Introduction to menopause, estrogen, and insulin

Hi everyone. Welcome back to Mastering The Menopause Transition Summit. I am still your host, Dr. Sharon Stills. I'm excited to be here with you today.

We are going to geek. We're going to do some endocrinology geeking out on estrogen and insulin in. And I think when we're going through perimenopause and menopause, often we're just like concerned. I patients come to me all the time, you know, I need estrogen, I need progesterone.

Maybe they think about testosterone and they forget about like the master hormones, like cortisol and insulin. And so today we are going to really dove deep.

So you have a really good when you leave this interview, you're going have a good understanding of why insulin is important at this time in your life.

And so I, I told you, I get like amazing people to have these discussions with me. And today I have done that once again for you. Dr. Ritamarie Loscalzo.

She is the founder of the Institute of Nutritional Endocrinology, and she teaches this stuff to health care practitioners, to nurses, to coaches, to natural passed chiropractors.

She's chiropractor herself. And so we are going to have a really fun but educational conversation. Plus, she is you know, I asked her before we went live, I said, Can I tell them how old you are?

And she said, Sure. So this lady is not 45 like I thought she was. She's 67. So she is living, breathing, she's vibrant, she's busy. We'll learn all about her.

But she is like living proof that menopause and beyond does not mean the downfall of your life. It is a beautiful, sacred second act and we found out we both share something in common. We've both never had a hot flash when we went through.

None of us. So welcome, welcome, welcome. I am so excited you're here. I am so excited to be here. And yeah, I rarely meet people who I say I've never had a high class, you know, and if they're under 40, they can agree with me.

But most people have been through menopause, do not have that experience.

Dr. Ritamarieu2019s health journey and nutritional endocrinology

So it's so nice to meet a kindred spirit. But I know I don't think I've ever met anyone either. It's kind of like when I go to environmental conferences and they're like, Who here has never had a mercury amalgam?

And like, I'll be in a room of 600 in my hand and maybe one other up. You know, I have a job and I had a. Mouthful. Of a yes. So we are the never had a hot flash committee.

So it's great to have you here and I'd love for you to just introduce yourself and just kind of tell us your story. Like how did you get involved and how did you become so passionate about teaching about hormones and all of the good stuff?

Oh, yeah, yeah. Long ago and far away. You know. When I was. In my twenties, my health was falling apart and I did the traditional like go to the doctor and get a prescription and get another prescription and go to another doctor

and go to a specialist after specialists.

And I had amassed a bunch of specialists because of I had got problems and headaches and I had sinus problems and they scraped out my terminates, which are little membranes.

Yeah, they thought that was going to help. In fact, they didn't talk at all about diet. And at one point when they told me I didn't have an ulcer, but they wanted me to keep taking the ulcer medication after tons of other medication that I was on, including Valium, which put me so out that I couldn't wake up in the morning if that was for the headaches, stress related headaches. So they gave me Bally.

And why didn't they talk to me about stress and meditation and heart medicine? No, they didn't. So at that point, I just went, Can it be my diet? My diet's pretty bad.

And they're like, No, go, honey, diet has nothing to do with how? And I'm like, Really? Okay. I can believe that about the headaches because I didn't know much about that at that point.

But my stomach, like the moon goes right through there. It has to have some of the amino acids and the Cheetos and the Diet Cokes and all that. Then I'm drinking.

So that started me on my journey and I discovered that indeed it was my diet and that I wasn't sick as much as I was toxic, and that my whole life I had been toxic.

And I've been, you know, my body just couldn't keep up with the garbage. I was feeding it, I didn't have the right nutrients, etc., etc.. I was able to turn my own health around and I said, okay, I have great mind for problem solving.

I'm a computer scientist at a masters in computer science and job in the computer field. I'm like, Okay, what if I just change the hardware and the software?

So instead of this computer and this software program, what I'm looking at solving problems with is this human body and all the stuff that goes on inside of it.

Little did I know then what I know now. It it's been such a journey and I'm so passionate about it because it gets results. Because when you look at the hormones, which is the master controller, it controls everything, right?

Everything. It's not like a, you know, E and T, it's like here. No, it controls everything. So I'm like, okay, if we can help the hormones, if we can affect hormone balance through nutrition and lifestyle, wouldn't that be great?

