

Dr. Jill

Your Functional Medicine Expert®
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[#79: Dr. Jill interviews Dr. Shilpa P. Saxena on The Healing Power of Feminine Energy](#)

Dr. Jill 00:13

Hey, everybody! I am here with Dr. Saxena. I'm so excited to bring you the topic today. We were just gabbing a little before—that's why we're just a little late to get started—about our topic today. We're going to dive into some of the really important components we have both learned, not only personally but professionally, about healing and embracing, not just the masculine-driven to-do-list protocolized healing energy, but going more into: How do we connect in social situations? How do we embrace our feminine energy? How do we embrace our intuition in medicine? I am so excited to talk about this topic today. It's so relevant. You are in for a treat.

Dr. Jill 00:55

Before we dive in, I just want to do a little bit of housekeeping. You can find all kinds of resources and free blogs on my website, JillCarnahan.com. And if you want any products, you can find them at DrJillHealth.com. We are live on YouTube on my channel under my name. There are almost 80 interviews now. We're also live on iTunes, Stitcher, and all of the places where you find podcasting. You can find us and listen to all the other episodes. There's pretty much a new one coming out every week.

Dr. Jill 01:24

I first want to introduce my colleague. We have been in the same circles for probably a decade with IFM, A4M, and all the different organizations that teach functional medicine. She has been a leader and someone I look up to in this realm. We'll talk a little bit about her journey and some of the things she's doing that are unique to medicine. She is a board-certified family practice physician whose passion and purpose came to life through sharing her innovative patient education and practice management solutions in her classic keep-it-simple style. I love that.

Dr. Jill 01:57

She serves as faculty with the Institute of Functional Medicine and the Andrew Weil Center for Integrative Medicine. She also serves as a clinical expert for the CM Vitals Program at the Lifestyle Matrix Resource Center. Dr. Saxena is an expert in the group medical visit model—we'll talk a little bit about that—creator of Group Visit Toolkits, and co-author of *The Ingredients Matter: India*. She currently serves as chief medical officer of Forum Health, a nationwide network of functional and integrative physicians committed to bringing health and care into our healthcare industry. She, as you can tell, is a game-changer and a leader. I am totally honored to be with you today. Dr. Saxena, welcome!

Dr. Shilpa P. Saxena 02:38

Thank you so much! I am beyond happy to have this conversation with you and with everybody who's listening. I think it's going to be very intuitive and, hopefully, inspiring.

Dr. Jill 02:53

Yes. And I love how we roll because most of you who listen know I don't ever have an agenda. I often ask people if they have some questions to send me beforehand and most of the time I forget to look at them. So I love this whole energy of just showing up, being present, and seeing where things go, but having an idea. That's where we're going today. I'd love to start with a little bit about your story and your journey into medicine, what drove you that way, and what direction and turns it took. If you want to start sharing a little bit of that, that would be amazing.

Dr. Shilpa P. Saxena 03:23

Sure. I have this stereotypical story. I'm the firstborn child of an immigrant family of Asian-Indian descent. You may have heard that many times we are directed to become doctors, engineers, or something. I actually wanted to be an artist, and my father very conveniently said: "That's nice. You're going to be a doctor." So I went into medicine. I really did enjoy being with people. I chose family medicine because I was indecisive about which part of the body I liked. In fact, I liked all parts of them and I couldn't imagine, as a creative spirit, doing the same thing over and over and over again. So family medicine chose me.

Dr. Shilpa P. Saxena 04:01

I used to deliver babies. I'm an FPOB by training, so I love the idea of the continuum of life—helping people from the time that they are in the womb and nurturing the

mother so that the baby is healthy all the way to the end portions of life. I did that and I really thought I was in the business of healing. When I was in training, I was like: "Okay, we're going to heal people. Here's the magic!" And then residency slowly became this awakening, like: "Wait a second, there's a lot of other factors that are going on besides a pill for every ill."

Dr. Shilpa P. Saxena 04:43

I graduated and worked in an underserved area in North Jacksonville. It was where rural and urban underserved [people] came together. What I found out very quickly was that—goodness—there is a machine that's happening with medicine and that was dissatisfying. In fact, I jokingly said: "I feel like a legalized drug dealer. Every few months, people come in and get their refills." In this population, they even had something—the name of the visit was called "Alexa's refill." It was Lortab, Xanax, or Soma. It was called "Alexa's refill. I'm like: "This is bad when we have a name for the type of visit." So I said, "This doesn't work for me." I opened my own practice in 2000.

