



**Burned out? How to optimise your brain-body health and love life again, with functional medicine and creativity for neurochemical flow**

**with Dr. Lara Salyer**

**[The MindHealth360 Show](#)**

**Episode Transcript**

Host: Kirkland Newman

Guest: Dr. Lara Salyer

## The MindHealth360 Show - Dr. Lara Salyer

Dr. Lara Salyer:

I'm actually really helping patients change at a cellular level, at a mental level. I'm using skills I wasn't able to use in my old practice like cognitive behavioral coaching and positive solutions focused coaching and Flow State Training, all these cool things that really are doing more of a mind-centric practice.

Kirkland Newman:

Welcome to The MindHealth360 Show, I'm Kirkland Newman. And if you, your loved ones or clients suffer from mental health issues such as depression, anxiety, insomnia, poor memory, poor attention, mood swings, exhaustion, et cetera, I interview the leading integrative mental health practitioners from around world to help you understand the root causes of these symptoms, many of which may surprise you, and suggest solutions to help you heal. If you like this interview, please do subscribe and forward to others who might find it helpful. If you want further information, please go to [www.mindhealth360.com](http://www.mindhealth360.com) or find us on social media.

Kirkland Newman:

Dr. Lara Salyer, thank you so much for being on The MindHealth360 Show. You are a DO, you're IFMCP certified from the Institute of Functional Medicine, you're a family medicine physician, and you have an extraordinary story. I will put your biog in the show notes, but what I wanted to do really was to get you to tell your story because it's such an interesting one. You've just published this amazing book called Right Brain Rescue, which is absolutely fantastic. I highly recommend it for anybody, first of all patients, but also practitioners. The subtitle is One Physician's Journey from Burnout to Bliss Reveals the Creative Muse in All of Us. It's absolutely fantastic. I would highly recommend it, whether you're a patient or a practitioner. So I'll let you tell us your story. How did you get from being a family physician to running an integrative practice essentially?

Dr. Lara Salyer:

Well first, I just want to say very, very much thank you for having me on. I have been a fan girl of your podcast even before we connected. I really believe that this is the best time to be a clinician, and I wouldn't have said those words six years ago. Being a burned-out physician is a hard pill to swallow, literally, and I think a lot of us would identify that that feels very taboo and almost shameful because we signed up to be a healer. I didn't come from a family of physicians. Actually, my grandfather was a funeral director so I would say I'm closer to the dead than the living, but I chose the living. And so as we're training and we're going through all these milestones, we know that we're gritty, we know that we can handle stress and yet we end up in a career that looks very different than the one we thought we were going to have.

Dr. Lara Salyer:

So even as a young Gen X-er who is very savvy with technology, I felt like I did everything I could to make myself enjoy this career. I learned how to type faster, I learned how to be efficient, I learned yoga. I did all these things to try and make myself deal with the stress. It was unfixable to the point that six years ago I told my staff, "I don't know if I'll be here in four years. By the next leap year, I think I'm going to do something different." At the time, I didn't even know what that was. All I did know was that intuitively I was feeling better because I had started running, I had started drawing and painting and doing things that made me feel creative again, and tapped into that spirit that I had lost, that had been dormant.

Dr. Lara Salyer:

So I knew I was following my intuition. I said, "I'm on to something. I don't know what it is, but I'm going to follow this." I know that right now, the way I'm practicing rural medicine which I loved in theory, I didn't like it in reality. So I was not that practitioner that I wanted to be. So I basically resigned, Kirkland, before I knew what I was going to do. In a last-ditch effort to burn up some CME credits, I found IFM's conference, the five-day IFMCP and they promised organic food and yoga. And I thought, "This is great. My employer can pay for my vacation. I'm going to go to Austin, Texas."

Dr. Lara Salyer:

So I went there to enjoy my last medical conference and ended up falling in love, which is what I needed because I was feeling separated and divorced from Hippocrates in medicine. I felt like I was not speaking the same love language anymore and I wanted to leave. But in fact what I learned at this conference is, I needed to do it in a different setting. And so that was the start of my journey where I retooled my life to create this new practice on my own terms. I'm living a life I never would've dreamed now even four years ago because I get to work with patients and practitioners to help them create their own colorful masterpiece.

Kirkland Newman:

Which is amazing. Tell us what the main differences have been for you. So you've experienced working as a family physician in Wisconsin, and now you're running your own practice which is based on the principles of functional medicine.

Dr. Lara Salyer:

Yes.

Kirkland Newman:

From your book, your success rates are so much higher, your satisfaction is so much higher. Tell us about the main differences.

Dr. Lara Salyer:

It's a great question. I tell everybody there's always some element of a shit sandwich, if I can swear. That in every career, there's a pro and con. What I miss most about my career as a family physician is the full spectrum of procedures. I loved lacerations and fracture care and IUD and women's health. There's a lot of parts that I do miss and I had to grieve that loss because the gain that I'm getting is more. I'm actually really helping patients change at a cellular level, at a mental level. I'm using skills I wasn't able to use in my old practice like cognitive behavioral coaching and positive solutions focused coaching and Flow State Training, all these cool things that really I'm doing more of a mind-centric practice. There is the pros and cons. It is completely different in the fact that I don't operate under the constraints of an insurance model and that was my own journey as an entrepreneur.

Dr. Lara Salyer:

Our practice gives us a mirror to look good ourselves and it identifies some really good growth opportunities and blind spots that we didn't know. For example, I signed up to be a family physician because I wanted to serve all ages, all socioeconomic groups. So for me to go into a new practice in a

rural setting and ask for people to pay me out of their pocket was a huge burden for me to understand, how can I do this? How do I deserve this? Why should I ask for this kind of payment? I've been able to creatively heal that in myself by offering charity donations regularly, by offering my services never for free but a small donation that I have for my community, and by really demonstrating that it is possible to do this in a setting that is a rural setting using a membership model.

