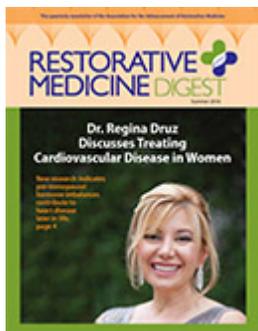


The Emergency Doctor Who Teaches Herbal Medicine



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LS: Today, I have the pleasure of talking with Crystal Silas, MD, who is a member of the Restorative Medicine Botanical Certification faculty and will be presenting at our national conference in San Diego this September. Dr. Silas please tell us something about your background and your journey to becoming a physician.

CS: I am a family medicine physician. As soon as I completed my residency, I felt as if I had not been taught about healing. I had great respect for my chosen profession, but we often refer to our patients as the "MI in room 202," or the "DKA in room 103." There was a lot of focus on the disease process and not necessarily on how to get to the root of the disease where real healing begins. I remember also having this thought that if all the pharmacists suddenly disappeared would I still be a healer? I couldn't articulate it back then or wrap my mind around what I see now, which is that big Pharma is big business and they essentially hijacked our profession. I went into medicine to be a beneficial presence on this planet and I want to help, to alleviate suffering. This brought me to my journey into holistic integrative herbal medicine and functional medicine. I began an herbal apprenticeship with an Earth-centered, wise woman. Not only did it help me to be a more rounded healer and to have more tools in my tool box, but it also helped me to become a more grounded healer, because now my desire for the healing of the Earth and the healing of my patients was connected. Following that I studied at the California school of Ayurveda. That eventually brought me to Mind-Body medicine modalities, functional medicine, and using food as medicine. And here I am today-your holistic emergency room physician!

LS: That's quite a story! What did your medical colleagues think about all of that?

CS: When I was in full-time family medicine, in the very beginning I was a closet herbalist. I would say to my patients, "I'm not going to put this in your chart, but let's consider some skullcap and lemon balm for you daily headaches." I would still have to put notes to myself so that I would remember that I had done that, but I needed to be in alignment with the highest good. I remember when I made the decision to come out of the closet, so to speak, and I wrote a letter to the chief medical office and to all of my colleagues. I sent everyone a notice of my mission statement and the rounded holistic approach to family medicine that I wished to bring. Then I waited for the fall out. But there was no fall out, because I had already earned their respect. They already knew that I knew when someone came in with a tummy ache, when it was appropriate to give them chamomile, fennel and peppermint tea versus when they needed a surgeon.

If anything, my colleagues were relieved because many of their patients wanted a more holistic approach, and

now they had a trusted colleague that could walk in both worlds. I would often get those patients, either by self referral or through my colleagues, who would come in with all their prescription medicines in a paper sack, and they would say that they'd heard I could help them get off these medicines. I'd go through their prescription list and then begin to discuss which medicines were essential, which ones weren't, and the life style changes they could substitute for those prescriptions, along with perhaps some herbal modalities that could also serve as a substitute to lessen the prescription burden.

And now as an emergency room physician, most of what I see are still people seeking relief for acute exacerbations of chronic symptoms. I see many people coming in with exacerbations of many of the same symptoms I saw as a family physician: My headaches are acting up. I'm having digestive issues. I can't sleep. I'm still depressed. And so there is this opportunity for me to plant the seeds of herbal medicine and a holistic whole person approach to their healing, and getting at the roots of their complaints.

LS: Do you get to follow up with many of those patients?

CS: I send a message to their primary doctor on how to follow through. In emergency medicine, follow-up is generally self-appointed. The nature of emergency medicine is to address the acute condition. But if someone comes in with chest pain, and we realize it's really gastroesophageal reflux acting up again because they've been in for chest pain five times already in the last two years, their stress test is normal, they have a history of gastroesophageal reflux disease, and they're not compliant with their H2 blocker, then we can discuss some herbal preparations, such as using Aloe vera, cinnamon, and ginger to help with their GI symptoms, as well as cleaning up their diet and exercising. It's a whole other story, but I can begin that in the emergency room nonetheless.