Dr. Jill 05:33

Just to clarify for those listening: It was basically a sleeping pill, an antidepressant, and what was the third one?

Dr. Shilpa P. Saxena 05:39

A pain pill.

Dr. Jill 05:41

Yes. So just to clarify: Pain, sleeping pill, or antidepressant, and you're out the door, right? That's what it came down to. I totally understand. We had the best training in the world. We are allopathic [doctors]. When you have trauma, heart disease, or any of these things, that's where you want to go. But the difficulty is that in medical school, we're taught to give a label. And then there's one treatment, usually a drug. There's not a lot of thought as to: What happened? Why did it happen? And I'll let you continue the story, but that's the background because we weren't really taught anything different. But you and I and anyone else who is a little bit more awake start to wonder, "Is this really why I went into medicine?"

Dr. Shilpa P. Saxena 06:19

Exactly. I have a funny way of remembering it: "We named it; we blamed it." Like, "Oh, it's the diabetes that's doing this to you." And then we treat it, and then we

street it. Like, "Okay, I'll see you in three months." Like, name it, blame it, treat it, and street it. And that's what we kept doing. It seemed like we were making a difference until we awoke to: What's the difference between what I learned about being healthy and then the disease? What's the big space in between for how you went from one stage to another? I didn't know that was called functional and integrative medicine, honestly, at the time.

Dr. Shilpa P. Saxena 06:53

I started my practice. Many of my patients who came to see me were taking supplements. I thought, "I've not learned a single thing about supplements." Growing up as an Asian Indian in an immigrant's home, we used turmeric and ginger. We had all these concoctions and things that my mother would give me if I was ill. I wasn't close-minded to people taking supplements; I was just ignorant of them. And what I noticed was that they were very cautious about telling me as though they were doing some illegal activity and I was going to scold them or something like that. I said: "No, I really need to know everything that's going in your mouth, whether it's pharmaceutical or supplement, because that's the only way I can give you the best recommendation."

Dr. Shilpa P. Saxena 07:37

I started researching supplements on my patient's behalf and got open to this whole other world because these patients were smart. They weren't just like, "Hey, I saw this infomercial." They were bringing me clinical trials and published papers. And I thought, "Where was all this in my training?" I started doing training at the Institute for Functional Medicine. Then I just completely got sucked into: "This is the missing piece. This is what I've always thought I was going to be doing as a doctor." And it's just been a whirlwind of adventure, fun, and fulfillment ever since.

Dr. Jill 08:19

We always joke [about how it's] kind of like we get the virus, like we get infected with that. It's kind of interesting nowadays to say that. Like you and myself and so many other practitioners like ourselves that I've heard, we know in our hearts what we wanted to do and why we went into medicine. But at the time, at least for me and you, we didn't know the name. I've known in my heart that ever since I went into medicine, this is the kind of medicine I wanted to practice. I just didn't know there was a term, a name, and an education. And like you, I dove full-fledged—never looking back—into functional and integrative medicine for that reason. It's so much

more satisfying because you get to dig deep, solve problems, and do all the things that we enjoy as practitioners.

Dr. Shilpa P. Saxena 09:04

Absolutely. And I had a personal thing going on. Most of us have a personal, physical challenge that we're also putting through the allopathic model, and we're hitting roadblocks. If it's not us, it's usually someone that we care for who's not getting somewhere with the "name it, blame it, treat it, and street it" model. I was dealing with infertility at age 28. Mind you, at that time, I was in residency, delivering babies of 12–15-year-olds on average. And I was wondering when I was going to the reproductive endocrinologist: "Seriously, why can't you figure out what's going on with me? I'm eating well, eating well, and exercising." I thought, "I was eating my low-carb tortillas"—what I thought was healthy based on my training. They couldn't figure out what it was. They named it PCOS. It was the closest thing that it was.

