behind what what's happening. I always, I always tell the people I work with, I'm like, I'm going to ask y about four times before.

00:20:51:00 - 00:20:54:15

I get to the the root cause of the issue. So yeah.

00:20:54:15 - 00:20:56:12

Dr. Stephanie Dunlop
Just just be prepared for that.

00:20:56:13 - 00:21:00:18
Dr. Jaclyn Smeaton
Are they ready for that, that level. You're like peeling back the layers of the onion.

00:21:00:20 - 00:21:02:15

Exactly, exactly. Yeah.

00:21:02:17 - 00:21:15:12
Dr. Jaclyn Smeaton
That's fun to do as a clinician though, because you really get to know your patients very well. And sometimes they've never thought about it at that level, which is just, you know, it's a gift to be a part of those conversations.

00:21:15:14 - 00:21:28:09
Dr. Stephanie Dunlop
Yeah for sure. Yeah, it's definitely a different way to get to know your patients, especially compare it comparatively to the e.R setting. It's a whole different beast for sure.

00:21:28:12 - 00:21:30:04
Dr. Jaclyn Smeaton
Yeah.

00:21:30:06 - 00:22:05:15
DUTCH Podcast
We'll be right back with more. At DUTCH, we empower providers to confidently integrate functional hormone Testing into their practice. Registered DUTCH providers gain exclusive access to hormone education courses, including our Mastering Functional Hormone Testing course. This course shows providers how to effectively use DUTCH Testing to assess and interpret hormone levels in both male and female patients. You'll learn more about hormone Testing basics including estrogen, progesterone, and androgen levels, as well as adrenal function and HPA axis health.

00:22:05:17 - 00:22:16:02
DUTCH Podcast

Register for this course on the home page of your DUTCH provider portal, or become a DUTCH provider today to get access. Welcome back to the DUTCH podcast.

00:22:16:04 - 00:22:45:15
Dr. Jaclyn Smeaton
Now it's really interesting. I do think that we have this culture right now of biohacking. Everyone is so interested in labs and on tracking the data, tracking the metrics. And personally, I mean, obviously I work for a lab. I love lab Testing, but labs are not a human being, right? It's like just part of the picture. And I do really think I know in school when we were learning, it was like, you know, your assessment of the patient through their intake and physical exam is like 80% of the data you need.

00:22:45:15 - 00:23:06:16
Dr. Jaclyn Smeaton
In fact, lab Testing typically should be confirming what you think is happening or ruling something out versus patients coming in with this broad set of labs and saying, like, what's wrong with me? And what can I do to fix it? So that's a little bit of a different angle. But we know that like a flagged marker doesn't always mean a problem.

00:23:06:16 - 00:23:27:01
Dr. Jaclyn Smeaton
And a patient's normal labs don't always mean that. There. Well, so I think it's really cool because with I love what you were saying, you're looking at this whole picture and obviously with functional medicine providers are building protocols around a full pattern of patients results. Plus assessing their nutrition, their movement, their lifestyle, their supplements, not just treating a number.

00:23:27:02 - 00:23:42:04
Dr. Jaclyn Smeaton
Can you walk us through for listeners, especially people who've maybe never had that type of experience, what is your thought process around that? Like once you have an intake and you have a full set of results in front of you, where do you usually start with a patient?

00:23:42:06 - 00:24:18:16
Dr. Stephanie Dunlop
Yeah. So I think it all goes back to the priority of dysfunction. That's how I was trained and that's where we begin. So first obviously we have the intake. I'm looking for those

patterns of dysfunction as well. So there's a lot of things just like you said you can figure out just from history taking alone. And a lot of times even when I talk to you clients initially and do an initial intake with them, I'm already drawing out the patterns of what you're telling me, and I can kind of start to map even what we're probably going to see pop up on your labs and understand the patterns that are going to happen there.

00:24:18:18 - 00:24:43:03
Dr. Stephanie Dunlop
But it all goes back to we have to do things also in the right order. So yes, you may be dealing with all of this perimenopausal hormonal chaos, but there we have to still go back and not start with hormones. We have to start with how is your nervous system? Because if your body never feels safe, it's never going to react again to the interventions that we're trying to give it later down the line.

00:24:43:03 - 00:25:06:06
Dr. Stephanie Dunlop
So what we like to do is not even even while we're waiting for your lab Testing to come back, we start to work on these foundational pieces, whether it's Somatics, breathwork, whatever works for you specifically. And I think it's really important to curate programs to you that work well for what is going on in that client's life. And as well, because everybody's not going to be the same.

