



Reed ([00:00:01](#)):

Hey folks. I'm so glad you came back. It's gonna be another great day and great interview with Dr. Node Smith. He's a naturopathic doctor. He's the clinical director for Xenos Health. This is very interesting. That's a traveling naturopathic medical clinic serving the rural communities of Saskatchewan, Canada. So he's a fellow Canuck. Now he's an expert in vitalist medicine—we're gonna ask him about that—including hydrotherapy, botanical medicine, homeopathy, physical manipulation and nutrition, of course. He's mentored and trained with some of the most well known naturopathic doctors of this generation. He's also an adept counselor and life coach. He specializes in finding the underlying causes, of course, of disease instead of just treating symptoms and managing disease. And stimulating the body's own capacity to overcome repair, heal, rebuild, all these kinds of things. When it comes to problems like gut illness, pain disorders, hormones, metabolic issues, as well as mental illness and addiction, the process doesn't change. He handles those the same way, of course, and Dr. Node currently serves as an editor and education director for the Naturopathic Doctors News and Review—big famous magazine, I guess—and was founding member and chairman of the professional nonprofit organization Association for Naturopathic Revitalization. So we can see Dr. Node, you're a true leader in the naturopathic profession. I'll note too, that you are happily married and enjoys the freezing cold weather of Saskatchewan. If I was gonna draw a picture of a naturopathic doctor in Saskatchewan, I would draw you man. Your picture is probably right there in the dictionary for Saskatchewan naturopathic doctor. [Laughing] So welcome to the show, say hello to the folks and tell us a little bit more about your background.

Dr. Node ([00:01:59](#)):

Oh yeah, thanks Reed. That was great. Hey, everybody tuning in. I'm really glad to be here and to share some of my experience and maybe my expertise, or maybe not, with you, but I hope that you get something out of it. I would like to make one minor edit on the bio, the introduction. For those of you who can read between the lines, I'm not exactly the clinical director of Xenos Health and that has to do with my immigration status. So I'm actually not working in Canada at the moment. So I'm the C director for NDNR and associate editor and innocent non-working bystander for my wife's company, Xenos Health, which is a traveling clinic and an amazing creative and innovative business model, which if we get into talking about that, maybe not, it's very cool. Checking it out. It's [xenoshealth.com](#). Very cool, but I'm not technically working for that clinic at this time and I'm licensed in Oregon, not Saskatchewan, Canada. So just the minor edits there, sorry Reed. [Laughing] I didn't know that I sent that bio over to you.

Reed ([00:03:23](#)):

Yeah, no worries. We get bios that aren't exactly up to date. I know sometimes I send—someone starts reading my bio and I go, "Hey, that's an old one. Where the hell did they get that off the website?" Or you're—whatever.



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Dr. Node ([00:03:35](#)):

Yeah.

Reed ([00:03:35](#)):

So I feel you. So tell us a little bit more about what you do do and your background a bit. How'd you get—what made you become an ND?

Dr. Node ([00:03:44](#)):

No, totally. It sounds like that's the conversation that we want to have today. So, if you're thinking about becoming a naturopathic doctor, or maybe you already have an application into one of the several schools around the country or in Canada, or you're trying to decide between becoming an ND or becoming a health coach or life coach or becoming a specialist in a holistic area like herbalism or homeopaths or something like that. I became a naturopath because I really was under the impression that I needed to get a doctorate of some kind, that was just something that I needed to do in my life. 12 years after the fact, I wouldn't necessarily say that that was the greatest goal or the greatest purpose to hold me to getting my education. I worked 12 years period of time. But it is what it is, and I am a doctor now, and it's great. I have a wonderful time doing all the things that I get to do, but I started out actually in humanities. My undergraduate degree is in literature. I went to school in Bellingham, Washington at Western Washington University. As a hobby, went back to school several times to take classes in psychology, especially anything to do with clinical psychology. I'd probably have the equivalent of an entire clinical psychology degree as well. It's just something that I really enjoy and connect with on a soul level. My sister is actually a clinical psychologist so when we get together it's kind of all we talk about. The medical side of things [inaudible] for the most part. Then I was living in Eugene, Oregon, and I had a girlfriend at the time who was seeing a naturopath and I was all slated to go to the University of Chicago and get my PhD in comparative literature. I wanted to be a professor, and I thought—I met this naturopath and he started talking about holistic paradigms and [inaudible] and addressing the underlying cause. We started talking about like social structures and community and how sustainable agriculture influences health and how community—how being a part of a community influences health, how being in nature influences health, how the industrial revolution has influenced medicine. All that kind of stuff. I thought, "Shoot, I intuitively understand this. I know I'm a very holistically-minded thinker". Then I started thinking about books that I'd read in psychology and clinical psychology, like Deepak Chopra and people like that. Andrew Weil. I thought, "I could become a doctor. I could do this and I could touch a lot more people than being a professor at a university, comparatively. So I put in my application and a few months later, the rest is history.