So that's why I coined the term nutritional endocrinology. And I'm like, okay, that's got to be taken. Somebody has done it. Somebody went online, an institute of nutritional endocrinology, nutritional endocrinology, nothing.

So I got a whole bunch of URLs related to it. I got a trademark on the term once. I'd been using it for a while. And so that's what I teach. And I teach to my clients who are coming to me.

You know, in menopause, a lot of my clients are actually PERRY In post-menopausal women, we get men, we definitely get men. But, you know, dealing with energy and just like lack of motivation and brain fog and so, oh, it's so rewarding when you can talk to people and get them to change a few things and get them to, you know, get things in balance since suddenly they have their life back.

And that's why I'm so passionate about it. I love that. And I always say when I'm talking to patients, you know, they're like, Oh, should I go to the endocrinologist?

And I'm like, No, you know, I'll be your endocrinologist because I don't know what the endocrinologist did in med school. I'm like, They were there for so long.

What were they doing. It like learning about metformin. They were learning about T4. And 93. And 93. What else were they learning? They were learning about Premarin depending on when they went to medical school, but they were learning about some, you know, supplementing women going through menopause with pregnant male urine.

Continuous glucose monitors and blood sugar basics

Mary Urine, not male urine. Male male urine might not be the right approach, but, you know, yeah, that's just a worry. And it's it's just they're they're off base.

They don't understand metabolic health. They don't understand really insulin resistance and that it starts 30 years before the real they're really using the techniques they learned diagnosing it when they can actually diagnose it years before.

And so exciting to me that people are finally into CGM. So I've been talking about that for years and now everybody's like, they know what kind of CGM to use and look at my arm.

I have one on my arm here. Well, which kind is that right. Instead of what the heck is on your arm? Are you diabetic? Now they go, Oh, what kind do you use?

I'm looking at those, right? So it's getting in the forefront. I don't have mine on right now, but I've had people say to me, Are you diabetic or are you just curious?

And I'm like, Just curious. Is. Just wanting to prevent diabetes. I don't want to go down that rabbit hole. So I learn what I can eat, how I need to exercise, and when I'm going too far, when I'm not sleeping enough because it tells me.

Yes. So let's actually that could you just give us a little tutorial on CGM for those watching that aren't familiar? Very familiar, yeah. Yeah. So a CGM means continuous glucose monitor and it's basically a little device you can see it there.

This is one called the Dexcom. It's a big one. They're new ones. The Dexcom G seven is actually smaller and then the Abbott Freestyle Libre A is the newest one is really tiny.

That's why I started with the Abbott Freestyle Libre. Ada, the first one that was 14 is ten days long and then they went to 14 days long. Anyway, it's a little device that you put on and it has a little filament like thinner than an acupuncture needle, really thin filament.

And it goes into the subcutaneous, the interstitial space and it's measuring your glucose constantly and people say, does it hurt? It's a needle. No, it's not even a needle.

And when you take it out, you see it's a little flimsy filament. And the way it gets in there is there is a little device that gives it a quick push. So it goes in even though it's tiny and flimsy and it's measuring and it's feeding back the information.

So you know what? Your glucose is 24 seven. So if you decide you're going to eat a Hoho or a cookie or drink a Coke, you know exactly what that does to your glucose because it's just giving you that meter and you're allowed to poke your finger.

Years before that, I started my first online blood sugar balancing program was about 12 years ago, and I had people get the meters and they're pricking their fingers and have do it every 15 minutes because we wanted to see how everything was affecting them.

And after a few days, people start to complain that my fingers are mine bleeding them. So when these came out, I'm trying to think of when I first got one at least five years ago.

I don't remember when they became more publicly available and it's a game changer is a total game changer for people and they go, oh, my peak is at this and how I ate that and it did this and I'm doing a change this and I'm like, Oh my goodness, I had no idea that lack of sleep had that impact on my blood sugar. Right?

So it really helps you to be empowered to take charge of your health and your your diet. The foods we want may make my blood sugar go up. Doesn't necessarily make your blood sugar go up. Right.

And, you know, I have to limit to five blueberries and maybe you can eat two cups of blueberries and nothing happens. Right. We have to figure that out for ourselves.