Dr. Lara Salyer:

So it's a really great opportunity to be clever and creative and nimble and design a life that I want to live in on my own terms. So it's hugely different and I really love what I do now. It's giving me gifts that I didn't have an opportunity to unpack in my old practice.

Kirkland Newman:

Which is amazing. In terms of your patients, what are the key differences in how you approach their health? If somebody comes to see you with whatever their complaints are, what are the big differences with how you treat them now versus how you would treat them before?

Dr. Lara Salyer:

I think right now it is more like an academic setting. It's like going back to college. I would like to use that metaphor that we're going back to school in our own university of our body. So I designed it like an academic setting. My intakes are no longer than one hour because that's all that people can endure. You wouldn't want to sit in a professor's office and listen to him drone on three hours. I think a lot of our colleagues can get very inundated in the integrative model and feel like we need to divulge everything in three hours. So I sit with them for an hour but I have a syllabus, I have milestones, I have a plan that they can follow, I have open office hours that they can ask questions. So I've designed it so that it's very empowering and very supportive of their journey.

Dr. Lara Salyer:

Not everybody gets invited into my membership because they have to want to practice new things, and open their mind, and rewire thought patterns that might be stuck and learn and implement things on a quicker, faster scale. So it's not for the average person who's just wondering, "Hey, I wonder what I can do." The old model of medicine that we're still operating in, the conventional setting, is much like a car and a mechanic. You bring your car in, your mechanic looks at it, tells you what's wrong, fixes it, sends you off and says, "Come back for your next checkup and oil change." They don't tell you how to drive safer, they don't tell you how to avoid potholes, they don't tell you anything. They just know that eventually it's going to break down and you're going to come back. That's the conventional way.

Dr. Lara Salyer:

So this is completely different and sadly not everybody's ready for that change. Not everybody has that time or space or energy, so I really am careful at vetting who's in. That's another thing that I've learned to understand that even though I'm not serving as many patient numbers as I did in my 1900 patient panel in my conventional setting, I'm affecting generations, I'm affecting families. Now that I'm mentoring practitioners, I'm affecting other cities where people are learning small changes that have a watershed of potential epigenetic benefits down the line. So that's how I've reframed my narrative as well.

## The MindHealth360 Show - Dr. Lara Salyer

Kirkland Newman:

Which is amazing. In terms of the mental health, because obviously MindHealth360 is all about mental health, what do you find are the most common complaints that come in for you, for your patients, around mental health? What are the ways that you would tackle mental health issues?

Dr. Lara Salyer:

I love vague questions because you and I could chat for hours I think on this. I'm very endeared to mental health personally and as a physician. Actually, a spoiler alert, I think all of us physicians would lose our jobs or not even need our jobs if we all dealt with our shame and our trauma and our grief. I really think that is the root of a lot of our stress and cortisol. Everybody has trauma. I know that a lot of us might be, maybe your listeners might be thinking, "Well, I had a pretty great life." But there's intergenerational trauma, there's a lot of things that we are unaware of that our cells physiology is listening. They're always speaking a language of inflammation at some level.

Dr. Lara Salyer:

What I really enjoy about the way I can practice is it's very mental health-centric. I really start with lots of questions like stress levels, basic fundamentals. How do you cope with your own stress? What works for you right now? What are your go-to tools? Can I help you find new ones? Maybe those tools don't work anymore. Things like tapping into the vagus nerve, that's hugely important. Are you seeing a therapist? Trying to open people's minds that there isn't just one kind of talk therapy. There's many modalities and sometimes that can be pivotal. Maybe the most important part of my treatment plan is just getting someone support that works with their kind of issues.

Dr. Lara Salyer:

My sister has a doctorate in psychology so she and I often geek out about lots of neuroplasticity and brain spotting and EMDR because these are tools that really promote that change that we all need. So mental health is core. I think the typical patient that walks in my office at least understands and accepts that that is and can be a root of a lot of our somatic issues, but also the ideal patient would understand that can be changed. They have a growth mindset, they're not fixed, they're able to visualize a better future and want to work towards that.

Kirkland Newman:

Absolutely. Then the other thing about functional medicine which I find so great is that, essentially, mental health is all those things. It's the psychology, it's the trauma, it's the cellular memory, but then it's also the biochemistry. So it's the downstream effects of our traumas and our stress, so hormone imbalances, neurotransmitter imbalances, toxins, inflammation. One of the things I love about functional medicine is the way it approaches all those things for sustainable healing. And so in your practice, when people come in with mental health symptoms, whether it's anxiety or depression, do you do the full workup? Are there certain recurring biochemical imbalances that you find recur in your patients with mental health issues?

Dr. Lara Salyer:

I love this question too. You ask great questions. I think the hardest part for any functional integrative practitioner is not to overload our patients with the Wizard of Oz behind the curtain, because we see

everything as interconnected just as you said, the mold, the mycotoxin, the bacterial imbalances, histories of viruses, all these things, genetic, SNPs, all these. And we get excited when we see patients come in and we say, "There's about five different things that could be causing your symptoms." To our credit, we have a lot of knowledge but we can really inundate patients with too much of the explanation. So keeping it simple and just allowing them to feel seen and heard and validated can be really healing. I think most of our differences in the functional protocols deal with how we approach the patient in framing their narrative.

Dr. Lara Salyer:

So a lot of what we do is very similar. We look at the core lifestyle habits, the sleep-wake cycles, are they burning the candle at both ends? Do they have good boundaries? Are they stuck in codependent thought patterns and behaviors? Sometimes I start there because that is only going to provide that space for change. If they're not allowing themselves to make time for themselves in their schedule, none of my protocol is going to work. None of my advice or taking a supplement or eating differently and looking at inflammatory foods, none of that's going to work. So I start with that time management and self-preservation.

