



Your Functional Medicine Expert®  
Jill Carnahan, MD ABHM, ABOLM, IFMCP

## [#22: Dr Jill Interviews Dr. Sara Gottfried](#)

Dr. Jill 0:06

We are live. Hello everyone! I am always loving this. The most fun part about it is that I get to talk to friends. It's kind of like you get to jump in on a coffee chat with Dr. Gottfried and me. And I don't know, Sara, for sure when we first met. But I remember A4M. I think we've traveled in the same circles for a decade now.

Dr. Sara Gottfried 0:31

It's true.

Dr. Jill 0:32

Yes. I have always admired you because one thing about you is that you're successful. You are a great teacher. I love that you love this science. There's a lot of stuff out there. And there are a lot of doctors who, I think, sometimes compromise on the real good truth of the science. Yet we can have that and then also come to the stage with authenticity, empathy, and some of the characteristics that we'll talk about today: Feminine versus masculine, and how we try to bring our information to the audiences that we teach and to the public. But I am delighted to have you here today, and I want to just introduce you first, and then we'll dive right in.

Dr. Jill 1:14

Many of you have read Dr. Gottfried's books and know her well. She's a wife, mom, yoga teacher, physician, and scientist who graduated from Harvard Medical School and MIT. She's the author of three New York Times best-selling books, including *The Hormone Cure*, *The Hormone Reset Diet*, and *Younger*. Dr. Gottfried practices integrative and precision medicine mostly via telehealth appointments, as we all do nowadays, right?

Dr. Sara Gottfried 1:37

That's right.

Dr. Jill 1:38

# Dr. Jill

Your Functional Medicine Expert®  
Jill Carnahan, MD ABHM, ABolM, IFMCP

You can find her website. It's her name [with 'MD' at the end], SaraGottfriedMD.com. I know she's got a wealth of information there, and I know you are in for such a treat today. Welcome, Sara! Thanks so much for joining me today!

Dr. Sara Gottfried 1:55

Oh, it's a thrill. It's such a thrill. I mean, I have been so grateful for our friendship over the years. I love sharing this forward, which I hope we will do today as we usually do.

Dr. Jill 2:12

Yes. I feel like, as far as the books [you've written], your success, the way you've changed and touched the world, and the way you impact your patients' lives, you're one of those women that I've always admired, and I think the world of you. And I think one of those things that I really admire is that a lot of people out there know how to do business, but they miss the heart. Or they get so involved in the business that they lose the reason why they first started doing what they were doing. And I love and admire the fact that when I see you, whether it's your speaking, your writing, or our conversations, I see this genuine heart of service and love and this desire to impact the world for good. I'd love to go back to your story: How did you get into medicine? And where did you start?

Dr. Sara Gottfried 2:57

Yes. I didn't start in medicine. I started as an engineer. I was getting a Ph.D. in bioengineering. At the time, my beloved grandmother was sick. She was diagnosed with Alzheimer's disease, and it was one of those diagnoses that I think many of us have had a brush with where the medical system just completely fails us. She used to pick me up from school at the bus stop and drive me home, and I watched her just decline. She was unable to drive me home from the bus stop. And then, as I progressed and she progressed in her disease, I could just see this personality draining out of her. So that's what first got me into medicine.

Dr. Sara Gottfried 3:47

I ended up dropping out of this Ph.D. program to go into medicine with the intention to become a neurologist, which just feels so foreign to me now, Jill, because I think neurology is really changing. We're seeing that with David

# Dr. Jill

Your Functional Medicine Expert®  
Jill Carnahan, MD ABHM, ABolM, IFMCP

Perlmutter, Dale Bredesen, and many others. But at that time, as I got to know neurology back in 1989, it was just: Diagnose and 'adios.' There was so much focus on the intellectual part and not enough solutions. So that's what got me into medicine. Then, once I got into medicine, I just fell in love with women's health. I practiced precision medicine for both men and women, but I really felt like the personal was political when it came to women's health.

Dr. Jill 4:42

Gosh, and again, that's one reason we've connected and been here today. I know recently we've been active on Instagram about some of this stuff. Let's talk just briefly about what happened with the VAT Journal, vascular surgery. I remember medical school, and at the time I was so naive. Interestingly enough, I had a bioengineering background too. So when I heard that, I'm like, "No wonder we connect." It's like this analytical heart; how do we combine [things]? I love that. That's actually quite a rare major. We don't come across many bioengineers. So that's really cool. I love it.

Dr. Sara Gottfried 2:57

I think for those of us who do systems medicine or systems biology, it makes total sense, kind of breaking the body into modules but also just really understanding that the whole is much greater than the parts. I think you and I definitely have that in common.

Dr. Jill 5:33

Yes. And really, at the core, it's problem-solving and pattern recognition, right? I love to just listen to the bits and pieces and let my mind percolate. And then there's this recognition of patterns. Then I compare it with the labs and the science, and I'm like: "Oh yeah. Aha! Here's the bingo moment." But it's all pattern recognition. And it's very similar in that way to analytical engineering types of processes. So I love that. And I think it's a really valuable tool to bring to functional and integrative medicine, especially because, in my experience, the way we analyze data, I think we bring a lot more pieces of data in. So we have to be like a superhuman computer in order to practice medicine in the silos that we were taught, where there's just a very narrow area of focus. We're really broadening that area of focus, aren't we?

Dr. Sara Gottfried 6:19

# Dr. Jill

Your Functional Medicine Expert®  
Jill Carnahan, MD ABHM, ABOLM, IFMCP

We totally are. And I'm glad you brought this up. We can talk about what happened on social media. I'm excited to talk about that. But I feel like the way that you take care of patients, the way that you conceive of it, and the way that I take care of patients, the way that I conceptualize it, are so similar. I think of it now as a kind of deep phenotyping where we're pulling together all of these streams of data. The wearables and the Oura ring—what's happening with your sleep? What's happening with your heart rate variability? What's happening with your food? I wear a continuous glucose monitor. And all of these streams of data, we want to put that alongside the patient's story, the patient's narrative, connecting from that heart place. So it's not 100% tech. It's from this integration where I think the really juicy experiences and the healing come.