And no one diet fits everybody. And the diet that they're giving you, unfortunately, the dietetic dietitians and all that you're giving people are horrific, right?

Oh, and you could have four pieces of candy every day, but not five. We don't go to three because then you have to adjust your glucose somewhere, like, give me a break.

Really, we need to have better, better control. I mean, we're empowered and we can empower our patients to take charge of their health. Oh, my God. It's a game changer, right?

I love. It. And it really, like you said, you know, realizing and really seeing the data that's sleep meditating, not meditating, stress really impacts.

So for someone listening, do you have like what do you like to see the levels out and after you eat? What should it spike to, what's too high? Yeah, that's a great question.

And and there's so much misinformation out there, like in the medical realm, right? An endocrinologist would say as long as your fasting glucose is under 100 and it doesn't go higher than one 4150 after a meal or 2 hours after a meal, they're even saying you're fine.

And I'm like, no, no, you're not. No, you're not. So I like to see fasting glucose eighty's or even below somebody on a ketogenic diet. If they're doing intermittent fasting, we'll even see the fasting glucose below.

I like to see mine in the sixties to seventies and then after a meal within about just half hour, 45 minutes is when there's a peak. So some people, it's a little sooner.

For some people it's a little later. It might depend on what you ate. If it was like you just eat a bowl of pineapple peak at 15 minutes, if you had something that had more fiber and but had some sugar slow releasing, it might peak later.

So you figure that out. But the peak, I believe that's healthiest. It shouldn't go above 110. You know, maybe, you know, in that window, 110 to 120 to give you the margin of error of the device and all.

But I really believe and based on the studies I've seen, I was reading somebody somewhere recently that said, you know, I said said exactly that. And I'm like, oh, good, because people think I'm being a little too extreme.

But when you look at the studies, there are studies that show that when the glucose goes above 100, there's some damage happening to the beta cells in the pancreas that produce insulin.

When sugar goes above 120, like in the 120 to 140 range, we're starting to see the peripheral neuropathies down there and the retinopathy is up here, right?

We're starting to see that at that barely elevated level according to endocrinology. Right. So, no, we don't want your glucose to be at 142 hours after the meal.

2 hours after the meal. I want it back at 85. Right. I wanted to go up and down the way it should rise. And you

know, when you do predict, when you have sugars that go too high, you're producing too much insulin.

And that's one of the tests that most doctors aren't doing. I'm sure you do it on your people, but insulin, we could be testing insulin levels on everybody.

I mean, as soon as they get to be 18 years old, right on there, we should be testing their insulin. And if it's good, then maybe five years later you test it again.

Kind of like a colonoscopy when people get to be 50 or a mammogram or whatever, you just okay, everything's fine. Let's test it again. In five years. But there are so many people who have elevated insulin for decades, which is causing damage to the insulin receptors on the cells which causes insulin resistance, but which is causing constriction of the blood vessels, which is causing the the sugar coating glycosylation of the red blood cells, which makes them more prickly and kind of like taffy when you were a kid, if you heated, you had this stuff.

And it's basically that's what the red blood cells do, which then damaged the lining. So a lot of people are creating havoc in their system for decades by having these high sugar, high insulin drops down.

They're always at 85, 95, 95. It's not healthy. But we can talk about that in a moment. But doctors think it is, so they're always told, you're fine, you're fine, you're fine.

But they're not testing insulin and the insulin is causing all kinds of damage. We had a guy who came to see us and he was he was learning, right. And he had always had his fasting glucose in the a so like the mid to upper nineties and he was having trouble with weight, he was having trouble with energy, he was having trouble with a lot of stuff.

He heard about Hemoglobin one C and just went and got it tested. It was ten O, it was ten. Yet his fasting glucose was still in the nineties. What was that doing?

That meant that average throughout the day his glucose was way high like 240 or something, which means that all that kind of damage was happening. Well, it turned out he had retinopathy, never been diagnosed with diabetes, but he had the biochemical manifestations of of of diabetes, and he had diabetic retinopathy.

And he wondered he also had neuropathy. His feet were getting tingly. And they heard and he said to the doctor, I've heard about diabetic, could this be related to my blood sugar?

And the doctor said, No, no, no, you're not diabetic. So we've got you know, we've got to manage this.

