The Unexpected with Dr. Elliot Berlin Part 2

Episode 500 · May 21, 2026 · with Jenna Pastuszek

IN THIS EPISODE

The 500th-episode conversation continues. A month after his unexpected medical episode — and only a week after he could really talk again — Dr. Elliot Berlin, DC shares what the surgery and its aftermath were like, and what he learned from the medical care he received, with guest host Jenna Pastuszek asking the questions. Part 2.

About this transcript: *This transcript was created with AI-assisted transcription and reviewed by our team. It may not be 100% accurate — names, medical terms, and phrasing can occasionally be mis-transcribed. For exact wording, please listen to the episode audio.*

DR. ELLIOT BERLIN, DC: All right, who knew? 500 episodes and the 500th was going to be me. Hopefully you're not too bored yet as I share my journey that took place just a month ago and kind of explains why we haven't had any new episodes recently. Up until last week, I couldn't even really talk. But I'm here to share what the surgery was like and what I learned from the aftermath and the medical care that I got. And I couldn't host myself, so I asked my wonderful dear friend Jenna Pastuzek to be our guest host and here she is.

JENNA PASTUSZEK: Hi, everybody. My name is Jenna Pastuzek and I am your host of today's episode of the Informed Pregnancy podcast. And we are here with Dr. Elliot Berlin as he shares his medical saga. Dr. B, welcome back to your own podcast. Thank you for having me. You are welcome. Thank you for being here. Thank you for sharing your time and talents with us today. So to catch up people to remind them where we were at the end of our last episode, you were lying on a cold surgical table ready to have your heart cut open. So tell us what happened in the six hours of surgery that entailed.

DR. ELLIOT BERLIN, DC: Okay, so I am laying on that cold table. There's a mask over my face and I hear them take some deep breaths. It's just oxygen, which it was. And then he let me know at some point it's going to be some other mitigation, like the air that makes you drowsy. And then I took a couple of deep breaths. Maybe I was supposed to count from 10 to one, but I probably only got through three numbers and then the next thing I knew I woke up. During that time what they do, they harvested veins from my body, from my left leg, my right arm, both sides of my chest so that they can

make new vessels to bypass the clogged, almost totally obstructed coronary arteries, five of them. So it was a quintuple coronary artery bypass surgery.

DR. ELLIOT BERLIN, DC: They call it a coronary artery bypass graft, C-A-B-G. So they call it cabbage. And every place you go, they're like, oh yeah, you had cabbage times five. So no, I can't even eat coleslaw. Other versions. So they have to harvest those veins first, and then they cut open your chest, so first the skin, and then they saw the breastbone in half from top to bottom, retract it open to get to the heart, and then they take the veins that they harvested and kind of affix them to the coronary arteries that are blocked and shunt it. So they make the blood flow through these new veins and then close you back up again. I woke up and my wife was there. I remember that. And it was just very calming that she was

DR. ELLIOT BERLIN, DC: right there holding my hand when I woke up. And the first thing I noticed was the breathing tube was still in my throat, so I couldn't talk. And it was incredibly irritating. And I just remember pointing to it like intensely, like this has to come out. This is so horrible. And I remember, well, there was probably a nurse just saying certain benchmarks had to be met. Certain amount of time had to go by, or they were looking for my heart rate to stabilize to a certain level. And first they said it would be 10 minutes, and I was just counting, you know, 60, 59, 58, and then again. And then they said, no, it's going to be another 10 minutes. You didn't meet the benchmark. And I was just like pointing to them like it's got to come

DR. ELLIOT BERLIN, DC: out. It's so horrible. I wasn't really aware of anything else. That was the only thing. It was so bothersome, intense and bothersome. And then I remember they finally did pull it out, which was a relief, but also my throat was so irritated from where it was. And I was just like a drink. That's the first word I probably said, can I get a drink? I need a drink. I said, no, you can't have any liquids yet. You know, I was like ice chips, anything. No, but they had this little sponge on a stick. And they said my wife could dip it into water and she could like brush it around my mouth and lips. So maybe I would felt like I had something to drink. I didn't. But it was just so raw and so dry. So eventually one of the

