

DOCTOR. VETERAN. HEALER.

Dr. Remina's

DEPLOYMENT METHOD™

Recon. Deploy. Return.

A practical, three-phase framework for seizing back control of your health, built from how she was trained to operate under pressure. Not a wellness metaphor.

She has watched a system fail people twice.

At nineteen, Dr. Remina Panjwani stood guard as Air Force Security Forces on a base in Baghdad, under rocket fire. Years later, as a physician working through COVID, she watched the same failure again: administrators with no medical training dictating care, and patients treated as a revenue line. Both times she saw the same pattern. People run past their limits, get patched up, and are sent back in.

She left insurance-driven medicine and built something that works. Dr. Remina's DEPLOYMENT METHOD™ identifies what is driving the symptoms, addresses it in the right order, and builds change that lasts. It is physiological, not a mindset fix, and it holds the whole person: body, nervous system, story and spirit.

THREE RULES OF ENGAGEMENT

01 RECON

No blind deployments.

Recon comes before any treatment. Nobody is sent in without knowing their history, their labs, and what has already happened to them.

02 DEPLOY

Safety before intervention.

Regulate first. The body has to feel safe to change.

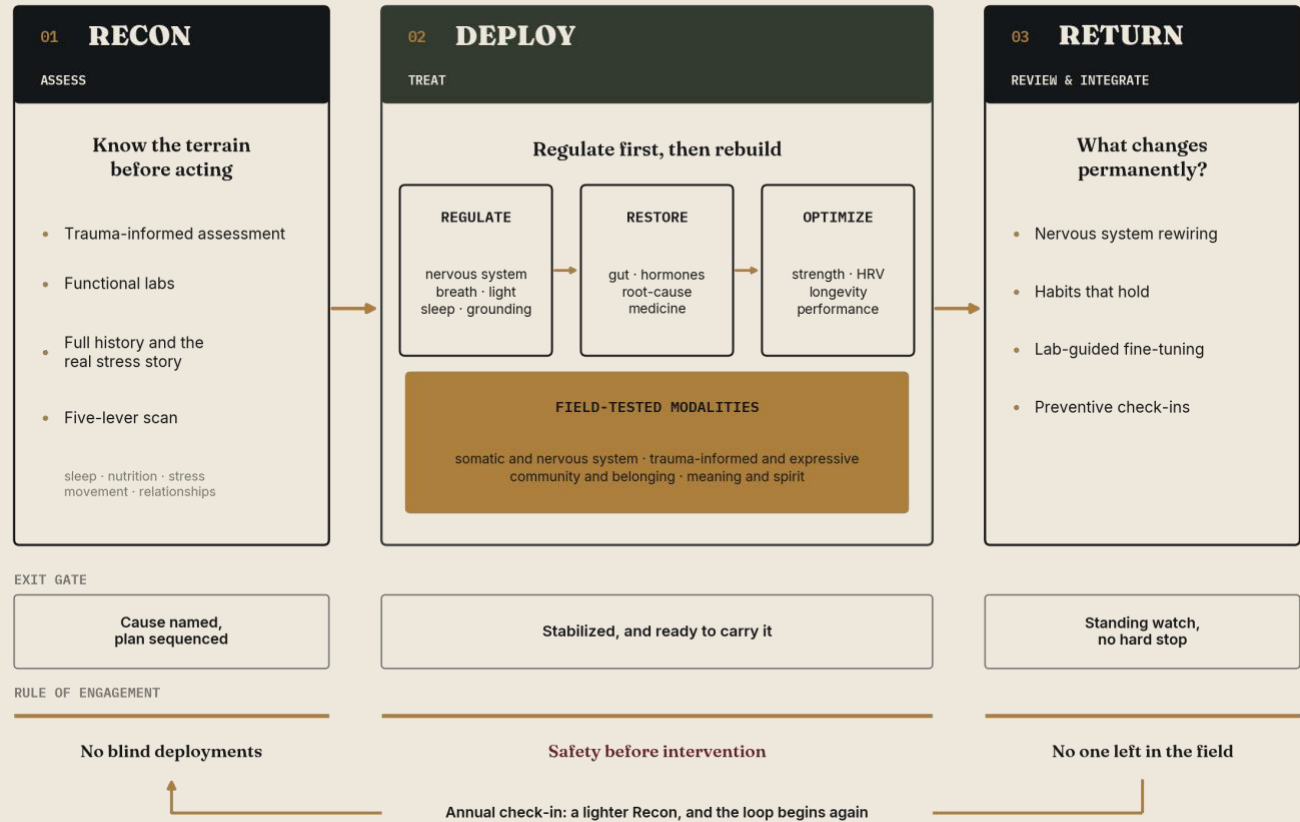
03 RETURN

No one left in the field.