00:25:06:06 - 00:25:23:05
Dr. Stephanie Dunlop
So there is no one size fits all for how you're going to regulate your nervous system. So this person's advice might not be the same as this person's advice. So we need to make sure we understand what your life looks like. So we like to start with understanding your foundation. So we actually have you track what you're doing for a week.

00:25:23:05 - 00:25:37:20
Dr. Stephanie Dunlop
What does your life look like on a day to day basis. What's your sleep. What's your food? What what are all of these pieces of the picture. So then we can put together what does this foundational work need to look like. So we can get you there faster and make sure that's also sustainable at the end of the day.

00:25:37:20 - 00:26:04:17

Dr. Stephanie Dunlop
So nervous system sleep. We start assessing for things like stomach acid, gut lining, integrity just with like simple at home Tests. Even though I know I'm going to find out the results on the the Testing, I'd rather know right away so we can start working on those things sooner. And then that way, once we start to layer in something like, say, a supplement to address vitamin D deficiency, we've already addressed the fact that you you can't absorb the vitamin D to begin with and improve those things.

00:26:04:19 - 00:26:24:23
Dr. Stephanie Dunlop
And then we like to work our way up into things like gut dysfunction, gut lining, integrity sealing and healing that up lymphatics, liver detox, drainage pathways. And then and only then do we get to like thyroid and sex hormones at the end of the day, because all those foundational layers affect so much of what we're going to even see on that Testing.

00:26:24:23 - 00:26:39:07
Dr. Stephanie Dunlop
So a lot of times, like we don't do our DUTCH until later on down the line for many of our clients because we know what what's happening in your gut is going to affect what we're going to see on the DUTCH. So I'd rather see it then after we know there's no other, you know, intervening factors.

00:26:39:09 - 00:26:43:17
Dr. Jaclyn Smeaton
How do your patients respond to that? Because I think some of them it's like hard to be patient.

00:26:43:19 - 00:26:49:01

Yeah, it very much is. And I think we've did a good job.

00:26:49:01 - 00:27:00:12
Dr. Stephanie Dunlop
Of making sure that people understand that we do it in a step by step process. So they come in understanding that piece and what the process looks like. And thankfully, they.

00:27:00:12 - 00:27:01:05

Trust in us.

00:27:01:10 - 00:27:19:00
Dr. Stephanie Dunlop
And our team ability to do what we do. And it's, it is different than how a lot of other people operate. And, but that's how we've been able to see the results that we do see for our, patients and our clients is making sure that we're only layering things on top of a proper, solid foundation.

00:27:19:02 - 00:27:39:10
Dr. Jaclyn Smeaton
Yeah, I think that it makes a lot of sense from a clinical perspective. And I'm sure, you know, it's great that patients are educated about it because they come in and they're like, where's all my prescriptions and supplements? And and I think the opposite of that is a lot of clinics. You end up walking out and you're prescribed 15 to 20 different products to try to tackle everything.

00:27:39:10 - 00:27:57:17
Dr. Jaclyn Smeaton
And then you have this complete overwhelm from your patients of like, well, I can't even do all this. So it's, you know, it's important, I think, to just let people know what to expect. I really want to circle back a little bit on one of the foundation elements. You talked about, which is the nervous system regulation. And I'm really interested in hearing more.

00:27:57:19 - 00:28:20:18
Dr. Jaclyn Smeaton
You mentioned breathwork and Somatics because I think that's an area that even in functional medicine, we really under leverage when it comes to helping people. But it's so critically important as a foundational piece, like do you have nutrition and you have exercise, but nervous system regulation feels to me like a little bit of still the black hole, even for functional medicine to really be able to help patients.

00:28:20:18 - 00:28:25:12
Dr. Jaclyn Smeaton
Can you share a little bit more about how you approach that foundationally?

00:28:25:14 - 00:29:01:10

Dr. Stephanie Dunlop
Yeah. So I think it's very dependent upon the person at the end of the day. So what what can they tolerate? What are they open to doing and receiving and understanding. Because let's be really honest here, a lot of people still consider somatics and different things to be kind of woowoo, right. And that it doesn't actually work. So it's a matter of understanding, well, are you open to something, even just like journaling or just doing like a digital detox at night and turning things off, are you open to just sitting down before you take your meal and just taking five nice deep breaths?

