

**PREVIEW**

# **UNCONVENTIONAL MEDICINE**

**JOIN THE REVOLUTION TO REINVENT**

**HEALTHCARE, REVERSE CHRONIC DISEASE,**

**AND CREATE A PRACTICE YOU LOVE**

# **CHRIS KRESSER**

**FOREWORD BY MARK HYMAN, MD**

**DIRECTOR, CLEVELAND CLINIC CENTER FOR FUNCTIONAL MEDICINE**

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HEALTHCARE, REVERSE CHRONIC DISEASE,  
AND CREATE A PRACTICE YOU LOVE**

**CHRIS KRESSER**





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UNCONVENTIONAL MEDICINE

*Join the Revolution to Reinvent Healthcare, Reverse  
Chronic Disease, and Create a Practice You Love*

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# FOREWORD

BY MARK HYMAN, MD

*“So, what is disease? In old times people used to think that a disease was some actual entity or thing which had got into the body in some way, and was there lying hidden and secreted, and was to be cast out. This idea, which we now know to be true only in a few specific instances, was at one time general. ... The conclusion is that all disease is disordered function. Here, then, I say, is the highest justification for all treatment being based upon the principle of restoring disordered functions to order, and this is what I have ventured to term Functional Medicine.”*

WILLOUGHBY F. WADE, BA, MB,  
PHYSICIAN TO THE GENERAL HOSPITAL,  
BIRMINGHAM, ENGLAND

DELIVERED AS A CLINICAL LECTURE ON  
FUNCTIONAL MEDICINE, MARCH 5, 1870

PUBLISHED IN THE JULY 1, 1871 ISSUE OF *THE LANCET*

When I graduated from medical school I believed I had the keys to the kingdom, that I knew everything there was to know about medicine and healing. If I didn't learn it in medical school, it was either not scientific or worse, harmful. I believed I could help all my patients by applying what I learned. And yes, I could help people with acute illness, but the bulk of my country family practice patients had chronic illnesses that were mostly preventable and reversible. I felt like I was working for Pharma.

Then I became ill with chronic fatigue syndrome, and medicine provided no answers. It was only when I listened to Dr. Jeffrey Bland that I realized there was a different way of thinking about disease, a different paradigm based on understanding the body as an integrated system, a model based on analysis of root causes of disease. I said to myself, "Either this man is crazy, or what he is saying is true." And if it is true, then I owe it to myself and my patients to explore the model. I did and cured myself of mercury toxicity that resulted from living in China.

I began using the model on my patients, with often extraordinary results. Twenty years later and tens of thousands of patients later, I know this is the future of medicine—both from a scientific perspective and to help physicians become re-enchanted with medicine. Now, I run Cleveland Clinic Center for Functional Medicine with over fifty

employees in a 17,000-square-foot space in the epicenter of Cleveland Clinic. We are doing research and education, as well as community- and group-based programs.

Many of you may be disillusioned with traditional medical practice and may be curious about Functional Medicine—one of the approaches that Chris will be discussing at length in this book.

Functional Medicine is a comprehensive theoretical framework for medicine that incorporates a modern understanding of the body as a complex adaptive system, an integrated biological ecosystem, an interdependent, web-like network of biological functions. It provides a new set of lenses through which to interpret and organize complex biological and social information so that we understand much better why we get sick and how we heal. Functional Medicine guides the clinician to a more comprehensive view of the whole organism, not just organs—the whole system, not just the symptoms.

Functional Medicine also provides a practical clinical framework for how the body's physiologic systems are linked together and how their functions are influenced by both environment (diet, lifestyle, microbes, allergens, environmental toxins, and stresses) and genetics (Loscalzo et al. 2007). Applied in practice, it can more



effectively prevent, treat, and often cure chronic conditions, at lower cost, through a new way of seeing disease based on underlying causes, and by developing treatment models that can restore balance within dysfunctional biological systems and networks.

A classic patient story highlights the failure of our current model and the power of Functional Medicine to solve complex chronic illness. At fifty-seven, the patient described himself as in general good health and was eager to climb Kilimanjaro. He took fifteen different medications for his colitis, asthma, alopecia areata (total hair loss), and hypertension. He was well treated by an internist, gastroenterologist, pulmonologist, and dermatologist, all of whom made the correct “diagnosis” for each discrete disease based on symptoms (not causes) and provided the appropriate medications for the symptoms or diagnosis. All of his “diseases” were inflammatory in nature, but no physician had investigated the underlying cause of the systemic inflammation that was manifesting in so many ways. Clearly, knowing the names for all his diseases did not help him get better or provide a path to understanding the root causes.