DR. ELLIOT BERLIN, DC: nurses said, oh, you could do that if you want to. We had some Gatorade that we brought. She's like, you could do that with the Gatorade, just dip it in there. So she would just dip it in Gatorade and put it in my mouth. And I would bite it until I can get all the Gatorade out of it and swallow a little bit. And that was just like the first hour of my consciousness. I was just trying to get as much liquid into my raw, irritated mouth and throat. As things became more lucid to me, I realized I had a lot of stuff coming out of me. I had a whole collection of IVs coming out of my neck, my jugular vein area. I had a bunch coming out of my left arm, including one in an artery, an arterial line. I had four chest

DR. ELLIOT BERLIN, DC: tubes coming out of me, sucking fluid out that they did not tell me I would have. I had a temporary pacemaker, so these wire leads sticking out of me and straight through my chest into my heart on the other side. And they had it hooked up to a machine so they could speed up or slow down my heart rate whenever they wanted to or needed to. I had a urinary catheter. I had this thing called a wound vac. I just couldn't even move right or left because there were so many wires and cords and whatnot. And the ICU nurses were really good. If I'm going to kind of move the story

along quickly, I would say that I was on a lot of different medications. My pancreas, kidneys, and liver all did not

DR. ELLIOT BERLIN, DC: respond well to the surgery. It was a big trauma. It was multiple surgeries that were going to be honest at the same time. And I also couldn't use my arms at all because anything I would do would sort of pull my chest open. And so it was a tough couple of days. I mean, that was Wednesday that they did it. Wednesday was rough. Thursday was rough. Friday was rough. One of the most amazing things is I have a guy who does my haircuts and he has the option to go to his shop or he comes to your house. I'm like, any chance you can come to the hospital? Like, it had been too long and I was just uncomfortable in every way. And I just thought that could help me feel more comfortable.

DR. ELLIOT BERLIN, DC: And he came. And he also was a Sabbath observant and he got it. He came before Shabbat.

JENNA PASTUSZEK: Nice.

DR. ELLIOT BERLIN, DC: And you can't light candles at the hospital, but we have these like little glowy tea lights. My wife went two of those. And honestly, from the time they went on, I just felt a little better. When I was feeling crappy mentally or physically, I would look over at them and it would just give me joy. And things started to improve a bit during that time from Friday night through Saturday. And getting out of the ICU was sort of like a combination of trying to get all those labs back to normal or close to normal or stabilized. My pancreas not working right meant my blood sugar was all over the place. So they started having me on insulin and two other diabetic medications. My kidneys and liver not working right kind of limited what kind of pain

DR. ELLIOT BERLIN, DC: medication I could take. And they wanted to stabilize them. You know, one guy came in and he's like, Oh, your kidneys are at a stage two and at stage five, you're on dialysis for life. I'm like, Oh, great. Not reassuring. Yeah. I thought I was just here for a heart problem. You just made my heart palpitate again. But one thing that was pretty strong all the way through was my heart. Like the cardiologist came by every single day and he's like, your heart looks good. I just kept focusing my eye on the prize. So getting out of ICU is mostly about, you know, stabilizing those numbers and getting as many of the things that are attached to you out that you can get out. One of the things that was attached, I talked about these chest

DR. ELLIOT BERLIN, DC: tubes. One of them was sitting right on a nerve by the rib and intercostal nerve. And I could not breathe in any time I breathe in the tube would push into the nerve and it'd be excruciating sharp pain. I mean, I was like, okay, I surrender. I'll take the epidural now. And sort of only semi comedically, they sent the pain team to evaluate it. And he's like, we have two options for you, an epidural or a nerve block. I was like, Oh, I was just joking about that. Okay. They put a nerve block in to block that nerve, which sometimes they do in labor as well, where instead of inserting a catheter that they leave so that they can add more medication as needed, they just put in a big bolus of medication and then pull the needle out.

DR. ELLIOT BERLIN, DC: And it's supposed to last for X amount of time. In this case, they said about 30 hours. So it made it able for me to breathe. And they wanted me to go for walks, starting

literally day one to get up and go for walks. But it was a process. You always had to have a few people come get all those, the chest tubes and the containers that they go into, catheter and the container. It goes into all the IVs straightened out that were coming out, just all the different things that would take about 10 minutes to just prep you for a walk and to make them mobile, the heart monitor, mobile version of that. And then they had this big walker and until I could even just stand up and stand in

DR. ELLIOT BERLIN, DC: front of the walker would take a couple of minutes. And then there's a guy following you with a wheelchair just in case you pass out. And then all that for like a three minute walk. That's what life was like on the other side of the surgery. And I mean, at least my hair

JENNA PASTUSZEK: looked good. So every day you were there, your goal was almost like to get another thing out of you so that you'd have one less thing to walk around with. And also one step closer to achieving that checklist of things you need to do before you can be discharged.