Dr. Lara Salyer:

The patterns I see are: number one, lack of boundaries for sure. They're usually working parents, they're really trying to serve their family with their heart. But as a result, sometimes we forget we need to be checked on our own boundaries. Are we taking care of ourselves? Are we saying no? Are we doing things that fuel our own creativity and spirit? Then I go to other patterns. I love OAT testing to look for yeast and Clostridia and look for oxidative stress. I start there as my favorite general start for our rural community, because I don't have the capability like a lot of the bigger cities where patients might have a lot more of an expendable income and they can just buy all the tests.

Dr. Lara Salyer:

I'm a lot similar to Terry Wahls when she operated in the VA system and said, "This is all we got here." And so I really modeled a lot of what I'm doing after that simplistic model of, let's do some bare minimum testing: vitamin D, vitamin B12. What can I get covered under your insurance? Then let's do some functional OAT testing, some GI map stool testing, and go with the bare basics first.

Kirkland Newman:

I think that's really great because it's always overwhelming in functional medicine. As a patient and also as a practitioner, there's so many tests available and there's so many options. There's so many things that might be impacting your health and your mental health. Where do you draw the line? What do you focus on? And as you say, income is a big issue. It can be very expensive if you're going to be doing all these tests. So it's very interesting that your favorite test is the OAT test, organic acids and the GI test.

Kirkland Newman:

In terms of what you were saying about self-care, I love that because I do think that self-care, carving time out for yourself, is so key especially in today's environment which is 24/7 connectivity, everyone is stressed out, everyone is burnt out. As somebody who yourself had a burnout, can you talk us through what you would advise? How did you recover from your burnout and what would you advise to maintain that health so that we don't burn out?

Dr. Lara Salyer:

Love it. This is my bread and butter. This is what I enjoy talking about. For every industry... there is no industry that isn't untouched by burnout. We can have burnout in everything, in interior design, in police, in teachers, in physicians, in nurses, in our marriages, in parenting. Burnout is that depersonalization, low perceived personal achievement and emotional exhaustion. Those are the three characteristics of burnout. All of us can say we've felt that at least a part of our life where we feel like, "Nothing I'm doing is mattering to anything. I feel exhausted. I'm just on autopilot and I feel dead inside." Recognizing that, the awareness is almost curative.

Dr. Lara Salyer:

So the hardest part I think is just recognizing that you're there and that you're stuck and the next part is asking yourself, "Let's make a timeline. How long could I be in this space?" If it's just temporary, you're like, "I know that there's a light at the end of this tunnel for a couple months, I'm okay." But if you feel like, "I don't know if I could exist in this fashion for another five or 10 years," it's time to look somewhere else. Look for a mentor, a therapist, some way to start carving out time for yourself.

Dr. Lara Salyer:

For me, it started with partnering with a physician coach, asking some hard questions of what could I be doing, what should I be doing. Looking at my core values, they had totally shifted. I had no idea that... In the beginning, I wanted stability and predictability of a career. There's nothing wrong with that. I had young kids, I had a growing family. Now I realize, "Wait a second, my core value is I wanted innovation, I wanted creativity. They're so different. No wonder I'm feeling disconnected." And allowing your own daily routine to be as efficient as possible, doing the things that help decrease that cognitive burden and load on your brain where you save those best hours that you're more productive to doing those high value tasks, and getting yourself that routine, sleep-wake cycle and exercise and all the creativity that you can, it really does help you get out of burnout the more you do those activities.

Kirkland Newman:

Listening to your book, one of the things that really struck me was how organized you are and how you have systems for everything. I'm incredibly impressed, being someone who's not super organized, and I think your time management is really good. What would you say are the top three things that really shifted the needle for you in terms of your time management and your daily organization that helped you? Because presumably, now you're busy. You're coaching physicians, you're running tons of educational courses, you have a busy practice. So how do you manage all that? Do you ever feel that you're getting near burnout again or that you're getting exhausted? If so, what do you do about it? How do you manage that?

Dr. Lara Salyer:

I love those. I'll do the first question, don't let me forget the second part about burnout. So the first one is, and I didn't do this for a long time because the way that I manage my time management and organizational skills, a lot of us and a lot of your listeners have gotten where they are in life because whatever they're doing works for them. Whatever organizational system they use, it's working because they're where they're at. They wouldn't have their advanced degrees or their certifications if they didn't have something that worked for them.

Dr. Lara Salyer:

So part of learning how to even level up further is to question everything. Could I do something even better? I know it's working... I never kept a paper calendar until I was a medical entrepreneur. I just relied on my Google Calendar, it worked. I knew when things would happen. But I found myself losing tasks and not being as organized. So now I have a hybrid system where the phone always goes with me, everybody has their phone. I use apps like Trello or even my own notes app. If I'm standing in a grocery line and I've got an idea, it has to be contained right away. That's my number one rule is, we're all made of great ideas but do we apply them? So anything that's going in your brain, because we have 78,000 thoughts a day, put it somewhere where you can contain it reliably in a phone, in a digital place that's with you.

Dr. Lara Salyer:

Then every day, once a day and then once a week, I have a planning session with a bullet journal where I sit down and it only takes 10 to 20 minutes and I look at my top priorities and I actually just chunk them out through my week and make sure that I have ways that I can keep myself accountable and check those lists. Even tiny things give you that dopamine high. So it's like you can have this self-fulfilling... We're all toddlers and kindergartners, we want those stickers on our sticker chart. So we can train our brain to be super productive and excellent at worshipping our calendar if we have these little ways in place where we systematize everything.