Reed ([00:07:16](#)):

Hey, right on, that's fantastic Node. So something that's in your bio that I wanted to ask you about right away, because you don't see this written down very much in bios or anywhere these days, it says you're



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an expert in vitalist medicine, including a few examples of that. The term vitalism, I think is maybe not quite understood. My understanding of vitalism is that was the original argument between Pasteur and his opponents. He came up with the germ theory basically, and his opponents were more into the vitalism that was the host. It's not the—so is that a correct very broad summation of what a vitalist is?

Dr. Node ([00:08:05](#)):

Yeah. That's super interesting Reed. I would say that that's definitely an element of vitalism, that the terrain or the internal—what's going on on the inside of an organism has a lot more to do with the manifestations of disease and symptoms and disease process. I would say at a more fundamental level vitalism has the basic assumption. So just walking in and talking to a vitalist, or if you have a vitalist perspective, you have a basic assumption that the human organism or physiologically living beings—'cause animals too—have all of the innate properties to heal themselves, that there's nothing that needs to be introduced to that organism to solve a problem. So this is—if you're a religious person, a Christian, or a Muslim or a Sikh or Hindu or Buddhist, you intuitively understand this concept, this is the idea that we are divinely created beings, all of the structure and energy and spirit and soul that is necessary for us to live complete, happy, balanced, wonderful, beautiful lives is intact. We don't need anything into the system to heal us or make us better, which then kind of circles back to the disagreement between Pasteur and terrain, which I wish I had some names to drop there 'cause there are I think Béchamp—

Reed ([00:10:17](#)):

Yeah. Béchamp. Béchamp was his detractor at the time, right?

Dr. Node ([00:10:21](#)):

Yeah. Okay, great. The idea that terrain is influenced by all of these other things and exists as the main foundation of disease. It's not a—yeah, I think I'll stop there. I think that's a [inaudible].

Reed ([00:10:44](#)):

Yeah, that's good. So that's how I was introduced because I'm not a physician and yet I really wanted to help people 20 years ago. I said, "I'm gonna help people and I'm gonna figure out what's really wrong with them", and not being a physician, I studied alternative self healing but still very scientific. There's no voodoo involved in the understanding of the innate. So the innate lived very large in my ability to help people, it's like we coach up the innate, we work with the innate. That's vitalism, but I also have to say that I would consider myself a near vitalist because all that's great until you get Ebola virus and then you die. So you don't—

Dr. Node ([00:11:27](#)):

Yeah.



Reed ([00:11:27](#)):

You aren't—so there's room for everybody. This is how I first started my idea of integrating with physicians and understanding what my backyard is, which is to help that person learn and grow in every way, every cell tissue, organ, and system. Yet there's a point where you might hand them off to a physician and the other way around because if they get off a plane from West Africa and their temperature is 105 and they're bleeding from their eyeballs, I tell them, "Don't call your nutritionist, go get some attendant care". So there's a beautiful way—both systems have a wonderful place in the world to help us help others. I just had to ask you about that, 'cause I never see anyone claiming vitalism as their—except maybe naturopaths and those of us who are educated in that way. So that's fantastic. Now also being up in Canada and having this traveling naturopathic medical clinical—which I know is your sister's—but just tell us whether it's yours or hers, how does that work? Because it's rural, do people call you up and say, "Hey, grandma's sick"? Or what? How does that work?

Dr. Node ([00:12:43](#)):

Yeah, it's not exactly like that, though there is space for home visits. What happens is that—we moved up here, my wife and I started talking about how do you innovate? How do you get creative with the tools that you have and the resources available to you to practice in an area that has a population density similar to—what most people will be watching this—similar to literally the middle of nowhere? I live in a big town. I live in a big city for here, of 6,000 people, and I bet most of the people who are watching this, don't even have a reference point of what that means. My wife and I are about to move to a town of 300 people, which actually would be technically called a village. So, that's the situation. You can't put up a brick and mortar clinic in a town like that and depend on clients or patients from your immediate area. So one thing that we rely on is the very reality that people are used to traveling anywhere from two hours would be a normal "Let's get in the car and go down the block for something". Anywhere to four hours and that's a normal thing to get the services that you require and need and desire up here. So that's one part of the puzzle. Another part of the puzzle is we have a pretty robust network of friends and family up here who are interested in getting naturopathic or holistic medicine to themselves, their friends and their family. So we leveraged that network, just like we leverage our network on the internet and in print media years ago to build these pop-up clinics in various areas. There's six pop-up clinics that the clinic that our CRV drives around to, with all of the components to set up an entire clinic in about 30 minutes and start seeing patients for the day and at each one of these locations we'll be there anywhere from one day, if it's within driving distance in a day and back, to three days. There's a clinic in the far North [inaudible] Manitoba west Saskatchewan border, and because it's a six and a half hour drive up there, we stay for three days. I do a lot of computer work at the houses that we stay at instead of going to the clinic and working. [Laughing]

Reed ([00:15:49](#)):

Yeah, that's fascinating—



Dr. Node ([00:15:50](#)):

[Inaudible]

Reed ([00:15:50](#)):

I was just gonna say that you gotta really want to help people if you're gonna go to that kind of effort. Truly you and your team have this in your hearts. It's kind of old fashioned and romantic in a sense, it's great. You're up there with your wife and doing all this good work.