00:29:01:10 - 00:29:16:23
Dr. Stephanie Dunlop
Like, let's start with a simple things that we can do that people are open to. And then once they see the benefits even of something like a physiological side, that's something we go through with a lot of our clients. And then they'll like, wow, I feel so much more relaxed. I didn't.

00:29:17:01 - 00:29:19:02

Go through with those 30s.

00:29:19:02 - 00:29:24:06
Dr. Jaclyn Smeaton
I know, but can you go through it with us people that are working with us if you've never done this before?

00:29:24:07 - 00:29:45:01
Dr. Stephanie Dunlop
Yeah, yeah. So a physiological side, is it can be very interesting, but it's, it's basically you're going to inhale through your nose very sharply, typically like 4 or 5 times. And then you're going to take a nice long exhale out through your mouth. And so it's like you're building this tension inward. And then you're exhaling it out.

00:29:45:01 - 00:29:53:06
Dr. Stephanie Dunlop
And they're just letting everything relax. And just kind of this natural phenomenon that happens. And so we can do it together.

00:29:53:08 - 00:29:54:20

Yeah. And yeah, if you're.

00:29:54:20 - 00:29:56:06
Dr. Jaclyn Smeaton
Listening you'll do it with us.

00:29:56:08 - 00:30:03:03
Dr. Stephanie Dunlop
Okay. Awesome. So we're going to breathe in five times. So through your nose.

00:30:03:05 - 00:30:05:06

You're going to hold it.

00:30:05:08 - 00:30:16:12
Dr. Stephanie Dunlop
And then you're going to take a nice big exhale as long as you can through your mouth.

00:30:16:14 - 00:30:19:02
Dr. Stephanie Dunlop
And that's literally all there really is to that.

00:30:19:06 - 00:30:21:14
Dr. Jaclyn Smeaton
It's so simple.

00:30:21:16 - 00:30:22:00

I mean.

00:30:22:04 - 00:30:30:20
Dr. Jaclyn Smeaton
Normally if you do, like three or 4 or 5 of these in the office, you can your patients are like, oh, wow. You know, I feel different. You can feel it right away.

00:30:30:22 - 00:30:32:00
Dr. Stephanie Dunlop

It's the Zen.

00:30:32:00 - 00:30:33:17

That comes out that's so.

00:30:33:17 - 00:30:37:11
Dr. Stephanie Dunlop
Nice. You know, the shoulders drop, you're like, wow.

00:30:37:13 - 00:30:38:07

Right? Yeah.

00:30:38:09 - 00:31:00:11
Dr. Jaclyn Smeaton
I always remind my patients when it comes to nervous system regulation, we will get back to labs too. But it's like, do you know when you go on vacation and like 3 or 4 days into it, you think, oh, this is what I'm supposed to feel like all the time? You know, you can you have that taste of what relaxation feels like, and you need to bottle it and try to figure out how to get it on your day to day.

00:31:00:11 - 00:31:06:23
Dr. Jaclyn Smeaton
And if you're not reaching that experience of relaxation, there's some work to do.

00:31:07:01 - 00:31:24:15
Dr. Stephanie Dunlop
Yeah, yeah, yeah, I agree I talk about all the time. It's funny you bring that up because we'll have, clients who will go away on vacation and they'll be like, oh, like my digestive system was regulated. I'm having regular bowel movements, like everything's great. And then they come back and then it's like everything just.

00:31:24:17 - 00:31:27:15

Picked up again. And like, yeah, we see.

00:31:27:15 - 00:31:28:18
Dr. Stephanie Dunlop

The correlation here.

00:31:28:18 - 00:31:30:10

Now, do we see why this is.

00:31:30:10 - 00:31:33:18
Dr. Stephanie Dunlop
Important for us to learn how to manage this and not allow it to.

00:31:33:20 - 00:31:37:10

Physically get into our bodies indefinitely?

00:31:37:10 - 00:31:54:19
Dr. Jaclyn Smeaton
But my favorite is the patients are like they have gluten intolerance and sensitivity, but then they're like, oh, when I was in Italy, I could eat all the pasta and bread I wanted. There's something different about the flour over there, and that might be partially true, but I'm like, oh, but you also probably relaxed when you were eating and you weren't so stressed and your digestion could function.

00:31:54:19 - 00:32:15:11
Dr. Jaclyn Smeaton
And yeah, it's definitely makes a big difference for sure. Well, I want to talk a little bit more about, you know, the labs. I know that you've talked about how you're kind of layering in these multiple systems in the order of a hierarchy. So I would love to know what you do when you have a lot of conflicting problems that you need to make sure that you're addressing.