Fasting insulin, A1C, and hidden insulin resistance

And what gets measured gets managed is the saying. And if you're if you've got a glucose meter on, you're going to find out he would if he was wearing a CGM.

Right. He would have seen this. Oh, my God. My blood sugar is going up to to 40. But then I'm producing so much insulin, it crashes back down. So my glucose, when I'm waking up in the morning is fine.

So you're a CGM wizard. So other than running fasting insulin in the blood, which yes, I agree. And I run, you know, I see a lot of my patients bring their kids or the grandkids or whatever.

And, you know, unfortunately, like our kids are getting to be obese. It's almost like, you know, just commonplace these days. Right. And so you do see this insulin resistance and this metabolic syndrome happening and it's sad sometimes. Nine year old.

Oh, yeah. It's so sad. So that so but other than running fasting insulin in the blood and like you said the hemoglobin A1 C because one fasting glucose does not tell a story.

But is there a way to use the CGM to kind of know what your insulin is doing as well? Yes and no. Okay. So we

can't measure insulin via CGM. We can't measure insulin near a home test.

There's some special processing has to happen with the blood. So you have to get that tested in the lab. But you can kind of extrapolate based on what you're seeing.

So if we say we see somebody who has, for example, somebody who has like a really good hemoglobin one C like it's 55.1, 5.2, but they're fasting glucose is, you know, maybe it's in the eighties or nineties you start to see on the CGM high levels and low levels.

And that's something if we just test the the A1 see they can have perfectly good A1. C But if we're not testing the insulin, we don't know that it's going way up and way down.

So if they're overproducing insulin, when they eat that donut and their blood sugar goes up to like 150, 160, the body's producing tons of insulin and it could be bringing it down too far.

And then it's going maybe down in the fifties or sixties, and that's where they're feeling like I got to eat, but it averages to a1c of 5.1 or so, which is like average of 98 or something like that, which is perfectly fine.

So it's there's ways to look at that. There's ways to look at and say, look, every time I eat this particular food, my blood sugar goes way up, comes back down.

And you could assume that the insulin is going to go high, right? Right. Yeah. So that's the way I always have people. If I'm suspicious, I'll have them do what's called a well, a fasting insulin, but then a postprandial insulin.

I'll tell them to go to the this the lab, get your insulin checked, go out to your car, eat the highest carbohydrate meal that you typically might eat and then go back in and tested again.

And let's see what happens. See how it looks. Yeah, very wise. And so we're going to get into estrogen and insulin. So what is this? So important? Where do you like to see in like a fasting insulin?

Where do you like to see it? I like to see it right around three. So between two and five is considered the functional ideal range. Up to 19 is considered in most labs to be okay, which is totally fine.

That's insane because the damaging effects of insulin are profound. And so I like to see it. You know, three is nice, but between two and five ideally.

Yeah. And if someone has it lower, like if they're at a one, do you get concerned. What is, what does that mean. Yeah. Yeah. So if I see it at a one, I say, well, either you're really good or you are not making enough insulin.

Right? So let's test. That's when I do the postprandial for sure. And if the postprandial goes up but not, you know, depending on what kind of carbs they eat, if they go out and they eat a donut and it only goes up to two, then I'm concerned that there's a type one diabetes or, you know, a lot of adult onset diabetes, autoimmune diabetes.

So then I'll run antibodies and I'll ask them to go get antibodies checked to see if they have antibodies that are either attacking their insulin, attacking their pancreas cells, or attacking something called gad glutamic acid decorously.

So I'll run those tests to see what that means. But if they run it, they run the insulin and it's a one and then they go and they eat and then it goes up to like eight and then comes back down.

I'm like, you're producing the other thing you can do is run a C peptide, which will give you an idea of how well the pancreas is producing. Great. Tells you, ladies, we were going to have a good crash course.

All right. So now let's so let's talk about menopause. So estrogen, insulin, what's the what's the menopausal connection? So if you have insulin resistance going into menopause, it'll get worse.

It'll get worse because the levels of estrogen are dropping. But they're they're they're actually, you know, bobbing up and down most of the time. But they're basically overall, they're dropping.

And the estrogen is important for insulin for insulin to get into the cells. It's part of that whole you know, we need the cell membranes to be sensitive.