Dr. Node ([00:16:13](#)):

You know Reed, I would say that it's old fashioned in a sense, but in the sense that it's innovative and willing to really think outside the box and be creative. I think it's exactly what a lot of people right now—and probably the people that are interested in this summit—are already doing, are already thinking about how they can take technology and leverage it in a way to make whatever they want to do work. So in that respect, I find that it's a real cutting-edge model.

Reed ([00:16:50](#)):

Yeah. And that's true too. I think that—I mean, technology to me when I was building my practice was a pager and a fax machine, so I really had to learn a lot in the last 10, 15 years. Last few years especially, with digital marketing, all this stuff. But I have coached my graduates up that they probably should do something locally before you try to become an internet star, like you should go out and do some talks and lectures and things. Right now with social distancing that could be a little bit harder, but you should still plan on getting together with some groups of people and just speak to them directly about what you do. Then you'll build up some clientele. Then they know people, who know people, who know people, and it could spread all over the country or planet really easily. I had no idea when I created our education program, that we'd be in 50 countries. It was just every month, it was, "There's another one, and there's another one". After all these years, we're spread out quite a bit, but not thin. We're very robust as an international business. And anyone could do that. Tell us this idea, 'cause the subject matter today, by the way audience, I wanted you to talk to someone who is really knowledgeable in health coach certification versus going to get your doctorate. 'Cause there's people—like I've had one or two of my FDN practitioners that said, "You know what? You need to go get a license to do things at the level that you want to do. You're gonna get in trouble so go get a license and then you can do that stuff that health coaches don't do". I've been very—provided a lot of leadership in the area of what is the health coaches' backyard, and we've expanded it. We run labs, we interpret labs from a holistic healing opportunity versus diagnosis and treatment point of view. It's very safe. It's very effective. It's cutting edge. And of course now we use a lot of technology to see our clients, but we've been doing that for over 10 years. I haven't had a brick and mortar since about 2010. And so when COVID hit, we're already working from home 'cause it's the sweetest lifestyle to work out of your house and have the lifestyle you want and still be able to earn a very, very good living, put something away for your retirement or



grandkids or whatever it is. We're all doing pretty good if they follow the model. But let's talk about health coach certification versus doctorate from—start with your current role in the health space.

Dr. Node ([00:19:37](#)):

Yeah, totally. Before I do, I just want to reiterate what you said Reed. I think it's great and illuminating for me to hear you say that you have come to people with your certification and said, "You need to go and get a higher level of education—

Reed ([00:19:56](#)):

Yeah.

Dr. Node ([00:19:56](#)):

—Because what you want to do, and maybe even are doing needs that sort of certification. And I would say for those out there watching and resonating with that, that it's the same on the flip side. There are people going through naturopathic medical school, who I would tell, especially in that first year, what you want to do with your life and your career, what your purpose is, don't get a naturopathic degree. You do not need to go into this much debt to be an herbalist, to be a homeopath, to be a counselor, to be a spiritual guru. There are a lot of people who sign up for this type of education who really don't want all that responsibility. They don't want to do lab interpretation. They have really opposing views on diagnosis in general. Yeah, so I would say that it really is a question of what's your purpose? What do you want to do ideally with your education? Because once you get in four, five, six years, if you're not clear about what your ideals are and your purposes are, your education will drive your career. That could be something that you don't really want. [Laughing]

Reed ([00:21:30](#)):

Yeah. Well funny—Yeah. I'm so glad you put it that way 'cause I've also had the other side too, where chiropractors and naturopaths, acupuncturist, have taken my course and said, "Wow, I could have saved myself a ton of money if I had just known about you a few years ago, even". 'Cause it's at least a master's or PhD level course, we teach anatomy, physiology, biochemistry. We teach the science behind the diet and lifestyle things, so it's very robust, but it doesn't cost \$150,000 or even a 10th of that. I did a study the other day, the average chiropractor when they graduate with their doctorate in chiropractic is \$150,000 in debt. They haven't bought any equipment or rented a space or hired any staff and they certainly don't have any customers yet. They're already under this. Now, the other funny thing is according to Forbes—it's all according to Forbes, I just read the research—the average salary is about \$85,000 a year. So your 150—

Dr. Node ([00:22:41](#)):

[Inaudible]



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Reed ([00:22:41](#)):

—and in some States, some States like Wyoming, it's about \$50,000 a year. It's just not a good return on investment or bargain and you don't need to do it. What you said was even more important than the money, which is that it's not so much the money, the investment, getting it back, and the responsibility of answering to a board, like a licensing board. It's that they're not having any fun. [Laughing] They're not out there really helping people and living their passion because they've got to do billing codes and play the game and things like that. Up in Canada I know you have the socialized medicine, but here it's a nightmare to get paid. 'Cause I did billing for a wellness center 20 years ago. I was responsible for everything. It makes it pretty—it takes all the fun out of it, like you said.

