

"There is no such a thing as prevention," declared Dr. Tamara Sachs of New Milford. (A little gasp escapes me and I'm thinking "Omigosh. Sacrilege. 'Prevention' is my middle name for Pete's sake.")

Then she does it again: "Prevention is just a misnomer --- a great idea but you can't always 'prevent' stuff." I have to agree.

"So," she continued, "whenever prevention 'fails' we blame the patient. People feel so guilty and say, 'Oooo, I smoked for a few years but quit 10 years ago -- why do I have lung cancer? There must be something wrong with me.'"

(Flashback 1971: My mother, who is dying of cancer, cries often because she said she had "failed." As a Christian Scientist she believed that had she had the right thoughts and prayers, she would have healed.)

Sachs continued. "People get very upset when they do everything right and they still get breast cancer. 'Risk reduction' is really an accurate description of what we, as individuals, are able to do."

Ah-ha. "Risk reduction:" My new mantra.

As a medical doctor, Sachs practices what is called "functional medicine."

"It's a model to treat chronic illness," she explained, "a model to change the way regular medicine looks at care of chronic illness," adding, "but in a crisis or acute medical situation, mainstream allopathic medicine excels."

She told me that major medical journals report medical schools are doing students a great disservice by teaching only the acute care model when, in fact, what they'll do as doctors in the real world is primarily chronic care.

"Functional medicine is applied biochemistry focusing on the causes of imbalances," Sachs said, "thinking about why the symptoms exist on a cellular level."

In medical school, she learned that if, say a thyroid function test was borderline abnormal but not yet in "diagnosis--land," you told the patient to come back and kept testing until it became a diagnosis.

"Whereas in functional medicine," she said, "we're taught to identify that imbalance and change it before it becomes pathology. The body always heals: If it doesn't, there's either something missing or something that shouldn't be there."

Though a simple concept, Sachs stressed that there's a complicated list of possible causes to generate and address.

She cited a common scenario where a patient complains of unremitting fatigue, yet all tests are negative.

"What I was taught," she said, "you know, kind of indirectly, was if you work them up and you don't find a 'diagnosis' they must be (she whispered) 'depressed.' And so you give someone Prozac when they're tired, when in fact they can't make ATP (adenosine triphosphate, a compound naturally found in the body serving as an immediate source of energy for cells, particularly muscle cells) because they don't have enough CoQ10 and they don't have enough lipoic acid and they're missing some B vitamins."

Sachs initially takes an extensive history from all of her patients and tests them.

"We now know that genetically we're all very different; I don't supplement anybody without testing them first. There are certain reliable tests that we can now do to look at nutritional levels and risks for certain things."

Sachs said that generally people come to her when they've exhausted their options. Many have suffered from IBS (irritable bowel syndrome) and countless others present chronic fatigue.

Both, she assured me, "are easy to fix."

"For some," she explained, "it might be removing foods to make it better, for others we might be adding foods. Not only for IBS and fatigue, but for migraines, fibromyalgia, etc." | "

She believes that food allergies are rampant in this country, but certainly "one diet does NOT fit all."

Diets need to be individualized so that patients eat foods matched to their genetics, with only deficiencies being supplemented.

Addressing these and lifestyle issues, she said, are good places to start. But sometimes there may be other problems to tackle, such as parasites, inflammation, infection or toxicity.

"I used to absolutely hate the fact that they could advertise prescription medications on television," Sachs said.

Yes; that's one of my own pet peeves, so I'm poised to jump in with both feet" | when she quickly interjected, "but I changed my tune." I feel the wind go out of my sails.

"You know why?" she asked and not missing a beat answered, "Because of the law that makes them HAVE to read the side effects on the air, not just have a little list in fine print. Now that patients are hearing: 'may cause death;' 'may cause blood clots' -- it's amazing -- people tell me 'I heard that for this minor complaint you take this drug and oh, by the way, you could die'" | that's actually been a huge service."

Eureka. My second 180-degree turn of the hour and my head is spinning.

For more information go to www.tsachsmd.intranets.com or call (860) 354-3304.

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