And magnesium is important. Chromium is important, DHEA is important. Estrogen is also important. So as we see that, especially in the brain, we see that going through and then we see insulin resistance getting worse.

We also see that as the estrogen goes down right in the ovaries because the ovaries stop producing it after menopause, we're supposed to have the adrenals pick up the slack, right?

The adrenals pick up the slack.

Menopause, estrogen decline, and worsening insulin resistance

They can make just the right amount of estrogen not to help you get pregnant, but to just keep all the things balanced, you know, protecting your bones, protecting your heart, etc..

If you've been in a stressful lifestyle for all the decades before that, which so many people are, I'm sure you see that. We will see. We'll find that the adrenals just can't pick up the slack that we've used up all the precursors and then we don't have a problem, right?

We have a problem where we can't pick up the slack and then the hot flashes and the night sweats and the inability to sleep and the irritability and all of that kind of stuff starts to happen.

More. Yeah, and last longer too. It's very rare, unfortunately. I mean, just in the life we live in, the way society is set up and the variety of toxins that we're exposed to, visible and visible, you know that someone's adrenals by the time they are perimenopause or menopause, that they're still like, Yeah, we're ready to come to the party.

You know, most of us by that time we've been through, you know, some significant stress or just life or not sleeping or whatever. Having children and raising kids, that's a pretty significant stress.

Yeah, right. Stress there's good stress is bad stress. There's, you know, all around. But I so for someone to know like as they're going through this, what do you recommend?

Like how can they balance their insulin? Insulin, what can they do? Obviously getting their estrogen up, like how do you approach that? What's the. Yeah. Yeah.

So we've got to start with the basics, right? What's causing this? Right. Yeah, you're going through menopause, you have less origin. But that started a long time before with the stress, the adrenal.

So we really do have to address stress. We have to teach people mindfulness practices, right? Whether you're meditating or doing heart math or tapping or getting a massage or, you know, things that get you into parasympathetic nervous system, the parasympathetic nervous system activate the vagus nerve.

That's another term that people are actually hearing a lot these days. Right. Years ago, it's just if we went to school, we heard these things about vagus nerve.

So vagus nerve exercises, right? So there's some fine ones in there, some not so fun one. So what's that one? The the face, the cold water, the side effect take. All right.

So, yeah, you want to dove into cold water or splash cold water on your face, but there's other nicer ways that you can get that under control. Meditation and massage certainly help to activate the vagus nerve.

So things that activate your parasympathetic nervous system, that activate your vagus nerve, those are going to be super helpful for having you get through menopause in a much healthier, happier way and keeping things balanced and taking the stress off the adrenals so that they can actually chip in and do what they're supposed to do.

Right. So that's one thing. But, you know, diet, right? If we're talking insulin and the insulin connection, you don't want to do things or eat things that cause your body to need a lot of insulin.

So we get off the processed foods, we get off the the breads and the pastor's and all that. And yeah, you can eat really good breads that are not insulin organic right there.

You can eat great pastas and made out of kelp or cognac or things like that. It doesn't mean going gluten free and eating, you know, gluten free pasta.

It's the same glycemic effect, right? So we need to do things that are going to help us to slow down the need for insulin, decrease the need for insulin, increase the sensitivity of insulin.

And there's a lot of herbs and foods that are just everyday things that we can increase in the diet. One of my favorites is actually chocolate, but because it has an effect on improving insulin sensitivity, avocadoes improve insulin sensitivity.

Green leafy vegetables improve insulin sensitivity. I have this whole chart which I'm happy to share with you and your folks that I put together. It's like a six page infographic that has a little picture of all the different herbs and foods and how they affect insulin receptors.

It's a great thing to start to look at as you hit that perimenopausal time in your life or even if you're in it even better, right? Because it's going to help you to improve your insulin sensitivity.

And you know, of course, get off a sugar. Right. I have found that for avocados are great for me. If I eat something like if I eat too much fruit, my sugars will go up.

Stress reduction, diet, and foods that improve insulin sensitivity

I just go grab an avocado, eat half an avocado and it comes back down. Now, I've not tried it with Eminem's, I've not tried, you know I think really bad for me food.