Dr. Node ([00:23:33](#)):

Yeah, and I practiced in Portland, Oregon where the scope of practice is very broad. We're considered primary care physicians in Oregon and Washington and a lot of other States where you're probably tuning in from California. BC is the only Canadian province where we're considered more or less primary care and have a pretty robust formulary where we can prescribe medications. Which does mean that we can take people off of them—

Reed ([00:24:02](#)):

[Laughing]

Dr. Node ([00:24:02](#)):

—but there's subtlety to that, and there's some responsibility and some conflict in that even. But anyway, yeah. Working with insurance companies and getting jobs and clinics that bill and code, it puts you into the conventional paradigm of medicine in a way that I think a lot of people at the onset of making these decisions and in education really don't want and are not really interested in. It's definitely not a life giving enterprise to be involved in coding and charting a certain way and then getting paid pennies on the dollar for your time. That just is not compatible with the conventional model of coding. Yeah. So anyway, I mean we can get into the weeds just [inaudible].

Reed ([00:25:01](#)):

Yeah. The point is that you can become a really good certified health coach for about a 10th or less of the investment of a doctorate. And you can make more money than [inaudible]. Yeah.

Dr. Node ([00:25:18](#)):

The model for health coaching is already built to make more money, to be financially successful, financially secure. Whereas the model for naturopathy really doesn't exist. You're an entrepreneur. As soon as you graduate, there's no model to automatically plug yourself. It's something that you really have to build yourself. And if you have—you're gonna be surrounded by a lot of people and within a



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culture that very much has a poverty mindset. Has the mindset of, "We can't ask too much money for our services because people really need this. So we have to give it away". I don't want to get into that too much, but it's there and it will be a struggle. [Laughing]

Reed ([00:26:20](#)):

Let's look at it as you filling us in on how you got that perspective. You could talk about your current role in the healthcare industry or some of the other jobs you've had because you're of the strong opinion, I'm hearing, that if it's the enjoyment and fun that you want and the rich rewards of being a fully qualified health coach, just go get the health coaching thing. So, why else do you have that perspective?

Dr. Node ([00:26:53](#)):

Or a degree. Or a certification, like an intensive in herbalism. Or take intensive long distance courses for homeopathy that you can take from Germany or France or India where homeopathy is a real science and people are using it to treat all kinds of illnesses, acute as well as chronic. I mean, if you're interested in that you already know. What I would say is, in my experience in this regard is more on the successful people in any industry are the people who know about business. It's hardly ever the education in your industry that sets you apart. Especially right now with technology driving so much of industry, it's who can visualize and creatively innovate and apply their education in a way that's gonna reach the most people and ultimately build the most value for those people. There's tons of naturopaths out there who are way smarter than me. My wife is one of them—way smarter than me. Almost every single naturopath is a better doctor than me, but I can creatively innovate.

Reed ([00:28:23](#)):

Yeah.

Dr. Node ([00:28:23](#)):

I can see a problem and automatically have three solutions for it. So, yeah, I feel like that's [Inaudible]. [Laughing]

Reed ([00:28:35](#)):

That would be my previous statement.

Dr. Node ([00:28:38](#)):

[Inaudible]

Reed ([00:28:38](#)):

I'm sorry, doc. Well, I'm sure you're a great doctor but you don't have to be one to help a lot of people. If you have some entrepreneurial skills, then you could make it well as a independent health coach. This is something I'm noticing going on in the industry is that the term health coach is being kind of



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appropriated by standard medicine and the only research being done right now, the only research being done by clinicaltrials.gov or something like that, is whether health coaching can help people remain compliant to their medication in irritable bowel disease cases. It's like—I kind of fear this coming dilution of what some of the more advanced health coaching really could be. The kind that a doctor would want to do. But let's get back to you and your story, because I think it's fascinating where you get this perspective from and you're very humble, but this is more a chance for you to shine and tell us what you do great. What other jobs have you had? Or have you ever been in another industry to get this perspective?

Dr. Node ([00:29:51](#)):

Oh, yeah. I would say that my English—my job experience is very varied, and I would say it's definitely humble. My parents own a janitorial company, and so I kinda grew up training a lot of employees, training employees how to provide a service through the use of a system, how to schedule and how to bid work. The type of value that people have when they don't have to think about something or when they don't have to think a lot about something and have something taken care of for them. Then, as I got into school, I started working with groups and organizations. So I started really joining thinking about how organizations interact with one another, the type of content that organizations use to train and facilitate their culture, their service, their value for the industry that they're a part of. I really started getting interested in experiential education and so in the health—and this is what the nonprofit that I founded as a medical student was—it worked with experiential education to build better cohesiveness within the profession, transmit wisdom from an elder population of physicians who are—we're just chomping at the bit to access and distribute their knowledge and wisdom to younger doctor, student populations. What this kind of means—I'm talking about retreats, I'm talking about retreats and seminars and live events. That's kind of my niche and what I really shine in. I'm the committee chair for our professional associations conference that happens every two years here. It's just like something that I really enjoy doing. It's very interesting to me to see how big groups can cooperate and collaborate amongst themselves and network with other organizations to produce something that is delivered to a group of people who have no idea how that process happened. It just "poof" and it's there for people. So I really like that, the magic of how to do that. I would say, yeah, I really like the introspective process and the personal growth that goes into collaborating with multiple people at the same time to do something. [Laughing] It's frustrating at times. [Laughing]

