Ask Julie Ryan - Dr Maria Amasanti Transcript

0:00:46 - Julie
I am so excited because today we have Dr Maria Amasanti from London on the show. She is an extraordinary woman and is a general practitioner. She works with patients from all over the world via Zoom. She's a great combination of Western medicine. She's an MD. She's a general practitioner. She does functional medicine. She does ecological and holistic medicine. She's a graduate of my angelic attendant training class. I have a bunch of questions to ask her. They're very far ranging. I'm just delighted to be able to introduce her to all of you. Remember to subscribe like, share this with all of your friends and family and let's go ahead and get on to meeting Dr Maria. Dr Maria, I'm so thrilled to have you. Thank you for taking the time to talk to us.

0:01:44 - Maria
It's a pleasure, Julie. Thank you so much for inviting me.

0:01:48 - Julie
Oh gosh. Well, I have lots of questions for you, girl. I have pages of questions. We won't be able to get through all of them, but we'll get through a bunch of them, hopefully. Let's just go ahead and dive in. I know how fabulous you are, but I want you to let everybody else know what differentiates you from every other just normal Western allopathic physician that's out there general practitioner. I'd like to find out how you have come up with this amalgam of your treatment, and I know it uses lots of different modalities. So give us an inside clue as to what makes you tick as a doctor.

0:02:39 - Maria
Gosh, I think what I've noticed a lot and the feedback that I get is that when a patient comes into my room, they leave feeling so much lighter and so much happier and with so much more energy and renewed and that can even be after a difficult conversation. But I think this is something you've taught me, julie actually is about how you reframe something, how you change your perspective on something, and how really you change those fixed perspectives, those limiting beliefs, and so therefore, for example, a new diagnosis of diabetes might actually be the best thing you can hear, because it gives you that opportunity to then really change your lifestyle, to have a goal in mind, to then to aim for and to overhaul your life and your well-being and to get that second win. So I think patients often are fearful of going to see the doctor I have that a lot and then quite often at the end of the consultation they'll say, oh my God, that wasn't as bad as I thought and they're happy to come back. And in fact, one of the knock-on effects I find is that I have that continuity and they want to see me again because, well, one, I've really listened to their history in the first place and 85% of the diagnosis any doctor will tell you lies in the history. So you need to really really listen actively and take a really good history.

So then when they come back, you know them and I think I have this with so many of my patients that I know them. I know their family, I know their dog's name so she's called Diva, the dog of one of my patients. So you know all that and it's almost like you become a member of maybe not their family, but you're a key person in their network and you're a supportive person in their network to the point that they actually look forward to coming to see you to tell you their progress. So really switching that perspective and it's something you've taught me about how to reframe, and I think that's rare in general practice and I get it. You know, sometimes it can be because you have limited time and you want to take the path of least resistance, which is, let me give a medication or let me, let me do this, but actually it's a false economy and when you really invest in the patient, it brings back dividends, and so I think probably that that's a factor.

0:05:22 - Julie
I agree Along those lines. You have an impressive CV, which, to those that don't know what that means, it means resume, and I have to read this because I don't remember all this stuff. You have a diploma in nutritional and environmental medicine, you're a member of the British Society of Ecological Medicine, You're a member of the General Naturopathic Council and, most notably, you're an Oxford grad. For heaven's sakes, how do you manage to combine all that academic brilliance into understandable treatments and language that any one of your patients who doesn't have a medical background how they can implement it? I've known so many physicians who are brilliant like you and have all the pedigree like you do, but they talk to you and you're kind of. You just kind of feel like what? What can you translate that into English? How do you filter that in a way that you can resonate with your patient other than knowing that their dog's name's Diva? How do you do that so that it's understandable for them and then easily implementable?

0:06:39 - Maria
So I think a couple of things. I think I remember once I went free talking about how you connect with somebody and automatically your language alters to their language. I think also I came from a very working class background and have been raised very simply and I feel that I can communicate. And then I've been blessed to have a very good education and I think I can communicate on many levels. When you learn medicine, they often say when you're doing procedures they say watch one, do one, teach one, so you need to be able to absorb, filter and then feed it out.

So what I don't like is when doctors hide behind medical jargon to either protect themselves or to fob a patient off because they can't. When patients ask questions that are difficult to answer or they don't know the answer, they will use words like idiopathic and cryptogenic, which are just Latin and Greek words, to mean we don't know. Medicine is not difficult. You can break it down into easy language. The heart is plumbing, it's electrics, and when you break it down into that sort of language anybody can understand.

And this is one of the things that I feel really, really strongly about with medicine is it's not about just telling your patient what to do teach them, educate them so it has that ripple effect, so that they go on to teach their loved ones and generations to come. It's not unique to doctors I just happened to have read and studied a different part of the library to an engineer or a chemist but you can make that information accessible and the joy of teaching that to patients means you empower them and you accompany them along their journey to well-being. Because I think you've said as well, julie, a doctor doesn't heal a patient. Nobody heals somebody else. You heal yourself. But you accompany them along that journey and guide them and hold their hand and point them in the right direction.

0:09:05 - Julie
I agree. Do you think spirituality is part of the healing equation?

0:09:12 - Maria
I do. I do so. I think, for people who are uncomfortable with the word spirituality, maybe I might use the word intuition, as it's interchangeable, but there was some really interesting research that came out. So in 2021, there was a systematic review and a meta-analysis carried out by some researchers at the University of Oxford and it was published in the British Journal of General Practice, and it showed that gut feelings in GPs were more accurate at diagnosing cancer in people than the signs and the symptoms laid out in national guidelines. Imagine that. And the pooled odds of a cancer diagnosis, when you included gut feelings, were four times higher. I mean that's incredible.

Now the thing is is, how does one measure gut feelings? It's incredibly difficult. It's not scientific, you can't put it in a graph or a bar chart or anything like that. But it does not mean that you undermine or dismiss it. On the contrary, you embrace it, because so many times I used to work in the ER, or A&E as we call it here, and you talk to a colleague and you'd say there's just something not right. Or when I worked in OBGYN, one of the nurses would come to you and remember they know they do this thing day in, day out, so they know when something's not right. So when a nurse says to you or when a colleague says to you doc, there's just something that doesn't quite add up, there's something that's not. You listen to that Because we do in daily life and it applies to medicine as well.

0:10:54 - Julie
Have you had a situation where you had a patient come in to see you and all their symptoms were normal and everything else looked just fine on the surface, but that nagging feeling was there. Can you tell us of an example, perhaps, where that happened?

0:11:14 - Maria
Yeah, I can.

