

Caspar ([00:00](#)):

How does a traditional pharmacist trained in the allopathic model transform into a holistic provider using the power of nutrition movement and stress reduction for healing? By becoming fed up with the whack-a-mole approach to medicine. Our guest today is a doctor of pharmacy who developed a passion for helping people find the root cause of their illnesses and heal through lifestyle modifications. This came after her own struggles with chronic hypothyroidism and Hashimotos. This is the story of the Fed-up Pharmacist with Dr. Kirsty Washam. Dr. Washam, great to have you on.

Kirsty ([00:32](#)):

Good morning. Thanks for having me.

Caspar ([00:34](#)):

So, listen, I think a lot of people, when they hear the word pharmacist, have kind of a negative connotation, maybe a little bit of a drug pusher, but I know that's not really the truth. Right. And I know you've been working to change that in some ways, but let's start at the beginning here of how you got into pharmacy as an industry and what really entertained you and what led you into that career path

Kirsty ([00:57](#)):

About. Sure. So several of my family members worked in healthcare. And so I knew at a young age that I wanted to pursue something with within healthcare. I just didn't know what that was. You know, growing up I think you're exposed to physicians and nurses, and those seem like the only career options. But I would say around the age of 16, I was introduced to a local pharmacist at a little drugstore in town, and I thought, Okay, maybe this is a path for me. So I actually started working there at 16 years old. Okay. Discovered that, yeah, this is exactly, you know, what I think I wanna do completed all of my pre-pharmacy requirements and went to pharmacy school. So I've been doing pharmacy, I'm gonna age myself. I've been doing pharmacy, I guess over 20 years now. Yeah. Okay.

Caspar ([01:41](#)):

So, you know, you got started really early. What were some of the things you noticed there that maybe led you into the state of being fed up?

Kirsty ([01:51](#)):

So the fed up part came much later.

Caspar ([01:54](#)):

Much later. Okay.

Kirsty ([01:55](#)):

Much, much later. So exac, so during my, all throughout my training, I was very inside that conventional mindset. Okay. I'm very into immunizations, very into medications, all, all the things. It wasn't until, I guess probably my fourth year of pharmacy school that I, and looking back, I can see where I had struggled with my health before. But really that last year of pharmacy school is when I saw things start to go downhill. And I just told this story over the weekend and I went to my provider and he told me I was just stressed, put me on an ssri, a benzodiazepine, methyl phenyl date. I was taking birth control also at the time, and over the counter acid reflux and allergy medications. So, being the good future

pharmacist that I, you know, was I went ahead, I took all this medication, but this went for on for probably two or three years.

Kirsty ([02:50](#)):

And I realized at this point, like, I'm not getting better. And at this point I'm working in a conventional pharmacy setting and I'm seeing patients and I'm seeing them, they get the same blood pressure medications and cholesterol medications every month. And those conditions are not going away. If anything, they're getting prescribed additional medications every single month. And so that's when I, my eyes really begin to open that there's something more going on, and it started with me. And so I took myself all of, all of my medications and really dug into root cause medicine, and that totally changed my perspective.

Caspar ([03:24](#)):

Yeah. And I, I, we will be going into your story, and that will be actually another episode. So I don't wanna spoil that too much. Right. But you, you started this idea of like, holistic pharmacist, and I wanna know, because again, you know, in, as a pharmacist, you have to understand drugs, prescribe drugs, do all those things. So Yes. What is, what is that idea of holistic pharmacy even look like?

Kirsty ([03:48](#)):

So I think the idea for me, and this is kind of controversial in the space that, you know we're in, is that I don't think medications are bad. So a big part of my experience professionally is working inpatient, okay? Mm-Hmm. <affirmative>, acute acute care. So when you need medications, western medicine, when you need life saving intervention, western medicine is phenomenal. There's nothing better for that. You know, I tell people all the time, like, all the essential oils in the world are not gonna bring you back from the dead. I mean, it's just not gonna happen. Right? so that's, that's fantastic. That's kind of where I straddle, I think both worlds, is that I appreciate medication and I know what it does, but I also realize that for chronic illness, this is not the answer. I, I've seen patients on upwards, and I keep in mind, I practice in the south, so this is like the rural south, lots of diabetes, hypertension, lots of chronic conditions, patients on upwards of 38 prescriptions a month.