Reed ([00:32:56](#)):

I feel you. Yeah. It makes life interesting. It's not all roses. Look, the way—I'm happy most of the time, because I've designed my life that most of the time I'm getting my own way. I just think people need that perspective. If things aren't going your way, if you're not getting your own way, at least most of the time, not all the time—some of the crap I have to do—but I'm still a happy person because most of the time things are going my way and I'm kind of getting the way I want. Really life is about that to me, if you want to be happy, now sometimes it's going someone else's way and I'm able to go along, I'm sort of nonchalant and I could play team member and all that stuff. I think you brought a really nice



perspective to that. Let's go back to your naturopath degree, 'cause you got that and that is considered in our world the ultimate or gold standard of holistic natural medicine. So there was always—like when I first moved to California in the eighties, they weren't licensed. Naturopaths weren't licensed in California. Next thing you know, they had their own board. Now they're licensed. Now they have this standard of care and things like... It's still considered way high up there in terms of the ultimate gold standard of natural health. What do you...? Then there's the chiropractors. They think that they've got a corner on that or there's the acupuncturists, they've got a corner 'cause they've got Oriental medicine and all that stuff. Which—I love both of those things. Where do you put it in that perspective? Because now you have coaching, you have coaches. I've had doctors give up their license after taking my course, not that they needed all the anatomy, physiology, what they needed was the point of view and the business model that they could see clients all over the country. You can see clients or—you're not practicing medicine anymore. You just have your medical knowledge and background, but you're being a health coach. So this is great discussion. What's your view on that?

Dr. Node ([00:35:06](#)):

Yeah. So that's super interesting. Well, first I would say that naturopath, to be a naturopathic doctor is the premier gold standard of education within the health holistic realm. You're not gonna get away from that. As a health coach, you're not going to be the staff doctor for a nutraceutical company. You're not going to be the director or the chairperson of integrative medicine at St. Joseph's hospital—or whatever—in Seattle, right? You're not, that's just not gonna happen for you. And if that's important for you, that's on your bucket list of like, I want to be a medical professional that wears a white coat, but I want to be a little bit different, a little bit avant-garde, a little bit more... Then yeah, you need to be an MD. But if that's not your goal, if you just want to help people, if you want to be more like the barefoot doctor who has a little bit of this and a little bit of that, and mostly works with people on behavioral change and that's something that's huge. There's some of us who really see the writing on the wall in terms of, you can lead a horse to water, you can give people all of the holistic information that you can possibly think of, you can build a diet for them, you can make a workout plan for them, you can give them a structure of a mindfulness meditation schedule for their morning routine. All these things, and at the end of the day, if they don't have the tools to make those behavioral changes and implement those treatment plans, they're not getting anywhere.

Reed ([00:37:06](#)):

Yeah.

Dr. Node ([00:37:06](#)):

That's where [inaudible] the health coach and a good doctor, no matter what kind of doctor they are, who accentuates that behavioral change in their practice, through whatever tool that they use. Whether it's motivational interviewing, whether it's—like we do somatic experiencing, which is a trauma body-based traumatic reprocessing technique, which addresses what I believe to be a most foundational element of people not being able to make behavioral change in their lives. If you use hypnosis or



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neurolinguistic programming, like there's all these tools that are absolutely available to a health coach and a naturopath, similarly, with the same exact effect if you're good at using them. So the question becomes, what do you want to use in your practice? What's the lowest common denominator that you want to work with? If it's—a lot of those core elements are not really considered medicine by conventional standards. So as soon as you start really wanting to spend most of your practice, most of your time, working with people at that level, you're gonna feel like you're not being a doctor if you're a DO

Reed ([00:38:39](#)):

And the debt!

Dr. Node ([00:38:43](#)):

Inverse that, I think I kind of switched my audience there halfway through. So I apologize for that.

Reed ([00:38:48](#)):

No, we're good. We're on track. We're totally on track talking about the difference between a health coach and a naturopathic physician. Which one do you want to invest in? One's obviously a much more expensive endeavor, getting a license in anything 'cause of the background you have to have and just the sheer cost of things. You're not working, you don't have any customers yet. But what are some of the other differences between health coaching and naturopathic physician?

Dr. Node ([00:39:23](#)):

Yeah, and that's a great question Reed. There are tons of differences. As a health coach, you can't diagnose legally. You're not gonna be able to work with people's medications in a responsible way. You're not gonna be able to call up a hospital or an integrative care setting and ask for faxes and records the same way that I can. You're not going to be able to—and socially, if that's your thing, like when you go to conferences and stuff like, you will be looked at, perceived slightly differently. And whether that's a reality or not doesn't have anything to do with it. It will happen and you'll have to prove yourself a little bit more to do some of the things that you might want to do.