A Functional Medicine work-up that looked at common underlying pathways of disease and dysfunction revealed that each of this patient’s diagnoses could be explained

by the inflammation caused by something he was eating—gluten. Tests confirmed the diagnosis of celiac disease, which had been missed for more than forty years. Within six months, he was off most of his medications, had lost twenty-five pounds, his blood pressure had improved, he had no more asthma symptoms, he had normal bowel movements, and his hair was growing back. A review in the *New England Journal of Medicine* (Farrell 2002) cataloged the myriad diseases that can be caused by celiac disease, from anemia to osteoporosis, from autoimmune diseases to thyroid dysfunction, from schizophrenia to psoriasis. Because each of these conditions may be triggered by multiple factors, not just eating gluten, consideration of him as a unique individual was critical. His genetics required that he not eat a specific food protein to maintain health, while another patient with the same “disease” might need an entirely different treatment.

Clinical medicine can shift to applied systems medicine—personalized, predictive, preventative, and participatory (Snyderman and Langheier 2006). Most chronic disease is preventable, and much of it is reversible, if a comprehensive, individualized approach addressing genetics, diet, nutrition, environmental exposures, stress, exercise, and psycho-spiritual needs is implemented through integrated clinical teams based on emerging research (ACPM 2009).

I know that you are likely at a crossroads, and are considering or have started shifting your practice and career. I can only say that Chris Kresser's approach in *Unconventional Medicine* is your roadmap to a new and reinvigorated love for medicine.

MARCH 17, 2017

MARK HYMAN, MD

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**PART ONE**

**THE PROMISE**



## CHAPTER ONE

# LEO'S STORY: A CALL TO ACTION

About two years ago, I spoke with the mother of an eight-year-old boy I've been treating—we'll call him Leo. When they first came to me, both of Leo's parents were nearly in tears. They were at their wits' end. Several times a day, Leo would throw epic tantrums for the slightest of reasons. He would end up writhing on the floor, screaming and crying inconsolably. This would happen with something as simple as trying to put shoes on as they were leaving the house, or not cutting the crusts off the bread for his sandwich in just the right way, or getting a stain on one of his favorite t-shirts.

He ate only a handful of foods, nearly all of them pro-

cessed and refined, like crackers, waffles, and bread. His parents were concerned about nutrient deficiency and the effects of such a limited diet, but each time they tried to introduce new foods, he went crazy. They were completely worn down and didn't have the internal resources to battle him at every meal.

Leo was also extremely rigid about certain self-imposed rules and behavior and his environment. Everything had to be just right. If something in his room was out of place, his toys weren't arranged in just the right order, or the desks in his classroom were not arranged in perfect lines, he'd fly off the handle (his mom often had to come pick him up from school early as a result). This was also true in unfamiliar environments, which made it difficult for them to be away from home for more than a few hours, much less travel or take vacations.

They took Leo to see several doctors locally. He was initially diagnosed on the autism spectrum, but eventually the specialists decided that he more likely had sensory processing disorder and obsessive compulsive disorder.

At first his parents were somewhat relieved to have a diagnosis for Leo. They soon realized, however, that these diagnoses weren't much more than labels for the symptoms Leo experienced. And when they asked the

doctors what the treatment was, you can guess the answer: medication.

Leo's parents weren't happy about the idea of medicating their son, but they also saw how much he was suffering and hoped that the drugs would give him some relief. So, they initially tried Adderall, as the doctor suggested. Although Leo did improve slightly in some ways, he developed intractable constipation, sleep problems, headache, and stomach pain. The doctor switched him to Ritalin, but the results were largely the same.

From here, the specialist suggested a selective serotonin reuptake inhibitor (SSRI), which is sometimes used to treat sensory processing disorder. Again, it did help, to some extent, and Leo tolerated it better than Ritalin and Adderall. But as Leo's mother read more online about the potential risks of SSRIs in children and adolescents, she became increasingly uncomfortable about him taking one.