Dr. Lara Salyer:

It doesn't mean rigid, that's different. People worry about having rigidity. No, this is very flexible. As long as you have a system that's reliable, you know where your ideas go right when you have them and then you know when you're going to transfer them to some planner, then you can't go wrong.

Kirkland Newman:

You sound very organized, Lara. Then in terms of everything that you're doing, do you ever find that you reach a point where you think, "This is too much"?

Dr. Lara Salyer:

Yes.

Kirkland Newman:

And then what do you do?

Dr. Lara Salyer:

Yes, absolutely. This is not burnout-free zone here. I think functional providers are just as susceptible to burnout because we are managing complex patients, patients that need a lot of help and we have a personal life or other tasks or other things you want to do like projects or volunteering, all these things. It boils down to the only currency we have in life is our time. And so it has to be a critical decision where you put that as your priority. When I start to feel burned out and everybody has their... I encourage everybody right now to do a body scan and to say, where does burnout live in my body? Where's that address of that emotion? Anxiety might be a throat tightening, depression might be heavy shoulders, anger might be in your belly. Everybody's different. Where does burnout happen?



Dr. Lara Salyer:

For me, burnout is a heavy blanket feeling where I start to feel overwhelmed. I feel almost frenetic, I can't even decide. My brain goes in five directions at once and I think, "Oh no, one more thing is going to set me over the edge." We've all had that. You look at the floor, you see your kids dirty sock and that's it. You want to lose it. That's what burnout feels like to me as I'm starting to feel that. Now when that happens, I recognize it earlier and earlier and I pause and I go, "Okay, that is telling me I'm not managing my time well." So the first thing is I don't blame, I don't deflect, it's all me. I have to go, "This is something that I can control." So I stop and I go dark.

Dr. Lara Salyer:

By that I mean I turn off notifications, I don't check social media, I put boundaries in place on my email autoresponders that say I'm not available, all these things so that I can go dark and have a date with my bullet journal again and go, "Did I miscalculate how long something would take? What are the ultimate priorities I absolutely need to do in the next 24 hours that will make me feel okay?" Sometimes that's all it is. It's just quickly looking and going, "You blew that out of proportion. That's not that urgent. That can wait till July. Or you know what, you really should do this one thing today and then you'll feel better." It's just about really looking at that time and blocking out some time that you can do... Everybody can do that. Even if you're having a full schedule that day, you've got activities that day, you can at least take 10 minutes before you go to bed and just pause and say, "What can I do tomorrow that will make my life feel a little better?"

Kirkland Newman:

I think that's great advice. Then the other thing you talk about a lot is play and fun, a sense of joy and fun and play and creativity and bringing that back into the world of medicine but also your patients' world. You talk about when you're in a state of flow which is a state of creativity and joy, all your neurochemicals, so the key neurochemicals: dopamine, norepinephrine, anandamide, endorphins and serotonin I think those are the five, are just all firing at the same time. We do know a little bit about the state of flow, but it's interesting hearing a doctor talk about this and advocating that. So is that something that you teach your patients? If so, what's your key message around it? How do you use it yourself? How would you advocate that could help your patients and people with mental health issues, anxiety, stress, et cetera?

Dr. Lara Salyer:

This is a journey that started years ago. We know that creativity helps. We know that flow state is very productive, efficient, it raises wellbeing scores. This has been shown in McKinsey and Steven Kotler's research and a lot of research by Glen Fox. We know a lot of flow science is out there. The cool part is that if we learn to tap into this creative flow state, we can augment and actually make this last longer, long after the activity has stopped. What we do with medical students is we teach them how to observe art or how to draw and doodle and they find that they can fail in a controlled setting, they laugh, they can laugh it off. These skills are transferable so they don't feel as bad when they're trying to be challenged and they're thinking and using their brain in a different, flexible way.

Dr. Lara Salyer:

So really flow state is... I call myself a drug dealer now because I'm trying to get everybody hooked on flow state, it's that only time that you produce those wonderfully addicting neurochemical cocktails. And

when you do this, people don't realize that flow starts with struggle. People think that flow just happens if you're lucky, if you have inherited talent for creativity, or if you happen to be good at basketball you can dip into flow state. Nope. It actually needs a little bit of struggle because without that skills and the challenge balance, if something's too easy for you, you're not going to get into flow. If something's too hard, you're going to feel overwhelmed. It's that sweet spot.

Dr. Lara Salyer:

So I encourage when either I mentor physicians or I'm talking to patients, if you're in a situation where it's too easy, make it challenging. If walking a block isn't very challenging, then try walking it faster, try running to the stoplight. Those kinds of little examples of making something a little more challenging is helpful. Most of us have the opposite problem. We feel overwhelmed so we think, "There's no way I can get into flow." But you can be aware of that and chunk it out smaller. That's the whole magic behind a bullet journal, is those large mountain of tasks in little format when you can chunk it out and check it off, you start to reward, you get that flow cycle going. After you've got the struggle, you've got the release phase.

Dr. Lara Salyer:

The release is when you have nitric oxide released and the release of flow happens with an aha moment. It's usually a bilateral activity like drumming or walking or running to integrate those two hemispheres. You have that release of nitric oxide and that's when you dip into flow, and that's what everyone wants is that sweet spot of flow. Because then you've got your ideas, you feel like you're on autopilot, you almost have grandiosity. So that is what everyone is seeking but they don't realize there's two phases before it. A little bit of struggle, some kind of interacting release, and then you get the flow.