Reed ([00:40:15](#)):

Sure.

Dr. Node ([00:40:16](#)):

Also the use of some of these tools in a medical capacity is drastically different. Okay? So even using some of the tools that you might have access to as a health coach, if you take some additional courses like herbal medicine or homeopathy, or even hydrotherapy using like the Wim Hof technique for certain effects. The use of those in a medical capacity is still not something that's going to be in your wheelhouse. If you're using it like that, I absolutely don't deny the fact that you may have the knowledge



that allows you to see how you could use those things in a medical capacity, but without the license, you're practicing medicine without a license.

Reed ([00:41:20](#)):

Which we would never do. So yeah.

Dr. Node ([00:41:22](#)):

[Inaudible] People do that as a health coach, right?

Reed ([00:43:09](#)):

Yeah. You know, it's really a great discussion. I'm glad you're pointing these things out. 'Cause there is a difference and we—the truth is we don't want any parts of diagnosis and treatment of disease.

Dr. Node ([00:43:23](#)):

[Laughing]

Reed ([00:43:23](#)):

They've already got that. Matter of fact, they've been to three or four different doctors already before they come to us. They just want to know like basically, do you know what's wrong with me? 'Cause my doctor says there's nothing wrong with me. Or my doctor says I've got this, but all he does is get me medication for it. Or these kinds of things. That's the problem with standard medicine, people don't really get healthier using that system. They get out of pain and they get managed and their life is better. That's all a good thing, but they're really not getting to the healing repair. There's not enough vitalism in that system. So we're the other backyard. Well, that's fine. A friend of mine has described it as, if you are drowning, you need a life preserver real quick. That's—again, I said, if you get off a plane with a high temperature and eyes bleeding, you don't want to call your nutritionist, your health coach, you go get attendant care. You get out of the woods, you get that life jacket on and get over to the edge of the pool. Well, now you're in our backyard and we're gonna keep you there and nurture you and work on every cell, tissue, organ, system, simultaneously. We don't treat anything specifically. We treat everything nonspecifically. Again, most of the chronic degenerative diseases today come from lifestyle, stressors of different various types and poor environments and all these inputs. Then with individual weak links in metabolism, God knows what you're gonna get. So that's why people show up with all these complaints that they're really not getting at what's upstream. So we can help with that. That is doing a lot of good in the world. I have no problem being the junior partner, if someone has a true medical condition that needs some management, because there are downward spirals in health that are so contracted that the observations I can make as a health coach, can't be capitalized on. Well, they're going south fast. You gotta go over here. Thank God we have that type of care, you know? So we kind of have this bridge up to that point and I feel like we own the bridge. Health coaches kinda—that bridge, that's our territory. It's not like—I don't mean like peeing on someone's territory. I just meant the two



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can work very well together. And if you're a—again, I've had medical doctors who literally gave up their license because they just wanted to be a health coach and they get the rewards and not deal with insurance. It's basically an all cash practice system, so that's got its advantages and disadvantages. What are some of the other differences Node? So, there's these differences, like you can't diagnose and treat. We don't want to. We can't order x-rays or scans of any kind I think. That's okay, most of the people have been kind of screened out and told, 'You're good'. So all that tired is fatigue, can't sleep, and overweight. And even some of the deeper things, sinuses, allergies, moodiness, irritability—'cause you mentioned the mental—there are underlying things that are influencing that that need to be figured out, sorted out, and then reversed. Those are the observations we can make as health coaches that are gonna move that person towards health and happiness. So, any other differences? Or if you had to recommend, what should someone look for if they're considering becoming a health coach versus a naturopathic doctor?

Dr. Node ([00:47:27](#)):

Yeah, no, that's a great question. I would say that the differences that—I think the similarities between a naturopathic doctor and a health coach far outweigh the differences. Everything that you're saying right now were either things that a naturopathic doctor would definitely consider well within their wheelhouse of understanding and expertise as well. And then there is the added piece that is doing the medicine and the holistic medicine, like herbal medicine and homeopathy and hydrotherapy, and even some of the off label uses of pharmaceuticals like naltrexone or—I mean, yeah—so things like that simultaneously. That's definitely a big difference, but for a lot of cases, a lot of patients or clients that naturopathic doctors see, I mean, they either want to do very similar things as a health coach would do, or they are doing those things with their clients. I think the specific training in all the modalities is definitely a major difference, like manipulation, spinal manipulation is something that naturopathic doctors learn. Obviously we have two years of herbal medicine. We have two years of medical nutrition. And then all the medical training in each specific organ system and diagnosis and things like that. Then our pharmacology is essentially the same as a medical doctor in their basic didactic training. It's just we don't tend to use it as frequently as a medical doctor would. Our on the job internship training in pharmacology is drastically different, as you would expect.