So just to the point of talking about how got feelings, or intuition, is so powerful in diagnosing cancer in patients, I don't think it's limited just to cancer, I think it expands to other things. I think using your intuition, got feelings, is relevant in all patients, and I quite remember it was probably 18 months ago, two years ago. One morning I'm in my surgery and it's about quarter to nine in the morning and so I've got my list for the morning, I've got my list for the afternoon. Now sometimes I'll hover over my morning list, so hover the mouse over the patient just to see there's a very brief triage from reception underneath each patient. For some reason I was led to hover over my afternoon patient, something I really wouldn't do. And I happened to hover over one patient and there was just two words and it just said chest pain. Oh, ok, from there I clicked on the patient. I wouldn't normally, but I clicked on the patient, looked at his details, didn't recognize the name, could see he didn't attend very frequently, really not a lot in his notes or his history and just something was pulling at me and I said, ok, I'm going to phone him now. And it was meant to be a telephone appointment. So I phoned him and he picked up and it turns out he was still in the waiting room outside and I said, right, let me come and get you. So I went out and I brought him in.

Now he wasn't clutching his chest, he wasn't gray in the face, he was talking. Well, I mean, he was a bit of a spit and saw dust kind of cooked me fella. So he wasn't coming forward with with loads of symptoms and you know he wasn't particularly verbal. But and he'd said, you know he'd had a bit of chest pain yesterday. So he came along today a little bit of nausea, but really I did all his observations. So blood pressure was fine, heart rate was fine, speaking comfortably, temperature was fine. So I could have said, talking about the path of police resistance, I could have said, ok, we'll go and get you an EKG, I'll send you down to outpatients to get an EKG or, you know, I'll send you to rapid access chest pain clinic, which is a service we have where you get seen within 24 hours. But really I could. There was something nagging me. I was like Maria, this, this guy, there's something going on and I thought he's having a heart attack. Now I had nothing. There was nothing in black and white to confirm this. It was my gut instinct, but I thought, ok. So I called the ambulance and they arrived within minutes, probably about 10 minutes. In the meantime I gave him some medication and they brought a portable EKG machine, put it on and he was having a massive heart attack.

Now, what made me, first of all, what made me hover over my afternoon list? What made me click on his name? What made me then decide to call him? What made me then bring him an on and on, and on and on, and then what made me call the ambulance? So you have your clinical acumen, because I've been, I've listened to millions of heartbeats throughout the years

and I've taken thousands of chest pain histories, etc. Etc. So I've got my knowledge. Then you've got that thing, that bit more, that extra bit that it's hard to define, it's not tangible.

So the ambulance crew immediately put him on a chair, put him in the ambulance and as they were wheeling him in, bless him he. He sat up with all the energy he could muster and he shook my hand and he said thank you. I said you're all right, my angel, you go. I said you'll be fine and they blue lighted him.

So, sirens, they took him to the closest cardiac hospital and and then, crazily, three days later, I'm at work, a normal day at work, and one of the receptionists phones through to me and she says oh, dr Maria, there's a man here. He hasn't got an appointment but he's insisting that he sees you. I said OK, no idea who it was, and went out into the waiting room and they're just glowing was this man? And so I brought him into my room and, like I said, he wasn't a man of great affectation, but as soon as we shut the door he gave me this huge hug and he basically fast forward.

This heart attack actually gave him a second life, a second chance at things. He reconnected with his ex-wife, he reconnected with his children, he started pursuing his old hobbies that that he hadn't done. He looked and it's crazy, because after a heart attack normally they look ashen and really worn out. The sky was glowing and it was just such a privilege and also really reinforced For me the fact that I need to trust my gut instinct. Like I was saying, never dismiss it, because it's there for a reason. It's that inner alarm bell.

0:16:29 - Julie
Has your gut instinct ramped up the longer you've been in practice, and has it ramped up since you learned how to incorporate energy healing into your day-to-day medical treatments with your patients?

0:16:48 - Maria
100%. So I think that one of the joys and benefits of doing your course was that, as I said before, I felt like the runt of the litter when I did it. But I've learned for me it's been a real sort of slow burn and it just keeps glowing brighter and brighter that I trust my instinct more and more. And it's funny because I'll be taking a history and I might ask a real sort of left field question that doesn't seem to connect at all and you can bet your bottom dollar that it ends up being really relevant and that is what makes me trust myself more. And you know what if it results in nothing? So what have you lost? But actually asking those questions I think that's also what connects you to patients.

More is because we have such a short amount of time to take a proper history. But the personal history is relevant. The social history is relevant because you need to look at the person as a whole. You can't just focus on the liver, the kidneys, the lungs, because everything is connected to everything else. And I often say to my patients imagine that you are the most beautiful, complex, 3d, 5d cobweb and then multiply it by a bazillion, that's you and you pull on one thread of that cobweb and the whole thing shakes. We are like this beautiful symphony, this orchestra, and when one thing is out of balance, everything else will recalibrate and change. So I think it's looking at the patient as a whole, trusting your instincts and asking those questions.

0:18:40 - Julie
Have you ever had to deal with a patient I know you're in general practice, so I would think you're getting them what after pediatrics, when they're maybe teenagers or early 20s? I would think, to the grave. Is that accurate as far as your patient population? Have you ever had to work with somebody and let them know that they were dying, or let the family know that they

were dying and what happened in that circumstance? I would imagine you've probably had to deal with that more than once.

0:19:14 - Maria
So I've dealt with death, acute death, long-term prognoses, so in hospital and in general practice and I think something that really sticks with me now is how important it is to have a good death. And I know you interviewed Dr Kerr and what did he call it? The conveyor belt of what did he say?

0:19:43 - Julie
End of life care is a conveyor belt of the absurd. He said it's an assembly line of the absurd. And for those of you that don't know, it's Chris Kerr, who's a hospice physician here in New York state, and he goes yeah, end of life care in the medical business is an assembly line of the absurd.

0:20:05 - Maria
I think we did do a little bit of palliative care when I was a medical student, but not a great deal, and I think the focus in hospital and in acute medicine is do everything in your power to keep that person alive. And sometimes that really isn't in the patient's best interests and also it changes the expectations of their loved ones because they're on tenterhooks for you to wave a magic wand and make them live forever, and we know that that can't happen. So there is one story that I think I you know, stays in my heart and will do forever, which was this was. It was during the pandemic and I was quite new in the job I was doing. I joined a new general practice and I was duty doctor for that day and what that meant was I was doing an extended shift and any emergencies that came through would come to me and I would triage them and handle them, and I'd already got a full list for the morning and the afternoon. And then I got a call from one of the doctors saying Maria, you've got to go and see this patient who's dying because he hasn't been seen for over a year by a doctor and he's he's actively dying, which is a medical term and if he's not seen by a doctor, then he'll have to go for postmortem, which is something you really want to avoid, because a medical professional needs to see somebody, I think within 40, 48 hours before before they pass. Oh, my goodness, how am I going to do this? I've got a full day. I was. I was quite annoyed because I've got a full day and I was still quite new in the job and I thought now I've got to fit in a home visit. Where, where am I going to find time for this?