DR. ELLIOT BERLIN, DC: Exactly. Yeah. And I was looking forward to having each of those things removed. But then I wasn't looking forward to having each of those things removed. Each one seemed like a little uncomfortable.

JENNA PASTUSZEK: Talk about how it felt to be an individual in the system. Did you feel like you were battling the system? Did you feel like you were working within the system?

DR. ELLIOT BERLIN, DC: So it was some of each. The system I would say has two parts, the caregivers and the insurance. I'm very blessed and lucky to have good insurance. And as much as I was panicking about not working for several months, I didn't really have to worry that much about the medical bills. I was in a hospital that's in network with my insurance company and the doctors are mostly in network with the insurance company. So I was fairly lucky there. There were a few fights that I had to have with the insurance company. But for the most part, I got lucky. The care also, I mean, some of the most incredible giving, nurturing, caring people. I just one after another was so blessed. But then sometimes

DR. ELLIOT BERLIN, DC: the system is rigid in ways like it feels like it shouldn't be. I'll give like a couple of small examples. One example is where that chest tube was, the pain started to come back. And one of the things that made it feel better is walking to get up and stretch out, take some of the pressure off of it. So it was like 6am. I couldn't sleep. I hadn't been able to sleep for a few hours already. And I asked the nurse, could I go for a walk? I know that's going to help this pain go away. Then I'll get some sleep. And she said, no, you can't go for a walk because there's too many people who need a walk. They're online before you. And then my shift will be over. So maybe the next person can take you for a walk. All right,

DR. ELLIOT BERLIN, DC: I get it. There's limitations like, right, like it happens to be a full day. There's too many people waiting for a walk. So the second thing I was like, how about Tylenol? Can I just take some Tylenol? That'll probably be enough to numb the pain to the extent that I could fall back asleep. And she said, no, I can't give you Tylenol because it's only 6am and the order for Tylenol is for 9am. And I was like, okay, but I didn't take the Tylenol last night. Like it passed on it because it had been feeling better. So it's not too soon to take Tylenol. Can we change the time for

the order to 6am? So I get some Tylenol and go to sleep. She's like, no, but I see here that if you want, we can give you some Oxycontin.

DR. ELLIOT BERLIN, DC: You're like, so I can have an Oxy, but not a Tylenol. Exactly. There's a standing order for the Oxy. I'm like, I would really prefer not to take the narcotic for several reasons. Do you think we can call in and get the Tylenol change for 6am? And she was absolutely rigid. No, we can't. And I didn't want to take the narcotics. So I just decided to do whatever I could to try to get comfortable, you know, suffer, but try to get comfortable and fall back asleep. I fell back asleep a half an hour later into a light sleep. And then she came back and she's like, we got to get you up and into the chair. There's like only two positions. There's the bed and the chair. And the chair is

DR. ELLIOT BERLIN, DC: like one of those fancy chairs that can recline and get it, you know, but she's like, we're gonna get you in the chair. I'm like, I literally just fell back asleep. You know, I had a horrible night's sleep. I didn't sleep at all. I don't want to go to the chair. I just want to go to sleep. I need the rest. And she's like, well, the surgeon really likes to see you in the chair, not so much in the bed. I'm like, do you think you could explain to the surgeon that I had a bad night's sleep? I just started to fall asleep. So that's why I'm in the bed. And she's like, again, not rigid, not flexible at all. No, no, no. They really like to see you in the chair. And at that point, I sort of felt like a little bit like

DR. ELLIOT BERLIN, DC: an animal at a zoo. Like, oh yeah, we need to move you over here. That's where the guests want to see you. And I'm a doula. My wife's a doula. And several things came up like that, that were really hard to advocate for ourselves. And I just wanted to have that person, like, turn off the part of their brain that is rigidly tied to the protocols that are made for the masses and think about me as an individual for just one minute and say, doesn't make sense. I get that you can't take me for a walk if there's a way to squeeze me. And that would be amazing. But if not, doesn't it make sense for me to take Tylenol and not Oxy? Isn't there a way to work within the system to do it? And there were plenty of

DR. ELLIOT BERLIN, DC: people who would, but that person wouldn't. So it's like at that point, I have to decide, do I want to ask for a different nurse? You know, do I want to try to go up the chain? But it's hard. It's hard when you're weak and there's so many things going on. And when you depend on that person for so many things, I don't want to ruffle the feathers.

