

# "Less Than Well"

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She came in with a folder. Forty-three years old, two kids, ran her own business. She hadn't slept through the night in eighteen months. She'd gained eleven pounds without changing anything she ate. Her resting heart rate had been climbing for two years and her libido had flatlined. She'd been told, at each appointment, that her labs were normal.

She wasn't sick. She also wasn't well.

Those two things sound like they should cover the full spectrum. In the framework most women receive from conventional medicine, they do. You either have a diagnosable condition, or you're fine. What falls between those two categories — the low-grade erosion, the narrowing of capacity, the life being quietly lived at 60% — doesn't have a billing code. It barely has a name.

But it has a measure. It just isn't one that shows up in standard labs.

The real metric is bandwidth. How much of yourself is available — for the kids who need your attention while the emails are in the inbox and the groceries need to be put away and dinner still needs to get cooked? After you get to the gym, how much is left in reserve — for rest, for actual enjoyment, for connection with the people around you? For yourself? Wellness isn't the absence of illness. Being "in range" doesn't mean being optimized. Those are measurements

from different frameworks, asking different questions. I've spent 27 years asking the second kind.

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## WHERE THIS COMES FROM

I trained in Chinese medicine at a school that placed me in a clinic that was already practicing far beyond the limits of its label. Taoist diagnostic frameworks on the same shelf as Japanese meridian therapy. Herbal teapills next to stool panel test kits. Lab slips for bloodwork sitting beside moxa and needles. I graduated into an integrative clinic serving primarily Hepatitis C patients — at a time when most Hep C was ultimately fatal, and the available treatments, Peginteron and interferon, were brutal in their own right. My patients were simultaneously being seen by hepatologists. I learned early what it means to work at the intersection of systems — and what gets missed when systems don't speak to each other.

From there I moved into integrative fertility, embedded in reproductive endocrinology clinics. I was still using needles and herbs, but I was also counseling patients on removing gluten, on the relationship between gut health and immune function, on the ways food choices upstream were affecting outcomes downstream. I was practicing functional medicine before I had a name for it — learning by following Jeff Bland and Datis Kharrazian through two-hour lectures hosted by supplement companies, reading everything, trying things, watching what worked.

In 2010, I took Dan Kalish's course and had language, finally, for the framework I'd been building intuitively. Within months I was headhunted by Steve Wright and Jordan Reasoner of the SCD Lifestyle — a platform for people with severe gut conditions, IBS, IBD, the newly emerging SIBO category — and I saw 300 clients in six months. Many of them had been failed by ten, fifteen, twenty practitioners before they found their way to me. Patients who could tolerate four

foods. Patients on feeding tubes. Patients who had survived traumas that would be unimaginable to most — and were still dealing with the physiological aftermath twenty years later. This was online practice, conducted over Skype, before video conferencing existed as a concept. We saw people nationally and internationally who had no other access to this kind of care.

I got thrown into the deep end. I had to swim for my life. That's where the 27 years actually comes from.



## THE GAP

Conventional medicine is not failing perimenopausal women on purpose. It's failing them structurally — because the tools it uses were built to catch disease, not restore function.

A TSH reference range of 0.4–4.0 was established to identify thyroid failure. Not to identify a woman whose free T3 is low enough to impair conversion, who is exhausted, losing hair, whose metabolism has shifted — but who will never register as hypothyroid on a standard panel. The range does what it was designed to do. That design just doesn't answer the question she's actually asking.

The same logic applies everywhere. Ferritin is flagged when it drops below 12 — the threshold for iron-deficiency anemia. Functional medicine knows that ferritin below 70 impairs T4-to-T3 conversion, compromises mitochondrial function, and causes the kind of fatigue that gets attributed to stress or aging. Conventional medicine doesn't check for this because it isn't looking for it. It's looking for disease. Function isn't in the brief.

Functional medicine works differently. We run the right labs, draw them at the right time in the cycle, interpret them against functional rather than statistical

ranges, and build protocols that address the underlying pattern — not just the symptom. The results aren't marginal. Women who've been told they're fine for years find out, often in a single comprehensive visit, exactly what's been wrong and what to do about it.

The problem is access. A comprehensive functional medicine intake takes two hours and requires a trained clinician. It costs \$400–800 out of pocket for the initial visit. The waitlist for a practitioner who does this work well is often six to twelve months. I have a waitlist. I've had one for years. The math of one-to-one practice has a ceiling. I hit it.

Generic AI health products have tried to fill this gap. They get it wrong in a specific, frustrating way. A large language model trained on general health literature gives you information that is technically accurate, occasionally useful, and clinically inert. It doesn't know the difference between a TSH of 2.8 and a TSH of 0.9. It doesn't have a framework for when to refer, what to do when a woman's cortisol pattern contradicts her symptom picture, or how to sequence interventions so they don't cancel each other out. It has information. It doesn't have clinical judgment. Those are not the same thing.