So I looked at the patient's records and this was an 83 year old man called Peter and he'd got prosthetic prostate cancer with metastases, he got COPD, he got frailty, he got some Alzheimer's you know, really a lot on his plate. So I called the one of the daughters he had four daughters and I called her and I introduced myself and I said I'd like to come and visit him and she said why now? And she was quite hostile. And I understand completely why she was hostile. She said we've been asking for a home visit for months and none of you have come. And it was true, you know he sort of been batted away every time they'd asked for a home visit, and I don't remember what I said on the phone, julie, but I said something which eased her and she said okay, come round.

So I got in my car, took my doctor's bag, I pulled up outside the address and and I could see a lady and two ladies standing on the pavement and I got out and obviously I was in scrub so she knew exactly who I was. But I knew, I knew that this was the daughter and I came over to her. She was much nicer by this point. She calmed down and I said how's he doing? And she said you know, really not good. I think we need. I think we need more of I can't remember what medication she was saying, but she said I think we need more anti sickness and I think we need more of this, julie, I don't know where this came from because it wasn't me and I said have you told him it's okay to go? And she just looked at me and her jaw kind of dropped. I said let's go inside.

So we walked in and it was a really a small sitting room with a big hospital bed filling, filling the sitting room, and his four daughters were there and a couple of their spouses with with her. And as I entered it was almost like walking on stage because it was like here's the doctor, she's going to fix things. So I was so incredibly nervous and I took one look at Peter and he was clearly dying. He was doing a particular kind of breathing that we call chainstoke breathing, which is something that you see towards the end of life, and I thought, my goodness, what am I going to do here to appease the family and because this guy's dying? So I did a precursory examination, listened to his heart, felt his pulse, listened to his lungs. And then I just thought what am I doing? And I turned to the family, to the daughters, and I said do you mind if I take my gloves off? And they said, no, that's absolutely fine. So I took my gloves off and I held his hand and then I started stroking his forehead and pushing his hair back and I said Peter, my angel, are you ready to go? And already it was silent people because they were watching me.

But a whole other level, the energy just shifted in the room and one of the daughters, one of Peter's daughters. They were all grown adults, older than me, but one of them had special needs and lived with, lived with her parents, and the mum had part had since passed and and I turned to her and I said dad needs to know, he needs your permission to know. It's okay to go. Now. This, this wasn't me, you know, out of medical school, this was not how I would talk. And and they all looked at me, and then the four of them came to the bedside, so two on my, one on my side, one at the foot of the bed, two on the other side, and all of them tears just rolling. So, dad, it's okay, you go, you go and be with mom, we'll look after Lisa. She's going to be absolutely fine. We've got her dad. We've got her, you go.

And Peter, who'd had his eyes closed for 48 hours, suddenly his eyes pinged open, the brightest blue, and he was just looking straight ahead. And I grabbed the daughter, who I'd spoken to on the phone because she couldn't see, and I said come look. And she looked, she came around and she could see he was looking and they were just sobbing. I was just releasing and so I left them there and I started to pack things up and the daughter came out with me and she said thank you so much for saying what we were too scared to say. And I said that's absolutely fine. And she said, oh, can you remember to do that medicine as well? And I said, yeah, no problem. And so then I got in my car and I was shaking you know just from the experience that had happened and I had to just sit for five minutes and compose myself. And then I drove back to work and I was back in clinic and it was coming towards the end of clinic and my phone rings and it's the, it's one of my secretaries. And she said, oh, I've got the door on the phone. I said, sure, sure, put her through, and put her through. And I said, oh, hi, hello. And in unison we just said he's gone. And I looked at the clock and it was 18, 18. And we just said he's gone and it's still.

Honestly, it just sits in my heart because the privilege that I had to allow this man a good death, in as much as the family said what they needed to say, they, they gave their permission for him to go and he went just a few hours later. Did I have anything to do with that? Well, some people would argue that I didn't, but I think I did. I think that I had that privileged position of making things easier for the daughters and making things easier for the patient, and in fact they thanked me afterwards. They were so grateful, they invited me to the funeral and it was just an honor and a privilege and I think it really drove home for me how important it is to have a good death, how important it is to tell your loved ones exactly what you want to tell them. Tell them you love them, tell them everything that's in your heart because it matters, and I think that's something that gets neglected in in Western medicine.

0:28:48 - Julie
Why is that? I doubt if you learned how to do any of that in medical school or in your residency. Why do you think doctors are so afraid of end of life care? Is it that they're afraid? Or is it that

they just don't have any skills that they can call on to help families get through what obviously you did with that family and I would imagine, many others?

0:29:15 - Maria
Well, I think, I think it's both. I think, remember, a lot of doctors are, you know, fresh out of medical school. They may not have even experienced death themselves yet at that point. But it's not something that we're really taught, I think, unless you have a rotation or some experience in palliative care. I think that's really valuable for doctors, but you don't, certainly in the UK.

You don't all get it, it's quite rare, and I think we're programmed to just do everything we can to save lives. So give them this medication, give them this drip, give them this oxygen, etc. Etc. And don't get me wrong, there are times where it is, you know, you do want to save a life and you do want to prolong it because there's good quality life there. But I think some doctors see it as admitting defeat. And again, it's that conveyor belt of the absurd, that assembly line of the absurd. Sometimes it's like why are we doing this? And I've had that conversation with colleagues when I've been a hospital doctor why are we, you know, why are we doing compressions on this man's chest when you know, we know how unwell he is? Why? Why don't we instead have a good death?

0:30:33 - Julie
Where was the information coming from, do you believe, to help you lead that family in a way that your patient Peter could have a good death? I mean, if you didn't have experience to call on with that, where did those ideas come from?

0:30:55 - Maria
Well, I think you know, I think I was led, I think it's intuition and I think it's. You've got to open your heart and you've got to allow that vulnerability, because you're exposing yourself right by saying these kinds of things. It's not what a typical doctor would say, and you are exposing yourself because it's almost like you don't want to say these things out of fear that you'll get criticized for being soft. But actually, when, when is there a more appropriate time than in palliative care and end of end of life care to be as compassionate as you possibly can? Where did these? I honestly these. I mean ever since that episode, I have been a different kind of doctor. And where did it come from? Maybe your course, and I think I allowed it to come through and I didn't let the fear choke me.