Caspar ([04:49](#)):

Wow. Wow. See that, that's where it, that's where you start to question, right? Is, is this, 38?

Kirsty ([04:54](#)):

Exactly. Exactly. So that's when you really, your mind, even if you're a conventional pharmacist, you're thinking there's no, like, there's no way these medications are not studied how they work together in the body. No one's doing research on 38 medications like polypharmacy. Absolutely not. No, no, it's impossible. So, and you get into that pill for every ill cycle and it's so hard to break out because at some point you're taking medications to offset the side effects of the other medications. And that's really where I think pharmacists, even traditionally, you know, practicing pharmacists, conventional pharmacists can really intervene.

Caspar ([05:30](#)):

Do you feel that while you were going through pharmacy school, did you feel kind of pressured maybe by big pharma in a sense? Do you feel there was some sort of influence by them to say, Hey, more is

better guys, Like let's just do it, keep giving, keep doing? Or was it not really witnessed and you just went along?

Kirsty (05:51):

I think at that point in time, I was just going through the motions. Yeah. You know, you're in this program, you've gotta get through it so it's buckled down and bury through. But looking back on it, I can definitely see the, you know, the influence because we're taught to read, you know, studies and practice evidence based medicine. Well, who's, who's footing the bill for those studies, right? Yeah,

Caspar (06:17):

Yeah, yeah. Follow the money trail. Right?

Kirsty (06:18):

Follow the money trail, follow money. And no one's telling you that in school. No one's telling you that these studies are being funded by these companies.

Caspar (06:25):

And, you know, you said something there that, that hits a point. It's, you know, I feel like when you're in the integrative world, you have this sort of against pharma, against big pharma, stop using drugs. It's like, I, I disagree with that. I don't think it's a black or white issue that you're either all for pharmaceuticals or not. I believe they absolutely have a part in medicine. Yes. Yes. And, and a, a somewhat critical role, cuz you're right, they do save lives in very, you know, specific circumstances. But I just feel they're over-prescribed. They're the first thing we go to instead of looking at things like nutrition, lifestyle Yes. Supplementation, everything like that. Where you are now, are you doing that more where you are saying to people, Hey, let's start here. If that doesn't work, we go here, here and we end at the drug of choice. Especially if you're looking at something that's a chronic condition that's been there for years.

Kirsty (07:17):

Sure. So I think part of my role is really a lot of people who I speak with are already on a lot of medications. Yeah. That's just, yeah. That's just where they're starting at because they're not starting with us. Right. Like most people are not starting with the holistic practitioners. They're starting with their primary care physician, they're starting with. And then another pet peeve of mine is that we divide people into all the specialties. Right? Like your P C P doesn't address all your issues. If you have anxiety, they send you to psychiatry. If you have a heart problem, they send you to cardiology. And so we divide people up and then that's how we end up on 38 prescriptions a month because no one person is taking responsibility for the whole person, for their whole patient. We're just, and it's, it's money. It's financially driven, Right.

Kirsty (08:06):

That everyone has to have their piece of the puzzle. But yeah, I would say where I start with people is, look, you've tried everything. You've been on these medications for years, you're not feeling better. So why don't we start to plug some nutritional holes and then it's actually, there's actually a term for this. It's called de-prescribing mm-hmm. So as you get someone healthier, they can start, you know, with the blessing of their providers to taper off some of these medications because there are some medications like SSRIs that you just can't discontinue. Yes. And some people have chronic long term conditions that

they may need to be on medications for a long period of time, but you can address and support the person while they're still taking drugs. I don't think it has to be this, It's not black and white. Yes. Right. It's not black and white. Or at least to me it's not.