Dr. Shilpa P. Saxena 10:06

I probably went through what I would look back and say was a depression at that phase. I didn't know it because that wasn't the terminology that my culture really allowed me to explore. It was more of: Suck it up, be strong, and get warrior about this. And we're going to be talking about that here in a second. I worked through it. But at that time, I am sure that there was a seed that was planted about what was missing in the model that I was being trained in. I won't say it failed me, but it surely didn't create the long-term solution I was seeking.

Dr. Shilpa P. Saxena 10:47

So when people started talking to me about supplements and how they were helping them with things that pills did not help, I was ready because that was planted early. I'm positive that if I had a healthy child from the get-go and I didn't go through any medical issues, I would look at other people who were taking supplements and/or bucking the system and I would say: "Come on, you're crazy!" I'm sure I would. I was trained to think that way.

Dr. Jill 11:12

Totally. I couldn't agree more. As many people know, I had cancer at 25, and I had to do the same thing. I was like, "Okay," first of all, "why did this happen at 25?" And second of all, I went the conventional way for treatment, but "How do I recover from all that toxicity that it created?" And it's the same thing. We have our journeys.

The system that we were trained in has amazing things about it, but there are some limitations. And when we buck up against those limitations, if we're open-minded, we're looking for more answers. So I love that journey. And yes, you set us up so well. We're going to talk a little bit about masculine and feminine energy and some of the healing things about them.

Dr. Jill 11:52

And I want to clarify that this isn't male or female. We all have both. Embracing those in equal degrees is important because often we come out in one way or the other a little bit tilted. And you mentioned this—it sounds like our stories are similar—most of us who go into medicine are very driven, very goal-oriented, and very ambitious. I used to have these five- or ten-year plans and lists and all of those things. I always joke with another colleague of mine [about how] in the beginning when I spoke—you and I've been speaking for 10 to 15 years or more—I would wear the black pantsuit because it was this male-dominated [field]. I laugh now because I would never be caught dead in a black pantsuit.

Dr. Jill 12:29

I always would now wear dresses and flowing and very feminine [garments], but it took me a while to feel confident enough in myself to realize that I can be a badass and also a delicate flower. You can still have that driven energy, but I can embrace the feminine in healing and in showing up in the world. That approach is much more connected; it's more intuitive. To me, some of our greatest discoveries as far as problem-solving in medicine are embracing that part because it brings a sense of gut feeling and some of those things. Tell me more about your thoughts on this, because this is such an interesting topic to me.

Dr. Shilpa P. Saxena 13:16

Gosh, where can we start? Number one: I think I was trained to interface with patients in a very masculine way: What is their chief complaint? What is the history of the present illness? How much pain? When did it start? Very linear, very black and white. We had our SOAP notes, which is the order in which you ask your questions and document your notes. And feminine energy knows that people don't talk according to our note structure. When I would see patients and they would want to talk about something that wasn't in the order of the way I was meant to document, there were times that I would initially guide them back, if you will, to that protocol method. I was like, "Okay, my assessment and my plan..."

Dr. Shilpa P. Saxena 14:06

At some point, I realized, "I'm losing connection with this person because I'm being too structured." There was this flow and this intuition that I was ignoring because there were certain things they were saying that I wanted to explore, but I wouldn't because it wasn't part of the linear algorithm I was supposed to follow. Now, listen, there are times when the linear algorithm is the way to go. If somebody's having chest pain, I'm going to stay linear because it's an urgent and emergent situation. But there are many times [inaudible].

Dr. Jill 14:40

Yes, right. Exactly.

Dr. Shilpa P. Saxena 14:42

Yes. Exactly. I realized that what people really wanted was to be heard. Half of the healing is in the listening of who you are. It's just natural. I was a big sister. I loved educating from the standpoint of being the person in my family who bridged the cultural connection between our roots and this whole new way of living in America. I loved learning about people and they loved that I was interested in being open to whatever their intuition said. And that was a very feminine aspect of me showing up—even though I didn't know it—as feminine. I just thought it was polite, respectful, and genuinely caring to see what they thought, which was not part of our medical training. It was more like, "Get a history," not connect.