Dr. Lara Salyer:

Now after the flow, the other part we forget is the recovery. A lot of us think, "Well, it feels good to be in flow. I'm going to write all night, I'm going to write my epic novel." But Hemingway even understood that you need to plan for a peak exit. He would stop writing halfway through a sentence so that he could pick up the next day and continue writing. That's what we need to do as practitioners in our own business, as patients. When you're having a great time, you need to plan for an exit when you aren't completely drawn and exhausted and low energy and then you recover. The active recovery phase of flow cycle is lots of things that are vagal-related, deep breathing meditation, certainly not scrolling on your phone, but things that nourish your body, your mitochondria. That's how that flow cycle perpetuates. So a little bit of coaching goes a long way, but we all can tap into that.

Kirkland Newman:

That's so interesting because when you think of flow of state, you don't think of struggle and you don't think of exiting. You think, as you say, of continuing it indefinitely. So it's very interesting thinking of it from that perspective, that it requires some struggle and that it requires some management of the exit and that's part of the process. So that's fascinating.

Kirkland Newman:

Then if we go back to mental health and to your patients, what would you say are the key contributors that you're seeing in mental health that we don't necessarily think of automatically in mainstream medicine? So in mainstream medicine, people with depression or anxiety, they'll go to their doctor and

they'll say, "Well, you're depressed and you're anxious so here are some pills." In your functional medicine practice, what would you say are the key contributors to people's mental health issues? And leading on from that therefore, what are the main solutions?

Dr. Lara Salyer:

Again, this could be a five-hour talk. Personally, I think the first step is to practice Socratic thinking, which is question everything. You are told you have, let's say, depression or anxiety. Here's your prescription medication. Now I'm not anti-medicine, I think medicine helps. Absolutely. It can be great training wheels while you're learning new behaviors or exploring other options. It could even be a permanent solution. Sometimes we can't change our genetics.

Dr. Lara Salyer:

But I do think we need to question everything and I really think the main drivers of our mental health at least in America for sure and even in the world is, everything we're exposing ourselves to, just the scripts that we're learning, the narratives in social media, in movie plots, I could get political even too just on how we expect parents to do it all, or why are we signing on for assuming these roles that we have to be our kids' cruise ship entertainer and enrich them educationally and teach them and we're also working? So some of this is questioning what you allow in your life and starting there. Do you need to have that coffee date with that toxic friend when every time you're done, you feel worse?

Dr. Lara Salyer:

Start to question every little thing that you let in and your mental health can improve instantly without any pharmaceuticals. So it's really being diligent on your own energy and taking a litmus test every day when you wake up. How do I feel? What do I have the capability of doing? Just being kind to yourself. Having a growth mindset that you can empower yourself. And that's hard. Some people feel that their physician is going to cure them. Their answer is outside their body. I think a lot of people are drawn to functional medicine because they know that they can heal, they just need some guidance. The biggest thing you can do is allowing what you have in your world and putting up some loving boundaries against it.

Kirkland Newman:

I love that. I love the boundary issue because I think so many of us have boundary issues. I was thinking about this the other day because boundaries are not just psychological, they're not just "I'm going to say no to this." They're also physiological. We have the blood-brain barrier which is a boundary, we have the gut barrier which is a boundary, and our skin is a boundary. We manifest a lot of our disease with these breached boundaries. It's no coincidence I think that disease can come from and manifest by these breached blood-brain barriers, by the breached gut barriers, by the breached skin barriers which let in pathogens. Equally, one of the biggest problems is our inability to protect ourselves to say no. I wonder if those things are linked. I've been thinking a lot about this in terms of people who have a hard time saying no. Is there a higher incidence of leaky boundaries?

Dr. Lara Salyer:

Yes. I would think yes. I think that the research as you know, leaky gut is seen in Parkinson's disease and heart disease, things that are outside a GI typical conventional model and we're just at the tip of the iceberg. I think we're in the middle of a revolution and renaissance of all the things we're just now

learning about the brain especially the blood-brain barrier. So to put the onus on the patient fully is also wrong I believe because that puts a burden on their shoulders that, "Well if I can't get completely better, it's my fault." And that's never what a lot of our functional practitioners would suggest. There are things that are just unlucky, that disease states happen to patients even in the healthiest state that they can be, but a lot of what we do can alleviate some of the inflammatory burden.

Dr. Lara Salyer:

So you might be diagnosed with something like cancer that had nothing to do with the way you lived your life. You could have had the cleanest, most organic food habits and the cleanest products on your skin and you still unfortunately had succumbed to cancer. But everything you do after that can still help, the mindset, the things, the language you speak to yourself, which is both thought and movement, and food and products and toxins like you had mentioned. So I do believe all of that is interconnected. Allowing that balance of both empowerment without blame, that it's your fault that you're sick, but let's try and see what we can do to help you feel better.

Kirkland Newman:

I love what you just said about the language we speak to ourselves, which is not simply what we say to ourselves in our self-talk but also the food that we let in, the toxins that we protect against. So these are all essentially our ways of communicating with the world. The world communicates with us and we communicate with the world through this language of food, exercise, lifestyle habits. I think that's great.

Dr. Lara Salyer:

Yes. Let's talk just even about exercise in itself and the words that we use around that. I'm a big fan of NLP and the words that we choose to narrate, our body is paying attention. Michelle Segar had a great book, she's a professor in exercise science, called No Sweat. She talks about building habits for movement and activity that are lifelong, and that's not a new topic. That's what exercise science and psychology is about, is teaching people that movement is important. We know this logically but the words we use around exercise to some of us growing up in a house that maybe wasn't very exercise friendly or maybe it was used as a punishment, it can feel different. So even just allowing this grace of reevaluating what words are we choosing, how are we taking care of our own body, that can hugely impact just our health, our mental health. Just being open to changing your mind and saying that maybe what I've done so far has worked to a point but am I open to learning new ways of thinking and behaving?