Reed ([00:49:46](#)):

Yeah. Yeah. How is it similar to health coaching then? Naturopathy.

Dr. Node ([00:49:51](#)):

Oh, well similar—I mean, naturopathic doctors are like working with behavioral change. We're working with—

Reed ([00:49:58](#)):

Okay.



Dr. Node ([00:49:58](#)):

— I mean, ideally that's what we're working with, right? Making lifestyle changes. So that's how we see the greatest effect to our patients or clients, is when we can get them to start changing their lives. You know?

Reed ([00:50:18](#)):

Yeah. That's how they get healthy and happy. [Laughing] Like that is the goal. It's not just to manage their disease. Exactly. So it's another kind of transformational experiences with a health provider, practitioner, whether it would be a coach or a naturopath. I can definitely see advantages of having some training and an ability to do naturopathic doctoring, some of the privileges that you get here and there. But isn't it also kind of a handcuffs in some sense? Like what happens if you go outside your board's recommendations and you decide you want to do something that isn't exactly approved and certainly not paid for by insurance? So that could present some issues. That's the one that these physicians are complaining about. Man, I can't tell this person the right thing to do because it's not standard of care.

Dr. Node ([00:51:18](#)):

Yeah. I think that there's a lot more fear and apprehension at work than maybe reality in a lot of those cases. You find drastically different opinions and drastically different applications of that theory. The older—with age, with experience, the older docs, the old docs who've been practicing for 30, 35, 40 years who have practiced natural medicine in a medical capacity since well before we were licensed have absolutely no problem treating things with homeopathy and herbs that our doctors, the younger doctors would never in a thousand years be comfortable doing. There's a handful of younger doctors [inaudible] with those elder doctors who are getting a little bit of exposure to it, but it's drastically different the more experience you have. So that's a hard question to answer, but it's also a primary frustration with a lot of younger docs and students who think that they're going to go into naturopathic medical school and they're gonna learn how to treat some pretty crazy stuff using urban homeopathy because they've heard the stories. That's not altogether true. In some ways it is, it's definitely—you get some exposure, but the doctors who are doing that kind of work are really a dying breed. They're really—there's not that many of them, there's not that many of them at each school, the chances that you're going to be mentoring with them are actually very slim. I would pitch at this point, there is an organization called NMI, The Naturopathic Medical Institute, and they are really providing an adjunct service to naturopathic doctors. It is exclusive to naturopathic doctors who are licensed or students of naturopathic medical schools, but it is providing some of this elder wisdom and knowledge and how to treat these advanced cases or scary emergent cases using natural therapies. And likewise, that's something that you would never have access to as a health coach.

Reed ([00:53:55](#)):

Yeah, NMI. You can go look. Well, listen, I wanna move on a little bit here, but just to clean up on what we just talked about, what absolutely—it doesn't frighten me as much, it upsets me. It's like, during COVID-19 crises, we were hearing one side say, "Oh, vitamin C". And then man, that was like heresy and voodoo, witch doctors. I mean, now everyone knows that vitamin C can provide some health benefits. It might be some claims being made that exaggerate it, but it's not gonna hurt you to take some vitamin C. And they were telling people, "No, do not take vitamin C to boost your immune system or anything like that". It's amazing how much of that is being expressed and how vehemently like anti-natural. Anti-natural is huge.

Dr. Node ([00:55:01](#)):

I would throw out Reed—it's not so much as it's anti-natural. It's anything that looks like it is undermining the conventional paradigm. And it's a scary situation to be in a paradigm and have another paradigms' viewpoint championing things that literally could be a game breaker in this kind of turf war that's happening. So, there's that, but you bring up another point that people should consider in making the decision on what education [inaudible] ultimately get from themselves is that naturopathic doctors, even though we're doctors, even though we're licensed and consider primary care physicians in many States in the United States and in BC, Canada, we couldn't just come out and give our expertise in how to modulate and enhance the immune response in how to use natural substances that are known to be antiviral or have antiviral properties in a way that could help in certain instances. Anything that was said by a naturopathic doctor in our yard was—I mean, people were getting in trouble. People were having their licenses—not their licenses taken away, but they were having their business licenses and ability to conduct commerce taken away by the FTC. Well, I mean, it was happening. Even though we're talking about gold standard of education, and there might be this idea that you have this freedom with that education, and that's not—when the rubber meets the road, you're not a medical doctor. What you have to say is not valid. [Laughing]

Reed ([00:57:02](#)):

Yeah, we are experiencing plenty of that, whether your naturopathic or health coach, you're gonna—it's often against conventional wisdom, you said. And they're still anti-natural. [Laughing] Sometimes, the easier you put it... I just have really one, or maybe two more questions for you doc and it's about when would someone make that decision? If they're deciding right now between, say taking a really good solid health coaching course, there's a couple out there that are really good, or becoming a naturopathic doctorate level training. When's a good time to make that decision? Or what should they—what would you recommend?