Dr. Jill 15:39

Yes. And what we were taught is that you get this history very clinically linear. Then you take that and do tests to scientifically prove what you think could be the differential, which means the different types of things that it could be as far as diagnosis. Then you come to a conclusion, present it, and present a treatment. It's just linear, X-Y-Z. What you're describing is much more of this [approach of] holding space, creating a safe place for that person to share.

Dr. Jill 16:06

I know you and I both were taught in medical school that you need to remain objective, you must not share personal stories, and you must never shed a tear. I'm emotional and engaged. When I started being okay with expressing my own emotion, expressing compassion with a tear once in a while, if it came, or just being

so open to letting them go and lead me versus me leading them—the magic happens there because they start to really feel heard and seen. And human connection, which is what we'll talk about as well, is the foundation of healing.

Dr. Jill 16:40

When they feel—honestly, you've seen the studies, and we don't need studies to tell us this—that connection, that trust, starts the healing process with your practitioner. And if you're listening out there, you all have examples of great experiences where you cried because you felt heard for the first time in your life by a practitioner who listened to you, took you seriously, and didn't downplay your concerns. And then you've had, as I have, other practitioners who are in and out—maybe five to seven minutes—and you are just left completely confused, like: "What just happened? I don't think they even know my name, let alone why I'm here."

Dr. Shilpa P. Saxena 17:17

Yes, like handled, almost. It's interesting how things happen in your life if you are open to seeing how, if you will, God, the universe, or nature guides you, whatever the belief system is. I just started reading and studying the work of Dr. Stephen Porges and he has a whole field of study he's been working on for decades called polyvagal theory. What it says is that for treatment to work, humans must first feel safe. If they don't feel safe, the natural autonomic [system], which is that kind of automatic nervous system that alerts you: Danger! Danger! If your autonomic system senses danger, danger, then healing, even if it's the right treatment, doesn't have a chance to get integrated because it's like your body knows: Beware!

Dr. Shilpa P. Saxena 18:18

I think what feminine energy is so wonderful at is that nurturing response that says: You're safe with me. And when you create that, which I think many of the times is because a person feels heard... The term is recreated. I'm not just listening, but I am processing and saying back to you what I believe you're saying and your intuition and your words matter to me. What you think is going on matters to me. Then, all of a sudden, the patient feels safe. If I create that space, like you mentioned, for the patient and then initiate treatment A, and let's say another practitioner initiates treatment A but doesn't create the safety space, the data shows that the person will get better with me, even though it's the same treatment.

Dr. Jill 19:12

I love that. I learn every day from my patients. If they have a safe spot that we've created where we're listening and really wanting to hear what they have to say, and then we say sometimes—I'm sure you say this too—"What do you think is going on?" they often hesitate. And they're a little bit like: "You might think I'm crazy, but this makes me wonder about" X, Y, or Z. And you know what? So many times they are right on. But they're scared to say it, or they've been made to feel bad about this strange thing they're thinking, except it's not strange at all. I so often find that if we just listen—the patients really know themselves and know what's going on—we can be a guide, maybe with more experience in whatever realm we're dealing with. But it's so powerful, isn't it?

Dr. Shilpa P. Saxena 20:02

Absolutely. I think you've been around as long as I have in healthcare, where it used to be called "doctor's orders." Doctor's orders: You must do this. You must do this. Here's your prescription. Doctor's orders. Then, culturally, it became "doctor's recommendations." But "recommendations" is just a softer version of: Doctor knows best. Now it's shared decision-making or informed decision-making where we finally recognize that patients have a tremendous amount of understanding potential if we just partner with them versus having this hierarchical doctor-patient space. Even in the language, we are shifting from a male energy [with] patriarchal orders. It got a little bit into the feminine [energy] with recommendations, but I think this shared decision-making is the center of feminine energy.

Dr. Jill 21:06

I love that. There are two things I'm thinking. You have been a pioneer with group visits, and this has been a game-changer. You've been teaching it to other physicians. I want to go there in just a minute. Before we do, practically speaking, say someone out there is listening, and they're like: "Dr. Saxena and Dr. Carnahan, I have had so many bad experiences with doctors. I've been ignored. I've been told I just need an antidepressant." You guys listening know; you've been there. What would you say to the patient as far as advocating for them? And how could they show up? Not that it's all their responsibility, but what tools could we give a patient who's been struggling with either not feeling heard, safe, or seen and some things we're talking about?