Kirkland Newman:

The other thing you mentioned in your book which I thought was fascinating was the mitochondria, and you mentioned it just now as well. And so the mitochondria is so important in terms of our health, our healing, our energy levels. Is that one of the key ways that you would approach healing would be to help your mitochondria and to boost those? What's the relationship between mitochondria and inflammation?

Kirkland Newman:

We know that inflammation is a huge cause of disease or maybe it's simply a correlate of disease. But essentially in depression and anxiety, we know that inflammation is a big deal, which goes back to leaky gut but also it goes back to the mitochondrial function. And so what are some of the key solutions that

you would advocate? I know it's a tricky question because there's so many different problems. But if you were to say, "We're going to take a functional approach and we're going to look at reducing your inflammation and empowering your mitochondria." Is that something that you do routinely in your practice?

Dr. Lara Salyer:

Yes. Mitochondria are my favorite organelle and I know it's very geeky but I will own it because mitochondria are everything. I have the ability and the gratitude to thank people like Dr. Robert Naviaux and people that have really championed research in the cell danger response and mitochondria, and we're just at the precipice of even understanding I think even 1000th of what our tiny little powerhouses can do. So I'm not a detailed person. I like to look at like 10,000 Google Earth view and explain to patients the power of this mitochondria is huge. For example, in one year of training for a physician, their telomere shortened to say that they've aged six whole years, and that has to do with mitochondrial stress and oxidative stress.

Dr. Lara Salyer:

So I explain to patients, mitochondria are always what I'm thinking of. How am I going to help them? How am I bathing them in an environment that is less cortisol driven, that is more nourishing? They're like teenagers of our body. I tell patients when they're feeling okay, they'll actually plump up. They may even want to hug you. They'll actually fuse together. They will promote NRF-2, they will have more ability to generate more ATP and actually pick up a dirty sock in the house. They do their jobs. But they can be fickle. And when they're not fed what they need like L-carnitine, acetyl-CoA, all the great Brassica vegetables and broccoli, when they aren't given what they need and you're really promoting an environment that is not very healthy for them, they will shrink. They will actually break apart, shrink and they release a lot of their oxidative stress with inflammation and cytokines that are very caustic and toxic.

Dr. Lara Salyer:

So as a result, you have telomere shortening, you have premature aging, you have epigenetic changes that aren't favorable like TNF alpha or NF kappa B. And so trying to explain to patients, "This is my goal, is to really help your mitochondria be the best they can be, and that is exactly why my membership is a minimum of three months because your new mitochondria are made every 90 days, you have batches." So from the start as you're eating that food on day one and taking supplements, that new generation of mitochondria after 90 days, roughly, we have a nice new batch that we can hopefully see some good change. Patients love that kind of timeframe because they can commit to 90 days of good intensive work and see some benefit.

Kirkland Newman:

What are the key things that you would do as an overview, like the top five things that you would say, "During those 90 days if we want to really improve your mitochondrial function...", what are your five top-

Dr. Lara Salyer:

I'm a fan of, first, I start with... I love the 5R protocol from IFM. So I look for what can we remove that is already damaging the mitochondria that you had no idea: the alcohol use, etc. I live in Wisconsin so

there's a lot of beer and brats and cheese. So it's a hard conversation to have but it's an honest conversation to say, "You're here in front of me for a reason. If you really want to try and see how good your body feels, let's try this." I wish I could package up the end result and give it like as a dose to every patient so that they could see, "Whoa, I didn't know I could feel this good," because then they'll be more committed. They have to walk the journey. So I remove things that might be damaging to mitochondria and just at least helping patients be aware that that is a problem.

Dr. Lara Salyer:

Then I replace. I look at things to replace in their environment whether it's different habits. Instead of drinking alcohol, I look at different beverages, mushroom coffee and other replacements. I work on their gut. So we do a lot of gut healing with probiotics and attention to the gut lining. Through testing and diagnostics, I'm also looking at, what can we do to rebalance their life? We talk about intermittent fasting is a great way to help augment the BDNF, which is that brain derived neurotropic factor and help your mitochondria elevate their energy. So there's a lot of cool ways that we can go into some kind of entry point depending on what the patient's ready to try. Some of them are ready to do it all and others are like, "Just give me one thing at a time." So it's really case by case.

Kirkland Newman:

Understood. In terms of this intermittent fasting, I'm fascinated by that because I know it's fantastic to reset a lot of... It causes cell death of senescent cells, so old cells and it helps rejuvenate the cells. But if you have adrenal issues and you're burnt out, I'm always confused by that. Should one avoid intermittent fasting?

Dr. Lara Salyer:

I avoid it for those cases. If somebody's coming to me in extreme adrenal stress, they've got a very imbalanced HPA axis, maybe their cortisol testing has flat-lined, they are not the candidate for intermittent fasting because it is an allostatic load of stress. And I think you even talked about this in your interview with Kat too, she talks about that we like the autophagy, we like the cleaning of the cells but there's a time and place. Champions like Dr. Valter Longo have talked about the mimicking fasting diet. There's some ways around that but sometimes it is too harsh for where they're at. So I'd rather nourish them and find other ways to support their mitochondrion health than give them this ultimatum, rigid fasting program.

Dr. Lara Salyer:

There's a lot of research out that says even just one day of fasting like 24 hour fast is just as effective as seven days of intermittent fasting, 12 to 14 hours. So I try to help patients understand this is a topic to consider, but not to latch onto black and white thinking. That there's a lot of ways to health, a lot of different journeys.

Kirkland Newman:

Absolutely. I think that's the beauty for me of functional medicine is that it is so individual and it's so personalized. So it really is adapted to the individual. If we go back to the work that you do with doctors essentially, so you've experienced the traditional way of working and now your current way, what would you say though are still the biggest challenges in practicing the way you're practicing at the moment?