Throughout this entire time, not one of the specialists they consulted even *hinted* that there might be an underlying cause that was contributing to Leo's problems, or suggested anything other than a lifetime of stimulant or antidepressant drugs for treatment. This isn't an exception—it is the norm. Most doctors, and by extension



patients and the public, have no idea that mental and behavioral disorders can have physiological causes.

## **From Old Paradigm to New**

Fortunately, one of Leo's mother's friends had read several articles on my blog about the "gut-brain axis" and the connection between inflammation and mental health disorders. She forwarded them to Leo's mom, who then made an appointment with me.

I could tell Leo's parents were a little skeptical when we first met, but after I explained the science behind these links, and shared some stories of other similar patients I'd treated and the results we'd had, they were excited to move forward. So, I ran a complete panel of tests to screen for nutrient deficiency, GI pathologies, blood sugar imbalance, heavy metal toxicity, and food intolerances.

Not surprisingly, I found several issues. Leo had a disrupted gut microbiome, with low levels of beneficial bacteria and high levels of pathogenic microbes. He had gluten intolerance, with possible celiac disease, and he was also intolerant of rice, buckwheat, and corn—which were the major ingredients in the toaster waffles that he ate for dinner daily. He had deficiencies of several nutrients, including B12, folate, iron, and vitamin D. And he

showed high levels of arsenic, a heavy metal with toxic effects. Rice milk was the only beverage he would drink aside from water, and it has been shown to be one of the highest dietary sources of arsenic.

We immediately began addressing these issues. Within two weeks, Leo's parents noticed a significant difference in his behavior. He was having fewer tantrums and didn't seem bothered by some of the things that would typically send him into a tailspin.

About six weeks into the treatment, Leo's mom received a call from school. His teacher said, "Who is this kid you're sending to school in place of Leo? I don't even recognize him." Leo's teacher had really struggled with his behavior, just as his parents had, and she was amazed at the difference. He was much more relaxed in the classroom, which was a life-altering change for everyone involved.

When I next talked to Leo's mom, it was about three months into the treatment. We had the follow-up test results back, and many of the initial issues we set out to address—like the disrupted gut microbiome and nutrient deficiencies—were resolved. And according to Leo's mom, Leo was literally a different person. They could hardly believe the changes that they'd observed in the last three months.

His diet had expanded significantly. He was eating things he would have thrown against the wall just a few months before; he was more tolerant of disorder; he was more affectionate and less argumentative, and he was far less bothered by the things that used to trigger inconsolable tantrums that would last for hours.

At the end of our call, his mom said something that really struck me. She asked, “Why don’t more doctors know about this approach? There are so many other kids out there like Leo, and their parents and doctors aren’t even thinking about the stuff we’ve worked on here.”

Her question is exactly what inspired me to write this book, and to devote my life to training practitioners in the approach we’ll be discussing in the following chapters.

### **My Question for You—and an Opportunity**

Her question also represents an opportunity for you: to help the millions of people who, like Leo, are suffering tremendously, but not finding answers in the conventional medical system; an opportunity to break through the old paradigm of disease management and symptom suppression with drugs, so that you can start practicing “root cause” medicine and play a part in solving the epi-

demic of modern, chronic disease that is destroying our quality of life.

There's no doubt that this is the future of medicine. Cleveland Clinic has seen it, which is why they opened a center for Functional Medicine that already has a six-month wait list for new patients. And millions of people around the world have already reversed chronic diseases ranging from irritable bowel syndrome (IBS) to rheumatoid arthritis with an ancestral diet and lifestyle (which I'll explain in detail later in the book).

My question for *you* is, will you be part of it? Will you join me in this movement to revolutionize healthcare and give people who've been without hope or relief a chance to recover and live their dreams? Will you be ready when a patient like Leo comes into your office?

I hope the answer is a resounding “yes.”



## CHAPTER TWO

# FROM BAND-AIDS TO TRUE HEALING

Imagine an approach to healthcare that:

- Prevents and reverses chronic disease, instead of just managing it.
- Offers inspiring, meaningful, and rewarding work to doctors and other practitioners.
- Uses health coaches, nutritionists, and other allied providers to support patients in making lasting diet, lifestyle, and behavior changes.
- Reduces the cost of healthcare for governments, organizations, and individuals.

This might sound like a pipe dream, given how far our

current system is from this ideal. But the good news is clinicians are already seeing success applying this approach in private clinics, primary care groups, and even large institutions like Cleveland Clinic.