0:31:55 - Julie
Well, I think you there and I'm going to take full credit for this your energy levels, the frequencies that you can reach.

Now, after going through angelic attendant training, you're able to reach higher levels.

You trust the information that comes in from spirit and that helps you lead patients and lead their families to whatever's in their best interest.

And and I give you a lot of credit, and it's not like you're thinking, okay, I need to tune on my tune, my radar, into a certain frequency, and I think that's what's such a great thing about the way that you practice medicine. From what I've heard from you and from many clients that I've sent to you, they all love you and they all get better, usually in short order, because you do such a terrific job of reverse engineering the symptoms instead of just giving them some meds or something. I mean it's a blessing that there are so many American clients that come to you and you're in London and you can't even give them a prescription, but they're getting better without it. And, sorry, I think that is the placebo effect in place, the placebo effects always in place, and I think it's belief. And that goes to my next question what do you think the

connection is? Or do you even think there's a connection between body, mind and spirit? Address that and then also address the whole placebo effect, part of the healing equation.

0:33:34 - Maria
So, absolutely, there is a connection between mind, body and spirit. I think, for instance, when I was a hospital doctor and doing surgery, you could do two virtually identical surgeries on two virtually identical patients, for example. So say, it's an appendix, just to give an example, you know, both healthy, it's the same surgeon, it's the same surgery, it's the same scrub nurse, it's the same protocol, etc. And yet you can see two hugely diverse healings, as in one may not heal very well at all and have tons of complications and the other one will be bouncing around within a couple of days glowing. Now, yes, you can look at these very minor variables that people may argue well, that's what caused it. But actually, like you've said, julie, no one heals someone else. We help them, we guide them, but it's down to I think it's so that that person's outlook, their mentality, their positivity. So there's a really interesting book called Radical Remission by an integrative oncologist called Kelly Turner, and for her PhD she was looking at people with advanced cancer, so stage four or end stage cancer, who recovered, and she wanted to find out well, what are, what are these variables? What is it that they do that others don't, in order to go into remission and be healed.

Now. She traveled the globe and it wasn't all. It wasn't the same cancer. She looked at a multitude of different ailments and she came up with 75 things. But there were nine common denominators.

The first one was a radical change in diet. That was number one. The second one was what was it? I think it was taking taking charge of your own health. The third one was intuition not for the doctor, for the patient, using your intuition. Then others were taking herbs and supplements.

Another one was having a good social network, and that doesn't mean family, it can mean friends, it just means having your people, having your tribe, around you. Another one was deepening your faith, and it doesn't have to. So if you look at the Blue Zone in Sardinia, where they're strict Catholics, but then you look at Japan, where it's reverence for your ancestors, there's no one faith that people are following, but it's a deepening of that. It can even, as you say, it can even be a purple ball of haze, you know, but it's a deepening of faith. And the others were releasing releasing emotions and have. Another one was increasing your good emotions, which is something that you, that you teach very well. So how many of those are body, and how many of those are mind and spirit. So it just shows you that everything is connected to everything. Because, trusting your intuition, having a social network, releasing emotions, deepening your faith, none of those are tangible, but these were the nine common denominators that she found in patients who recovered and healed from end stage cancer.

0:37:26 - Julie
Well, and back to the placebo effects. Certainly, as an inventor of surgical devices, I had to go through the government regulators the FDA here in America and the equivalent in the EU and other countries where I sold my inventions and my products that I was selling and we had to show clinical studies of the efficacy of the product and that it didn't do harm to the patient. And all of that and I was different from the pharmaceutical companies because we didn't really have a placebo effect. Excuse me, that was in the equation of a medical device, like it is with a drug, but correct me if I'm wrong. In the placebo effect in medical studies is like 52%. There's more benefit to the patient from the placebo than there ever is from the medication.

Am I getting those statistics correct.

0:38:21 - Maria

I mean, I don't have the statistics to hand, but it sounds about right. And again, we don't get taught about the placebo effect. Because how do you quantify, how do you make that science, the placebo effect? It's so difficult, it's not tangible. But then, if you look at the most simple example, when a child falls over and scrapes their knee and cries and you give them a kiss and you say it's all better and they suddenly start smiling again, right, so you know, that's the most simple example. But I've seen the placebo effect many times, but it's not something that gets documented in hospital notes when you're rounding.

0:39:04 - Julie
Why do you want to be a physician in the first place? You mentioned you come from a working class family. Did you come from a family of medical providers or healers? Where did this desire, even for you to be a physician, come from?

0:39:18 - Maria
No, I'm the first member of my family to go to university, actually, so that in itself was an achievement. But so I came to medicine a bit later than most people, and before that I was working in TV production, initially in football or soccer as you call it in Italian football, which amuses a lot of people. So my knowledge of 1990s Italian soccer is phenomenal. But after that I worked on some documentaries and for a series called Earth Report, and they were documentaries on environment, on health, on subjects about world well-being, let's say. And I think what I realized was I didn't want to be just behind the camera filming it. I really got a taste and a passion for wanting to actually be one of those people who can help others heal.

And then it just so happened that a friend of mine from university, the first time round, had gone on to do medicine as a second degree. And then he called me one day and he said by the way, do you know that the King's College London are now taking arts graduates? Because I didn't have a science background at all. So I thought, well, I'm never going to be able to do medicine because you need this, this and this. And instead they'd got this new entry pathway where you took different tests, and so I sat it against all the odds and there were many and I got offered a place to study medicine and it was a baptism of fire to start with, especially the preclinical years and somehow I got through and then it just got better and better and I absolutely love my job. I am so privileged to do what I do. I can't think of anything that I would rather do.

0:41:41 - Julie
Well, and that, perhaps, is why you're so well rounded and so able to connect with your patients, because you do have a diverse background and you're not just a science geek. Not to discredit science geeks, I mean that's. We need them as well. But that may be a big part of the equation as to why you are able to look at things maybe from a 30,000 foot view instead of just as a linear thinker of OK, well, this, this, this and this equals that, and you're saying something is still missing from part of this equation. It seems that people today have more health issues than in previous generations, and it may just be the 24-7 news cycle and social media and all of that. Perhaps it's just more in our faces. You know all this information, but have you found that to be the case and why do you think that is the case?

0:42:44 - Maria
I honestly put a lot of it down to the stress of modern life. So the burdens now in medicine are chronic disease so we're talking about. So there's an obesity epidemic, or block diabetes, for instance, and dementia. The rates have rocketed. And there's a.