Dr. Shilpa P. Saxena 21:48

I think number one is to be prepared with what you know and confident about what

you know. You might take an extra step and do some research and bring it to the doctor, nurse practitioner, or physician assistant because they may be stuck in a model where they only have five to ten minutes with you. As a partner, come prepared with what you think might be a set of options for the provider to consider along with you, as opposed to coming in, if you will, dumping on the provider and then just hoping they figure it out. On the flip side of it, there is this whole thing called provider burnout from this responsibility of "having to fix and protect," [which is] a very male energy burnout kind of thing. So I think being prepared, being an advocate for yourself, and coming to the table as a partner is great.

Dr. Shilpa P. Saxena 22:38

You might do all that and you still have someone who's not willing to participate as a partner and does not honor your word. You don't feel a connection, and you don't feel safe. Then I think it would make sense to go find someone that you do [feel a connection with] because, with the research—as we're pointing out and from experience—treatments may not stick if you don't feel safe with this person. There are so many great ways on social media to find out. There are practitioners who are great listeners. Obviously, I would direct you to a functional and integrative medicine provider because that's what we're trained in.

Dr. Shilpa P. Saxena 23:23

Part of what we do as functional medicine practitioners is 1) identify and address the underlying cause, but 2) it's in the context of a therapeutic partnership. Those are the two principles, not just "find the root cause." But then, partner with the patient. Find one of us. There are many different directories at IFM and A4M that you can look up. What you're searching for is expertise. I would say to go to the websites and get a sense of the flavor. Your intuition is strong. I'm getting a little Star Wars about this: Trust your Jedi instincts.

Dr. Jill 23:48

Honestly, though, that's the root. We're talking about love, acceptance, and safety, number one. Not only loving [and] trusting yourself, but trusting your intuition. We're talking about, as practitioners, how powerful it is when we model trusting in your intuition in a direction for patients. But we're saying the same if you're a patient: Trust your intuition. [Maybe your] doctor says: "Your labs are all normal. Come back in a year. I don't see anything wrong," and "Here's the sleeping medicine" or pain medicine or antidepressant. Not that those are inappropriate at times; we

have no problem with that. But if there's something deeper, trust your intuition and keep looking. Don't give up.

Dr. Jill 24:24

The second thing is finding that space where you feel heard. It doesn't have to be an hour-long visit. It could be a shorter visit. But it's a space where you feel heard. And practically, we're both involved with IFM and A4M. You can go to IFM.org. Search A4M. Both of those have practitioner links and resources so you can search by zip code and find doctors that are in your area. And I agree—that's usually where I send people as well. So, group visits—you have been such a pioneer in this. Of course, I love this. First of all, what does the research show around the power of groups and healing? And then, what are practical ways for patients to find groups or what do you do in your clinic? Tell us a little bit about group visits.

Dr. Shilpa P. Saxena 25:07

Yes. I want to just preface it to say that this is common sense. Whether you are a patient or provider, I'm sure you know that community is medicine from personal experience. Whether you're on a softball team or at a church, there's something powerful about a group. So now, let's talk about groups in healthcare. In conventional medicine, which is that allopathic model that Jill and I were both trained in, what we started realizing is that when a group comes together and is able to share their successes and/or struggles about whatever topic, somehow the people who are in the group are smarter—they have higher knowledge scores—and they have better outcomes. Somehow, in the sharing, there is more of what we call self-efficacy, a sense that "I can do it." That starts to rise.

Dr. Shilpa P. Saxena 26:00

And then, because there's more time in a group medical appointment, there's more space for more questions to be answered. And there's this compliance thing that happens because you don't have to come back for a second, third, and fourth appointment to find out: "Excuse me, is there gluten in wine?" That's a funny thing that people ask when you go gluten-free. But having the answers to these little questions makes the difference. And then, being with other people who have similar questions somehow makes you feel not alone. You're like: "Oh, so I'm not crazy. This is a valid question. Susie wanted to know that answer too." There's a self-confidence that's building.