Caspar ([08:59](#)):

No, it's not. And I do see it as there are two camps. There are camps that are just getting ill and on the path to medication where those, you could probably intervene early and say, let's try something before you go on these. That would be the beautiful way if, if doctors did that. Which it sounds like what you are absolutely advocating for and do. And then there's the other side, which you just mentioned that yes, so many people are on medications. How do we then deep prescribe you these and get you off, wean you off back to healing yourself, not relying on management through prescription drugs. Now we know that there are a lot of people that are over-prescribed 38. That's over in a sense. But I also feel that that could relate to supplementation. And I know it's something you kind of talked about. It's like over supplementation. Listen, when I spoke with like Dave Asprey's pocket and he's like a hundred plus, you know, just like Guinea pigging. It's like, I, I feel like that would take several like minutes if not like, tens of minutes to even go through all of that. And, and to me that's just too much. Your body doesn't, you know, really recognize that many things at once. I feel, I

Kirsty ([10:04](#)):

That's a, that's like a meal, you know.

Caspar ([10:07](#)):

Right. Do you even need to eat then.

Kirsty ([10:09](#)):

No you don't.

Caspar ([10:09](#)):

Know, how do you feel about like supplements and are we over supplementing?

Kirsty ([10:15](#)):

Absolutely. I would say we're over supplementing and I would, I would, I will fess up. So recently went on kind of a, a fall cleaning spree and dear, like when I was the sickest and when I was really struggling and trying to figure things out on my own, I amassed a very large collection of supplements. I actually had a, like I have a, so the closet ok, ok. Ament closet, like any problem that you need to fix, I can probably fix it <laugh>, but there's no need for be able to invest in trying a lot of money. So at least with prescription medications, if they're getting them prescribed, you know, through their insurance companies, you're looking at probably \$0 copay, \$5 copays. Well if we're just substituting a supplement for that medication that costs \$50 a month, like are we improving the patient's health? I think supplements are good when they're used intentionally. But this very, and, and people get, you know, they want to feel better. So it's like, I'm gonna get online, I'm gonna get on Instagram and I'm gonna buy all the supplements that this person is, you know, espousing that have cured all their ailments when really they need to work with a practitioner and be intentional about what they're using because Absolutely. You know, everything that goes into your body, regardless of whether it's a supplemental prescription medication, like it has to be metabolized. So there's energy expenditure there.

Caspar ([11:40](#)):

Yeah. I mean we've seen this a lot at the clinic where people are just, you know, they're, they're going through some health challenge and they just start, you know, purchasing supplements and a lot of times herbal supplements. And I've seen bad things when you listen, herbs have, you know, a positive and negative, like everything, just like medications do all these things. And a lot of these herbs are the, the kind of precursors to what medications look at and pull out and synthesize. Right. So they have similar actions in some ways. But you know, going on too many of those, you see people come in toxic from taking too many herbs and too many supplements and it's almost, you're doing the same harm as you would've taking too many medications.

Kirsty ([12:19](#)):

I was gonna say, you know, just like there's drug interactions, there's interactions between herbal medications, there's interactions between herbal medications and pharmaceuticals. So for people to do, I mean, I want people to feel empowered Right. To make choices for themselves, but we have to do so in a safe manner.

Caspar ([12:38](#)):

Yeah.

Kirsty ([12:40](#)):

And so that's where I feel like, you know, consulting a, a provider is really the best route.

Caspar ([12:45](#)):

Absolutely. And the industry is very unregulated and it's become very pharma alike as far as the ads go and everything. I mean, pharmaceutical companies left and right are buying supplement companies. And they're putting the dollar cuz they realize there's money in it. In your assumption would, what would you say? Like if people are looking at supplements, what are the ones to look out for? The unregulated ones or the ones you find that may be not so safe?