There's a friend and colleague of mine who said that she's a bit older than me and she said she remembers when she was a medical student. The consultant said she was on a neurology round. And the consultant said to the group of students now remember this word, because it's incredibly rare and if you remember this in your exams you're sure to pass. And the word is

Alzheimer's. Right, it was a one in a God knows how many. But this is where this is my theory and I think it holds, which is we still have primitive brains. We are still hunter gatherers, our bodies haven't changed and our brains haven't changed from what they were 200, 300 years ago. So we're still made to be outdoors most of the time, to be very active, to have a lot of leisure time as well and really only to be under stress for probably five to 10 minutes every day, when either we're hunting an animal or an animal is hunting us, or we're fighting an enemy and we're climbing a tree to get away from it, and the rest of the time, women, to be happy and relaxed and sitting around the fire, sharing stories and singing and dancing and foraging. And so when you fast forward to modern day, we still have that brain, and that primitive brain cannot discern between the difference between the genuine threat of when that tiger is chasing us and how we feel when we worry about money problems, a traffic jam, being late for work, having a nasty boss or colleague, having a row with our partner, except an on and on and on and on. So we release the same stress hormones. Now, stress in the acute form is very good for us. So you know, cold therapy, like an ice bath, or heat therapy, like a sauna or exercise, these are forms of stress. They are short lived and they're really good for us. Why? Because they boost our immune system. So your white cells go up, they're immune enhancing and we know there's a plethora of research out there that shows that short term stress is good. It's good for longevity as well, makes you mentally alert. So, for instance, the stress before an exam, for instance, it gives you that mental clarity, but then it goes. We're only meant to have stress in short bursts. Ok, now can we be chased by a tiger 24 seven? What's going to happen to us if that? If that goes on?

You cannot live with constant stress pulsating because you're going to be releasing those stress hormones adrenaline nor adrenaline, you call it epinephrine cortisol all the time. So long term stress we're not built for it, we're not made for it. When you start releasing those stress hormones all the time, you create insulin resistance, you create inflammation, you wear out your adrenal glands because imagine you've only got a certain amount of fuel in the tank to release, to release those stress hormones. If you keep on pulsating it out, the reserve is going to go low. So then you get adrenal fatigue.

Now, when your adrenal glands are worn out, your adrenal glands also make progesterone, which is a sex hormone. Your adrenal glands will say OK, so I'm being, I'm in this period of stress. Is it more important for me to make stress hormones to save my life or to make progesterone? They're going to go for the stress hormones every time. So then you get something called the progesterone steel and what that means is, rather than make progesterone, your adrenal glands will stop doing that so that they can keep on making the stress hormones that they they want to make because they think they need it to survive. So then you get a reduction in progesterone. So then you can get, for example, you get an estrogen progesterone imbalance that can affect a woman's cycle, but many progesterone as well.

Progesterone affects your thyroid and, as I was saying before, everything is connected to everything. So the minute you start, the minute the adrenal glands start getting pressurized and then they steal the progesterone, it affects the thyroid, and on and on and on. And when you get this generalized inflammation and insulin resistance, then you're looking at chronic disease and it all comes down to stress. And this is where you taught me the two minute rule, julie, which is something that I use with my patients, I would say, almost on a daily basis, and often more than I use my blood pressure monitor or my stethoscope. And so I say to patients OK, if you are crossing the road and you're on your mobile phone and you're not paying attention and the number 73 bus is coming right at you, is that going to kill you in the next two minutes? Yes, that is the modern day saber tooth tiger. Should you be scared of that? 100% you should. It's a threat to life. And should you act upon that fear? Yes, you should.

You want your stress hormones up the adrenaline, noradrenaline, cortisol because you want your blood supply to go to your lungs, your heart and your muscles, which is what happens when you're stressed, so that you can run fast and get away from the bus. And when you're stressed, your blood supply goes away from your gut and away from your brain. That because you don't really need to digest your last meal if you're trying to survive, ok. So that's why we don't really digest well, and that's why, if you have chronic stress, it can lead to gut problems. When you have stress, you lose clarity of thought.

And so then I say to them OK, if you are in the supermarket and you're on your lunch break, you've got five minutes to get back to work and the person in front of you is taking forever in a day to pay and you're getting so angry, is that going to kill you in the next two minutes? And you can only say yes or no. No, if you're in a car and you're in a traffic jam and you're late for work, is that going to kill you in the next two minutes? No, and you can go darker with this. If you need to, you can ask heavier questions. So you know, if you lose your job, as horrible as that is, is it going to kill you in the next two minutes? No, if you lose a loved one and I have used it in this scenario as much as that hurts, is it going to kill you in the next two minutes? No.

And the patient then starts to understand what you're doing here and I say it's like pulling the plug out of the socket.

You're stopping that circuitry of stress hormones going around because the minute you tell your brain you can relax, you're adrenal gland settle, you stop releasing those stress hormones and you go back to normal. You go back to your parasympathetic system, which is what we should be in 90% of the time, as opposed to your vital flight, which is your sympathetic nervous system. So it's such an easy tool and thank you, julie, for teaching it to me. But it works so brilliantly because it doesn't. It's free, you don't need any equipment for it, you can use it all the time. You know, even my kids use it. And I say to patients practice it, practice it for the most ridiculous things, just to get used to it, just because then it'll come in on autopilot. I mean, I use it myself and sometimes it is just happening in the background. So, to come back to your point, I think stress in modern day has caused so many long-term chronic conditions and if we could address that I think we would solve many things.

0:51:22 - Julie
I was talking with a client this morning who is a young person and has low bone density and uncharacteristically low bone density, and it's a guy. And this client is a guy and he's like what the heck, why is this happening? And what I kept getting was it was from over-the-counter medication that blocked calcium absorption. And I said are you on any medications, are you on any prescriptions? And he said no, and so I'm doing a scan on him and, sure enough, his bones look like those of an older woman that's postmenopausal. And so I said, okay, I kept getting, it has to do with medication. I said are you taking anything that would be considered to be medication, but it's not a prescription? And he said yes, and I said tell me what those are. And he said I'm lactose intolerant, so I take a lactose over-the-counter medication so I can eat cheese and pizza and stuff like that. And then he said and I take an allergy medicine every day because I just have allergies to whatever my cat and the ragweed and whatever's in the air. So we Googled them real fast. Well, guess what? Both of those medications block calcium absorption, yeah. And so I said yes, you're gonna have to do heavy weight lifting and things like that, go see your doctor.

But I believe the root cause is these over-the-counter medications. And it makes me so furious when I hear things like this, Maria, because I think we take medicine whether it's a prescription or not, and we've just been taught that it's gonna make us well and sometimes it'll help us in the short run, but a lot of the time it causes long-term problems. And when I was asking this client I said how long have you been on those medications? And he told me. He said but I took this allergy medication, the same one I'm on now.