This book serves as both a manifesto and a call to action. Chronic disease is a slow-motion plague that is sabotaging our health, destroying our quality of life, shortening our lifespan, bankrupting our governments, and threatening the health of future generations.

If you're reading this book, the failure of conventional medicine to address chronic disease probably isn't a news flash. You wouldn't have bought it if you thought our current system was doing a fantastic job. The problems I'm describing are not secrets; in fact, they're frequently discussed in the media, and among politicians, healthcare professionals, and the public.

But most people don't realize two crucial points. The first is the sheer scale and urgency of the crisis we're facing. As I will argue in Chapter Four, we've reached an inflection point where we can no longer afford *not* to act on a massive scale. The second is that the action we take must not come out of the same system that caused—and continues to cause—these problems in the first place.

As the saying goes, “Insanity is doing the same thing over and over and expecting a different result.” We desperately need a *new* approach to healthcare that can address the challenges we face, and an army of healthcare providers—from licensed clinicians to nurses to health coaches to nutritionists—to embrace this approach and start healing the world.

My sincerest hope is that, after reading this book, you’ll be inspired to join the thousands of other clinicians and patients who are working together to save humanity from the scourge of chronic disease and usher in this more humane and effective approach to healthcare.

## **How I Got Here**

I’ve come to this purpose of ending chronic disease through not only a decade of working directly with patients but also as a patient who struggled for many years with chronic disease. In my mid-twenties, I contracted a serious illness while traveling in Indonesia. The acute tropical illness was awful, bringing on fever, chills, vomiting, and severe diarrhea. Far more difficult for me, though, was negotiating the long road to successful treatment of the post-infectious syndrome that lingered long after the first symptoms subsided. Conventional medicine knew how to treat my immediate problems—parasites and



dysentery—but when chronic illness set in, nobody knew how to help me. I was exhausted and listless and suffered nearly constant digestive problems, muscle pain, and severe insomnia. I’ve since recovered from that illness, but the experience changed my life.

I tried everything to figure out what was going on and get help. When I returned home, I went first to my local doctor. Making little progress there, I turned to doctors around the country and then the world. I probably saw thirty different doctors over the course of my exploration. Most had little idea what would fix my problems, so they turned to palliative interventions. Doctors offered medications that would theoretically help with symptoms. Antibiotics initially worked, but left me feeling worse. Some recommended drugs unrelated to my condition, like antidepressants. The suggested remedies were designed to treat my symptoms, but they didn’t even do that successfully. Or if they did, they caused other symptoms that were just as bad or worse. Eventually, the doctors would just throw up their hands; they had nothing left to offer. It was becoming clear to me that conventional medicine was not set up to handle the kind of problems I was dealing with.

I tried everything else I could think of. In addition to antibiotics, steroids, and anti-inflammatories, I took hundreds

of different supplements and visited experts of all sorts, from psychotherapists to shamans. None of these healing modalities cured me.

Then one day, while browsing in a bookstore, I came across a book called *Nourishing Traditions* by Sally Fallon. Fallon advocated a real-food, nutrient-dense approach to nutrition based on the diets of traditional cultures around the world. (I'll be referring to this later in the book as an "ancestral" diet.) The idea of following a more traditional diet resonated deeply with me, so I decided to give it a shot. I started eating the foods the book recommended, including bone broth, slow-cooked meats, fermented foods, eggs, and cold-water, fatty fish. I eliminated all processed and refined foods, and even whole grains and legumes because I found they didn't agree with me. I felt better almost immediately.

Not long after this, I had my first appointment with an acupuncturist. The acupuncture treatments were the only intervention I had tried, aside from the ancestral diet, that made a positive impact. But what truly impressed me was the way the clinician looked at the whole picture of my health. None of my other doctors had looked at my case from a holistic perspective, but she spent time with me, using a systems approach to try to figure out causes, instead of playing Whack-A-Mole with my symptoms.

As I gathered knowledge, made connections, and continued to heal, people began coming to me with their own questions, and I started informally helping others in their healing processes. I realized that I wasn't alone in my suffering, and that many people were not well-served by the conventional medical system. My own journey had shown me that there must be a better way—not just for me but for others. So I returned to school to study acupuncture and integrative medicine. I was drawn to these modalities; they had helped me make the most progress with my illness.