Return is built in, not optional. Care does not end when the symptoms do.

Three phases, run in order.

Each phase has one job, one rule of engagement, and an exit gate that has to be met before the next begins. The Method is a loop, not a straight line: every year, a lighter Recon starts it again.



THE TOOLKIT · FIELD-TESTED MODALITIES

The wider toolkit Dr. Remina draws from at every move, so the Method covers trauma, community and spirit with the same rigor as the labs.

CATEGORY	WHAT IT HOLDS
Somatic and nervous system	Breathwork, yoga nidra, somatic regulation, heart-brain coherence, sound
Trauma-informed and expressive	EFT, shadow and inner-child work, and referral to trauma-informed therapists. EMDR and counseling belong to trained therapists, so she coordinates them rather than delivering them
Community and belonging	Groups, workshops and peer support. Loneliness is a recognized risk factor for depression, and people do better in community
Meaning and spirit	Meditation, gratitude, purpose, and religious or spiritual practice where it matters to you

RECON

What is actually driving this, in the body and in this person's story?

Recon means knowing the terrain before acting. It is where the practice is most distinct: a deep look at history, triggers and trauma before any treatment begins, because symptoms are the complaint and the cause sits upstream.

WHAT HAPPENS

1. **The full consult.** About 90 minutes to gather the whole picture: health history, daily routines, previous labs, every piece of data. In person, including home visits for local patients who want one.
2. **The story.** Past medical history plus the major events of childhood and adulthood, listening for the point where the body stopped feeling like your own. That moment usually marks a significant stressor or trauma.
3. **Trauma-informed assessment.** Discovering what happened and what the body has been holding, with care, and revisiting it over time rather than once.
4. **Functional labs.** Advanced diagnostics, interpreted alongside the history instead of in isolation.
5. **The five-lever scan.** Sleep, nutrition, stress, movement and relationships, including how you relieve stress, plus mind, body and spirit, and spiritual belief where it matters to you.

Recon in a room. In a keynote or workshop, recon is reading the audience and naming the one pain point everyone should leave having addressed.

OUTPUTS • WHAT YOU LEAVE WITH

- A complete picture of the terrain: labs interpreted, the stress story mapped, triggers named
- The root causes, prioritized
- A plan, sequenced in the right order

OUTCOMES • BUILT TO CHANGE

- You know what is actually happening and why, not just what to call it
- You can name what is most likely driving your symptoms
- You feel heard

Markers: a documented baseline (labs, sleep pattern, symptom picture, nervous-system state) that everything after is measured against.

THE GATE • NO BLIND DEPLOYMENTS

Recon is complete when the cause is named, the story is mapped, and the plan is sequenced. Nothing is deployed before then.

DEPLOY

What does this body need, and in what order?

Regulate first, then rebuild. The body has to feel safe to change, so the order is fixed and the labs decide the details. Deploy runs as three moves.

WHAT HAPPENS

MOVE	PURPOSE	WHAT IT CAN INCLUDE
REGULATE	Calm the stress response so the body can accept change	Breathwork, yoga nidra, vagus-nerve work, morning light, consistent sleep, somatic regulation, trauma-informed care, and simple grounding: a hand on the heart, "I am safe," feet on the ground, time in nature
RESTORE	Correct what is out of balance, guided by the labs	A gut reset (about 21 days), removing identified triggers, digestive enzymes or probiotics where needed, hormone treatment including replacement where the labs support it, root-cause medicine
OPTIMIZE	Take a stabilized body further, toward your goal	Protein, strength training, post-meal walks, HRV tracking, cold plunge, sauna, red light, deeper breathwork or sound, hormone optimization, longevity and performance

OUTPUTS • WHAT YOU LEAVE WITH

- A personalized treatment plan that runs in order
- A daily rhythm you can hold: light, sleep, breath, food and movement
- Coordinated referrals to trained specialists where the work needs them

OUTCOMES • BUILT TO CHANGE

- The stress response settles and the body starts to accept change
- The first complaint can ease, whether that was fatigue, anxiety, a gut that was off, or hormones out of balance
- Supplements that did their job come off, and the goal moves from feeling better to feeling optimal

Markers: symptom picture, sleep quality, HRV, lab trends, and how much support you still need.