JENNA PASTUSZEK: Yeah. You know, in terms of fertility clinics, this is something that I think women deal with where there are some fertility clinics that just follow protocols. And step one is this. Step two is that. Step three is this. Step four is that. And if and when it doesn't work to get pregnant or if and when the pregnancy results in a miscarriage, they just simply go back to step one, step two, steps three and follow the book. And so I know personally in dealing with a clinic that was following steps like that, I had to ask myself in a moment of weakness. And my weakness was that I wanted to be pregnant again and I wanted to have a baby. And so I had to say, do I risk leaving this clinic and try to find a doctor who will be a little bit more

JENNA PASTUSZEK: flexible and, you know, work with me and, you know, be a little more supportive in the ways that I need versus this clinical approach. And so there's definitely, you know, instances where what you're dealing with is exactly a parallel to what we are dealing with on the

DR. ELLIOT BERLIN, DC: other side, too. Right. And as a doula, I would see that frequently, like a nurse that's just so rigid in the protocol that they can't see you as an individual and make decisions with you or for you as an individual. And I think, you know, that is a lot of why we have people come share their stories, their birth stories, why we made documentaries about things like VBAC and rich birth and why we can constantly look for new ways, new media that we can use to kind of educate and empower people to advocate for themselves to see where they might need to advocate and how to advocate and when to advocate. And it's just so important because the system will sometimes, like for me, I overall can't complain. The system was very

DR. ELLIOT BERLIN, DC: good to me. I got very lucky. I realized that my friends who were praying for me, like the prayers were definitely working. I wasn't my father or my uncle. I was able to, in the right time, get diagnosed and get treated and have a new lease on life. And so I'm grateful for those prayers. I'm grateful for the experience. But still, there are weaknesses in the system where if you can't be a strong advocate, you're going to fall through the cracks. So I see it was kind of like that in every now and then something would be removed. And it wasn't nearly as bad as I thought it was when it was removed. And then it left me feeling one step closer to the Holy Grail, the next Holy Grail,

JENNA PASTUSZEK: which is going home. And we'll take a break and hear about that when we get back. Welcome back to the Informed Pregnancy Podcast with your host, Jenna Pastuzic. And our guest today is Dr. Elliott Berlin, the normal host of this podcast. And we are now speaking about the Holy Grail, the final you are allowed to go home. So how many days later?

DR. ELLIOT BERLIN, DC: Okay, tell me. I'm in the ICU for a few days, then there's a step down unit. So it kept being, are we going to go out of the ICU today or tomorrow? The numbers are fluctuating. They're good. They're bad. We have to take this out and that out. It happened in a few days time, step down unit against some of the most incredibly giving, caring, amazing people, explaining everything that's happening before they do it as they do it, the benchmarks we need to meet to be able to go home. So now the next question is, are you going to go home on Tuesday or Wednesday or maybe Thursday? I had a couple of things that weren't happening as fast as they'd like. And one of them was fluid. My body was still making a ton of fluid.

DR. ELLIOT BERLIN, DC: And it was showing up around my lungs. It was showing up in my legs. And in the hospital, they can give me IV drugs that make it, you pee it out very quickly. The home version of that, the pill is not quite as effective. So there was that and some other lab numbers they wanted to see. One of the other things they wanted to do a bacteria culture. And for some reason, the protocol is they have to do two blood draws from two different veins for the bacterial culture. And the first person they sent missed the first two. So I needed to give four blood draw per Excel at the same time. And it did remind me a little bit of that glucose tolerance test that sometimes people have to do if they quote unquote fail the initial glucose

DR. ELLIOT BERLIN, DC: screening. Yeah. Little parallels like that. I was like, oh, this is not fun. And then eventually I met the benchmarks and they sent me home.

JENNA PASTUSZEK: Did your wife have to prepare your home any differently?