Kirsty ([13:11](#)):

Yes, let's talk about that. That was what I was taught about supplements in pharmacy school. Okay. I was taught that supplements are not regulated by the, you know, by the people. I don't know if we can say that. Can we say the word? Yeah, sure. Ok. We said the FDA. The supplements are not regulated by the FDA and so therefore they're bad. Like not FDA approved equals bad in, in pharmacy land. Which is true. So, I mean, you and I, if we decided to do so tomorrow could go like out to like a garage somewhere and whip up a batch of whatever and put a label on and sell it. We could, we could. And so, you know, people buy supplementation, buy supplements from big box stores. They buy supplements from like Amazon, which I understand again, access issues, but it's a terrible idea. Like you don't know how those have been stored. You truly don't know what's in the bottle. And they have been, I think there was a recent, you may know what I'm talking about. A few years ago there was like a big study on some supplements from Amazon and they were all just filled with not what they said.

Caspar ([14:16](#)):

Totally contaminated. They

Kirsty ([14:17](#)):

Adulterated, contaminated, all the things.

Caspar ([14:20](#)):

Heavy metals, all of it.

Kirsty ([14:21](#)):

Heavy metals, all of it. So I would tell people to that there are supplement companies out there who do utilize the CGMP, so the good manufacturing practices that are equivalent to pharmaceutical grade processes. And so that's what I try to look for when I'm recommending supplements for people is like, at least make sure if you're spending all this money that you're getting what you're paying for.

Caspar ([14:45](#)):

Yeah. What, what are some of the brands you, you recommend and you like, just really curious because I, I'm always searching, looking. We get, you know, tons of things sent to us all the time to test and Sure. Yeah. What what are you finding?

Kirsty ([14:57](#)):

I like, I mean I like your, like your bigger brands, like your Zymogen, your OrthoMolecular. I still like Pure Encapsulations even though they were bought up by Nestle.

Caspar ([15:07](#)):

Right. Yeah. Genetstra and Pure Encapsulations. That was a scary thing when they got bought up, but apparently they haven't yet, you know, cut back on their ways of doing things.

Kirsty ([15:16](#)):

Right. I still utilize some of their supplements and I still think they're very quality. I like Ben Lynch, I like his line of supplements. I like Seeking Health. So yeah, just being really intentional and a lot of people, a lot of practitioners will have accounts where people can order and the shipping is the same two day shipping as what Amazon has. So. Yeah. People need to seek that out and not be ordering so much from Amazon.

Caspar ([15:42](#)):

What, what are those resources? I mean yes, Amazon is not one of 'em. Don't go to Amazon.

Kirsty ([15:47](#)):

Not for supplements.

Caspar ([15:48](#)):

Other things too. Yeah. Your battery is whatever. We could make Jeff Bezos a little bit richer that way, but not your supplements. What are the resources you are giving to your patients to, to kind of learn more about supplementation, about medication, about, you know, just take co control of your health.

Kirsty ([16:05](#)):

Sure. So you want actual resources like online

Caspar ([16:08](#)):

If you have any. Yeah, yeah. I'm just curious.

Kirsty ([16:11](#)):

I utilize, I utilize Fullscript and I think they have a lot of really great resources for patients. There's another website called MYTAVIN, M Y T A V I N and it actually is a drug-induced nutrient depletions website where patients or providers, whoever can go in and you can type in your medications and it will tell you what nutrients they deplete. And I think that is a fantastic resource for people.

Caspar ([16:41](#)):

Now one of the things I I, you know, learned about recently is that tap water is pretty medicated itself. <Laugh>, Right? It's like you got kind of anti-depressants, anti-inflammatories, everything in.

Kirsty ([16:53](#)):

Birth control. It's just really good for you. Yeah. It's really good for you to be drinking the estrogen.

Caspar ([16:58](#)):

Well what are your thoughts on tap water then? I think I know, but just want to hear.

Kirsty ([17:02](#)):

Absolut like, I will not drink tap water.