I also have a small boutique practice with my colleagues and other physicians, where we go on retreat together once or twice a year and do juice cleansings and meditation and yoga. I help to put all that together for them so that they're also learning tools they can take back to their practice as well as rejuvenating themselves on a personal level.

LS: It's always important to model what it is that we want our patients to do.

CS: Exactly. Many times when I'm encouraging someone to stop smoking, to let go of their standard American diet, and to choose a more nutrient-dense diet, they'll say, "You know, I can take this coming from you, because you seem to be a model for wellness." Yes I think it's important that we model that.

LS: It can be complex to make behavioral and lifestyle changes. Do you have any words of wisdom to offer about that, either what you have observed as the best ways to facilitate patients in this regard, or any techniques you might use?

CS: It is complex. I say to patients I want to empower *you* to take personal responsibility for your wellness, more so than I want to empower a supplement, and definitely more than I want to empower big Pharma. Patients hear that and they respect that. That said, we need to meet them where they're at. Some patients, you'd be surprised by how many, come in and they're like, "Dr. Silas can you give me an herbal formula for my antihypertensive?" And when I suggest the herbal formula in conjunction with diet and exercise, their eyes glaze over and they hold their heads and say they don't have time for that! I let them know that with a routine of self-care it will become their discipline, and the gift they have to gain from creating wellness for themselves is invaluable and precious.

I find that people generally prefer that we add something rather than take things away. I believe in cleaning up their diet first and getting their GI track in order. My personal preference, whenever possible, is to use my herbal modalities as food or as tea. I talk about eating eight servings of organic vegetables and two servings of

organic fruit a day, with variation in those servings, so that in a period of a week they've had maybe 30 different types of fruits and vegetables, and they're not just eating the same thing over and over again. This is often a first step in people that are resistant. I find where they're at and what they're willing to do. But most are willing to do this. After we get rid of all the background dysfunction of their diet, I make sure their sleep hygiene is good, bring exercise in, address their stress management, and then take a look at where we are. Often this is enough to start to get them off many of their prescription medicines.

LS: In San Diego you'll be talking about the impact of environmental toxins on health. What are some of your observations in that regard?

CS: The Human Genome Project brought an understanding that our environment plays a crucial role in our gene expression, and this coined the term epigenetics. We now know that 90 percent of disease is due to social, behavioral and environmental factors. We know that food is information. Prescription medicine is information. Herbs are information. Anything we put in our mouths or on our skin is giving our genetic program information.

Do we want to program it toward its highest vibration of wellness and wholeness? Or are we programming it so that it can barely survive, is heavy, and it's chronically ill and not feeling well? Over the past 25 years with the explosion of processed and GMO foods, there has been a huge explosion in autoimmune disorders and chronic disease. Since World War II, billions of gallons of chemicals have been unleashed into our environment. These chemicals are causing inflammation in our bodies, minds, and spirits.

My chosen profession as an MD does a wonderful job of treating acute disorders, but we've done miserably at chronic disease. Toxins play a role in chronic disease, mood disorders, neurological conditions, obesity, diabetes, chronic fatigue, fibromyalgia, COPD and so on. All of that can be attributed to an overburden of toxins.

In San Diego, I'll talk more about this. We'll also discuss how to detoxify, how to biotransform. We'll discuss herbs and lifestyle factors that help with intestinal detoxification and bio-transformation -- how to improve gut flora and get the first pass intestinal detoxification pathways working properly. Then we'll focus on hepatodetox, how to rev up phase 2 detox pathways using herbs, food, and lifestyle factors. We'll also talk about other forms of elimination.

I learned herbal medicine the old school way where we went into the garden and saw the herb, and touched it, tasted it, smelled it, dried it, and crumbled it up to put into capsules. I'm going to bring the herbs in their natural form for everyone to see. I'll talk about traditional uses, active constituents, mechanisms of action, and therapeutic dosage. I'm going to bring to you my favorite herbs for all of these conditions. And I'm really looking forward to it.

LS: Dr. Silas, thank you very much. We really look forward to hearing more of your insights in San Diego later this year.



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