DR. ELLIOT BERLIN, DC: A little bit. Yeah. So first of all, speaking of my wife, from the minute she came to the hospital before surgery, until I was released, I think she might have left for a few hours to take a shower. And outside of that, she was at my side every single second. And I couldn't do anything for myself. So she was doing everything. She was advocating for me wherever she could in ways that were tremendously helpful, but just everything sitting by my side, talking to me, holding my hand. I could move and she would help me move. I couldn't open. They brought meals at some point. I started to eat again. I couldn't even reach forward to unwrap the meals or anything. And there was nothing

DR. ELLIOT BERLIN, DC: she wouldn't do. And I don't know how people do it without that kind of support. It was just invaluable. My kids, they're teenagers. They're 15 through 21. They were nervous. They were a little numb. At least some of them. Not sure what to make out of the whole thing. I got very emotional several times after the surgery. I started crying like a baby. And I realized when my father died when I was 19, I didn't process it at all. I just put it in a closet and left it there to build up for 30 years. And it's still sitting in a closet in Staten Island. And it slowly would come out. Like on that Shabbat, like I said, I turned a corner. A few of my friends walked over because we don't drive. It's like a

DR. ELLIOT BERLIN, DC: well over an hour walk from the community to the hospital. And one of them started talking about the rabbi. Our rabbi gives a really good speech every weekend, every Saturday. Very practical stuff that he talks about. He never has an introduction. And so he's like, good Shabbat. And then he goes into his speech. And that week he gave an introduction about me. And I pitch in as much as I can around the synagogue. I do a lot. And he just started talking about the different things that I do. And when they came and retold me that, I just couldn't keep it together. I mean, for one thing, it sounded like the beginning of a eulogy. And it could have been. And then when the rabbi himself came to visit was so powerful,

DR. ELLIOT BERLIN, DC: just the fact that he and his wife, they both came and made the time to be there. My friends were so strong support wise. It just made me emotional again and again. I just couldn't hold back the tears. And even when I came home, I noticed my 15 year old, my youngest, seemed to be struggling the most with the whole thing. And I had a moment alone with him after I came home, the day I came home. And I just said, you know, when my father died, I didn't process it at all. I didn't even start to process it until we had our first kid who's named after my father. And a lot of it's still there. I was just numb. And people came to the Shiva house and like, oh, it's so terrible. You must be so sad. And I was

DR. ELLIOT BERLIN, DC: just numb. I was like, I almost felt like I was comforting them. Right, right, right. And I said, it's okay to feel numb. It's okay to be confused, you know, or to, you know, be scared or sad or whatever. Just let yourself feel things. And we had a big like 10 minute cry together. I'm sure that was really meaningful to him in that moment. I think so because I'm a little hard on him because he's very smart, but also very lazy. He's a 15 year old, yeah. But a very smart and very lazy 15 year old. So he can smart his way out of anything instead of working through it. And I crack down on him a lot. I'm like, come on, do the work. Yeah. And I realized that I don't tell him nearly enough

DR. ELLIOT BERLIN, DC: how proud I am of him, how smart I see he is and how sweet and kind he is. Not kind of what you expect from a 15 year old boy. He's very empathetic and he'll do things for people. And it was just a great opportunity for me to realize and share with him my full spectrum of how I view him and see him and appreciate him and love him. So that was great. And he also was just very stepped it up hardcore, realizing I couldn't do anything for myself. Dad, can I get you this? How can I help you? What do you need? You know, all my kids.

JENNA PASTUSZEK: You know, I brought home a baby with a three year old. And even though my son is only three, there was still that moment of acknowledgement that like, mommy isn't well, mommy is recovering from something like I have to step up and help. And so it's a really nice opportunity, actually, as a parent to be able to connect with your kid on that level and also allow them to take that next step in their own life of, okay, now I can also give back to the people who care for me and help and contribute. And so it's really a beneficial way to also offer an

DR. ELLIOT BERLIN, DC: opportunity for independence and growth. Absolutely. And I think by nature, I'm more of a giver than a receiver. And so it was an adjustment for me to have my wife doing that much. She always does so much, but this was like above and beyond. And to have my kids doing that much for me was just a big adjustment. Now it seems like, you know,