Dr. Shilpa P. Saxena 26:38

There's also humor that happens when people joke about [things] like, "Oh, it's so hard being gluten-free." Let's say that's what the group is about. There's something in the sharing that improves outcomes, not only in conventional medicine. There was a landmark study that The Center for Functional Medicine did, where they proved that functional medicine delivered in a group format did better than individual appointments as it related to lifestyle and addressing the root cause. Community is medicine, full-stop period. The question is: How can you create community, whether it's in your medical office or even a group of friends that are all committed to [things like]: "We're all going gluten-free. We're all going to eat anti-inflammatory [foods] for a month."

Dr. Jill 27:26

Organizations like Weight Watchers have had so much success for years because they get people into connections and groups and this is key. Two questions: How do you do that in your practice? What would that look like, in a nutshell? And then, how would patients find something like that? That might be the other question.

Dr. Shilpa P. Saxena 27:46

With Forum Health, we have a national network of physicians, so we started creating Zoom groups. All of our providers would refer [others] to these Zoom groups that were run by myself and a health coach. We have one right now all around mental health using amino acids as neurotransmitter fuel makers, if you will. We teach people about brain health and neurotransmitters. We all gather on Zoom. What's beautiful is that this is a mental health topic and on Zoom, people can hide by video. They can change their name so that they can be Superwoman. We tell them: "Name yourself a superhero, your favorite color, or whatever you want." If they have a question, they can privately chat with the health coach, who will then bring up the question. But the person didn't have to raise their hand in a physical audience.

Dr. Shilpa P. Saxena 28:45

That's what we did pre-COVID. People would gather in our lobby. I would have hummus, crudité, and cucumber mint water. I would create the old-school group meeting. But it's interesting that, especially around certain topics like mental health, the virtual group is working well. We offer that to non-patients to come in and do our programs because we really do want people to access the benefits of

[being in a] group. It's going to take a while before healthcare all of a sudden starts doing a ton of group medical appointments. So this is a way people can dabble in it and get community as another therapeutic tool.

Dr. Jill 29:23

I love that because the thing about the pandemic that's helped is that it really has expanded. I've always seen people virtually after an initial in-person visit but it's broad in medicine in general to be more open to these virtual visits. Then, second, you can have a group that's all over the United States. You can have people from all over now. That's much easier without travel. And it's so interesting too because different areas of the US are seeing things differently and I think it brings such a wide perspective, I'm sure.

Dr. Shilpa P. Saxena 29:52

Oh, yes! And a oneness because when somebody in Florida is in a group with someone in Utah or Illinois and they see, "Oh, they have the same questions I do," it's affirming for people to know, "I'm not alone." And that's that connection piece, that belongingness, that social health ingredient. Social health is just as important as broccoli.

Dr. Jill 30:16

I love that! That's a beautiful sound bite: "Social health is as important as broccoli." I love that. In fact, when we promote this, I think we're going to put that as your quote.

Dr. Shilpa P. Saxena 30:29

[inaudible].

Dr. Jill 30:31

Honestly, it's really good. I love it. I'm being serious. But that transitions into this other thing and we can maybe start to wrap up on this note. We've been in a pandemic, and we thought it was over but it's not and this is our life. I know that there's been so much stress on our patients. I have no problem with the protocol and all of the things we did to keep people safe. But I remember thinking at the very beginning that isolation is not good for people. This could be so dangerous. Granted, many people are able to get out and about in safe ways. However, there are still patients I know who haven't left their house in 9 or 12 months. Talk a little

bit about the unintended consequences of isolation for our health. I'm seeing, and I'm sure you are, that we're in a pandemic now of mental health issues because of the isolation. We have to think of all these things—again, not at the expense of safety. But let's talk about isolation and how it does affect us.

Dr. Shilpa P. Saxena 31:33

I think that we always knew that loneliness and isolation wasn't a great human nutrient. Humans are social beings. The CDC has amassed some data that shows that loneliness and isolation will increase your risk for all diseases—all diseases. For example, heart disease and stroke—being lonely and isolated increases your risk by 29%. We used to say that sitting was the new smoking, like sitting for eight hours a day. I want to say that social isolation is right up there as a risk factor. And isolation to me is not necessarily just being physically isolated; it's being socially [isolated] in the sense that you're not part of a group, you're not a part of a community, and you're not a part of a bigger one. Many people can still stay connected virtually if they still feel comfortable, if you will, hunkering down in their house for nine months. But if you're facebooking and zooming, you reduce the impact of loneliness and social isolation.