Dr. Node ([00:57:49](#)):

Totally. That's a really great question. I have an instance, I coached a—I consulted with a young lady who was—I think she was a massage therapist, if memory serves me correctly, who was interested in going to ND school to become a naturopathic doctor. We talked and I asked her a couple of questions about



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what her end goal in terms of wanting to diagnose and wanting to be a first point of contact health provider was. And that was what she wanted to do. She wanted to be that first contact person for somebody who didn't have a diagnosis or needed help interfacing with the conventional medical world, having her lab—she wanted to draw labs. She wanted to do the needle work, that was important to her. I said, "Yeah, you gotta go to ND school or become a medical doctor to do those things. So go for it." If your answer to those things are, "I don't like needles..." [Laughing] "I don't ever want to draw blood in my clinic. I consider that to be an invasive procedure". Or if you really don't want to diagnose, and you think that diagnosis, putting a label on a disease really pigeonholes you, and isn't thinking outside the box, or isn't addressing a health or disease at the most foundational, or even a more foundational level, then it's something that you might want to consider an alternative route to your career. Health coaching would be a great thing to look into for sure, but I wouldn't necessarily limit myself to just health coaching, especially if you're considering ND school, you obviously have a sense that you want to be more medically inclined or are more medically inclined. There are all kinds of different certifications to augment a health coaching certification, like get some training in herbal medicine. If you're not a yoga instructor, go become a yoga instructor, learn something that puts you in contact with people and gives you some training in that regard because you might not get that just doing a certification course online. I mean there are all kinds of things to consider, to think outside the box and how to get the education that you really need. But here's the point that I want to make: if you know what you want to do, if you are listening to this and you're like, "I know that I wanna be a naturopathic doctor", or "I know I want to be a health coach, but I don't really know what to do..." Take some business classes!

Reed ([01:01:12](#)):

[Laughing].

Dr. Node ([01:01:12](#)):

Take business classes, learn business terminology, learn marketing, learn some finances, learn how small businesses operate, and in that take some leadership courses and learn how to actually be an entrepreneur because more people fail after they get education, because they don't have business sense, than not having the education. You think that it's the education, but it's not, it's what you're gonna do with that education after you get it.

Reed ([01:01:50](#)):

Man. I'm so glad you said that, thank you so much. That's actually a good place to leave it. By the way, I have the FDN certification course and people have become FDN practitioners and you never stop learning. We have at least six—we have eight now, advanced courses. One of them is herbalism. And it's just another fascinating field that expands your knowledge of supplementation and herbal remedies, it's natural stuff. And we have business courses and you're just so spot on. Yeah. 'Cause I mean, I teach in the course, my style, how I built my practice. Some people don't wanna work that hard though. I just look at that as pretty hard work, but managing your time and all these things is all included now. Any final words about your own personal views on success? Being a professional? Because I'm here for



the—to help build up health coaching as a profession, not a hobby. It's a vocation, not an avocation to me. It's fine if you want to be a hobbyist, but we're really here for that. So give us some final questions on what you just said about business training, but what else separates a professional from the hobbyist?

Dr. Node ([01:03:14](#)):

Okay. Yeah. For sure, how you talk with yourself to yourself. Number one thing that you have to learn if you want to be successful in the world and have a wonderful, beautiful life and career is talk to yourself with kindness and compassion and love. We all have a voice that tells us that we can't, that we're failing, that we need to do better than should do this. We all—I relate to that so much, and it's a choice to cultivate another voice, a voice that says, "I love you, regardless of who you are, what your... I love you, regardless of what you are, what you're doing and the failures that you're experiencing". Show kindness to yourself. That allows you, and opens up all of the avenues and opportunities that you will need to search out those things that you need. Search out those resources, do not be scared, do not be scared of vulnerability to learn new things, to go out of your comfort zone. It all starts with that small voice inside of ourselves that just says, "I can. I can do this. I support you." And that's a cultivatable skill. It's not something that comes natural for very many people. I mean, for some of us, it's a little easier to cultivate than others, but it's something that you can do. There's a voice inside of you. There's all kinds of support to learn how to do that from your family, friends, from pastors, probably from Reed, definitely myself. This is what I work with my mentor with almost exclusively. I owe any success in my life, my personal life and my business life to that one thing.

Reed ([01:05:20](#)):

Fantastic. Thank you, Node. It's been a pleasure getting to know you better and have you present to our group of health coaches and people who are interested in becoming health coaches. You gave us a great perspective on whether you want to go all the way up to the naturopathic, 'cause you are one. I think you were very fair to both sides of the equation there and the medical profession, too. Look, we all really do need to work together. So I hope everyone will go out now, we're gonna put your information in the show notes. While you're out there looking at that folks, go ahead and buy the summit recordings because once they're off the air this week, you won't see them again. There's also some really special bonuses. Look over the bonuses. The price of this entire seminar, I think is \$97 and there's like \$2,500 worth of bonuses in the material. So you can't go wrong! This has been an amazingly valuable interview Node, and I appreciate it. We'll see you on the flip side. Thank you.

Dr. Node ([01:06:19](#)):

Yeah. Yeah.