Because presumably you haven't all gone away but have you swapped one set of challenges for the other?

Dr. Lara Salyer:

Sure. That is an absolute fair question. Of course there's a lot of different challenges in this setting. The biggest challenge I see for myself and for other practitioners that I mentor is the management of time. Again, a lot of these functional protocols can be very lengthy. You're asking patients to take certain supplements, you're asking them to submit testing. And if you're dealing with patients that have brain fog or energy issues or mental health, there's only so much a brain can do. So then they're lost or confused, they don't know what to... So you've got a lot of this little tiny stuff that can really make it hard for a functional or integrative practitioner to be efficient because the patients are trying hard and there's a lot of information exchange.

Dr. Lara Salyer:

So what I have explained and honed in my own practice and I try to teach others is, there are ways to automate the mundane. You don't have to be delivering all of your information. For example, going into a college classroom, you don't expect the professor to tell you all about their grading policy and sit there and let you listen. They want you for you. So a lot of my training is I'm using technology to do a lot of the education before I even see a patient. Explaining about what we're doing, what does the testing look like, using platforms to get them little tiny doses of good knowledge so that they feel prepared when they come to their follow up visits. I do a lot of sharing their lab results on a screen share video ahead of time so they can understand the what and the why, but they don't know the how yet, so they're ready when they come in.

Dr. Lara Salyer:

So there's a lot of massaging of our own talents that we can do in technology to make this a lot more streamlined and efficient. And putting up loving boundaries like saying, "Not every question I can deal with one-on-one in a portal, let's save that to benefit the whole as we do our open office hours once a week. You can come in online and we'll record this session for everybody to learn about why magnesium threonate might be a great idea or magnesium citrate." So these general questions you can archive for a library of educational courses for your patients. So really, there's an opportunity to use efficiency in our physician timing like no other time that we've ever had.

Kirkland Newman:

I love your approach because I think so much of what you do is about education and educating your patients essentially and using those resources so that they can use them over and over again. I think one of the challenges of functional medicine is the fact that it takes longer and it can be a bit discouraging, and you don't get the quick fixes that you're hoping for.

Dr. Lara Salyer:

Yes. I think that you nailed it right there, is having at the outset the right expectations for patients. I didn't have that tool dialed in right away because I was coming from the conventional model of "I better hurry and fix it." And you end up being instead of a pill for an ill, you're doing a sup for what's up and that's not good either. And so I had to learn myself that, "Wait a second, I'm not doing a good service explaining to patients. This is slow cook medicine. This is not fast-food medicine. This is going to take a

while." And you will have patients that are still disappointed. They want that quick, expedited... There is no fast lane.

Dr. Lara Salyer:

So at least with everything you say on your website or every interaction, you have to explain the beauty of our healing but it can take a while, and that you are there as a partner not as somebody just who's dogmatically telling them that you want this to be a partnership of equal effort. It can go a long way to making your career much more enjoyable as well.

Kirkland Newman:

I think that brings me to the question, what would you want doctors to know essentially? I know that you've coached a lot of doctors, but if you were talking to mainstream doctors and your frustrations with the way people practice mainstream medicine, having come from that background, what would you want to tell them and then what would you want to tell people who are thinking of making that jump? What do you think is important for both of those sets of doctors to know?

Dr. Lara Salyer:

That's a great question. My 10-year mission is to develop a curriculum called Renaissance Medicine for medical schools, nursing schools, residencies because this is the tragedy that happens. When you're in a medical training career, you're used to getting help and coaching to get into medical school. Once you're there, there's no other support. You don't really get advice on how to pick a career. What if you're destined to be a great pathologist because maybe you get drained with interacting with people? But somehow you're in family practice and now you're in a residency that you're not quite aligned with.

Dr. Lara Salyer:

There's all these forks in the road that we never really support physicians on making these decisions. So much like a professional or leadership development course that is offered to CEOs all the time and to department heads all the time that's never offered to physicians or nurses. And that is my mission in 10 years to have a robust curriculum that walks them through some of the time management, some of the boundaries and the self-care and looking at core values, and really mapping out where they might want to be with the idea that it can change.

Dr. Lara Salyer:

In a way, I wish we could lease our careers and our relationships like we lease a car. Let's meet at the table again in five years and see, does this still meet your needs? Do you still want the power windows? Do you need the steering or the leather? Maybe you want a different model. And allowing that ability of creativity in the delivery of medicine by having check-in points with our practitioners in a conventional model saying, "Hey, it's your two-year check-in, let's talk. How are you doing? Do you want to have a sabbatical?" That would be great. Professors get a sabbatical, why can't doctors? Allowing that check-in process and expecting it rather than being reactive to it when it happens, that can go a long way.

Dr. Lara Salyer:

So that's the conventional side. I think for those thinking of going to the other side of functional, I would always encourage you to look deeper and not think this is going to cure everything. You have to do a lot



of self-work on your own self and what you're thinking of and how much can you handle a transition. With every transition and metamorphosis, there's pain. There's going to be some struggle. Yes, you're gritty but are you ready for new lessons that are going to be very interesting? And being an authentic self? And showing up with transparency? And being willing to learn and seek out help and ask tough questions, just trying it out? There is no one way but you can definitely get the paint brushes to paint your career masterpiece if you choose. Just seeking out the doors and opening every door that you come to and ask for help. Don't ever feel like you're alone.

Dr. Lara Salyer:

I think that's the biggest thing, you try and grade it out yourself. But I've used mentors throughout my whole career journey and that is so helpful. So if you're thinking of transitioning, get a mentor, get a physician coach, or a mentor for your business, or a therapist or somebody that you can talk to as you're percolating and marinating these thoughts because they can help untangle them and file them in a more organized fashion for you.