00:32:15:13 - 00:32:21:00
Dr. Jaclyn Smeaton
How do you end up prioritizing that? Like across different symptoms and systems?

00:32:21:02 - 00:32:44:07
Dr. Stephanie Dunlop
Yeah. So that's a great question. So it's a matter of really taking a step back and looking at the whole person. I think in those circumstances, because things can be conflicting and we may not understand them, but they can be understood if we take a

step back and look at the whole person and what they're potentially dealing with on a day to day basis.

00:32:44:07 - 00:33:08:21
Dr. Stephanie Dunlop
So understanding, are there other factors at play that aren't going to show up on a lab Test? And that's why this thing might be off and this thing might be off. But they don't correlate together. But then also looking to see are we trying to explain something on the top level, like the roofs, of this house that could potentially be explained by the foundation.

00:33:08:21 - 00:33:30:12
Dr. Stephanie Dunlop
And we need to look deeper there. So it's a matter of really mapping out patterns. And typically when you can map out the pattern and understanding how you potentially got there, then you can really delineate what might have happened there. But I think there's a lot of times where we see almost like there's a hormonal picture going on, but it's explained by a gut issue.

00:33:30:16 - 00:33:41:05
Dr. Stephanie Dunlop
But they have no digestive symptoms necessarily. But if you understand the factors at play and you're seeing the patterns in the labs, then you can start to map all of that together and understand it better.

00:33:41:07 - 00:34:01:21
Dr. Jaclyn Smeaton
This is why we need practitioners, and not just by looking at labs, because this is something that really does take a human to put together, because there's more to it than just reading a lab Test, really. When it comes to understanding how all those pieces fit together, I want to talk a little bit about all the different Testing methodologies available.

00:34:01:21 - 00:34:25:03
Dr. Jaclyn Smeaton
Of course, we can talk about dots as well, but of course, I imagine serum is probably the place you start with patients a lot of the time. But there's also urine Testing, salivary Testing, stool Testing. And so a lot of times patients are coming in not even knowing what type of Testing might be best. Can you walk me through maybe your

typical patient their typical like perimenopausal woman?

00:34:25:03 - 00:34:32:19
Dr. Jaclyn Smeaton
If we use her as an example, what's the order that you're ordering these and how do you know what you should be ordering for someone?

00:34:32:21 - 00:34:55:10
Dr. Stephanie Dunlop
Yeah. So the way I like to think about it is, you know, bloodwork answers us. It tells us a moment in time, right at the end of the day, that's all it can really tell us. But really, when we look at things like a hormone metabolite Test like DUTCH that answers a question that bloodwork can't, you know, how is this woman actually processing and clearing hormones over a full day?

00:34:55:12 - 00:35:19:23
Dr. Stephanie Dunlop
Their cortisol rhythm, sex hormone metabolites, organic acids. It's giving us all of this additional knowledge and information. So I don't necessarily always have to run it on everybody. I don't think that that's necessary, but I think it should be layered in and ordered selectively when the clinical picture is fatigue cycle irregularity, perimenopause or there's some suspected adrenal involvement.

00:35:20:01 - 00:35:40:09
Dr. Stephanie Dunlop
And those are the circumstances where a single blood draw isn't going to show us the rhythm necessarily. And my own practice reader, you know, DUTCH is one of the panels that we bring in for exactly those types of clients. So women where the pattern says that hormone processing over time is the missing piece. And it's not just a hormone number in isolation.

00:35:40:11 - 00:35:49:12
Dr. Stephanie Dunlop
But when we look at timeline, typically we like to start with blood work. So we understand what that snapshot looks like. And we can start, you know, slicing and dicing it up.

00:35:49:12 - 00:35:50:14

Like I like to say it.

00:35:50:15 - 00:36:12:06
Dr. Stephanie Dunlop
And figuring out what we need to do. And then phase two, we like to layer in the gut because I think that that's super important. And understanding how that's going to affect your hormonal picture, especially in a perimenopausal woman. And we all know that things like insulin resistance and how it affects the gut is going to be at play, especially in a perimenopausal woman.

00:36:12:07 - 00:36:21:20
Dr. Stephanie Dunlop
And then we like to layer in the hormones, like, as I mentioned, as that last kind of layer, once we get to the top of that priority of this function pyramid.

00:36:21:22 - 00:36:28:15
Dr. Jaclyn Smeaton
What's something that providers commonly make mistakes on when it comes to that Testing?