Dr. Jill 7:17

Yes. And what I've noticed that's interesting is... And I want to get back to the medical school stuff because I know we have some experience to share, but it's relevant. So I went to medical school. I didn't know any of this back then, but I was a super sensitive, empathic soul. And I went into medicine because I wanted to be a healer. I think you and I, those of us who have really embraced this, were born healers. We just didn't know it; we discovered it along the way.

Dr. Jill 7:42

And what happened in medical school to me—and I'm curious to hear your experience—is that all of the empathic and intuitive [qualities] were kind of trained out of me. I was in this very masculine-dominated world, very hierarchical, very paternalistic, extremely regimented, and extremely science-based, which I love the science as you do. But what happened is that I stopped trusting my own heart, my own soul, and my intuition. Looking back, I remember times when it was actually quite an abusive environment in so many ways. And I didn't know any better, right? So I just thought: "Oh, this is how it's supposed to be. I'm supposed to feel ashamed and guilt, and I'm supposed to feel bad for being a woman, and pretend like I'm very masculine." And I took on all those traits, and I kind of suppressed the side of myself that's very sensitive, very empathetic, very intuitive, and the true healer within us. And I tried to become something that I was never meant to be, which is a machine and a driven, producing kind of person, right?

Dr. Jill 8:42

# Dr. Jill

Your Functional Medicine Expert®  
Jill Carnahan, MD ABHM, ABOLM, IFMCP

And then I rediscovered that. I found so much joy in that, so much happiness, and the ability to really help people. When we look at data, if we have a set point of 100 pieces of data, that's easy to use science and technology to analyze. But when we have millions of pieces of data, and they include the shape of the eyes, the smile on the face, and the twitch in the mouth—it's not analytical at all—our heart and our intuitive sense are actually seeing those pieces of data and putting them into the picture. And when we open ourselves up to that part of the data, I find I get way better answers and way better outcomes. And I'd love to know if your experience was similar with medical school and some of that.

Dr. Sara Gottfried 9:24

It was very similar. Every time I talk to you about this, I get kind of misty because I still have grief for medical school. And I still have grief for all of those years that you and I experienced—and I know people who are watching us right now probably experienced—giving up something so true to ourselves. At the time, [it was due to being] in the service of what we thought was the greater good, which was: "Okay, I'm going to pass this board exam. I'm going to move forward with this medical information." You said it was borderline abusive. I would say it was downright abusive.

Dr. Sara Gottfried 10:11

Part of subsuming your intuition and your sense of what to ask next to probe further is what's required when you're working 120 hours a week, when you can't go to the bathroom when you need to go to the bathroom, when you can't sleep when you need to sleep. So you have this override that happens. And if you're not careful—and I would say I wasn't careful enough about this—in my 20s, I gave up my 20s for medical education. I think you did too. If you're not careful, it sets this set point for your physiology where you're just used to this constant stress, not enough sleep, and not enough inputs to deliver the outputs. And I remember one of the ways that you and I talked about this before, which I think is a great visual, is our black power suits. [laughing]

Dr. Jill 11:09

Yes. I love this.

Dr. Sara Gottfried 11:13

# Dr. Jill

Your Functional Medicine Expert®  
Jill Carnahan, MD ABHM, ABOLM, IFMCP

I think you had this too. I had a series of black suits. I remember when I gave my first oral abstract towards the end of medical school. I did a year of a research fellowship with the American Heart Association. I was at Harvard, and I did this research fellowship. I was invited to give a talk. And I remember practicing and practicing that talk. I knew it stone-cold. I had the black power suit. I took a beta blocker because I didn't want to show my nervousness.

Dr. Sara Gottfried 11:43

And I just contrast that with how I show up for a talk now, which is completely different. I show up for a talk now with the goal of coherence, with the goal to show up fully as Sara—like, show up fully as myself—and to be impeccable with my word. We could go through the four agreements. That's one of the things I love to do before a talk. But I just think about how much I gave up in that abusive, as you described it, shame cycle that we had through our medical training and, unfortunately, how long it took for me to kind of realize the harm in it and how it was holding me back from more authentic, loving, healing connections with my patients. And it's really the integration that I think makes us better clinicians.

Dr. Jill 12:40

I love that because it's so similar to my experience. For the first five years of teaching, I had the black pants suit nonetheless. The same thing—[I had] this calm demeanor—all statistics, analysis. Maybe once in a while, a little bit of patient vignette, but there was no story; there was no heart. There was no piece of connection—like, "This patient just lost her father and she's experiencing chest pain"—even in the patient's story.

Dr. Jill 13:10

First of all, I remember training. In my earliest training, I was with a group of six or seven women in a very small group that was training to speak, and they were all so polished. They were beautifully and impeccably dressed. And here I was, a girl from farm country, central Illinois. I felt so out of my league. And as I was speaking, sometimes I would shed a tear because I felt something in my heart. I remember the trainer there was looking. And they said, "You know, there's this polishness that can come across, but Jill has this heart piece. And people are going to lean in and say, 'I want to hear more.'" And I almost cried because I felt so inadequate. I felt so much shame about who I was and that I wasn't enough.



Your Functional Medicine Expert®  
Jill Carnahan, MD ABHM, ABOLM, IFMCP

Dr. Jill 13:49

And then I started to slowly, slowly wear dresses, tell stories, and share very intimate details of my health history with the audience. And when I started to see, Sara, and I'm sure you've seen this too, all of a sudden—this is the typical audience, right?—the walls would come down and people would lean in and start to cry. And they would hear this. And it wasn't even about me; it was about me reflecting their stories to them in their lives. And what I started to do was think, "I want to give them permission," because we are all in this culture of putting on a mask and appearing like we all have it together and that we all have all the answers.

