

# Moving Toward an Understanding of Healing

The time has come to allow podiatry to evolve its healing capacity.

BY ROBERT KORNFELD, DPM

**I**t is now 45 years since I graduated from NYCPM (Class of 1980). The world has changed dramatically in all of those years. But unfortunately, medicine has not. Other than new drugs and biologics as well as new technology in lasers and shockwave, etc., medicine still remains interventional. We wait for pathology to present itself, and then we make a diagnosis and intervene on behalf of those symptoms.

The irony is that paradigms of healing and immune support have been around for all of those years as well. They have been changing and maturing as evolving science provides us with more information about innate human healing mechanisms and how we can tap into them and support them.

Many podiatrists have added regenerative medicine injections and modalities into their practice as studies have shown their efficacy. But what every doctor will admit if they

are honest is that outcomes are unpredictable. Some patients do very well and others do not.

And why is that? What is the missing link between consistently good outcomes and unpredictability? This is the pink elephant in the room. It is the patient whom you are

comes to you. The reasons that diagnosis exists, i.e. why that patient crossed the morbidity threshold and advanced into symptoms, is the critical missing information. A thorough analysis of the patient's epigenetics, genetics (SNPs), medical history, family history and review

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treating. Without an understanding of each patient and the metabolic/physiologic dynamics they present with, you will continue to experience an unpredictability of outcome.

This means we need to embrace some of the paradigms that address the patient as a unique entity, separate from the presenting diagnosis. The diagnosis is why the patient

of systems gives us much-needed insight into why this patient may have a burdened immune system, incapable of efficient healing and hence, default into protective chronic inflammation that minimizes reparative capabilities.

There are a number of different designations to understanding the patient in this way:

**1) Functional medicine** is a systems-based biology approach and works at discovering the underlying mechanisms of the presenting diagnosis and manages them. The goal is to unburden the immune system, balance body systems and facilitate greater efficiency at achieving and maintaining homeostasis. It addresses assimilation, defense and repair, energy, biotransformation, communication, transport and structural integrity. It addresses the systems of the

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## THE **PM FORUM**

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body and corrects imbalances via diet and lifestyle adjustments, nutritional supplements, herbal supplements, enzymes, hormones, stress management, exercise, sleep hygiene, etc.

**2) Longevity medicine** focuses on optimizing health span—the

the integrity of suspect body systems are all used in fostering a return to better health and vitality.

**3) Lifestyle medicine** also complements the other two with emphasis on whole-food plant-predominant nutrition, physical activity, restorative sleep, stress management, avoidance of high-risk substances

3-year period. No treatments have solved the problem. They have had orthotics, PT, NSAIDs, steroids, laser, deep tissue massage, and PRP. Would you then take this patient and try something else? Would you logically expect a patient who has failed every manner of therapy to respond to a different treatment or modality? Clearly, a better approach would be to work to understand why THIS patient is struggling to heal. In so doing, we can more assuredly improve their health, create more efficient immune system dynamics and are far more likely to heal the patient. And best of all, avoid surgery which, when performed on a patient with poor reparative capacity, may wind up with complications and a poor outcome.

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number of years a person remains healthy, active and free from chronic illness. In other words, the goal is a compression of morbidity. Both functional and longevity medicine work to accomplish the same end result via a personalized approach to each patient. Genetic testing, blood biomarkers, gut microbiome analysis, and lab tests to ascertain

(tobacco, alcohol, drugs, etc.) and the fostering of healthy relationships and social connection.

They all overlap in their focus and have the same goal in mind—to improve the health of the patient.

Now, imagine you have a patient with chronic Achilles tendinitis. They have already seen 5 podiatrists and 3 orthopedists over a

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have ignored. Many doctors have profound misconceptions about what it means to treat patients this way. One thing I can assure you is it is NOT the substitution of medication with supplements. That is NOT functional medicine. And absent all the other diagnostic and treatment parts inherent in these paradigms, outcomes remain unpredictable and unreliable.

It makes empirical sense to optimize your patient prior to treating their condition so better outcomes become the norm. Yet, few doctors incorporate these paradigms in their practice. And why is that? Here are the most common reasons I have heard reported to me by podiatrists:

- 1) I don't have the time to get that involved with each patient
- 2) Insurance doesn't pay for it
- 3) I don't have the time to learn it

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## It makes for a beautiful experience when you go to work feeling inspired, re-invigorated as a doctor, revered by your patients, and remunerated fairly for your time and expertise.

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- 4) I'm doing fine with what I know
- 5) My patients will never pay me for that
- 6) It's too hard to change things

Let's address each one of these reasons. 1) I'll combine this with #3. If you feel you don't have enough time to devote to your patients or to learn something this powerful, then you are dealing with time constraints. These are borne out of the need to treat a high volume of patients to stay solvent; handle the enormous administrative burdens; and address the occasional complicated case that sets your schedule back. High volume and administrative burdens are present in all insurance-dependent practices. And this kind of high volume leads to exhaustion, frustration, irritability, anxiety, anger and an

overall malcontent with practicing podiatry.

2) Of course, insurance doesn't pay for it. This approach to patient care is also preventative. Insurance companies function on a financial algorithm, not a health and healing

one. They can easily control guidelines, reimbursements, prior approvals, etc. and can omit anything they choose from coverage if they believe it will diminish the profitability of the corporation. And since 100% of the population can benefit from prevention (not early diagnosis, but prevention), they won't cover it.

4) When I hear this, it sounds like a doctor who is too over-

whelmed to take on new information. "I'm doing fine" to me means, "I'm getting by with what I know and what I do". Yes, maybe YOU are. But what about your patients? Are they getting the best you can offer when there is so much more you can do for them?

5) Of course, you believe your patients won't pay. And you have good cause. They hassle your staff over co-pays and deductibles. But realize this. They might like you. They might think you're a great doctor. But they come to you because you accept their insurance. They want more for less. In the world of functional medicine, they are not your patient avatar. There are literally thousands of patients in every city and town who have been failed by traditional medicine and would be happy to pay for something they perceive has high value.

These patients have a completely different mentality than what you are used to. Once you are trained and market these services, they will come. 6) That change is hard. But the hard work put into changing things for the better yields an easier

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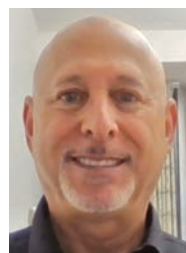
## Change is hard, but the hard work put into changing things for the better yields an easier life.

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life. When you stay with what you believe is easy, life remains hard permanently.

These paradigms give patients a compelling reason to pay you directly since they cannot access this kind of care through their insurance. It is very different than trying to sell non-covered services to insurance patients who already do not want to pay for anything. This holds true for hybrid practices or completely direct-pay practices. I have practiced in a direct-pay model for 25 years and it is a very sustainable way to practice.

Podiatry has had its struggles and continues to struggle on many fronts. But incorporating these potent and powerful paradigms removes the question of our viability as a specialty. It puts us on par with every specialist and enables patients to identify us as physicians and healers. The time is now or the opportunity will slip through our fingers. Most important, it makes for a beautiful experience when you go to work feeling inspired, re-invigorated as a doctor, revered by your patients, and remunerated fairly for your time and expertise. *PM*



**Dr. Kornfeld** is a 1980 graduate of the New York College of Podiatric Medicine. He has been practicing functional medicine for chronic foot and ankle pain for the past 38 years. He holds numerous certifications in the field of integrative and functional medicine. In the year 2000, he left insurance-dependency so he could direct the care his patients needed and not be controlled by insurance companies. He is the Founder of The Institute for Functional Podiatric Medicine.