Caspar ([17:05](#)):

Do you find it ridiculous that restaurants still serve it? Cause I do. Like why, why?

Kirsty ([17:10](#)):

Like, I can smell it. And this sounds like, I think that tap water now that I've been used to in to filtered water, I think it smells like a swimming pool, like the chlorine.

Caspar ([17:20](#)):

Yeah. And then it's even, you know, you use tap water of course to make the ice. So it's like always in there and there's so much of like, and it again, it's just more and more adult or it feels like every year where you're just finding more levels of things in it that is just not supposed to be consumed.

Kirsty ([17:35](#)):

No. And you know, it makes you feel almost, if you really focus on it, like you're in a state of paranoia almost that you know, that you have to be aware of, oh my gosh, this ice in my drink. And, and not that we wanna instill fear into people, but because obviously if you're choosing water, right, over like soda. Okay. That's probably a better choice. Even if it is, even if it's tap water. Okay. Yes. But the next level of that is awareness of really just how much junk is just around us. Yeah.

Caspar ([18:08](#)):

It's.

Kirsty (18:08):

It's everywhere. And so you have to be intentional, I think, about making choices to improve your health even if it makes you seem a little extreme.

Caspar (18:17):

Yeah, yeah. No, it's, it's funny that, you know, I'm the fancy guy at the table because I want bottled water. Right. When everyone else would drink a tap, I'm like, could I show you an article somewhere and like really educate you maybe a little bit because Yes. If you still choose it afterwards, I get it. You know, if you choose to smoke after you learn all the, you know, health risk that's on you. That's, that's totally. But if you don't know when you're doing it, you, you are here. Oh, our tap water is great. It's good drinking water. Like in New York people say, I'm like, why, why are you saying that? Like why do you think that?

Kirsty (18:47):

Where is that coming from? Yeah. What is in that water? Millions of people in the river and that just doesn't sound good. Yeah. I had a, I had a coworker who hated water, which I don't understand how people hate water, but she really disliked, she really disliked water. And I told her, I was like, just get a water filter. Okay, just try this out. And so she bought a Berkey water filter like for her family and she came to work like a few days later and she said, I didn't know that water could taste so good. Like my, my 10 year old kid is like drinking all this water all the time. And I'm like, because it doesn't taste like swimming pool water, you know? Yeah. It tastes like what water's supposed to taste like.

Caspar (19:25):

And I feel like our bodies then know that intuitively almost that, listen, we're 99% molecularly we are water. Right. 60, 70% of us are water as well. It's so vitally important that we put the right kind of water in. Right. Just like you put the right kind of gas into your car, if it's adult, if it's like, you know, not good gas, your car won't run well, it'll feel, it'll know that. Right, Right,

Kirsty (19:48):

Right. I have a minimum octane rating on my car, so if I put something else in there, it's probably not going to go well, haven't tried that.

Caspar (19:55):

We need those on humans and unfortunately don't have that.

Kirsty (19:58):

Yes. I need to walk around with like 91 I think is what it is. Like 91 minimum octane.

Caspar (20:03):

You know, you brought this up in the tap water itself, but of course a lot of people are on oral contraceptives and you know, it's, it's somewhat controversial, nutrient depletion, all these other things about it. What are your thoughts?

Kirsty ([20:16](#)):

My thoughts are that I was on personally, so I was started on birth control at 15 years old. Because I had heavy acne and menstrual cycles and I would absolutely say that that was a contributing factor to my Hashimoto's. Just, I mean, so you're talking about over 15 years of contraceptive use and what that does, you know, to someone, the nutrients that are depleted. And it's even talking to conventional pharmacists I actually actually spoke at a conference last weekend and there were some people who were newer to functional or integrative medicine in the crowd. And I was like, even just think about when you fill prescriptions for these young girls who are on birth control pills, that they're getting started birth control, you know, whether they're in like 18, 19, they're getting, they're in college how many years later before you start filling prescriptions for anti-anxiety and antidepressant medications for them. Yeah. It's not long. Yeah. It's almost, it's almost inevitable that that's going to happen. A lot of women, I think it's a blessing that there are a lot of women who start on birth control pills and they get sick and I think that's that's an amazing thing unless your body's like natural response. But there are some people who like, I felt better probably because I had hormonal imbalances. But I didn't know it was going to address those.