But just if I overdo on something that is a healthy food but for my particular physiology doesn't work in large amounts and about oh that was too much pineapple quick grab that avocado.

On I was going to caveat your chocolate like I'm you're not talking about eating Snickers bars or mounds bars you're talking about good paleo high, you know, dark chocolate.

Yeah. And when I say chocolate, people laugh at me because I eat 100% chocolate. So I get 100% chocolate. I usually rock a cow and then I mix it with other foods that are going to help with glycemic control.

And I make these amazing truffles that are delicious, but they're sweetened with, say, Logan or or stevia, and there's no milk in them. I may put coconut, right?

I may put coconut butter in there with the chocolate and make these really nice chocolates. And that's how I satisfy the chocolate craving. And that's how you're going to help with your insulin. No.

If you go out and buy a Snickers bar, it doesn't work that way. I think we're all coming to Dr. Ritamarie's for snack time and I. Love making food. Go to my Yuichi.

I've got to put more on my YouTube channel. But I have all these videos that I should pull out of my membership site and put some on YouTube of me making healthy chocolates, making healthy pizza.

You know, they call it the flour crust and things like that. Because yeah, you don't have to, you know, feel like you're missing out on things. It's true. How are you?

And I love that you brought up. I just want to like reiterate that like going gluten free can be beneficial if you need to get gluten out of your diet.

But then just replacing all the gluten with gluten free pasta or a gluten free bread or gluten free cookies or, you know, I still got that glycemic load.

Yeah, it's worse. It could be worse. Than throwing all this stuff to try to make it taste good. So to be conscious of that and there are lots of like you mentioned and you know, you can get pasta made of lentils and black beans.

And every time I go to the store, I feel like there's a new form, there's. A new variation, and it's just to test them. No, because black beans and lentils for some might raise the sugar because it's high carbohydrate.

So you just watch it. But the ones I found that don't are cognac, which is a root that grows in Asia. But it's amazing you can get miracle noodles and then kelp noodles are really amazing and.

They're also like zero calorie. Zero calories. You're like. How cool is that? They taste cool. It's like zero calories. Whatever. So your favorite sauce is on it.

But then there's also zucchini. You get a little spiralizer machine. I mean, that used to be like a novelty years ago. Like 20 years ago, I'd be talking to people. They go, Huh?

Now, everybody, you know, there's the Spiralizer cookbook and the Spiralizer this, and there's all like 20 different kinds of spiralizer you can choose from.

And you just take a cylindrical vegetable and you stick it in. And it's either this way or this way, depending on the machine and spaghetti comes out. Exactly.

And I mean that Whole Foods you can even buy prepackaged like spiralized squash or zucchini. You know, if you're in a in a rush and you don't have time to buy.

Yeah. You don't. Have the 30 minutes it takes. To sterilize. It and the 2 minutes it takes to clean up. Yes. Right. And I want to just go back also like what you are talking about.

I just hope like everyone I want everyone to really digest that, like the use of the CGM and what Dr. Reid and Maria saying, like how she knows that she needs an avocado.

Like that's the power it gives you because you really, you know, your body is the laboratory and you're really getting the data on your body because we're all you know, we say like don't eat white potatoes.

They spike your glucose, eat a sweet potato. And I have had patients where it's totally the opposite. Opposite, right? Yeah. So we we, you know, knowledge is power.

And when you have that personal knowledge of what your what your biochemistry is doing that really like, oh, that is such a great so powerful to have and I mean to have it any time.

But certainly at this point in time when things can be changing and maybe to be able to eat what you wanted, it didn't matter. And now that's changing a little.

Yeah, absolutely. Absolutely. Yeah. I call in a study. You say that the laboratory, the bodies, the laboratory, our membership sites are called labs. So we have the body freedom nutrition lab and body freedom, meaning, you know, when you do the right things, you're you're free to do whatever you want.

I can if I want to go out for a run right now, it's dark out, so I don't really want to. But phoning out for a run right now after a long day of work, I go out for a run right now. Right?

I have the energy to do it. I can go down to the living room, which is my weight room and lift weights if I want to, you know, at 10:00 at night, because I have the ability.

Brian calls up and says, Hey, I want to go do something. Yeah, let's do it right. That's the freedom of having a body that's working properly. So our lab, we called our nutrition lab because we teach you how to figure out what the best foods are for you, for your particular needs.