Shortly after I started school, I attended a seminar on Functional Medicine. I was immediately hooked. I realized that this was the approach to medicine that I had been looking for, both as a patient and as a practitioner in training. It focused on addressing the root cause of disease, instead of just using drugs that work like Band-Aids but seldom fix the underlying problem. I continued to train in Functional Medicine while I finished my acupuncture and integrative medicine degree. By the time I graduated, I knew that Functional Medicine (rather than a traditional acupuncture practice) was my path, and I started a Functional Medicine practice right out of school.

The patients I attracted to my practice were, perhaps not surprisingly, people with experiences like mine: they had

chronic, complex, multi-systems illnesses that were poorly understood and even more poorly treated by conventional medicine. They had already seen several doctors, tried numerous treatments, and been told that little could be done for them. They were at the end of the line.

I was grateful for my background in Functional Medicine and an ancestral diet and lifestyle, because these approaches enabled me to help these patients in a way that the conventional system could not. It was amazing to watch chronic diseases of all types—digestive issues, autoimmune diseases, mood and behavioral problems, metabolic disorders, and more—improve significantly and even completely resolve. I became convinced that the combination of Functional Medicine and the ancestral approach was the most effective and powerful means of reversing chronic disease available.

After several years of practicing this way, however, it became clear that something was still missing. I realized that the episodic model of care, where the patient sees a clinician once every three to six months, was simply not sufficient for most patients struggling with chronic disease. They needed more support than I could provide in an occasional thirty-minute appointment, especially when much of that appointment was spent interpreting lab test results and prescribing treatment based on those results.

What if the patient needed more guidance and support on diet, managing stress, adopting a new physical activity routine, or making other important behavior or lifestyle changes? I simply didn't have enough time to provide the level of support in these areas that the patient needed to be successful. I knew that the "expert model" of simply telling the patient what to do, and expecting her to follow through, wasn't enough. (We'll find out why later in the book.)

The answer to this challenge was a new, collaborative model of care that uses allied providers—both licensed clinicians like nurse practitioners and physician assistants, and non-licensed practitioners like nutritionists and health coaches—to provide a much-needed additional layer of support for patients. These allied providers hold the patient's hand through every step of the process, including answering questions about how to complete the lab testing, providing recipes and meal plans, offering guidance on starting a meditation practice or a new exercise routine, or simply providing moral support.

This was like the final piece of a puzzle clicking into place. I had already witnessed the power of Functional Medicine coupled with an ancestral diet and lifestyle, but adding a care model that offered the support patients need to successfully implement the interventions that a functional, ancestral approach prescribes was truly a game-changer.

## **The Birth of the ADAPT Framework**

In 2014, I began to write and speak about a new model of healthcare combining the three elements I've mentioned above—Functional Medicine, an ancestral perspective, and a collaborative practice model—which I call the ADAPT Framework.

ADAPT has multiple meanings. Naturally, it implies adaptation. Our genetic code is hard-wired for a specific environment. When that environment changes faster than our genes can evolve, a mismatch occurs. As we'll see later in the book, this mismatch is the primary driver of the chronic disease epidemic.

The term also suggests that medicine itself needs to adapt. At the turn of the twentieth century, acute, infectious diseases were the top three causes of death, and our medical paradigm evolved in that context. Today, seven of the top ten causes of death are chronic disease. Our system of medicine needs to adapt to better match the challenge of chronic, rather than acute, disease.

Finally, our model for delivering care needs to adapt. Statistics indicate that both practitioners and patients are dissatisfied with the current model. Clinicians are spending less time with patients, finding less meaning and fulfillment in their work, drowning in bureaucracy and

inefficient systems, unable to practice the way they want, and not finding what they had originally sought in the practice of medicine. And they are working harder than ever before, without making more money. Patients are not getting the care, support, or answers they seek. They're prescribed drugs that aren't effective (and sometimes cause harm), and little investigation is done to determine the underlying cause of their problems. Therefore, we need to adapt our healthcare model to better serve patients and create a more fulfilling and rewarding career for clinicians.

In 2016, I launched a program to train clinicians in the ADAPT Framework. Since then, we've worked with over 400 clinicians and expect to train more in upcoming sessions. My training program educates a small subset of practitioners, but many more people need to learn about this new model. I hope this book will serve that purpose.