JENNA PASTUSZEK: it feels like we could be saying, and then we got home from the hospital and we lived happily ever after, but I feel like there might be another side to the story. So when we come back from a break, you're going to tell us what happened. I sure will. Welcome back to the Informed Pregnancy Podcast where we are not talking about pregnancy today. We are talking with our guest and normal host, Dr. Elliott Berlin. Hello. Hello. Okay. So you come home from the hospital, you're supposed to be getting better every single day. And instead, what

DR. ELLIOT BERLIN, DC: happens? Well, one question you asked that I avoided answering is did we have to prepare the house any differently? And yeah, I couldn't use my arms at all. I couldn't lift anything more than approximately five pounds. I couldn't reach to, you know, too far to the right or left, certainly not over my head. And so things just had to be set up for me. Like if I would sit on my sofa prior to surgery, I would sometimes have one of my kids use all their might to pull me up off the sofa. That wasn't going to fly anymore. So I had to take like double sofa pillows and stack them up. So I'm kind of like upright. I was very lucky to find on Craigslist, one of those nice recliners, electric recliners that recline back and a leg lift

DR. ELLIOT BERLIN, DC: comes out for your legs. And it can also go the other way, almost lift you up and push you out when it's time to get up. They're like $700 to $1000 on normal retail. And I found this brand new one. I don't know why they were selling it for $250, but they were. We have a great handyman who went to pick it up and came in and installed it. On Craigslist, I also found for $50, what's normally an $800 electric bed frame that can lift the head up and lift the knees up. $50. Wow. Yeah, it turns out she had put it out for bulk pickup because nobody had wanted it. And I was like, no, no, no, I'll take it. And so we sent, gotta go pick it up. But I needed all these things. When I came home, my main issues were I had a lot of

DR. ELLIOT BERLIN, DC: fluid in my body and the fluid like to accumulate around my lungs and in my left leg. The one they took all the veins out of was like three times the size of normal and starting

to get infected. So there was a gap in coverage there too. I had called the surgeon's office and I went through all the different, you know, phone menus, thought I got to the right place. And I'm like, Hey, you gave me this medication to drain fluid out of my body, but only for five days. And I don't see you for seven days. Shouldn't I have at least two more days until we can figure out if I still need it. I couldn't get like through to anybody. So I just eventually gave up. And on the two days I wasn't taking the

DR. ELLIOT BERLIN, DC: medication, those issues definitely got worse. And then I got to the doctor's office and like, Oh, they only give you five days. I'm like, yeah, try to call you guys. And they're like, I wish they would stop only giving people five days. They know we need at least seven days. Like, I wish that too. So help me. So that was one issue. And the other issue, which now five weeks later, I still have, but it's gotten a lot better is sometimes I can't talk because I go into these coughing fits. And that seems to be from where the breathing tube was that awful breathing tube that I woke up with. I'm going to guess, but I don't know for sure that they train somebody on how to insert that breathing tube when the surgery was happening. It is a

DR. ELLIOT BERLIN, DC: teaching hospital, but it's more irritated than typical in there. And so talking just irritates it. But together with that fluid that I was having, anytime I would lay back and try to get into a rest or go to sleep position, I would just have these awful coughing fits pulling my sternum apart and making it impossible to sleep. So I will say when you find someone who's above and beyond in the medical, it's really refreshing. And I went to a pulmonologist and like, is this a lung issue? Why you can't breathe? And he quickly realized it was not a lung issue, but he had gone through every medical record all the way back through COVID six years ago and everything that happened in between and

DR. ELLIOT BERLIN, DC: everything that happened in surgery. He was fully aware of all the medications I was taking. And he said, I would adjust that Lasix by 50%. You know, very respectful, wanted to confer with the surgeon first and make sure the surgeon was on board. But that was a game changer. When I started taking 50% more Lasix, I all of a sudden peeing a lot more again, like a pregnant woman. I even came back to the office for an hour at a time now and my office manager's nine months pregnant. We're always fighting for the restroom. You know, but that was such a game changer that I had scheduled a thoracentesis, which is where they stick a big needle into the area next year long and try to suck out all that extra fluid. And it was

DR. ELLIOT BERLIN, DC: about three days after the medication change. And when I went to do it, the doctor was like, there's not enough fluid to do this. It doesn't make sense to do this. And I was like, oh yeah, that makes sense why it's been easier to breathe. And he's he follows up with me every few days wanted to, he saw I was a little anemic and he wanted to make sure we were addressing that. And it was just like, it wasn't even his thing. Like it wasn't a pulmonary thing. The lungs are clear, but he like took control of that situation and made sure that all these things didn't fall through the cracks. And I'm forever grateful to him. I went to an ENT, they did a scope and they saw the irritation in my throat. And so she gave me a