And sometimes, you know, that even changes like as you see dangerously, it can change. Stress levels can change as you age, certain things can change.

So in. So. It's good to understand that your body is allowing you been. I want to ask because we think about insulin and we think about exercise. So what kind of tips do you have as far as you know, when if you're trying to keep your insulin in the right level, like how does this play a role into that.

Trained muscle absorbs the glucose and the insulin better than untrained muscle, so it improves the sensitivity. So if we're just doing simple bodyweight exercises, right, push ups on your knees.

We have one lady in my program. She's 82, I think 79, 82, something in that range. And she decided she okay, I need to start exercising and she said, I'm going to try a pushup challenge.

So she's tried to do a push up. She couldn't do it on the floor. She couldn't even do it on her knees. So she did it against a wall. And then she would try.

How many can I do lower down? So she started against the wall and then she started to go down to the counter in the bathroom and she'd do a few there.

Then she got down to the bathtub and then she went down to the floor and did it on her knees. And now this woman at 82 ish is doing, get this, 60 push ups a day on the floor, military pushups. Wow.

But she did it slowly. That's brilliant. I mean, you know, sometimes the simplest things are so brilliant for like just starting on the wall and working your.

Yeah, yeah. That's priceless information, lady. It's know know if you're have so if you're in your fifties and going through menopause, you can do this.

You can do this, right? So exercise is important and you start with where you're at.

Exercise, walking, and building insulin sensitivity

If you're going into menopause and your adrenals are wiped, you don't want to over exercise. And a lot of people when they do it, they over exercise and then they're exhausted for three days after.

So you just start slowly, you do some weights, you can do. BAMS One of my favorite things to do is the exercise bands, because you can adjust. They adjust to how much stronger you get.

And I was away for three months, so I couldn't do any weight training. I wasn't going to bring weights and a suitcase. Here goes like £100. She's gone and I can't put any clothes in.

So yeah. So I brought my bags and I just walked out and. And as I'm walking out of town, wow, look at this. My muscles, I'm getting, like, sculpted arms just from doing dance.

So you start that way, you start with the little easy stuff, and you gradually builds up it. 5 minutes is what you can

do. You do 5 minutes, right? And then you move it to 8 minutes and then you move it to 10 minutes.

And don't try to push it too hard because then you're going to be sorry, you're going to be exhausted, then you're not going to want to exercise again.

But if every day you do just a little bit and you keep those muscles working, if after your meal you finish dinner, you finish lunch, you go for a walk around the block, right?

It's going to burn up the sugar you just consumed. Yeah. So I was just reading something today that, you know, 315 minute walks after your meals is much more beneficial for your insulin levels and stabilize your glucose than doing like one long walk.

And that's, you know, that's palatable to us. All right. You go for a walk. Yeah. You know, if you have a dog, you take the dog for a walk. If not, you take yourself for a walk.

Right? Exactly. It is very doable. And I love traveling with the bands. I'll also do there's like on my phone, I have like the seven minute workout app.

Nice. That's a great little app. You know, if you are traveling and just, you know, and you can pick like full body abdomen, you know, you can mix it up and just, you know, 7 minutes goes.

I always fit 7 minutes in goes a long way towards restoring insulin sensitivity. I love that. So I can talk to anything else like that. We didn't talk about that you wanted to share about insulin and estrogen and menopause.

Before we start, which I stress sleep is super important. Right. And I know it. Menopause, a lot of people are getting those symptoms. You're waking up in the middle of the night with hot flashes or, you know, night sweats or anxiety or whatever.

So sleep is super important. So what can you do to help that? And doing all the sleep hygiene stuff is becomes even more important then because we have other interfering factors.

So getting off the screens an hour or two before you go to, you know, you get yourself down doing something, relaxing, using essential oils or things like that to calm your system down, keep the phone out of the bedroom, keep it away from you.

Right, keep Wi-Fi out of the bedroom, dark in the room, chill the room, whatever it takes to help you to get to sleep and stay to sleep. But one thing I will get you to do, get into the bed, because if you don't get into the bed, you can't have a good night's sleep.