Caspar ([21:36](#)):

Yeah.

Kirsty ([21:37](#)):

It's not, not a fan. Not a fan. Now if it's contraception, contraception short term. Okay. But we have options, but the majority of birth control pills are not being prescribed for contraception.

Caspar ([21:48](#)):

And the majority of all medications are not for short term use. That's the thing. Right. They're for almost lifelong use. And that's, that's where also I, I find I know you do too, is the difference of it if you wanna put someone short term like antibiotic even for something makes sense.

Kirsty ([22:03](#)):

Absolutely. Absolutely.

Caspar ([22:05](#)):

But long term use is where it starts to get tricky and the body will compensate a little at first and then suddenly won't after some time.

Kirsty ([22:13](#)):

Right, Right. That short term, you know, sometimes medications, like we said are necessary. So yeah, put someone on medication, but while we're on this medication, what if we started addressing lifestyle, you know, then their exposure would be much less.

Caspar ([22:31](#)):

Yeah. And, and another controversial drug, and I'm actually gonna be speaking about this a little bit later cuz there was that article or the, the study that came out about the serotonin theory of depression and kind of debunking all that and SSRIs and the use of that. Right. Can you talk about SSRIs and, and what are your general feelings about the prescribing of SSRIs for things like depression and anxiety?

Kirsty ([22:59](#)):

I think people feel very badly and they wanna fix, and I understand that because I was someone who struggled not so much with depression, but anxiety. And now I know why. But the thing with psychiatric medications, and I'm gonna speak very, I wanna be very soft when I speak about this because I understand this is for people, it's a very sensitive issue. But why is it that you have to continuously try new medications? Like I feel like that's what I've seen with psychiatry practice is like we put a patient on one, sorry, SSRI and it doesn't work for 'em. So then we just try, we increase the dose. When that doesn't work, we try a different one. It's like almost playing just whack-a-mole and never addressing root cause. And people tend to not really, my experience when I was on the SSRI was, it did not take the anxiety away, but I was numb. I was numb to everything. Like there were no emotions. It was a very strange feeling and getting, getting off of ssri. So that's a whole other conversation because yeah. Even practitioners who prescribe them don't realize that you have to taper people off of men. It's a very difficult process or can be like, they think that you can just discontinue them and go on with life, but people have severe side effects, severe side effects from SSRIs.

Caspar ([24:32](#)):

Do you have any tips for people if they are on SSRI, what to do? Is there a just the tapering or are there other things they could be doing in the meantime to help themselves?

Kirsty ([24:41](#)):

I think supporting all the nutrients that contribute to good mental health. So we know B vitamins, we know magnesium other supplements like L-Theanine, which of course then you're starting to get into like you're just plugging, you know, you're not taking your ssri you're taking Athena, but which one's maybe a better option for you? Yeah, Kelly Brogan has probably the best book. Have you read it? Kelly Brogan's book. She has one of the best books. I'm looking at my bookcase to see. I can't remember the name of it. I'll send it to you that way you can put it like if you have some chat notes. But anyways, Kelly Brogan wrote a fantastic book and she is a she MIT or Harvard-trained psychiatrist. Yep. Anyway, it's phenomenal about getting people off of antidepressants and just nutrients and food and diet and things that people can do because no one wants to be sad and depressed, but you also don't wanna be a zombie.

Caspar ([25:39](#)):

Well, that's the thing. It kind of dehumanizes you in a sense. Yeah. And, and you lose a lot of what it's to be human and.

Kirsty ([25:45](#)):

And I think that's intentional.