DR. ELLIOT BERLIN, DC: steroid, just a five day dose of steroid. And that made the cough manageable. After that, I could sleep. I could have this opportunity to do this podcast. I couldn't have

done it like a week ago. I didn't talk. And so those two things really turned a corner for me. My leg is a lot less swollen now and I can talk and I can breathe and I can sleep. And just a few days ago, the surgeon told me, this is probably my last visit with you. Unless anything comes up on your end, you're doing well. The cardiologists will take over from here. And also like you could ease back into driving on local streets and you can start to get back into your body work. You know, he's like aim for small people. You're like, so not women who are nine months pregnant?

DR. ELLIOT BERLIN, DC: Exactly. And people who you, you know, who are going to be understanding if you start to cough or something like that. And so, you know, I'm very gently just starting to ease back into like one person a day max. And it's more like the postpartum who need lighter lymphatic work or scar work or craniosacral stuff. But I'm easing in and I'm building up. It's funny. I said, can I start taking my supplements again? And he's like, well, what do you take? I'm like, it's a long list. And he goes, well, what's most important to you? And I'm taking his antibiotic because my leg was so swollen, started to get infected. I've been on it for 20 days. So I'm like, I really want to take my probiotic, but I take mostly needed

DR. ELLIOT BERLIN, DC: supplements. Anybody who listens to our podcast has heard me talk about needed a million times. I love the company. I love the founders and I love the quality of their products. But their men's probiotic is marketed as sperm support, sperm plus, because it's great for that. And they are centered around, you know, fertility, pregnancy, postpartum. So when the doctor asked me without even thinking about it, I'm like, I'd really love to get on my sperm support. So he's like, I wouldn't advise having a child at this moment. Yeah, exactly. He's like, is that's the first one, huh? Like, oh, it's a probiotic. But that's one of the two times I got him a smile. So yeah, life is just starting to

DR. ELLIOT BERLIN, DC: get back to a little more normal. Every day at around 637 p.m. I get so tired and I start to cough and it's just not a fun time. So I have to do everything meaningful before that. I have really, as an incredible blessing, felt the love and support from my family and my community. But, you know, it was just Passover and spending all this time with my wife and with my kids made me realize how much I had neglected that sacred time. And it's been a big blessing in disguise. Now that I can be up and about more, my wife is like really this old breadwinner right now. Every day I've been cooking dinner and then we sit down. Does she have notes for your cooking? Oh, absolutely. But she also told me she's like, if you're cooking dinner,

DR. ELLIOT BERLIN, DC: I'm not complaining at all. Yeah, that's right. And whenever we can, we sit down as many of us as possible and have dinner together. And it just made me realize what I've been missing out on and what I've been depriving them of. And as I ease back into work, way too early for me to overdo it anyway, but I'm very conscious of finding that balance. And I think I've been chasing that balance for years. I think that was what I used to call the holy grail, the work-life balance. And I think that I am a fan of Stephen Covey, The Seven Habits of Highly Effective People. And one of the things he talks about is a paradigm shift. He talks about, as an example, I think he was on a subway in New York City. And all of a

DR. ELLIOT BERLIN, DC: sudden, this guy and his two kids get on the subway. The guy sits down. The kids are running up and down the subway car, you know, kind of loud and sloppy, just not careful.

They knocked over someone's coffee onto his newspaper. And Stephen Covey is getting more and more upset and angry with the guy. And eventually he says to him, like, don't you think you should control your kids, discipline your kids? And the guy kind of snaps up and he's like, oh, I'm so sorry. We just came from the hospital where their mother died. And I guess I don't really know how to handle it, or they don't really know how to handle it, and I don't know either. And in that one second, you go from really being angry and in disbelief on how somebody could be so

DR. ELLIOT BERLIN, DC: irresponsible with their kids to like, oh my gosh, what can I do to help you, a person who I never met before? It's a paradigm shift. And so I've had a definite paradigm shift here. I always tell, by the way, new moms who are going to go travel with their infant for the first time, or a newborn, I'm like, here's Dr. B's air travel survival kit with a newborn. First of all, if you're breastfeeding, bring a boob or two, because that's all your baby cares about. Number two, bring little miniature Hershey chocolate bars. And number three, bring earplugs. And so when you first get on the plane, you give little chocolate bars to everybody around you. And that's the paradigm shift, because then if your kid is screaming, even on the