Dr. Jill 14:27

And remember the time when your friend, a family member, or yourself had a medical crisis and you didn't have the answer? I remember that. And I remember being like: "Oh my gosh, I don't know the answer. And I'm supposed to know all the answers." And every one of us in medicine has felt that a million times. And every one of us, I think, has to have permission to know it's okay to not have all the answers. That's part of the journey. So what I love to do is say, "Hey, we're in this together."

Dr. Jill 14:51

Probably your biggest struggle is with someone you love who you can't fix or heal because we're "supposed to," right? Or it might be yourself. And [it's about] giving that permission to the audience to be human because, again, there's been this ingrainedness that we can't fail, we have to be perfect, and all of those [other] things that are false stories. But what happened is that as I started embracing [myself], [and] as you started embracing yourself, people started to see our souls and ourselves for who we are. And that's attractive. People want more of that. It's not about us. It's about just coming as we are. And I'm sure you've experienced that too—that transition in the audience and how they hear you and respond to you.

Dr. Sara Gottfried 15:31

Oh, definitely. I think it's a head connection versus this whole-body, heart-centered connection. I love that medical schools are starting to choose for this. It used to be that it was just: Your scores and your GPA; and how are your letters of recommendation? And now they're choosing for empathy, curiosity, and some of these [other] qualities that have been called more feminine but that I think are a sign of a balanced, mature masculine and feminine. That's the way I think about it.





Your Functional Medicine Expert®  
Jill Carnahan, MD ABIM, ABOLM, IFMCP

Dr. Sara Gottfried 16:05

But I agree with you. In some ways, trying to show up and be sort of the person who goes through the statistics and has this absolute level of certainty about exactly what's going on in the human body is exhausting. For me, it caused HPA dysregulation and dysregulation beyond my HPA. It was trauma, frankly. There are still some ways that I'm recovering from it. But I think once you call it trauma, once you start to deconstruct it and learn how to become fully embodied again and connect with others from that place, it's so much more powerful. The blessing is that even if you don't do it for the sake of authenticity and heart-centered living, you can do it [because] it's more energizing. It's not going to deplete you the way that that amateur masculine way was depleting me.

Dr. Jill 17:11

Right. Absolutely—100%. We've both gone through a lot of different transitions. But have there been any health events or life events that started to shift that for you? Like, do you remember any points in life where you're like, "Oh, this is a big shift"? And the sad thing is that often they come through difficulties like obstacles or things that appear to be really difficult. But I'd love to hear if you have any stories of how you've been transformed through that process.

Dr. Sara Gottfried 17:39

Yes. I have a lot of those stories, and I write about them the way that you do. We're taught in medicine that you don't talk about yourself; you always talk about cases or patients. I think this is another example of what I've heard described as vulnerability together with competency. And I think when you bring both of those [together], that's really where the best healing occurs.

Dr. Sara Gottfried 18:10

The most recent experience that I've been thinking about is growing up with a grandfather who was black. He was the person in my family that I was closest to. He was an engineer trained at MIT. I have the black race on both sides of my family, but he's the one that I was closest to. And I started to really think more about racism and medicine over the past year and a half. He died a few years ago. But I feel like his DNA lives on in me, and it lives on with a legacy and an invitation to address the racism, the racial disparity, and the social determinants of health that still exist in





Your Functional Medicine Expert®  
Jill Carnahan, MD ABHM, ABoIM, IFMCP

medicine. So, I think that's the most recent example. And I'm happy to go further with some of those things.

Dr. Sara Gottfried 19:16

You and I connected by talking about breast cancer. My story is not as dramatic as yours, but I had this experience of a lot of breast biopsies followed by discovering that I had a high-risk gene mutation and then going through bilateral mastectomies. And you know how traumatic that is—having tubes in your chest wall for weeks on end, three times. I think you even had more than that. And then one of the things that came out of this... As I was healing from the mastectomy, I was treated with broad-spectrum antibiotics for a month. It was the first time in my life that I had [taken] broad-spectrum antibiotics for so long. It was like a spray-and-pray phenomenon where my good bacteria just got wiped out, and I ended up having anxiety and insulin resistance and eventually got diagnosed with SIBO, or small intestinal bacterial overgrowth. So that was a challenge that I went through just three years ago. And I think you and I connected quite a bit about that.

Dr. Sara Gottfried 20:32

[There's] one other story that I'll mention. You can kind of tell me which door you want to go behind. When I was in my mid-30s, I was still practicing as an allopathic OBGYN. I gave birth to my first daughter, and I really struggled after giving birth to her. So I went through a divorce. I had postpartum depression, and I was struggling with my weight. I couldn't lose the baby weight that I had. I had terrible PMS, and I went to my primary care doctor, who said: "You know, why don't we start you on Prozac? And why don't you take a birth control pill?—because that solves every hormonal problem a woman has." And, "You just need to exercise more and eat less."

Dr. Sara Gottfried 21:27

So that's the pivotal moment for me. That was the epiphany when I left his office, kind of ashamed and feeling guilty. And then I got angry, and I realized: "Oh my gosh. If I'm being told this and I'm a physician, there are millions of women who are being told this, and it's the wrong thing." I did not have depression. I did not need a birth control pill. And I was already running like four miles four times a week; exercising more was not necessarily the right answer. So that was when I really would say I had my greatest epiphany, and I went to the lab and checked my hormones and discovered a whole bunch of hormones were out of whack. My cortisol was three times what it should have been.

# Dr. Jill

Your Functional Medicine Expert®  
Jill Carnahan, MD ABHM, ABOM, IFMCP

Dr. Jill 22:17

I was wondering if that was going to be part of it. Yes.

Dr. Sara Gottfried 22:20

Yes. Pretty much every female physician that I know who's still in that male model has a cortisol [level] that's three times what it should be.

Dr. Jill 22:30

One hundred percent. I lived that my whole life, so I totally get it. I'm glad that you bring this [up] because, I'm sure, people listening, this is very relevant, whether you are just starting college and you're a woman, or you're in your mid-30s and you're having babies, or you have a few children at home, or you're in your 40s, or still have children, or whatever stage of life, or even past menopause. This is relevant, especially in the times we're living in right now.