Caspar ([25:47](#)):

I think so. And I think, you know, part of the whole thing is listen, the, the human experience is, is an array of things. It's good, it's bad, you know, depressive moods are there, is part of it. Right. But there, there are better ways. I believe sometimes you need an SSRI maybe or something. Yes. In that region of, of drugs. But again, short term look for, you know, changing and, and what are the causes of your depression? Right. Because obviously it's not always just a imbalance. We, we we're seeing that more and more, this neurochemical imbalance of the brain is being debunked. So what is the real, you know, cause?

Kirsty (26:21):

What is, right and we can get into the real woo woo like, are you living not in alignment with your true purpose? Like it goes. It goes to me.

Caspar (26:29):

Absolutely. That's not woo woo at all, baby to the pharmacy world. Right?

Kirsty (26:32):

Yeah. It's, Yeah. But you know, that's the things you have to think about. You know, even I, I can recall a lecture that I had in pharmacy school with one of our psychiatry professors who even said, I'm trying to to remember his exact quote, but something, the essence of, you know, SSRIs, it's like a, you know, like a life float. Like, you know, you can get on this and you can lean on it, it's gonna support you, but you still have to kick to shore, right? Yes. Like you can hang onto this medication, but you still have to kick and you still have to fight. Like, because otherwise you're just lost at sea, like hanging on.

Caspar (27:06):

You still gotta do something, right?

Kirsty (27:08):

You still have to do something. Yes. You still do something. And so I think empower, like taking a pill if you need to again, is fine, but you still need to feel empowered to take control of what you can. And that's a lot. That's a lot. You can control a lot of what you eat. You can control a lot of what you drink. You can control a lot of what you put into your mind through media.

Caspar (27:32):

Absolutely.

Kirsty (27:33):

Which is huge. Yeah. Like watching the news. I have no idea what's happening in the world right now. Yeah. I mean, know there's a hurricane. Yep. But other than that I'm fairly oblivious. So, and that's really helpful for my personal mental health.

Caspar (27:46):

I totally agree. And it's a good thing.

Kirsty (27:47):

Blissful ignorance, blissful ignorance.

Caspar (27:49):

But it's still not that because you're, you're selecting what you choose to learn and gain wisdom from with books, with other things, with conversations with people where you put your attention to. So it's not really an ignorance, I would say, like people like, Oh, you're mis you're uninformed. It's like, I'm very informed on the things I wanna be informed in, but I don't wanna be informed in from the media on things that are scary and I really have no control or I don't even know if it's true or not.

Kirsty (28:14):

I don't think we were ever intended to be just assaulted with the sheer volume of information that we now have exposure to.

Caspar (28:26):

Yeah. No, it's, it's, it's a massive amount. It's too much, I think, for the brain to even work with.

Kirsty (28:32):

I read a book, I read a book recently that alluded to that. Yeah. That was like, and it, it gave statistics and I can't remember exactly what they were, but like the amount of information that we can consume, you know, in a day that was equivalent to the information that say someone, you know, however many years ago would consume. And it was like months or years, it was like a huge amount of time, which is great because people have access to your podcast and they can make educated decisions about their health. You know, we can get on social media and we can learn things, but at the same time we were not designed like this.

Caspar (29:05):

No, no. And especially not in such a digital world where we're disconnecting more and more with reality, with nature, with being around other people and going straight into a digital, that that changes the brain for sure.

Kirsty (29:15):

We we're meant for connection, like with humans. That's how it's supposed to be.

Caspar (29:22):

Now let me ask you as we start to wrap this up. You know, it seems that the pharmaceutical industry itself has really grown and, you know, throughout this pandemic, it's been such a, a Goliath through it all. But you know, there is this the other side of it, people such as yourself kind of pushing for Yes, pharmacy needs to be there, that we need pharmaceuticals and everything, but there is a holistic viewpoint. Do you see that as pharmaceutical companies grow this big swell grows that also holistic pharmaceutical and that idea is growing too, to almost offset a little bit. Like where do you see the future going?