00:36:28:17 - 00:36:29:03
Dr. Stephanie Dunlop
I would.

00:36:29:03 - 00:36:30:13

Say.

00:36:30:15 - 00:36:34:00
Dr. Stephanie Dunlop
Treating every marker in isolation.

00:36:34:04 - 00:36:37:02

You know, I'll talk more about that.

00:36:37:04 - 00:36:59:00
Dr. Stephanie Dunlop
Yeah. So it's looking at one thing like ferritin and okay, let's just or even just iron or

anemia and then just treating it superficially with iron. But we're not asking the deeper questions of, well, why is your iron low to begin with? Why are you and maybe that's heavy periods, okay. Why are your periods heavy to begin with?

00:36:59:02 - 00:37:22:02
Dr. Stephanie Dunlop
Or why are we dealing with estrogen dominance. Oh, is that coming from your gut? Because we have extra beta glucan. It is. You know, just recirculating that estrogen and leading us to a natural and dominant state. Our we don't have enough progesterone to balance things out, like what's going on that is causing that issue. So if we only look at the surface and we just continue to supplement with iron, iron, iron, iron, we never fix these deeper issues.

00:37:22:02 - 00:37:45:20
Dr. Stephanie Dunlop
And then the patient never gets better. Right? Honestly. So that's I'd say like the biggest thing that I see and just not understanding how everything is interconnected and really mapping those pathways. And I think the biggest issue in conventional medicine is how we do all operate, so much so in silos, you know, you have your specialty here and there and there, and nobody's really ever talking to each other.

00:37:45:20 - 00:37:50:04
Dr. Stephanie Dunlop
And you're just focused on your one area, but not how their area may be affecting yours.

00:37:50:06 - 00:38:02:23
Dr. Jaclyn Smeaton
Do you have any examples of patients that come to mind for you where like maybe they had all the answers already, but providers were only looking at, you know, like the leg or the trunk or the ear and like no one realized it was an elephant. You know what I'm saying?

00:38:03:02 - 00:38:06:02

Yeah. Analogy. Yeah. Yeah.

00:38:06:02 - 00:38:09:08
Dr. Stephanie Dunlop

So, I have a pretty.

00:38:09:10 - 00:38:16:15

Probably like a bull run rate about them. Yeah, yeah. So I think I'll talk about

00:38:16:17 - 00:38:39:16
Dr. Stephanie Dunlop
Probably two. The first one I would say. So I had a gentleman who was dealing with, reactive hypoglycemia issues all the time. And also, in that case, his cholesterol was super high, just like through the roof. So much so they were looking at familial hypercholesterolemia as a genetic, etc.. They wanted to put him on a stand.

00:38:39:18 - 00:38:59:15
Dr. Stephanie Dunlop
And it's just the picture didn't quite all make sense. He had all this Testing done, but no one had really put the pieces of the puzzle together. And when we got down to it, we started to realize we did has got Zoomer. We realized that, you know, he has, a lot of gut inflammation going on, even signs of early, potentially IBD and things of that nature.

00:38:59:17 - 00:39:21:11
Dr. Stephanie Dunlop
And then we dug even deeper because looking through his intake, asking the right questions, we understood the environment that he had previously been in. There was a mold exposure. And so the mold ended up being the the root cause issue that his LDL and his cholesterol was actually reacting to as an antioxidant. You know, your body is going to bat and trying to fight for you.

00:39:21:11 - 00:39:48:11
Dr. Stephanie Dunlop
It's not that we need to treat. We need to not treat the smoke. We need to treat the fire. So, I think that that was probably, a really good case of understanding that we have to dig deeper. And then we also just had one, recently, actually, this week where, it was actually on a Dodge that we found they had a lot of free cortisol across all four points in the day and night, and almost none of it was being metabolized.

00:39:48:12 - 00:40:15:11
Dr. Stephanie Dunlop

So on the surface, that red as just pure adrenal overactivity. But her ferritin was low. And so once you connect those two you then the story kind of flips, you know, the enzymes that are responsible for clearing the cortisol those and c y P450 pathway, they are iron dependent. And so when you understand that you understand that her liver wasn't failing to process cortisol because of the adrenals, it was failing because there wasn't enough iron to run the enzymes that actually clear it.

00:40:15:12 - 00:40:36:11
Dr. Stephanie Dunlop
So the low iron also did something else in the fact that it shifted her progesterone metabolism toward the pathway that doesn't support sleep instead of the one that does. So that's why she was having so many issues. Their body was conserving energy and it was signaling scarcity to her brain in a way that can really suppress the whole HPO axis and drop estrogen along with it.