Kirkland Newman:

That's amazing and that's such good advice. And in terms of the... Do you think that this is the medicine of the future? Do you think that in 10 years everybody will be practicing this type of medicine?

Dr. Lara Salyer:

I would say in a flavor, in a spectrum of it. I don't think everybody needs the deep dive. I feel like right now we have two extremes. We have the fast factory conventional medicine where it's starting to get just really put down to the bare minimum of what can we do in 15 minutes and get you out, make sure we've checked the boxes for insurance. That's that extreme. And then we have the extreme of the functional medicine for the elite where people are paying thousands of dollars to get this deep. Not everybody needs that either. So I would love to see a blend. That's why I speak at a lot of conferences that are medical schools or allopathic places that don't even know what functional medicine is, because I want to get them to understand why creative flow state is needed, but also on the foundation of good functional principles of gut management, mitochondria health, and brain balance and things, so they can start to sense that language and use that in their patient care and for themselves.

Dr. Lara Salyer:

So I do believe there's going to be like a hybrid structure and I would love for that to be just commonplace that nobody questions leaky gut, nobody bats an eyelash about trying to have good lifestyle habits. And then we save the extremes, maybe perhaps just like we created a hospitalist certification just recently, that now you can be trained in hospitalist medicine. That wasn't heard of 20, 30 years ago. It was the family doctor did it all. And now we're starting to see these silos which is actually good because they're really trained in what they do. So perhaps we'll see another middle ground where we have the acute care, we have the deep functional, maybe we have a nice, new primary care model that allows that group structure and reimbursement that's both value-based and educational.

Kirkland Newman:

Then one final question, Lara, you've been amazing, is from the patient's perspective, so a patient who's in conventional medicine, who's considering switching to functional medicine because they haven't found the answers that they were looking for in conventional medicine, what would you tell them? How

would you encourage them or would you encourage them? And what would you tell them to expect or to look for? What changes can they expect from functional medicine?

Dr. Lara Salyer:

I love of this. Yes. This is a friendly little comment on the words that you chose. You said switch and I would say it's not really switching, I would say that it's augmenting, it's exploring, it's understanding that not one branch of medicine has all the answers. So I think it's a multimodality approach: acupuncture, massage, physical therapy, talk therapy, primary care, functional medicine, holistic, all these things are important. So I would encourage if patients are interested, we live in an information overload era. We can go on Google and read all the stuff. The hardest part is they don't know what to sequence in their own day and that's why they need a certified practitioner, because sure, you could read about the 5R gut protocol, go ahead. But are you doing the right steps that help you? You might read about intermittent fasting and then it makes your cortisol go crazy when you try it. All these things are very personalized.

Dr. Lara Salyer:

So for that person who's really curious and wondering if functional medicine or holistic medicine could help their symptoms, start looking at the main areas that people get certified like IFM, A4M, there's a bunch of different areas. So start looking. You can find a practitioner that's near you by searching with your ZIP code, start subscribing to blogs of people that you enjoy learning from and just augmenting that journey in word of mouth. Ask if anybody's ever been to this practitioner. Most practitioners will either have some kind of application process to see if you're a good fit. Don't take it personally if they say you're not a good fit. It might just mean that they'll refer you to somebody else who is a better fit. So we're all here trying to help people and I think it's only a matter of time where we're just going to see the world explode in the demand for more functional medicine.

Kirkland Newman:

Totally agree. I think that's absolutely true. I said it was a final question but it wasn't. So what's your key takeaway from having made this leap into having your own functional medicine practice? How's that given you more joy? Has it? I assume it has, but what's your key takeaway from having made this shift?

Dr. Lara Salyer:

I think the key takeaway is don't ever think that your canvas is a set dimension. It just keeps expanding. If you're a patient or a practitioner, yes, you might have a few paint brushes in hand that you've been painting, but guess what? There's a bunch that you didn't even know about and the canvas only gets bigger. And so on the other side of fear and uncertainty can be a brilliant multi-technicolor world. Enjoy the journey. This is something that can be beautiful and there is no such thing as wasted time or the wrong decision. It's just giving you more information to make a better decision next time. So explore, have fun. This should be very joyful and a wonderful experience for everybody all around.

Kirkland Newman:

Amazing. Dr. Lara Salyer, so how can we find you?

Dr. Lara Salyer:

## The MindHealth360 Show - Dr. Lara Salyer

The best place is on my website [drlarasalyer.com](http://drlarasalyer.com), but I'm also on Instagram, Facebook, and I have a small TikTok channel that I'm starting. I'm on YouTube, I do weekly Right Brain Rescue episodes where I give my top tips and tricks for both patients and practitioners. So make sure you sign up for my newsletters for my website. That's the best thing. Then you won't miss any of the good stuff. I'm always available, reach out and keep coloring outside the lines.

Kirkland Newman:

Fantastic. I'll put all that in the show notes. I can't thank you enough for your time, Dr. Lara. We really look forward to hearing more from you.

Dr. Lara Salyer:

Beautiful. And thank you for all you do.

Kirkland Newman:

Thank you so much for listening to The MindHealth360 Show. I hope that we've helped you realize that mental health symptoms have root causes that can and need to be addressed in order to sustainably heal, and have given you some ideas about steps you, your loved ones, or clients may take to start their healing journey. Please share this interview with anyone you think may find it helpful and don't forget to subscribe to keep up to date with our latest interviews on integrative mental health. If you want further information, please go to [www.mindhealth360.com](http://www.mindhealth360.com) or find us on social media. This information is for educational purposes only and is not intended to diagnose or treat any disease or to replace medical advice. Please always consult your healthcare practitioner before discontinuing any medication or implementing any changes in your diet, lifestyle, or supplement program.