He said I took it for years and years and years as a little kid. And I'm thinking okay, is there a possibility that there wasn't adequate bone density happening because the calcium was being blocked when he was little? And now he's paying the price in his 30s for it. And now he's doing that as well. He's on that same medication. How do we know? Sort of just looking up every medication, how do we know when there's a problem with that? I always laugh here. I think in America we see way more drug ads than you guys do in Europe.

And there'll be some pharmaceutical drug and it'll be a 60 second commercial and 54 of the seconds are all disclaimers. The stuff can kill you, it can give you purple hair, it can make your teeth rot, whatever, talk to your doctor first. How do we combat that? How do we get around that?

0:54:32 - Maria
You talked to a holistic doctor. Yeah, there you go. But you just can't take something at face value when it's a medication, because, well, another example are proton pump inhibitors, so ameprazole, lanzoprazole. So people pop them like smarties for reflux, for acid reflux and heartburn, but it stops you absorbing magnesium, calcium, b12. It gives you lower bone density. It may help symptoms in the short term, just like you said, but it's not getting to the root of the problem. It's like a sticking plaster and what we need to do and what we do in holistic medicine is do the deep dive to find what's the mechanism going on in the first place. So, for instance, with your client, are we looking at an allergy? Quite, possibly, because if he's taking an antihistamine, something is triggering an allergy.

Now, for instance, with lactose, we know that many people much more than is documented lactose intolerant and it kind of makes sense because, well, one we're not really. Our gut is not really made to have the milk of another mammal. After, as we grow, we have our mom's breast milk and then we should be weaned off. And it's not calcium that we need from cow's milk. I forgot what was the other thing I was going to say Now, oh no, the other thing is as well, you have to be careful what kind of dairy you're eating, because with intense farming methods, cows are given steroids, antibiotics, they're fed poor diets. They're just fed things to make them produce more milk and to get bigger quicker. So then you think, well, filter that through. I'm then drinking that milk. So what we need to try and do is be like the hunter gatherer, as we were, and find a way to do that in modern society. So I'm not saying run naked with a loincloth chasing deer all day. We can't do that.

But in terms of food, julie, you encapsulate it perfectly and I use your sentence all the time which is if God made it eaten, if man made it in a factory, don't. When I go into the supermarket, you pick things up off the shelf. When you read the ingredients, there's sugar in things that are meant to be savory, there's rapeseed oil. You have to put back most of the stuff you pick up and you have to keep it as simple as you can, low on the food chain. I think that's one of the biggest things, because you can do all the bells and whistles of supplements and protocols and this and that, and yeah, they do work, but if what you're putting in doesn't change, then it's like trying to clean the bath and empty the bath while the tap is still running.

The fundamental thing with all good health comes from an old Greek guy called Hippocrates, and it seemed he knew a thing or two. And he said let food be thy medicine and let medicine be thy food. And he said all good health starts in the gut. And he was right.

0:57:38 - Julie
Well, that's what I was just gonna ask you. It seems to me that most things originate in the gut, most inflammation. I had a woman call into my show last night and she didn't look that old, she looked like maybe she was in her early fifties and she had a bad arthritis. And I said it's coming from the gut and she looked at me like I just landed from Mars. But that's been my

experiences. It all comes from the gut, even allergies. I had a bunch of allergies as a kid. Once I got my gut healthy, I don't have allergies anymore, and so I think that there's obviously a connection there. Do you believe that everything is healable?

0:58:23 - Maria
So a true scientist is always open to surprises. You never keep a fixed belief about anything. Remember it wasn't even that long ago when doctors were encouraging patients to buy camel cigarettes. Now look what we're doing. So a true scientist is always open to surprise. And I would never have the arrogance to say to a patient this can't be healed, you've got no chance. Who am I to say that? We see spontaneous remission. Back to my point of radical remission People who've been given a terminal diagnosis and they take matters into their own hands and they heal themselves. So I would never say that something isn't healable, but it could just, on the flip side of that, it could be that sometimes it's just somebody's exit point as well.

0:59:25 - Julie
Yeah, sometimes death is the healing.

0:59:27 - Speaker 1
That's what I tell people, and that's okay, that's okay, that's okay.

0:59:33 - Julie
It's way more okay, usually for the person that's dying than it is for the family members left behind back to not being so presumptuous and back to the whole pharmaceutical thing. When somebody's in with their doctor and the doctor prescribes a medication, most of us just take it on face value because we believe the doctor knows everything. I always suggest that people look it up and put the acronym number needed to treat, or NNT, afterwards, because that's gonna tell you, based on all the clinical studies, it's gonna give you a number. The higher the number, the less effective the medicine. So something like there's a statin that's billions in dollars in sales and the number needed to treat for it is 100, which means a hundred people need to take that medicine in order for it to help one person and how it helps that one person as it prolongs their life for four days. They got all these side effects thinking seriously, but in the meantime that's what the doctors prescribe and it's just standard of care.

So how do we navigate that? There is always a place for medicine, I believe. But how do we navigate? What's gonna help us and what's gonna hurt us? Can you give us some pointers on what people can do short of if they don't have access to a holistic doctor or somebody? That's the thing that makes you so extraordinary, in my view is you got the Western medicine thing and you use that when you need it. You got the holistic thing and you got the energy medicine and you do a combination of all three. Well, you only have so much bandwidth as one person, but if somebody doesn't have access to somebody that's doing holistic or naturopathic medicine and or energy medicine, how do they navigate that?

1:01:34 - Maria
Well, I think, just to rewind a second, I think therein lies the Hippocratic Oath. The Hippocratic Oath, the first part of it is is Primo non nociere, first, do no harm. And when it is doctor means to teach, to educate. So it is a doctor's responsibility, whether you're holistic or not, to fully inform your patient of a medicine, of its advantages, of its disadvantages, of what it can do, of its side effects. And I think we're far too quick to just prescribe something from a paternalistic thing saying take this, it'll help. So back to my point of proton pump inhibitors, like a meprosome. Someone's got heartburn, they give them that. Someone's got diabetes, let's just stick them on metformin rather than spending time. You can reverse diabetes.

Dr Jason Fong, a Canadian nephrologist, has published in the British Medical, the Journal of British Medicine, that he's got papers on it. Not only has he slowed it down or stopped it, he's

reversed it. He's got patients who are no longer insulin dependent. But it takes time and it takes effort. But that is why medicine is vocation. You don't just write a prescription and say here you go. Part of your responsibility as a doctor is to educate and inform the patient and let them make the choice. You tell them the pros, the cons, the number needed to treat, and then they can choose whether or not they want it. And some will say you know what, I'll take my chances. And others will say, yeah, give me the tablet, but it's their choice.