Dr. Jill 32:48

That's good. And that's important. Of course, with a little stretching and yoga in between your sittings. This is so important and I hope those of you listening are able to take some of this and find a practitioner that you trust, that you can have some of that intuitive energy, and that you can bring new information to and partner with. It's so critical to your own healing journey.

Dr. Jill 32:48

Lastly, I often ask my guests: What would you say has been your biggest victory in the last year or two? We've had a tough year but tell us a little about your victories. What's something that you're proud to have gotten through or accomplished in this last bit?

Dr. Shilpa P. Saxena 33:31

This is a lovely question. I'm going to be a little personal here on this one. This pandemic, I think, has created a lot of new challenges for all people. I thought that my biggest challenge was going to be: How am I going to be a physician in the COVID pandemic with people frantic, scared, mad, irritated, and all these things

people are showing up at our office? I thought that was going to be my biggest challenge. However, in my personal world, my youngest sister has a medical condition and the trauma of what is happening had worsened to [the point] where we were in the emergency room with her 15 to 20 times during the early parts of the pandemic. And if you remember those days, once you left the ER, you had to go through [something] like a hazmat sequence before you went back into your house and then you had to quarantine that poor person for X number of days before they were allowed to come out and even talk to someone. It was like a solitary confinement type of thing.

Dr. Shilpa P. Saxena 34:36

My biggest success in this last year has been being with situations that I cannot fix—trusting that there's some richness in the pain, or some richness in this friction, and just being with it. [The reason is that] my automatic, if you will, male energy is: "I've got to fix it. I've got to figure out what's going on with my sister. I must protect her. I'm the doctor. How bad it looks if I can't even solve her issue! I'm supposedly a functional medicine doctor. I'm supposedly a teacher of this." All that impostor second-guessing of yourself had come up from moment to moment. My biggest success is being able to be with that and say: "I get that you're thinking that right now, and that's okay. But we're going to take a new action today, and let's hope it makes a difference. If not, we'll deal with that." And that's been huge—to just be with uncertainty and change.

Dr. Jill 35:43

I love that! I'm almost in tears just listening to you because this is so relevant to everybody listening. What you did was just bring verbiage and be out there on the stuff that all of us are feeling. And you know what? It fits so well as we end our conversation today. On the same journey as you, I could just say the same story: The surrender to not knowing the answer all the time, to the uncertainty, and to trusting that it will work out. On the journey, in the suffering and difficulty, there are jewels to be had if we don't miss picking them up along the way. [That's] if we let go of "I'm supposed to," "must," and all those words that are all masculine and we surrender and say: "What is here that is precious?"

Dr. Jill 36:30

Maybe your relationship with your sister is closer. The same with me. There are these precious jewels. I think this is relevant to you listening because I think, to

some extent, every one of you out there is suffering in some way. There are challenges right now. So thank you for being so vulnerable and sharing, because it's very relevant to every single one of us. I encourage those of you listening, as difficult as your situation might be, to look for the jewels because they're there to be found. And it's almost like we have to put on those glasses—not rose-colored glasses and ignore the difficulty—that say: "What else is possible? What is here that's actually a benefit to my life, my psyche, and my relationships?" Thank you, thank you for sharing; it's so relevant to every one of us.

Dr. Shilpa P. Saxena 37:18

Oh, thank you for bringing this all out. You just modeled the feminine energy beautifully right here. In this conversation, you created space for me to feel safe about saying that. Listen, I could have said something that's very male energy. And I don't mean to make that a bad thing. Like, "I was a chief medical officer and our business grew!" It's a great thing! Thank goodness I have the male energy to be able to do that as well. So I'm proud of that too. But you created the space for my feminine energy achievement to show up.

Dr. Jill 37:55

Thank you. We hopefully allowed those of you listening to feel the same because you touched me by sharing. Thank you for your time and for your beautiful heart. I loved talking to you today so much! I really appreciate it.

Dr. Shilpa P. Saxena 38:09

Thank you so much for having me. It's always a pleasure to be with you!

Dr. Jill 38:12

You're welcome.