DR. ELLIOT BERLIN, DC: middle of a red eye, instead of hating you, they're going to feel for you and want to help you and like you, because you gave them little Hershey bars and crackle and missed a good bar. And if your baby still screams and you reach into your bag and pull out earplugs for everyone, then you're just an angel from heaven, you know? So it's the paradigm shift. And I've had the paradigm shift. I love what I do. I'm so blessed to have in life been guided to a career path that gives me joy, that helps me help people have better pregnancy, birth, postpartum infertility, parenting experiences. There's a lot of stress involved in that work as well. But the joy way out shines the stress, way outweighs the stress. And so I love

DR. ELLIOT BERLIN, DC: what I do. And it's easy for me to get trapped into doing it too much. And I'm very committed to moving forward, not losing what I have now, helping my kids more hands on with their homework or with the other things that they're doing in life, helping with dinner, helping and just having that family time where we're together relating to each other and being there for one another and with one another. And that's a huge blessing that I don't know that would have happened without this bolt of a paradigm shift. And why did

JENNA PASTUSZEK: you want to share this story with the listeners as the 500th episode marker?

DR. ELLIOT BERLIN, DC: Well, for one thing, as my patients are finding about it who listened to the podcast, I know I was going to have to tell the story at least 500 times, with my throat being what it is. There was no way I could do that. I just think there's a lot of lessons that I learned. And on one hand, I wanted to share those lessons, whether it be the work-life balance lesson, whether it be more involved in prevention and health maintenance. That's more for the dads who are listening, who are more likely to avoid that. I think women are better at it. But anybody, you know, I also, I'm 51 and haven't had a colonoscopy. Like, I'm the worst. I think a lot of doctors are the worst. So I scheduled my colonoscopy, my first one. It's like, don't push

DR. ELLIOT BERLIN, DC: these things off. Take them seriously. Do them. We have modern health care. There's a lot of things we can do to keep ourselves healthy and active and enjoying life longer. And there's no point in pushing them off. But also, just having had that health care experience, you

know, I see, I see some of the cracks. I'm incredibly grateful to Cedars-Sinai Medical Center. I'm incredibly grateful to my primary care doctor, my cardiologist, my cardiothoracic surgeon, and all the other players, that pulmonologist. Dr. Matusav is just, like, he was such a game-changer. And he's, like, who I aim to be as a care provider, you know. But there are definitely places where there's weaknesses in the system and cracks in the system.

DR. ELLIOT BERLIN, DC: And, you know, you need to know where you can advocate, what the options are that should be available to you, and how to get those options available to you when they're seemingly out of reach. And so when it comes to informed pregnancy, I am redoubled in my efforts and my drive and my passion. And I think that if you listen to this podcast, it's great if you share this podcast with other people, actively share it, and get more and more people listening. That's how we create momentum in terms of informing and empowering people and giving them information that they need when they can still do something with it, not when it's too late. And if you haven't already, check out Informed Pregnancy Plus. That's our streaming platform. It

DR. ELLIOT BERLIN, DC: allows us, you know, if a picture's worth a million words and those video content are very, very valuable. It's growing. We have a lot of stuff that we produce ourselves. We're just working on a fourth trimester piece where I think there's a lot of under-spotlight and underserved community after the baby comes. And the more that you can, anybody listening, can share, listen, spread, then we can start to have a more meaningful impact and hopefully make fertility, pregnancy, childbirth, postpartum, the whole collectively parenting experience better, more powerful. Well, thank you so much for

JENNA PASTUSZEK: coming on the podcast today, Dr. B. We really appreciate you sharing your vulnerability and sharing your story with us and we will see and hear you all in the next episode. Thanks,

DR. ELLIOT BERLIN, DC: Jenna. I look forward to getting back to my other microphone. Yay. And I'm forever grateful to you too. You're a really great friend. You're a super dynamic person and I feel lucky to have been a part of your experience and to have you in my life. Thanks. All right. If you enjoy this type of content, don't forget to look for more pregnancy and parenting information just like this at informedpregnancy.com.

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