## **Who Is This Book For?**

I'm writing this book for three primary audiences.

### **Practitioners working in the conventional system**

The first audience is MDs, DOs, NPs, PAs, and other practitioners (including students training in these professions)

working in the conventional system. This book is for you if you:

- Feel burned out and drained by the “assembly line” style of medicine prevalent in primary care settings today.
- Are tired of ten- to fifteen-minute appointments and managing symptoms with drugs, and want to offer deeper healing and transformation to your patients.
- Want to restore meaning and purpose to your work and rediscover your original passion for medicine.
- Have realized that diet, lifestyle, and behavior are the primary drivers of chronic disease, but feel unable to offer patients adequate support in these areas (or feel that the conventional recommendations are outdated and ineffective).
- Want to have more rewarding relationships with fewer patients, work fewer hours, and have a better quality of life—all without sacrificing income.

This group may also include podiatrists, nurses, registered dietitians, physical therapists, occupational therapists, medical assistants, and even dentists (we have several in our ADAPT training program). There are too many professional titles to list here, but I’m referring to any medical provider working within the conventional system.



## **Practitioners working outside of the conventional system**

The second audience for this book is the wide variety of licensed and non-licensed practitioners (and students training in these programs) working outside of the conventional system. This includes naturopaths, acupuncturists, chiropractors, psychologists, nutritionists, physical trainers, and health coaches—among many others. This book is for you if you:

- Want to upgrade your clinical skills to get better results with patients/clients.
- Are seeking a more comprehensive and systematic framework to apply to patient/client care.
- Have learned about Functional Medicine or the ancestral diet and lifestyle and want to incorporate them into the work you're already doing.
- Would like to form collaborative and mutually supportive partnerships with MDs, DOs, and other practitioners working in Functional Medicine, to better support your patients/clients.

This second audience is a huge group. I believe you will play an increasingly important role in healthcare. As we'll discuss in Chapter Five, there simply aren't enough doctors to address the chronic disease epidemic. Even if there were, most of them have neither the time nor training to

support patients in the crucial diet, lifestyle, and behavior changes required for preventing and reversing disease. That's where you come in!

## **Patients and the public**

Finally, this book is for patients who are struggling with a chronic health issue and “citizen scientists and health enthusiasts”—members of the public who are taking their health into their own hands, and are passionate advocates for reinventing healthcare and reversing chronic disease. This book is for you if you:

- Are trying to address a chronic disease or health problem, but do not feel well-served by the care that you're currently getting.
- Have learned about Functional Medicine and/or the ancestral diet and lifestyle, and are seeking a practitioner who uses these approaches.
- Want to help a friend, colleague, family member, or other person you're close with who is suffering from a chronic disease.
- Feel passionate about reinventing healthcare, reversing chronic disease, and optimizing human potential, and want to support this movement however you can.

Although this book is primarily written for healthcare

practitioners, it's also intended for the growing audience of patients and members of the public who question the status quo. Instead of blindly following "expert" advice, you're listening to a variety of voices. You read books and blogs, listen to podcasts, attend summits and conferences, and take in all that you can about how to get and stay healthy. Every time I speak at a conference, several of you approach me to express your passion for this mission of ending chronic disease. This book is for you, too.

## CHAPTER THREE

# IF NOT NOW, WHEN? IF NOT YOU, WHO?

The writing is on the wall. Chronic disease has devastated our healthcare system, and neither practitioners, patients, nor society at large can escape the effects. If we don't intervene, the situation will only get worse.

Will you answer the call?

There may be a million reasons why you feel now is not the time to take the leap, or why you might not be the right person or in the best position to take this on. I hear you, and I've been there myself.

But there's an old Zen story that has always inspired me in times of uncertainty or self-doubt. One day an old Tenzo (head cook) was washing rice in the temple courtyard in the heat of the mid-day sun. A young monk approached him and asked, "Tenzo, why are you washing rice in this heat? Shouldn't a younger, less experienced monk be doing this kind of work?" The old Tenzo replied, "If not now, when? If not me, who?"

So, given the challenges we face and the dire need for people to join the fight, I'll pose the same question:

**If not now, when? If not you, who?**

# Join the Movement to Reinvent Healthcare

We hope you enjoyed the first three chapters of *Unconventional Medicine*. Learn more about the book and find out where you can purchase it.

LEARN MORE ABOUT THE BOOK