Dr. Jill 23:00

There's an acronym I learned from Hans Selye years ago, and I love it. It's called 'NUTS'. And these are the predictors of things that raise our cortisol, change our HPA axis, and cause stress: Novelty—so, something new—unpredictability, threat to ego, and sense of control. And I've often thought that right now, during the pandemic and all the stuff that's happened, even in regards to Black Lives Matter and the trauma and all the things that people have been going through—novelty, unpredictability, threat to ego, sense of control—every single stress trigger that we could have, mostly every one of us has all four. So is it any wonder?

Dr. Jill 23:43

I don't know about you, but the people I'm seeing come into the clinic nowadays are under so much stress, and the old traumas are coming out. I really feel like I have to be even more centered, more grounded, and more empathetic than I've ever been. And even part of why we're doing this is talking about: How do we deal with this stuff? We're two successful women who see patients for a living, and we're still navigating some of these things ourselves. We don't have all the answers, and we don't have it all solved. But we have learned, haven't we, Sara?



Your Functional Medicine Expert®  
Jill Carnahan, MD ABIM, ABOLM, IFMCP

Dr. Jill 24:12

And in our lives, we've got to really control that cortisol. I loved what you mentioned too about the doctor saying: Go do some more exercise and eat less. That mentality is so prevalent. And I might have shared this with you in one of our personal conversations that I was shocked to learn in my 40s... I had been doing Orangetheory and running—all this high-intensity, high-cortisol-driven activity—and as I worked with a trainer, she said you need to slow down. I was like, "No way." But I did. I basically joke about how I stopped exercising and got into the best shape of my life. I lost a large percentage of my body fat by basically stopping the exercise because it was driving the cortisol, which was my weak link. And the same [is true for] you [with] the blood sugar issues. I reversed all of that by controlling cortisol, which is stress.

Dr. Jill 24:55

I'd love to talk about all of your stories, so I might come back to those. But let's talk right now: Stress; this whole, "What's going on now?" In my lifetime, I don't know if there's been a bigger world stressor—and the level of stress, unpredictability, and uncertainty—that I see in everybody's lives. Fear and anxiety—from what I've seen—are at an all-time high. What would you say is some advice that we could give people right now? Not that we have all the answers, because this is tough. And for those of you listening, some of you might have lost jobs. Some of you have known people, [such as] friends or family [members] who are sick. There are so many things going on. And if you're not dealing with something now, you either just got through something or it's coming. That's just how life is, right? But what are some of your best tips to deal with the kind of stress that we're living with today? I'd love to know.

Dr. Sara Gottfried 25:46

Well, I agree with you, and I think the statistics that have been gathered about the pandemic and our response to the pandemic are really daunting because we are facing a tremendous period of stress, a period of trauma. That, I would say, is on par with some of the wars that we've fought. So it is a difficult time. But I would also say that the techniques that work now are the same techniques that you and I were talking about a year ago, 5 years ago, or 10 years ago. And for me, it starts with being able to step outside of yourself. Not dissociating, but being able to get a little distance from the exigencies of life—you know, the kind of crazy town that's happening right before your eyes—to being able to develop some of that witness consciousness. That's kind of the fancy term for it. But it's really about creating a



Your Functional Medicine Expert®  
Jill Carnahan, MD ABHM, ABOLM, IFMCP

little distance between the voice that's in your head and the drama that's unfolding in front of you.

Dr. Sara Gottfried 26:49

And there are so many ways to do that. For some people, it's mindfulness. For others, it's meditation. I'm a fan of yoga meditation. So I think there are many ways to practice this. What I found during COVID, for instance, is that I need to meditate first thing in the morning and again before I go to bed because if I don't do that, there's a way that I'm perseverating. Because I'm staying home right now, which I know is not good for me, I know it's leading to me grinding my teeth, leading to bruxism, and some other things. So I find that adding a little extra meditation during the day is very helpful.

Dr. Sara Gottfried 27:44

I've got my iPhone right here. Every time I type my code into my iPhone, I pause and take a deep breath. I think that's a really helpful technique. But I also would say extraordinary times call for extraordinary measures, and there are some things that I think can be helpful if you want to take it to a more advanced level. I can talk about gardening. I just love gardening, and I've done so much more of that since the pandemic was initially claimed at the beginning of March. I can talk about the exercises I'm doing. I can talk about the Zoom hangouts that you and I have done, which I know help me with my cortisol. What we know, especially for women, is that if you can activate 'tend and befriend,' that's a very helpful way to deal with stress. And it can be as simple as a FaceTime call with someone that you really love to talk to. I've got those set up weekly for myself. I go to yoga every Sunday with my friend Jo, and we always talk before or afterward. This is a little deeper, but I feel like I can go deep with you.

Dr. Sara Gottfried 28:51

Getting back to the point you were making about NUTS and that sense of control, I think the sense of control is, in some ways, a total illusion. I would say that a big part of the challenge that I had as I was going through my medical training was because I was taught that I needed to control everything. At that time, we had these note cards. I don't know if you had those where you checked all the boxes for what your patients need every day. You had this idea: "I'm going to control everything on this note card. I'm going to do everything on this note card, and then I'll be able to leave at 6 p.m.," after working 36 hours. And it turns out that control is a total

# Dr. Jill

Your Functional Medicine Expert®  
Jill Carnahan, MD ABIM, ABoIM, IFMCP

illusion. The more that we can surrender to it and kind of dance with what's unfolding, the better for your cortisol and the way your brain talks to your gut, [which] talks to your microbiome. It makes a huge difference. I think it's relevant here with COVID-19. What do you think?