00:40:36:12 - 00:40:43:02
Dr. Stephanie Dunlop
So what looks like a cortisol problem in a progesterone problem and and estrogen problem was actually only one problem of iron.

00:40:43:04 - 00:41:03:06
Dr. Jaclyn Smeaton
That's a beautiful story. And I think it's really interesting that, you know, when we look at the functional medicine model, you really have to ask about all of the systems of the body, because sometimes patients have symptoms that feel very disconnected from whatever their chief complaint is. Let's say they're coming in with constipation, but they're also getting rashes.

00:41:03:06 - 00:41:23:01
Dr. Jaclyn Smeaton
And they might not think to tell you about the rashes. Well, the rashes matter because it tells you and the way that and maybe you can describe this of how you are filtering through. Like as we review a patient systems of the body and all of these little minor things come up that probably aren't enough to drive them into someone's office, but they're annoying.

00:41:23:03 - 00:41:44:06
Dr. Jaclyn Smeaton
Yeah, all of those you end up and maybe you can walk us through your brain process.

I know for me, I end up having like almost like mental checkmarks in different boxes. And then at the end of the intake, you're like, which boxes are most lit up that have this commonality of all of these little symptoms that could be coming from this same root cause?

00:41:44:06 - 00:41:46:17
Dr. Jaclyn Smeaton
Can you do you have a similar process to that?

00:41:46:22 - 00:41:48:03

I do, but I.

00:41:48:03 - 00:42:17:07
Dr. Stephanie Dunlop
Actually have the I put the process now into what I like to call, we call it a Ccbc or a comprehensive health blueprint questionnaire. Okay. And it just has all my checkboxes. So that way, you know, we're trying to cover everything in terms of even just biomarker like or sorry, biofeedback marker analysis. Your nails, your eyes like we're trying to cover all of these different pieces on there that I've seen come up later that I'm like, oh, had I known that sooner than I would have been able to put that that piece of the puzzle in sooner.

00:42:17:11 - 00:42:40:19
Dr. Stephanie Dunlop
So we've just devised this questionnaire now that tries to cover every single area that we've seen. So that way we know and then I can kind of put all of the pieces of the puzzle together and then ask deeper questions if I need to as well. But it helps us really. And a lot of clients come in, they're like, well, I didn't realize I was having that or I forgot I was having that and I probably wanted to put that on there, but it was so relevant.

00:42:40:21 - 00:42:47:06
Dr. Jaclyn Smeaton
I yeah, I was going to ask you, like, what's your patient's response to that? Because a lot of times it's disarming. They're like, no one's ever asked me this many questions.

00:42:47:08 - 00:42:50:11
Dr. Stephanie Dunlop

Yeah, yeah. No, ours are gung.

00:42:50:11 - 00:42:55:10

Ho because they want the answer so that they sit down and they write it out. They do.

00:42:55:14 - 00:43:03:01
Dr. Stephanie Dunlop
We're like, please allow 30 to 45 minutes. Sometimes it will take an hour to fill it out. But we want all the information.

00:43:03:03 - 00:43:21:22
Dr. Jaclyn Smeaton
I love you to talk. I want to talk more about how you use the Test in your practice as well. And I love the example that you gave, because sometimes these things that feel very separate can have this root cause. So I love that example of the low iron kind of showing how that can impact metabolism across a lot of symptom, systems.

00:43:22:00 - 00:43:41:17
Dr. Jaclyn Smeaton
And in fact, like androgens, progesterone, cortisol, they all have enzymes in common with how they're metabolized. Can you share a little bit about how you're using DUTCH like what patients are you definitely ordering it for and what are your favorite things to look out on there that add insight that maybe you're not getting through other Testing?

00:43:41:18 - 00:43:53:01
Dr. Stephanie Dunlop
Yeah. Definitely. Obviously all of our and we get the question all the time, like, should, I'm a menopause. Should I get a DUTCH, you know, like a yes.

00:43:53:03 - 00:43:57:05

I would so like hormones. So. Yes.

