

A FREE GUIDE · FUNCTIONAL MEDICINE

The Functional Medicine *Starter Guide.*

How root-cause medicine actually works, which labs are worth running, and the four foundations to fix before anything exotic.

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FROM DR. SIMON

Before you spend a dollar on exotic *testing*.

Functional medicine has a marketing problem. Somewhere between the genuine science and the wellness hype, it became associated with fourteen-supplement stacks and \$2,000 lab panels that tell you very little. That's not what it is — and that's not how I practice.

Real functional medicine is disciplined and old, not trendy. Naturopathic physicians were the original functional medicine doctors: trained in physiology, biochemistry, and nutrition, licensed to diagnose and prescribe, and taught to ask why a system drifted before reaching for a medication to suppress the symptom.

This guide will teach you to think like that. What root-cause medicine actually means, which labs earn their cost, the four foundations that fix more than any supplement, and how to tell strong evidence from marketing. Read it and you'll spend your money — and your hope — far more wisely.

— *Dr. Andrew Simon, ND, BCB*

Educational only; not a substitute for individualized medical care. Lab and treatment decisions should be made with a qualified clinician.

What functional medicine actually is.

Functional medicine is a systems-based approach that identifies and treats the root causes of illness rather than only suppressing symptoms. It uses a detailed history, targeted lab testing, and interventions across nutrition, lifestyle, and — when appropriate — medication. The premise: chronic disease is usually a slow slope of dysfunction, and the earlier you address the mechanism, the smaller the fix.

~10 yr

type 2 diabetes develops over a decade of reversible insulin resistance before diagnosis

80%

of chronic disease burden is tied to modifiable lifestyle and environment

1 mechanism

often drives several symptoms — fix upstream, and multiple problems ease

Labs that matter — and ones that mostly *don't*.

The right first panel is broad, standard, and affordable. Exotic testing has a place, but rarely as a starting point.

WORTH RUNNING FIRST	WHAT IT REVEALS
Comprehensive metabolic panel + fasting insulin + HbA1c	Early insulin resistance, liver and kidney function
Full thyroid panel (not just TSH)	The most-missed driver of fatigue, weight, and mood
Ferritin, B12, vitamin D, magnesium	Common, correctable deficiencies behind fatigue and brain fog
hs-CRP + full lipids (ideally ApoB)	Inflammation and true cardiovascular risk
Morning cortisol / stress markers	Whether stress physiology is part of the picture

A CAUTION

Expensive doesn't mean *useful*

Many direct-to-consumer "functional" panels produce colorful reports with little to change management. Test to answer a specific question — targeted testing (SIBO breath test, stool microbiome, food intolerance) earns its place when symptoms point there, not by default.

The four foundations under *everything*.

Before advanced testing or supplements, these four determine most of how you feel. They're unglamorous and they work.

FOUNDATION 01

Sleep

Non-negotiable and upstream of everything. Short or broken sleep raises blood pressure, insulin resistance, inflammation, and appetite. Fix timing and consistency before blaming your metabolism.

FOUNDATION 02

Food quality & protein

Whole foods, adequate protein, and fewer ultra-processed calories move more markers than any pill. Most "mystery" symptoms improve here first.

FOUNDATION 03

Movement

Zone 2 aerobic work plus resistance training builds the mitochondrial and muscular base that protects metabolism, mood, and longevity. Exercise is genuinely medicine.

FOUNDATION 04

Stress physiology

Chronic stress dysregulates the nervous system, gut, and hormones. Paced breathing, HRV biofeedback, and real recovery are treatments, not luxuries.

THINK CLEARLY

Strong, suggestive, or just *anecdotal*?

The single most useful habit in functional medicine is grading the evidence behind every recommendation. When a clinician (or an influencer) suggests a supplement or protocol, ask which tier it's in:

TIER	WHAT IT MEANS	HOW TO TREAT IT
Strong	Consistent human trials, plausible mechanism	Reasonable to rely on
Suggestive	Early or mixed human data, good rationale	Worth a monitored trial
Anecdotal	Testimonials, mechanism only, marketing	Skeptical; low cost/risk only

A trustworthy practice tells you which tier applies — and says "we don't know yet" when that's the honest answer. If every recommendation is presented as certain, be cautious.

THE STANDARD I HOLD

If I recommend a compound, I tell you the *evidence tier*

No fourteen-supplement stacks, no fear-based selling, no billionaire protocols. Your time and money are the things I'm actually trying to protect.

DO THIS

Your first 90 *days*.

The plan

- 1 Baseline. Run the standard panel above and log your foundations honestly for two weeks.
- 2 Fix the foundations. Pick the weakest of the four and improve it first.
- 3 Test what's still unexplained. Add targeted testing only where symptoms point.
- 4 Re-measure. Repeat key labs and reassess. Change is the proof.

Bring to your clinician

- ✓ Two weeks of sleep, food, and energy notes
- ✓ Your current supplements and doses
- ✓ Your top three health goals
- ✓ Any prior labs, even old ones
- ✓ Family history of chronic disease

SELECTED SOURCES

Tabák AG et al. Trajectories of glycaemia and insulin before diabetes diagnosis (Whitehall II). The Lancet, 2009.
US Burden of Disease Collaborators. Modifiable risk factors and chronic disease. JAMA, 2018.
GBD Risk Factor Collaborators. Global burden attributable to modifiable risks. The Lancet, 2020.
Institute for Functional Medicine. The Functional Medicine Model, 2023.

YOUR NEXT STEP

Work the root cause — with a physician who *explains it*.

Bring your goals and your questions. We'll build a plan that starts with mechanism, uses the right labs, and grades every recommendation by its evidence.

SCHEDULE A MEET & GREET

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Telemedicine available across Washington State.