Dr. Jill 30:03

Oh, I love that because, gosh, I'm a recovering perfectionist, a recovering control freak. Not that I have it all made. But I think that those are some of the most important things that I've learned—letting go of expectations. And I'll tell you whether it's your work life, your clinical staff, or your patients, especially because we can give them information, help them, love them, encourage them, and give them resources, but ultimately, it's in their control. And even with the things that are in their control, ultimately, the outcome is up in the air, and we can't control those outcomes. I'm sure you've had this before when the first patient you loved and cared for for years passes away or something tragic happens. There's this sense of, "Oh my gosh, could I have done something different?" Usually, the truth is that we've done the best we can, and they have too. And these are things that just happen in life, obviously.

Dr. Jill 30:55

I find that with relationships too, usually the things that really sabotage [things]—whether they're romantic or friendships—are expectations. So if we can give the people we love the freedom to really be themselves in all their glory in all the other parts and allow them to show up as themselves without expectation... Not that we can't say, "Hey, let's have dinner every Friday night," a date night. We can have those kinds of expectations or agreements between us. But the expectations of making them into something that we want versus who they really were and are created to be [can be harmful]. I love continually reminding myself to let people be themselves and love them just where they are.

Dr. Jill 31:34

And one thing I feel when I see a friend, family [member], or new person I meet is that I have the ability—as I suspect you do too—to see the soul level. So even patients can come in and be really critical and hard to talk to, and they've got this veneer up of, like, "Don't mess with me." And I see right through that. I'm like: "They're hurt. There's some trauma there. There's something else going on." And I actually find this little inner challenge, like, "How can I love them in order to break

# Dr. Jill

Your Functional Medicine Expert®  
Jill Carnahan, MD ABHM, ABOLM, IFMCP

down that barrier?" It's like this little secret of mine. Like, "I want to really break through."

Dr. Jill 32:06

The other day I had a patient who was almost combative on Zoom. Everything I would mention [was]: "No, well, I can't do that. I can't do that; this is why." And I just kept coming back and coming back. In the very end, I said: "Okay, let's pause. I can see that you've been traumatized by the system, and I can see that there's a lot of lack of trust and a lot of anger. And I know it's not directed toward me." I said: "There's nothing you can do or say to me that will make me love you any less." And I said: "I'm here for you. I'm not leaving. You can say anything you want. I'm still going to be here, and I'm going to take care of you, and I'm going to love you." And you could not imagine. Immediately, her face changed. She started weeping.

Dr. Jill 32:50

And I don't know if that'll permanently change your interactions, but I saw her soul. It was broken. It was hurt. It was like an animal that's been hurt and cornered and tries to lash out. And we see that in the people that we love. We see that in our patients. And if we can start to see people in that place—that we're human and there's trauma and there's pain—and see past that to the soul... For me, I love to see what the potential is in healing. And I actually do it to default because, to some people who maybe don't deserve a second, third, or fourth chance, I tend to give it. But I'd much rather be that [way], assume the best, and expect the best. I've seen miracles in my patients' lives and in my friends and family's lives and relationships because I have this expectation of good and what they're capable of. And it transforms people to be seen that way.

Dr. Sara Gottfried 33:39

Well, this is why we love Jill Carnahan so much. It's a beautiful testament, I think, to what you've overcome in your experience and how you bring that forward to patient care, to teaching, and to your friendships. That moment you had where you asked that patient to pause, to me, was a moment of undefended love. [There was] no defensiveness about all the excuses that she was giving you. [There was] no defensiveness about how she was treating you. No blaming her or someone else. Just this pure light of undefended love. And to me, our job on this planet is to get to that place of undefended love. Even in the moments where you are fully tested to



# Dr. Jill

Your Functional Medicine Expert®  
Jill Carnahan, MD ABHM, ABoIM, IFMCP

be able to show up with that level of connection and love, to me, that's our highest purpose. I would say service and undefended love—those are our highest purposes.

Dr. Jill 34:53

I love that wording too. I love it, and you're going to make me cry. I'm very touched by your words. I know you do, too. But I don't always do it right. But I so badly want to show up with light and love in every encounter. And it's so funny because our humanness gets in the way, right? Even with this patient, I could feel myself getting riled up and getting almost anxious because it was so hard to keep a calm demeanor. Then it just hit me: "Wait a second. You're getting triggered. She wants to trigger you because she's cornered; she's scared." But it doesn't always happen that way. But when I can see past that, that's where the healing starts.

Dr. Jill 35:36

That's where the healing starts, because for this person, no amount of supplements, suggestions, or lifestyle changes would have helped. What was there at the core was old trauma and old anger, and a whole situation I won't go into. But when she started to share, I realized how much unresolved anger, bitterness, and unforgiveness were there. And really, the core issue with her healing wasn't about a pill. It wasn't about a lack of sleep or a diet change. It was about those emotions that she was harboring that were keeping her in bondage. And I hope that maybe somehow we opened the door just a little bit for her to know that it was safe. Because really, that's the other thing, if we can create a place for our patients where it's safe...

Dr. Jill 36:19

We talk about the pandemic and all this. It's really this danger response that we're feeling. It's unsafe. We can't go outside. We can't touch a human being. We can't breathe. Like, breathing is pretty important, [and so is] touching [for] human beings. I know you met Dr. Nadine Burke, and then I read her book, and I was impressed that you had connected with her. But I love that book. It's called *The Deepest Well*. If you haven't read it, I highly recommend it. It really touched me because, number one, the inequalities with race are very prevalent there. And it's not that all trauma is race-based, but there's certainly a larger degree of trauma in certain races, and that's so sad. I think the statistics show, and you can correct me or share your thoughts, that the biggest predictor of mortality or morbidity is unaddressed



childhood trauma. Would you agree? Or [would you say that it's] at least one of the biggest?

Dr. Sara Gottfried 37:13

Well, it's hard to do a side-by-side comparison. But the work on adverse childhood experiences, I think, is really interesting. And Nadine Burke Harris has been such a great advocate. She's the surgeon general for the state of California, which is how I met her a few months ago. But one of the things she has done is that she wants every physician in California to start screening for adverse childhood experiences. So what we know with ACEs is that having a score of one or higher puts you at greater risk of a long list—I think there are like 46 outcomes that are associated with it.