THE GATES • SAFETY BEFORE INTERVENTION

Inside Deploy. Stabilizing moves to optimizing when the first complaint has settled, not on a calendar. At each check-in she asks what is working, reviews symptoms, and looks for anything new. Then the question changes: what does optimal look like for you?

Out of Deploy. The plan is working and you can carry it. You know what worked and why, and daily practice no longer needs close supervision.

RETURN

What changes permanently, and how do we stay ahead of it?

Return is the phase care too often skips. The system is stabilized, integrated back into real life, and then kept there.

WHAT HAPPENS

1. **Review.** What worked, what did not, and what has changed since the first visit. Labs are rechecked and treatment is fine-tuned.
2. **Integrate.** Rewiring the nervous system through neuroplasticity is a physiological change. When the nervous system settles, the systems it governs, including sleep, stress hormones and digestion, have room to recover. New habits in food, sleep, movement and mind-body-spirit practice become how you live, not a program you finished.
3. **Check in.** Regular follow-ups at a cadence you can sustain, tracking symptoms, labs and goals.
4. **Stay ahead.** Feeling great is when prevention starts. Add optimization where it fits, look at the markers that matter at your age (sometimes sooner than convention, such as a DEXA scan before 60), and watch trends like insulin and glucose so you can act while there is still room to.

OUTPUTS • WHAT YOU LEAVE WITH

- A standing plan: the routines and protocols you keep
- A follow-up schedule
- A preventive watch list of the markers that matter for you

OUTCOMES • BUILT TO CHANGE

- The change holds: a regulated nervous system and routines that are yours
- You can sustain feeling optimal
- You stop waiting for something to become a diagnosis before paying attention to it

Markers: lab trends over time, HRV, sleep and symptom picture at each check-in, early flags.

THE GATE • STANDING WATCH

Return has no hard stop, and you are never locked in. Each year a lighter Recon looks at what has changed, and the Method begins again where it is needed.

WHY RETURN EXISTS

In Iraq, Dr. Remina wondered what would happen to the people beside her once the deployment ended. Coming home is where systems too often let people go. Return is her answer: the phase built in so that no one is left in the field.

“Return is the promise I make to every patient.”

DR. REMINA PANJWANI • PROPOSED QUOTE, PENDING HER APPROVAL

THE METHOD IN ONE BREATH

“I’ve watched a system fail people twice, once in Iraq and once in an ICU during COVID, so I built a method around three phases: Recon, Deploy, Return.”

I don’t deploy any treatment without recon, so I start with your full history, your labs, and the story behind your symptoms. Then I deploy in order: regulate your nervous system first, restore what’s out of balance, and optimize from there. And Return is my promise: we don’t stop until it’s part of your real life.”

WORKING TALK TRACK • FOR DR. REMINA TO REWRITE IN HER OWN VOICE

ABOUT DR. REMINA PANJWANI

Dr. Remina Panjwani is a board-certified Internal Medicine physician who practices functional medicine, a U.S. Air Force veteran, a TEDx speaker, and the author of *Odd Girl Out*, *Doctor Within*. She left insurance-driven medicine to build a concierge practice on root causes instead of bandages, and she speaks to healthcare organizations, corporate leaders and high-performing professionals about what sustained pressure does to the human body and what it takes to build resilience that lasts. More than 400,000 people follow her work on Instagram.

IN THE BOARDROOM

Assess. Intervene. Sustain. The same three phases, the same rules of engagement, in the language of retention, recovery and staying power for people run past their limits.

PHASE	BOARDROOM	THE QUESTION IT ANSWERS
RECON	Assess	What is actually driving this, in the body and in this person’s story?
DEPLOY	Intervene	What does this body need, and in what order?
RETURN	Sustain	What changes permanently, and how do we stay ahead of it?

Dr. Remina’s DEPLOYMENT METHOD™ is the proprietary framework of Dr. Remina Panjwani. This document describes an approach to care and a way of teaching it. It is not medical advice, and individual results vary.