Kirsty (29:59):

Yes. Because I think if anything, so the last two and a half years for anyone who has worked in traditional medicine have been, sheer, have been hell. Right? And so for lack of have been hell. Yep. And so I think people are seeing on a grand scale now, the lies that have been tried to be covered up, it's, it's coming out and people are realizing, oh, all these people who were conspiracy theorists now, maybe not so wrong about a few things. And so I think a lot of people are awakening to that. And in response also, pharmacists are realizing that it's not enough anymore in this day and age, just to dispense medications. Like, you've got to value your education, you've got to learn more. And so I do think pharmacists are starting to embrace a more holistic approach. You know, even, even if you don't believe in supplementation, I go into pharmacies now and that they will have some supplements on the shelves, bare minimum, some vitamin C, some vitamin D, you know, probiotics. But, but we're getting there. We're getting there. Yeah. Because that, that's definitely the future. People are gonna realize that we

have to take some ownership over ourselves and we can't let other people have control over us. Like in our health. That's, that's for us, that's for us. That's not for pharma, that's not for your physician, that's not for anybody but you.

Caspar ([31:30](#)):

Right. And that's why you got into it, to help people. Right. Medicine, I, I know most people that I know got into it to truly help to do something good.

Kirsty ([31:38](#)):

No one, no one did all this, you know, No went to school and spent all that money to not help people. You did it because that's you wanted to help people. But that can change. It doesn't have to look the same as it did 20 years ago.

Caspar ([31:52](#)):

Yeah, for sure. And the idea also, I think of moving past such a rigid technicality of just reading something prescribe, giving it to them and making it more artful, I think that gives people more purpose in their profession. To go back to, I'm not, listen, if we go continue this way, machines will just take this over. Right? I mean, the greatest like kind of pharmaceutical suspension would be like IBM's Watson that sees every single study down the line reads symptoms. It just prescribes directly to you and a drone drops it off. Right.

Kirsty ([32:25](#)):

And, and that's not outside of the realm. You know, that's what I've talked to pharmacists about, is if your only model is that you just put medications in a bottle that can be done by a robot.

Caspar ([32:38](#)):

Yes.

Kirsty ([32:38](#)):

There's no heart in it, right? That robot doesn't care about you as a person. Like if you're coming in the pharmacy and you are having side effects, or you need someone to talk to, that robot doesn't care about that, that robot doesn't care about you. And there's a lot of intuition or can be a lot of intuition within medical practice. Okay. But we are slowly, as you said, like we're slowly just squashing that as everything becomes more automated and we've gotta get back to the, the art and just the human heart of like caring for each other and, and not that it's evidence based or whatever, but yeah. It could be a beautiful thing. The unfortunate thing is that in, in the, it's an industry now, right? It's a business.

Caspar ([33:27](#)):

Yeah. Yeah. It's a big business.

Kirsty ([33:28](#)):

It's a big business.

Caspar ([33:30](#)):

Big, big business. And they want it to run as smoothly as possible. And intuition isn't really the smoothness of business operations.

Kirsty ([33:37](#)):

It is not.

Caspar ([33:39](#)):

So tell us where people could learn more about you, work with you just, just connect with you.

Kirsty ([33:45](#)):

Yeah. So on Instagram [@thefeduppharmacist](#), feel free to reach out.

Caspar ([33:49](#)):

I, I love your account by the way, so everyone please go do check that out. I mean listen, pharmaceuticals definitely have a place in the healing process and we need to, you know, rely on them somewhat, but not solely. And I think the true future relies goes to more of holistic thing. Absolutely. I think, Kirsty, you did an amazing job explaining that and definitely people go check out the fed up pharmacist on Instagram. She's sharing really great stuff on that. And let's, let's challenge, you know, the, the healthcare model we're in right now to be one that's more humanizing and that, that really embraces everything out there. So thank you again, Kirsty, and until next time, continue writing your own healing story.