Dr. Sara Gottfried 37:58

She starts off her book with this incredible story of a man in his 40s who wakes up and can't move his arm or leg on the left side. It turns out he's having a stroke, and his wife takes him to the ER. And she overhears the doctor saying, "42-year-old male, status: post-stroke, no risk factors." And his greatest risk factor is that his ACE score is elevated. So it's one of those risk factors that I think we don't consider enough. How does that compare to other social determinants of health? It's a little hard for me to do a side-by-side comparison. See, I just got out of my parasympathetic [mode] and went into my sympathetic drive to answer that question. [laughing]

Dr. Jill 38:40

[laughing] Sorry. I know.

Dr. Sara Gottfried 38:42

I want to take this back to a couple of things you said about this experience with your patient because I want to honor you. You were talking about how you were starting to get triggered, which I think is the normal response for so many of us, especially on Zoom, where it's a little hard to read the body language of another person. And if someone freezes for a few seconds, you're like, "Oh my God, what did I say?" I think the work of Eckhart Tolle is really interesting here. He talks about pain bodies and how, as a result of trauma and maybe abuse, we have this reservoir of pain. And we can try to activate it in other people because it makes us feel better.



Your Functional Medicine Expert®  
Jill Carnahan, MD ABHM, ABOM, IFMCP

Dr. Sara Gottfried 39:30

And I think to notice that happening on a Zoom telemedicine appointment—to notice that there's a little triggering happening here—is very advanced. And to be able to take it down a few notches and ask to pause, kind of break the energy of the pain body, and then speak more directly to her soul, that's very beautiful. And what it does, just like what I just did talking about ACEs, is I think it helps us with that limbo or balance that we want between the parasympathetic nervous system, where we do rest, digest, and healing—that's where all the healing happens—versus the sympathetic half of the autonomic nervous system, which is fight, flight, or freeze. And we want as much as possible, especially when it comes to healing, to be in that place of the parasympathetic nervous system.

Dr. Sara Gottfried 40:27

So what I hear you saying, if I put it in medical language, is that you were having a lot of this interaction with the patient. She was pushing back and combative, and it was starting to take you into the sympathetic nervous system, and [in essence] you said: "No, wait, hold up. Pause. Let's go back to the parasympathetic, and I just want you to know that nothing you say will make me love you any less." That's like pure language from the parasympathetic nervous system.

Dr. Jill 40:58

Wow. And back to our speaking: That's not normal on the stage. But when we can bring that piece to the stage, to teaching, and even to our writing, that, Sara, is what's going to transform people's lives. The science is great because your analytical mind needs the background to have this foundation in order to believe what's true, right? I love the science, but that piece that you just described is how we change our world. So I just continue. I don't have it all, but I want it so bad. I want to be that.

Dr. Sara Gottfried 41:36

Well, I witnessed it with you. I witnessed it in May 2019 when you were on stage in Orlando talking about your story. I could feel it. You gave a talk for A4M on the gut, I think in May. I witnessed it again. You were talking about, I think, coconut oil and LPS. You teach in a way that activates the parasympathetic nervous system. You show up with that coherence that I think is so profound.

# Dr. Jill

Your Functional Medicine Expert®  
Jill Carnahan, MD ABHM, ABOM, IFMCP

Dr. Jill 42:15

Aw. I just had to get rid of my black suit. [laughing]

Dr. Sara Gottfried 42:18

[laughing] Yes. We just have to show up in our dresses. You have to be Jill, and I have to be Sara.

Dr. Jill 42:25

Exactly, unapologetically. I remember the day when it shifted, and it's been a process. I remember really clearly the day when, years ago, what I would do was: "Oh my gosh, what if I trip? What if I fall? Is my dress okay? Is my hair okay?"—because women are kind of critical, and they're going to look at your shoes, your hair, and your lipstick. So I wanted to be put together. And I was all worried about me, my words, and my dress. And then God was just like: "Wait a second, Jill, I called you to touch people's lives, and it's not about you. I'm using you, and I've given you a gift of words, voice, speaking, and knowledge. It's not about you. If you just trust me and you allow me to speak through you, I promise it'll be a better outcome."

Dr. Jill 43:11

And I really remember the surrender; we just talked about that. Before I went on stage that day, I said a little prayer. I'm like: "This is all about you. Let me just be up there." And I just let go of all expectations. I surrendered to the outcome—no outcome, no expectations—and I didn't care. I thought: "You know what? If I trip, I'll look human. It'll be good. If my dress rips or something funny happens, it's just okay." And I just let go of all that expectation and that desire to be seen or heard in a certain way. "Let it go." And I just thought, "Okay, how can I love the people that I'm in front of?" and it changed everything that day.

Dr. Jill 43:49

From then on, before I go on stage, I just have a little prayer like: "This isn't about me; whatever's supposed to happen, let it be." And I'm more spontaneous. What happens is that I'll be on stage with a plan for what I'm going to say, and I'll look across the room and see a woman in tears. I'll have a thought, and I might go in a totally different direction and tell a story on the spot. And it'll be so much more

# Dr. Jill

Your Functional Medicine Expert®  
Jill Carnahan, MD ABIM, ABOLM, IFMCP

impactful than if I planned it. And I love living that way. Again, it's a practice, but it's so freeing.

Dr. Sara Gottfried 44:21

It's so freeing. And I think it's really important for listeners who maybe struggle with—I don't like this term—adrenal fatigue. I think that's what it ends up getting named. I'm an engineer, so I like to think of the control system for your hormones—the hypothalamic-pituitary-adrenal-thyroid-gonadal-gut axis—as disrupted. But I think for people who are really struggling with cortisol and stress, which is 95% of my patients, this is the answer: Being able to turn over the reins, to be able to say, "I'm a channel." It doesn't absolve you of responsibility. I still have two daughters that I have to raise. I still have a mortgage I have to pay. But that idea that you don't have to do 100% of the work, like you do your 50% and you let your higher power—however you conceive that to be—do the other half. Oh my gosh, what a huge relief. Huge.