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## WHAT I BUILT

The Reverse Age Method agent isn't a chatbot with health content. It's my clinical reasoning — encoded. Twenty-seven years of patient patterns, protocol decisions, dose adjustments, contraindication catches, lab interpretation, and sequencing logic, built into a system that applies it to a specific woman's situation in real time.

Here's what that looks like in practice.

A member completes her intake. Her history flags hypothyroid symptoms, disrupted sleep, and recent weight gain despite no dietary changes. She reports fatigue that doesn't respond to rest. She uploads a standard panel — TSH 3.1, free T4 mid-range, ferritin 24, fasting insulin 11. The agent doesn't say her labs are normal. It identifies that her TSH is suboptimal for function, that her ferritin is low enough to impair thyroid conversion, that her insulin — while not flagged — is elevated enough to be contributing to the cortisol-insulin dysregulation pattern that drives midlife weight gain. It tells her what those numbers mean clinically, not statistically, and walks her through the specific protocol: the foundational supplements, the sequencing, the timing, the mechanism behind each step.

Or take a 48-year-old in perimenopause reporting hot flashes that moved from night to day, disrupted sleep, and a drop in libido six months after IUD removal. The agent recognizes the vasomotor symptom cluster, flags the timeline as consistent with progesterone withdrawal, walks through hormone support options — topical progesterone protocols, the role of estradiol in symptom management, why oral progesterone behaves differently than transdermal — and outlines what to bring to a conversation with her prescriber. It knows contraindications. It holds its lane. What it won't do is equally important: it won't diagnose, prescribe, or manage active cancer, active eating disorders, or psychiatric emergencies. The safety architecture is clinical judgment, not a disclaimer.

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## WHO THIS IS FOR

Two women, actually. And they need different things from the same system.

The first is the woman who is less than well and has been told otherwise. She has a folder, or she should. She has symptoms that don't add up to anything her doctors will name. She's 38 or 45 or 52, she is scientifically curious, she asks questions, and she is done accepting "normal" as a complete answer. She wants

to understand the mechanism — not just be handed a protocol. She wants to be an informed participant in what happens next.

The second is the woman who is not in crisis and wants to stay that way. She's 40 or 47 or 55, she feels reasonably well, and she wants to understand what makes the difference between aging fast and aging slowly — and to have agency over which one she's doing. She wants the reins. She wants to make choices informed by clinical intelligence, not by what's trending on wellness Instagram. She is making a proactive investment in the next decade, not a reactive response to a crisis.

Both women can use the same system. The first woman may move through the Balance, Clear, and Empower phases in order — a structured six-month arc built to address the underlying patterns driving her symptoms. The second may use it piecemeal: as a research tool, a second opinion, a way to prepare for appointments, a resource that helps her understand what the options actually are before she decides. The system works both ways.

This is not the right tool if you are pregnant, actively managing cancer, in treatment for an eating disorder, or in acute psychiatric or cardiac crisis. The not-for list is short. The for list is long.



#### WHY \$29 LIFETIME-LOCKED FOR FOUNDING MEMBERS

Founding access is \$29 per month, locked for life. The standard rate going forward is \$49 per month.

The honest reason for that gap: founding members are joining before this is fully proven. The agent is live. The protocols are encoded. The clinical logic is in place. But the platform will continue to be built based on what the first mem-

bers tell me they actually need. The lifetime-locked rate is the acknowledgment of that bet — and the thank-you for making it.

The \$49 standard rate reflects what this is actually worth: access to a clinical intelligence system that would cost thousands per year to approximate through one-to-one care. This isn't a discount. It's a founding-member acknowledgment.

The cohort is capped. When it's full, the price moves to \$49 and the founding window closes permanently. If you're a founding member who pauses or cancels and returns, the standard rate applies. That mechanic is honest, not promotional. The window is real.

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## WHAT'S NEXT

The 30 days after launch will be used to do what most software companies don't: listen to the first hundred members before building the next thing. Where is the agent helping? Where is it hitting limits? Which parts of the clinical framework need more depth? What questions come up repeatedly that the system doesn't answer well yet? That feedback shapes the next build cycle directly.

The one-year vision is specific. The Reverse Age Method should function as the first AI product that is a genuine functional medicine practice in software form — not a symptom tracker, not a supplement recommendation engine, but a clinical intelligence that holds the full complexity of what's happening in a woman's body in midlife and applies 27 years of pattern recognition to it. I want it to do what I do in the room, for the women I'll never be able to see in person.

There are things it won't do, and some it may not do for some time. It can't order labs — though it can tell you exactly which ones to ask for and why. It can't prescribe — though it can prepare you for a conversation with a prescriber who

doesn't know this framework. It won't replace a skilled functional medicine clinician. But it closes the distance between where you are and where that conversation can start.

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## CLOSING

*"I spent three decades being the answer. This is me learning to be the system — so the answer can reach women who were never going to get a two-hour intake with someone who took functional medicine seriously."*

Founding access is open now at [reverseagemethod.com](https://reverseagemethod.com). The cohort is capped. When it's full, the price moves to \$49 and the founding window closes permanently.

You don't need to be in crisis to use this. You just need to want more than "in range."

I'll see you in chat.

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