1:03:17 - Julie
Well, that sounds good, but in realistic life, when doctors have eight minutes and they're seeing 42 patients a day and they don't I've never had a doctor do that with me in my whole life Say, okay, well, here's this medicine, here are the pros, here are the cons. I've never had that and I think most people don't. So how do we as patients navigate that? When we're given a prescription or a protocol other than paying attention to how does it feel in the gut? What other things can we do as a patient in this day and age of insurance-run medicine? Basically, how do we navigate that to help ourselves heal?

1:04:00 - Maria
So here in the UK there is the British National Formulary where you can go on that and it will list all the side effects, all the adverse reactions, et cetera, and I'm sure there's an I don't know what it's called, but there will be an equivalent in the US and North America. I think never feel bulldozed or pressured into starting a medication. Do trust that gut instinct, take your time You've got. You can always put something on hold, tune in, does it feel right? And then go and do your research. Because as well as it being the doctor's responsibility to inform patients, it's your responsibility as well, the patient's responsibility, to take care of your own health and to know what you're putting in your mouth. Because you know, doctors vary, patients vary, we all vary. So, rather than just sort of obey, ask questions, ask those difficult questions and do your own research, because information is power.

1:05:05 - Julie
I think that pertains to medical procedures as well, whether they be surgery or something else, not just pharmaceuticals, and I completely agree with you Hormone replacements for primarily women, but men too. It gets a bad rap a lot of the times. There's a lot of negative talk around it and I always say well, that's based on studies from the 1970s on synthetic hormones and I'm a big, huge fan myself because I've been on them for 19 years of bio identical hormones and I know that you work with those, with your patients. Can you tell us your feelings about that and if you think they're beneficial or not?

1:05:59 - Maria
I don't do a lot of bio identical hormone work, actually, partly because I need to. I myself want to do more research in this. But what I would say is that when hormones start to wane so for example, perimenopause and menopause it's not just the sex hormones that are affected. Remember, thyroid is a hormone, insulin is a hormone, and you have to look at the big picture. So so often when a woman becomes perimenopausal, I always check her B12, her thyroid function, her folate, her vitamin D, because at that age very often you will unmask some hypothyroidism. And when you correct that and when you boost B12, many of the symptoms will start to sort themselves out. So rather than immediately jump to starting to talk about HRT, I would again take that holistic picture to look at everything, because often there are other organic causes that can easily be reversed, as long as you figure out what they are first. Okay.

1:07:16 - Julie
How can we maintain health as we age? Do you have maybe three things that everybody can do that will help them maintain health, even improve, and and uh can then continue to maintain health as their life goes on?

1:07:36 - Maria
So I would say I mean, in a way, it's similar to, it's similar to the nine common denominators from radical remission, but I would say your outlook, your positivity, mentality, that's one and you're an expert in that, Julie, and I think you can teach us a whole load on that and then I would say diet, and then I would say movement, that's what, that's how we're made, they're the I would say they're the three pillars to having a good life. And you know, when it comes to a good outlook and mentality, I think love is a part of that as well, and I don't just mean like husband and wife, I mean just love in all your relationships, your friends, your family, everyone you interact with. It raises your vibration, and we know that when you are happier you have a healthier gut. So it's all this knock on effect. Everything is connected to everything.

1:08:35 - Julie
I think we saw that during COVID, right During the lockdowns, where people were isolated and there was more depression and more suicide and more things like that, because we're pack animals were supposed to be with other people. But we're not going to be with other people. We're going to be with somebody who feels isolated and they don't have a network of friends and perhaps they don't have a big family. Do you have any recommendations for how they can go, participate, maybe to give love and to receive love?

1:09:15 - Maria
to help them live a healthier, more fulfilling life. I think that American psychiatrist did a great piece on the benefits of volunteering and how wonderful that is for you and for them, because the gift of giving actually improves your health and that respect in that relationship is beneficial for both of you. So I would say volunteering is a wonderful way and people can be nervous about doing that and it's that vulnerability of putting yourself out there, but when you volunteer you're welcomed with open arms and whether it's volunteering in a community garden, whether it's volunteering at a soup kitchen, but just doing that has such a massive impact on your mental wellbeing, on your heart health, on your gut health, and you will meet people like your tribe. It's about finding your tribe, because you'll meet people of a similar mindset who also want to help others. So I'd say that would be a fantastic way.

1:10:20 - Julie
Great suggestion. What do you think about the popular weight loss shots that seem to be all the rage right now?

1:10:29 - Maria
I think it's a quick fix and I think people are always looking for a quick fix. And I think in medicine, when I went to medical school, we had no training on nutrition. Imagine that, no training on nutrition at all. And when I hear a dietician or a nurse say to a patient well, you can still eat the Oreos, just eat fewer of them and you'll lose weight, well, yeah, you will. You will initially, but calories are not the same. If I give you a thousand calories of grass-fed steak or if I give you a thousand calories of Snickers, your body is not going to process it the same way. So if you live on Snickers and then you reduce how many Snickers you're like, yes, you go into a slight calorie deficit and yes, you will initially lose weight. But calories in, calories out is pretty much obsolete. That's not how it works. So what was the question?

1:11:38 - Julie
again. The question is about the new weight loss shots. I mean, in my world alone, not only do I see celebrities using them, but I know people who are my age using them. I know people that are younger. It's all women. I know one man that's using it and I'm thinking OK, are there long-term ramifications? Do we even know? Have there been enough studies? Number one number two what happens if you stop taking the shots? Yeah, and number three does that mean if you take them, you just have to stay on them the rest of your life? How's this work? Have you run into them much? Have you had patients ask about them?

1:12:18 - Maria
So in the UK they can only be given to people with diabetes, and actually there's a shortage of it at the moment. We call it semi-glutide Ozenpik is its brand name, so it's really new over here. But what I would say is, if you rewind to the 1960s, 50s, 70s and you look at any picture of people on a beach, people walking down the street, there really wasn't much obesity. So what has changed? We now have an obesity epidemic and yet Oreos and cookies and confectionaries still take main stage on the shelves in the supermarkets, and we weren't eating that 50 years ago. So why are we creating a drug to help lose weight, as it claims? We're looking down the wrong telescope, because if we look back at when there wasn't an obesity problem, what was different there? Well, the answer is simple we moved more and we ate better food, but it seems that that gets neglected.