00:43:57:07 - 00:44:39:05
Dr. Stephanie Dunlop
But honestly, we we like it in almost anyone who has anything that could be attributed to a hormonal issue. I think it just gives us so much great data and

information. But like I said, we like to layer it in later once we have a better understanding of what we're dealing with. But anyone who we're dealing with, even histamine responses, because you know, how how much estrogen is connected to that, food sensitivities even got issues, insulin resistance issues, PCOS, endometriosis, fibroids, it's honestly a lot of women across the board, even fatigue because of what we can find out in terms of cortisol and, and sleep issues, because what we can

00:44:39:05 - 00:45:05:09
Dr. Stephanie Dunlop
learn in terms of melatonin, you know, it's there's so many different pieces that I love to understand. And then I think it's really important and relevant to you, especially for women with any history or family history of, female cancers. You know, what pathways are you processing your estrogen down? Is it this more proliferative, carcinogenic potentially pathway versus the the more the positive pathway that we could be utilizing.

00:45:05:13 - 00:45:23:17
Dr. Stephanie Dunlop
And how do we shift that? Do we understand that you may be 35 but your progesterone is already tanking and you're we're already entering the early throes of perimenopause, even though they told you that's not possible yet. You know, we want to to make sure that we're understanding the full picture of what's going on with with all of the women that we work with.

00:45:23:19 - 00:45:34:04
Dr. Jaclyn Smeaton
And yeah, when you started using it in your practice, was it hard to learn how to interpret it or what was the process that you went to really feel like you can expertly interpret a DUTCH Test?

00:45:34:06 - 00:46:03:09
Dr. Stephanie Dunlop
Yeah. So, I will give, major kudos and props to you, my, chief medical officer, Jennifer Givens. So she is the one who first, really introduced me to the DUTCH. And she does a lot of our hormone work as well with our clients. And she is a wizard at this stuff. Yeah. And at first, it does kind of look like you know, just like when you went to medical school and the first things you looked at was, like, all Latin to me, right?

00:46:03:12 - 00:46:04:13

Dr. Jaclyn Smeaton
That's like steroid now.

00:46:04:15 - 00:46:07:06

It's like, whoa, yeah, yeah. You're like.

00:46:07:06 - 00:46:09:05
Dr. Stephanie Dunlop
How do I even pronounce this word?

00:46:09:07 - 00:46:12:20

Yeah. But once you got used to.

00:46:12:20 - 00:46:34:11
Dr. Stephanie Dunlop
It and you've looked at it numerous times and you start to pick up on those patterns, you understand what those things look like. I think it becomes easier. And obviously I love DUTCH too. You as well. And Jennifer does too. You, because we can meet with, doctor Christine. Is that our go to you people? And we love meeting with her to discuss through the tasks, and you guys will break it.

00:46:34:11 - 00:46:51:00
Dr. Stephanie Dunlop
Help us break it down. And if there's something we haven't seen before, then we can understand it even better. So that's why we really love working with the DUTCH to us, because we feel like we really get a full understanding of how we can best help our clients in gaining as much, garnering and pulling as much knowledge as possible from that Test.

00:46:51:02 - 00:47:18:19
Dr. Jaclyn Smeaton
I'm glad to hear that we have such a great doctor team. We have doctors. No, not all doctors. We have nurse practitioner as well, but DUTCH experts on our team who are clinicians, who've practiced and who use DUTCH themselves that you can call in if you're a health care provider and get like a 1 to 1 consult where you can talk about your patient and what else is going on with them, and review the results and try to get some context that we do offer that to new customers and to customers who've been

with us a really long time, because we all get weird ones once in a while where, like, I thought I knew

00:47:18:19 - 00:47:27:19
Dr. Jaclyn Smeaton
how to interpret everything, but this one's really throwing me for a loop. And those are really fun. Our team excels at that because we look at thousands of Tests a week.

00:47:27:21 - 00:47:31:13
Dr. Stephanie Dunlop
Yes, for sure. It's super helpful. Definitely.

00:47:31:15 - 00:47:51:11
Dr. Jaclyn Smeaton
So I want to talk a little bit, like just as we wrap up about if you are talking to providers who are maybe thinking about moving into functional medicine, who are just wondering how they can better learn this approach, and really expanding the way they're utilizing labs. Do you have any advice for them?

00:47:51:12 - 00:48:19:12
Dr. Stephanie Dunlop
Yeah. So, where would I say to begin? I would say to start with a patient who doesn't make sense on bloodwork alone, you know, and the one with the the textbook adrenal fatigue symptoms, but the normal am cortisol, the case where that's the case really where the rhythm data will change the entire protocol. So then you're going to start to learn how to pick up on those patterns.