And that used to be my issue idea. I don't need to sleep as much as everybody else because I'm taking care of myself and I would just not go to bed until 2:00 in the morning.

Right. I call that voluntary insomnia, you say. Oh, you maybe you should take melatonin. I'm like, why? I don't need melatonin. Since my head hits the pillow, I fall asleep.

I just have to get my head to hit the pillow receiver, you know? So that's the thing. We have to because we're busy and you have kids, maybe maybe you have a partner that's, you know, aging parents, whatever you might have and you may have, oh, this is finally my time for myself.

And use that time for yourself to go to sleep, because that's the best gift that you can give yourself. And I've learned it the hard way. Yes, I when I was in med school, so this was way before perimenopause.

Sleep, recovery, and where to find Dr. Ritamarie

And I was put myself in med school. I was raising two kids on my own and I was just down to like, what are the non-

negotiables to keep me healthy and keep me functioning and sleep.

Getting a workout in and meditating were like my three non-negotiables and I, I would, you know, the way my schedule is, I used to go there was the just happened to be a monk living around the corner from me and so he did sets it like it was like 5 a.m.

in the morning. So I would have to get up at like 430 to sneak over there while the kids were still sleeping. So I would go to bed at like 8:00 and if you like, you know, it is.

It is. I love how you put that. It's like we want time to ourselves. And I get that you want to unwind. But like the greatest gift you can give is unwinding and in dreamland and yes, menacing and regenerating yourself.

And, you know, just like triaging, like knowing, you know, this is my bedtime and an hour before thinking, all right, you know what is not going to get done because sleep comes first.

The dishes are negotiable. Yes. Just get some water in them. Throw some water in and do them. Three days later. Laundry is negotiable. Make the kids wear the same clothes again, wash.

And you know, there's so many of those things, we think as parents that we have to do or we're a bad parent, right. The biggest gift you can give your kids is getting enough sleep and getting enough self-care.

And I remember reading the book and I was like, this is much when my kids learning because I was doing what I'm telling you not to do, which was trying to squeeze it all in.

And when my kids were little, you know, there'd be times when I wasn't getting enough sleep and then I'm driving them around. So I listen to the book on on Audible while we sleep.

And he talked about what lack of sleep does to the brain and that if you are going on sleep deprivation, it's like driving drunk and they have studies that show it.

You're impaired in your reaction time. You're impaired in your ability to make discerning decisions. As I just like it hit me like I put my children at risk by driving.

I would never think of driving drunk. I don't drink, but I did as bad by driving with them when I was sleep deprived. And, you know, and it's it's a danger to others, but it's a danger to yourself.

Hormones and your balance and like sleep is you can't, you know, you have to be able to get into parasympathetic mode to heal. You can't heal, can't. Heal from simply you can't.

You can't. It absolutely can't happen. Oh, my God. So I'm so glad you got to come be here and share with me. To sum it to audience, where can we like?

Where can we fangirl on you and find out more about you and what you're doing? Awesomeness. My main website is drritamarie.com, my practitioner websiteis INE method institute of nutritionalendocrinologymethod.com and I'm on Facebook is Dr.

Ritamarie and I'm on YouTube is Dr. Ritamarie and I'm on the Instagram is Dr. Ritamarie its Dr. Ritamarie So you can just find me, just Google me and you'll find me in the places I do.

I do any blog posts every week. I put a new recipe on the blog. Every week I do a new YouTube video like a live video every week and do that on Facebook, and I do a podcast episode every week.

It's geared towards practitioners and the geeky self care people write you with your not your science. If this interview didn't blow you away, you'll love the podcast because we talk about lots of that stuff and yeah, that's the story.

Awesome, awesome. We'll go follow her. She is. She's a living inspiration. I have no doubt that we'll we'll meet again when you're 77, 87, 9707, and you'll still be bubbly and you'll still be passionate.

It's the plan creating and helping to make the world a healthier place. So thank you so much for what you do. And don't you ladies. It was going to be a great talk.

So we got lotsa nuggets to pull out from this from, you know, insulin and your levels and CGM and sleep and exercise. And so you probably if you didn't have a pen and paper, you're going to want to listen to this one again and jot some notes.

So you know what to ask your doctor and so forth. So beautiful. Beautiful. We'll be back with another interview. And thanks for being here.