1:13:28 - Julie
So back to my question. I've asked people that are on it well, do you think you have to stand at the rest of your life? And I know a woman in her probably mid-30s that said I don't care, it works. And if I have to stand at the rest of my life I will. And I think yeah, but what are the long-term ramifications? What is that doing to your kidneys and your liver? And do we even know?

1:13:50 - Maria
It's the same with vaping. We haven't got the research yet. People have stopped smoking cigarettes in favor of vaping, but where's the research on the vapes? I don't even know what's in a vape. I know what's in a cigarette and it's not good, but I don't even know what's in a vape. And 10 years down the line, what are we going to start seeing? Same with mobile phones. I never hold it to my head. I put it on loudspeaker and I'll hold it there and I stay on it for as little as possible, because we haven't got the research yet about what we're doing when we're hosing something like that next to our brains.

1:14:25 - Julie
I've seen research and it's not positive on that. I also have seen research on what electric cars do to the blood, that it makes the blood cells clot. And you think about, if you're in an electric car, what are you doing? You're sitting on this huge battery, you've got your GPS going, you've got your satellite going, you've got your phone going. I mean that's an EMF nightmare in those cars. And I've seen the studies they came out of Germany that show what happens when somebody's in there and it shows the blood cells clotting. It was just mortifying when I was reading that paper and certainly there's going to be more information come out from that. But to your point about the radiation. I think we're so exposed to that what can we do to help negate that, because it has to have an effect on our health.

1:15:29 - Maria
Absolutely so. I would say for the boys and the girls never keep your mobile phone on in your pockets, because you're radiating your genitals and that's going to affect your semen and that's going to affect reproduction, and we know that the quality of semen in the last 50 years has reduced by 50% and we're seeing fertility issues in men and women. Definitely, don't hold a mobile phone next to your head. Put it like I said. Put it on loudspeaker, hold it away from you and use it as little as possible. Turn your Wi-Fi off at night. Just try to limit your exposure to it. There are products out there, such as mats that you can put under your keyboard or your laptop, even in your bed.

Walk barefoot as much as you can. That it's called grounding or earthing, and I mean you don't need science to tell you this. When you're a kid and you ran barefoot in a field, doesn't it feel? Or when you're walking barefoot on a beach, it feels great, and that's your body. So your body doesn't speak English or Spanish or Italian. It has to communicate with you in another way and you know when something feels good. Walking barefoot, feeling the dew on the grass under

your feet, is like one of the best feelings, ever the same when you feel the sea touching you. So do these natural things. Get back to nature as much as you can is what I would say.

1:16:58 - Julie
What is the difference between holistic medicine, naturopathic medicine, western medicine? I know, I think of surgery and pharmaceuticals, but what is the difference between all of those different segments of medicine? And how can somebody navigate? You know which one do I choose for what? Or if they can't find somebody like you that integrates all of them together, how can they utilize some of that stuff on their own when they're on their own healing journey?

1:17:34 - Maria
So let me just say, you know, I think western medicine in certain ways is absolutely phenomenal. I love it. So if I get hit by a lorry, get me the surgeons. I want the general surgeon, the vascular surgeon, the orthopedic, get them, get them, give me the, give me the drip, give me everything. It has its place, you know. Transplants, all these amazing, amazing things. We are just so blessed to have this. You know, I don't want a homeopath if I'm run over by a truck, right.

But when it comes to chronic disease and preventing these things or reversing them, then I think that's where we need to have a more open mind and look at more holistic, integrative, preventative medicine. They all kind of mean the same thing, which is, you're not looking at one specific organ, you're looking at the whole person. To come back to that analogy of the cobweb, everything is connected to everything, hormones especially. You know it is this symphony If, if, one's out of balance. So, for instance, cortisol, it should be highest in the morning, and then we see this beautiful cascade down and the melatonin picks up, and that can be out of whack. If you're stressed, your cortisol then goes all over the place and it affects your melatonin, et cetera, et cetera. So I would say, if you're looking at a longer term issue or a chronic issue, that's where you open up a bit, open up a bit more and you start looking at what else is out there besides just the mainstream pharmaceuticals, because I do think you know, and I'm not a herbalist, but I do think there is nature's pantry which is full of things to help us, and so many medicines these modern medicines come from nature in the first place anyway.

So I would you know, the more information you have, the better choices you can make, and I'm thirsty for that kind of information. I love finding out new things. It inspires me, it keeps me excited. So I would say, certainly for things like diabetes, read outside of the guidelines and find case studies of people who have reversed their diabetes. It's not hard to do. The information is there and also do what resonates with you. Cherry pick, you know it's not one size fits all. What works for you may not work for me. What works for John Smith may not work for Adam and Eve. So you have to do what works for you.

1:20:10 - Julie
Couple last questions. I could keep you on here for hours, but a couple last questions. Why do you think we incarnate?

1:20:20 - Maria
To expand. I think we come to have well, I mean, I've learned this from you, julie, but I think we come to have a human experience and to have that, not not just the black and white, to have all those colors, to experience, all these experiences to take to our spirit, to expand and expand and expand, to go and to expand and expand to guide us to where it is that we're going. And, like you say, there's no right or wrong, remove judgment, everything is neutral and it's just feeding in wisdom. So you know, one time you experience something negative, you experience I don't know a car crash and you experience winning the lottery. And another time experiences, and it all feeds into you and your personal experience of life.

1:21:20 - Julie
Beautifully said. I know you work with people all over the world via zoom and other, probably phone and whatever else. How can people learn more about you and your work?

1:21:33 - Maria
So probably the main place to find me is either my website, which is dramassanti.com so d r a m a s a n t I dot com, or on Instagram, which is dramassanti so d r a m a s a n t? I is my Instagram handle. I'm not very active on Facebook because my time is limited, so Instagram tends to be the social media that I use, and you can contact me through either of those.

1:22:05 - Julie
And I know you speak several languages as well. What are those?

1:22:11 - Maria
So English, Italian, French, Portuguese and German.

1:22:19 - Julie
Yeah, just in your spare time I'm doing, I'm doing good to do English and at a few Hola, wee, wee, that's, that's about it. So yeah, you know I adore you and I love you dearly and I so appreciate you taking the time to just share some of your wisdom with all of us on such a far ranging bunch of questions that I threw at you and and I know everybody's benefited from this. So everybody thanks for joining us, sending you lots of love from sweet home Alabama and from London, where Maria is, and we'll catch up with you next time.

1:23:04 - Anncr
Thank you. Thanks for joining us. Be sure to follow Julie on Instagram and YouTube. At Ask Julie Ryan and like her on Facebook. At Ask Julie Ryan to schedule an appointment or submit a question. Please visit AskJulieRyan.com.

1:23:21 - Anncr
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