Dr. Jill 45:24

It is. Oh my gosh, it is. It's funny because as I've been writing my book, there are these things that will come out, and I didn't really realize it was how I view or see life. But when you have to write, it's like therapy, right? You have to actually put into formulation what you're thinking, feeling, or how you're behaving. And some of you see stuff you don't like, and you're like, "Okay, I've got to change that."

Dr. Jill 45:45

But one thing that comes to mind as you're talking is that there's a chapter coming out talking about believing, acting, and waiting. And I realized that my whole life—this is a lot of how I live—I have had this belief that miracles are possible, that the unexplainable could happen, and that beautiful things are possible. And then I have to take some action. You said it doesn't absolve us of responsibility. So you have to do something. You have to show up. You have to do your part. You have to have faith. And then the last part is the wait. And that's the part we don't like, and we don't like the things that are part of it.

Dr. Jill 46:13

But so often, you do your part, and then you wait and wait. And the beautiful, amazing things that happen [when] waiting. And it's the part that we least like to

# Dr. Jill

Your Functional Medicine Expert®  
Jill Carnahan, MD ABHM, ABoIM, IFMCP

either believe we need to do or actually do. But that waiting is the part—the surrender—that actually rebalances our sympathetic/parasympathetic systems and allows us to go into this place of receiving. And when we think about when you receive a gift, that's this joyous time. We receive this great thing, and we're grateful for it. And we know that some of those emotions of receiving, gratitude, and love are the best therapy for our parasympathetic system ever. So it's a neat thing that as we do our part and then wait for the part we can't do, that's when we see really great things happen.

Dr. Sara Gottfried 46:58

I love that. I'm trying to find something to disagree with you about because it makes for a more interesting conversation, but I can't find any. But I agree with you. I think there's something about the waiting that, as you said, the state of receiving is the piece that so many of my patients skimp on for whatever reason. I'm a recovering inpatient person, so I totally get it. But when you're not tuned into that frequency of waiting, observing, and chronicling what's unfolding in front of you, instead you're just looking for the flaws: "Oh, it didn't happen again. My prayers weren't answered." It's almost like you have blinders on and can't see this amazing thing that's happening in front of you.

Dr. Jill 47:58

And what I find is that it's never what I expected or necessarily what I wanted; it's usually better. But I have to let go of what I expect to be the right answer and be open to what might be different or better. And it may not feel like that at the time, but when I look back... For example, you and I have both been through breast surgery and scares with breast cancer. And obviously, I've had breast cancer. But I remember [when I was] 25 years old, a third-year medical student—talk about stress. There's no doubt that there was a connection between the massive stressors, my suppression of my true nature, and my breast cancer. But all that to say, I was mortified. I thought, "I don't know if I'm going to live six months or six years." I mean, it was hard, right? Twenty-five and dealing with my breasts, which, as a woman, is a sign of our femininity and all this.

Dr. Jill 48:44

And the biggest lesson from that is that, looking back, the doctor I am today is so much impacted by my experience with breast cancer. It was literally the best thing

# Dr. Jill

Your Functional Medicine Expert®  
Jill Carnahan, MD ABHM, ABOLM, IFMCP

that ever happened to me—literally the first of the best that ever happened to me—to give me the type of ability to be the physician I am today. At the time, it was the worst thing that could have happened. But God turned it into this beautiful gift in my life. And I'm sure you've had some of those [moments]; I mean, you talked about them. And I'm sure with your surgeries and then your HPA axis dysfunction—think about when that physician told you: you need birth control and you need an antidepressant—that had to be so [hard]. You mentioned shame and difficulty then. But think of how that allowed you to write two New York Times bestsellers revolving around your experience. And to change millions of women's lives, to me, that's just profound, isn't it?—how those things that we think are not really the greatest outcome can be the best thing that ever happened.

Dr. Sara Gottfried 48:47

Absolutely right. And I think in many ways, for all the people who are listening or watching us, your symptoms can be the same gift. There are messages—sometimes divine messages—about something that needs attention. And even if we talk about ACEs—we were talking about adverse childhood experiences and how we've got this really good system for diagnosing those—I would say my ACE score is six in terms of the amount of trauma I had growing up before age 18. And those ACEs were similar for me as the breast cancer diagnosis at age 25 was for you. They made me exquisitely sensitive, almost like I was walking on eggshells. They got me disembodied so that I was in my head too much of the time and not enough in my heart. But those symptoms that came from that allowed me to create integration and wholeness that make me a much better physician than I would be if I didn't have an ACE score of six.

Dr. Sara Gottfried 51:00

So I'm not saying, "I'm so glad I was traumatized when I was growing up." But I think there's the opportunity to take these experiences that we have, as you've done with your breast cancer diagnosis. You've done this so gracefully and so articulately, as I hope to do with my ACEs. I think when you can compost those experiences into something extraordinary, that's where the real healing occurs.

Dr. Jill 51:35

I love that. That was so eloquently said. I had some trauma in childhood too, maybe not to that extent. It was funny because my outlet was reading, books, and learning, and I went into my head too. And I would never be the doctor [or have] the love of

# Dr. Jill

Your Functional Medicine Expert®  
Jill Carnahan, MD ABHM, ABoIM, IFMCP

learning or of books if it weren't for that trauma because that was my outlet—reading and learning. So it's interesting how that all plays together. But you put it so eloquently. And I think that's [similar for] our listeners as we wrap up today.

Dr. Jill 52:09

Right now, if you're listening, I guarantee most of you have some difficulties [with is] some relationship, some job situation, some life situation, or some other thing that you're struggling with. You probably wouldn't be human if you didn't. And like I said, if you aren't right now, you probably just got through something or are headed toward something. And I think, Sara, what you just said might be some of the best wisdom that we could leave. I remember when I was [fighting] breast cancer. And you probably remember some of your traumas in the midst of them. What kind of advice could we leave people with? If you're in the middle of it, how do you navigate? How would you have hope? How do you see past it? Any advice on that when you're right in the middle?