00:48:19:14 - 00:48:38:05
Dr. Stephanie Dunlop
But I think also the biggest thing at the end of the day is, is that if you're seeing this happen across the board, with your patients, with your clients, you have to go out and you have to get the additional knowledge and the education to be able to provide that full body of care that really all of our patients deserve.

00:48:38:06 - 00:48:59:22
Dr. Stephanie Dunlop
At the end of the day, and unfortunately, it's really tough for them to get it within the conventional health care system right now so we can be the change and be the difference. But it does require us to take the first step and to step outside of the box

and have a much better understanding of the entire body as a whole, and not stay within our little confined boxes of what we've learned in medical school.

00:49:00:00 - 00:49:15:21
Dr. Stephanie Dunlop
So it's just being open to learning about that and what the data is actually showing us. Because unfortunately, when you realize that the medical textbooks are about 20 to 25 years behind before they ever update, then you realize we're missing out on a lot of it today.

00:49:16:01 - 00:49:36:14
Dr. Jaclyn Smeaton
That's a really important point. And I think that's something that, you know, I read a lot of primary literature like primary publications. And when you look at how much time it takes for pretty large studies to filter into our world where we can read, we can access them from to go from that date to when things become part of guidelines, standard practice guidelines.

00:49:36:14 - 00:49:55:15
Dr. Jaclyn Smeaton
There's a huge gap there. And there's such an opportunity to fill the gap and utilize the published research to like, apply evidence. True, true, good, solid research evidence into practice for patients sooner than it hits that mainstream. And that gets very heavily criticized.

00:49:55:17 - 00:49:56:07

00:49:56:09 - 00:50:17:01
Dr. Jaclyn Smeaton
But it's really a timing issue, not a lack of evidence issue in a lot of ways. I love that advice. Yeah. The other thing that came to mind for me was how for you, a lot of it was your own personal journey, you said. And so that would be the other thing that I might think about is if you're a health care provider or a physician who your own story doesn't make sense, that's a fun way to dig in and learn as well.

00:50:17:03 - 00:50:30:14
Dr. Jaclyn Smeaton

I mean, that was a big part of it for me. It sounds like it for you as well that lead you down this journey because it's, you know, when you try and you experience a positive outcome with a different paradigm, it can be really eye opening and inspire curiosity.

00:50:30:16 - 00:50:48:17
Dr. Stephanie Dunlop
Yeah. For sure. And it it, instills a knowledge in you in a way that, that no looking at like a case study or a client or anything like that will ever really, like put really impress into your brain. Once you understand what's happening inside your own body and like, oh, wow.

00:50:48:19 - 00:50:50:13
Dr. Jaclyn Smeaton
Well, never miss out on a patient.

00:50:50:15 - 00:50:52:10

This, you know.

00:50:52:12 - 00:51:02:23
Dr. Jaclyn Smeaton
Definitely. Well, this has been such a great conversation. I'm really appreciative for you to join us today, Doctor Stephanie, if people want to learn more about you and about your practice, what's the best place for them to reach you?

00:51:03:01 - 00:51:26:16
Dr. Stephanie Dunlop
Yeah. Oh, and of course, thank you for having me. This this is great. You can find me on Instagram, Facebook, TikTok. It's at Doc Stephanie, MD. And then I do also have a free school group called the Clarity Circle, where I have tons of resources for women who are on this journey and trying to figure out where to go, what to do, what labs to get Tested, etc..

00:51:26:18 - 00:51:32:16
Dr. Stephanie Dunlop
And we host a lot of awesome Q and A's and different things in there, so I'd love to be able to help on their journey.

00:51:32:18 - 00:51:48:01

Dr. Jaclyn Smeaton
Awesome. We will make sure that we put all those links in the show notes. For those of you who are still streaming us so you can get access to Doctor Stephanie and how to follow her. If you are interested in more conversations like this as well, I'd encourage you to hit subscribe. And follow us on all of our socials.

00:51:48:01 - 00:51:59:06
Dr. Jaclyn Smeaton
We are @DUTCHTest everywhere that you could possibly be, and you can subscribe wherever you're listening. Today, we do release a new podcast every Tuesday, so I hope I will see you next week as well. Thank you so much for joining me today.

00:51:59:08 - 00:52:01:23
Dr. Stephanie Dunlop
Thank you. Have a great day.

00:52:02:01 - 00:52:14:18
DUTCH Podcast
Thanks for joining us on the DUTCH podcast. Join us every Tuesday for new conversations with leading functional health experts. If you like what you've heard, be sure to like, follow, and subscribe wherever you get your podcasts.