Dr. Sara Gottfried 52:53

Well, one of the things that activates my trauma response is when I get into a fight with my husband. Fortunately, this doesn't happen too often. It happens, like, once every six months when we are less resourceful, [such as when] we're not sleeping or whatever. So I would say, number one, strengthen your resources. I think that the more that you are getting sleep, which is as close to a panacea as we have, the more that you're getting sunlight before 10 a.m., the more that you are establishing your circadian rhythm, and [the more that you are] eating nutritious foods, all of those things make you more resourceful.

Dr. Sara Gottfried 53:27

And the second part—it's kind of like when you were getting triggered by that patient, and I could sort of feel this empathic trigger in myself and remember the scores of patients I've had in the same situation—all it takes is a little crack in the door to let the light in. So you were able to activate that. You were able to pivot in that situation. It doesn't take some grand gesture. It just takes opening the door a teeny little bit to let a little bit of light in, a little bit of fresh air, and a little bit of a new perspective so that you can get some distance from this thing that you're kind of gnashing your teeth with. And that's where the healing starts. One of the things I



# Dr. Jill

Your Functional Medicine Expert®  
Jill Carnahan, MD ABHM, ABOLM, IFMCP

did—I've been with my husband for 18 years now—was make a little note on my iPhone [about] what to do when I'm triggered by my husband.

Dr. Jill 54:26

Oh, I love it. It's so good for us.

Dr. Sara Gottfried 54:30

I have a list of all these things that I tell myself to calm down, similar to how you calmed yourself down with that patient. It started with just five bullet points; now it's ridiculously long. But a big part of it is: Get curious, not furious. I borrowed that from somebody. That's not something I came up with. But I think that's a big part of it. If you can flip into that place of curiosity about your symptoms—about your adrenal fatigue or HPA dysregulation, about your breast cancer diagnosis, or whatever it is—if you can get curious, not furious, it opens up the possibilities in a much deeper way.

Dr. Jill 55:13

Oh, that's beautiful to leave our listeners with because that's really at the core. Like you said, the crack—I love that analogy because you can just see it with the sun filtering through. You can see the dust in the air through the ray of sunshine. But I can see how that's really a piece. You don't have to feel super, on-top-of-the-world joyful about your situation. All you have to do is think—like you said, be curious—what if there was something good here? What if there was something more than what I'm seeing? What if there were something that is going to come from this that's really beautiful? So I love that: What if. What possibilities are here? And that's the [part about] getting curious. I think it's a great, great place to leave [people with].

Dr. Jill 52:53

You know, you shared about your grandfather and how he impacted you. And I love that you shared that, especially in this time. How important it is for all of us to be aware of racism and even examine ourselves in our own hearts because it's easy to point fingers. And I find the most important thing is to look at ourselves and say, "How am I contributing?" But I'd love to know, in parting, if there are any words of wisdom you remember from your grandfather—anything really special? You had a really close relationship with him. What was one thing that he really taught you?

# Dr. Jill

Your Functional Medicine Expert®  
Jill Carnahan, MD ABHM, ABOM, IFMCP

Dr. Sara Gottfried 56:28

Well, I dedicated my first book to him. He died just before that was published. I feel like more than anyone else in my family, he understood how I ticked. He understood my mind and my heart in a way that others were too busy to understand. And what we know is that it only takes one person growing up to kind of get you and be able to reflect back to you who you are—a mirror. And that's what I got from my grandfather. So it was incredibly profound. I do a lot of guided visualizations and meditations. And whenever you're supposed to pick a benefactor, he's my benefactor. He's always my benefactor.

Dr. Jill 57:24

I love that, and I bet you feel him. I've had those experiences where there's someone. I have a great-great-grandmother and a grandmother, and they're both very, very precious. And in difficult times, I've literally felt their presence. That's a whole other story. But I remember learning to have a voice as a woman and stand up for abuse when I filed my first restraining order—that's a whole other story.

Dr. Sara Gottfried 57:48

We need to schedule part two, Jill.

Dr. Jill 57:50

I do. I'm like, "Okay, we're going to leave you guys hanging." "To come: The bad relationship choices of Dr. Jill."

Dr. Sara Gottfried 57:57

Oh, I've got them too—all the bad boyfriends that raised my cortisol. That'll be a really fun one.

Dr. Jill 58:04

All that to say, those people that came before, what I remember about her coming was, like, I felt this strong sense that she didn't have a voice and she couldn't stand up to situations where she was treated unfairly. And she was like saying, "Will you please rectify this for our whole lineage?" And I was able to do something that really changed my entire lineage of women. So I love that. And you right now can take and

# Dr. Jill

Your Functional Medicine Expert®  
Jill Carnahan, MD ABIM, ABOLM, IFMCP

pass on this incredible spirit of your grandfather through your books, through your teaching, and through your love for people and patients. And I'm sure that he is smiling down on you and so proud of you, Sara.

Dr. Sara Gottfried 58:42

Thank you. What I could hear him say as you were talking was: "Keep going, honey. There's a lot of work to be done."

Dr. Jill 58:52

Can I please borrow him? Can I please borrow him?—because I love it. [laughing]

Dr. Sara Gottfried 58:57

[laughing] Keep on working.

Dr. Jill 59:00

I love it. Well, we will leave you all with that, and we'll have to continue someday because now you want to know the stories. Thank you for joining us today. Dr. Gottfried, where can people find you and [learn] more about you?

Dr. Sara Gottfried 59:13

The best place to go is [SaraGottfriedMD.com](http://SaraGottfriedMD.com). You know, one of the things we didn't talk about is that I'm going to start seeing new patients again. I've been closed to new patients for a number of years. And the place to go for that is [SaraGottfried.com/patient](http://SaraGottfried.com/patient).

Dr. Jill 59:29

Oh, that's exciting. So we'll be sure to put the links here and on my YouTube channel. You can find me at [jillcarnahan.com](http://jillcarnahan.com), of course. Thank you all for joining us. It has been such a joy, Sara.

Dr. Sara Gottfried 59:40

Thank you, Jill.