Introduction to Dr. Ritamarie

All right, everybody, welcome back to the Reversing Heart Disease Naturally Summit. And we've got a real special interview. In fact, first time to the summit is a dear friend of mine for many years.

She's so kind and invites me to participate in her educational conferences, which are the bomb. And we get to have her here and educate all of us. This is Dr.

Ritamarie, or if you want, the full name Dr. Ritamarie Loscalzo because I love that part of it, too. She has founded the Institute for Nutritional Endocrinology and she is really committed, I mean, this a hardworking doctor to transform health care using whole plant foods, nutrition, science, genetics.

We're going to talk a lot about root causes of disease, insulin resistance, alcohol, sugar. You don't want to miss this one. Dr. Ritamarie, she's in Austin, Texas, I might say y'all a few times.

She's a licensed doctor of chiropractic, certified in acupuncture. We haven't heard much about that in nutrition, herbal medicine, and something you all should know about.

She's certified in HeartMath and specializes in insulin, thyroid, adrenal and digestive imbalances. She likes to cook good food. She's a palate pleasing doctor, whole fresh foods, bestselling author, speaker, and a lot of people follow her and learn from her.

So we're excited to be here. She has a podcast called Reinvent Health Care, so be sure to go over there. Dr. Ritamarie Bah bah bah boom. Thanks for being here.

Thank you and thank you for the great introduction. I love it. Oh, my God. And there is a incredible website, drritamarie.com that I am very familiar with.

You want to be very familiar with. And I know she put a lot of effort into so we're so glad that you can share with us. Let's talk I'm going to kick it off with a tough question and one that, you know, you've talked about before.

We are hearing a lot at this summit about heart disease, halting it, preventing it and even reversing it. And a lot of it's through nutrition. Our emphasis is whole food, plant based nutrition.

But you've spoken before about when can a plant based diet be harmful?

When Plant-Based Diets Can Backfire

And nobody else is talking about that. So why don't you share that with us? Yeah. So a lot of people think that just because they're eating a vegan diet, a plant based diet, that they're on a healthy diet.

And what I find is that there's a lot of misconception there. I mean, there's certain things like, I don't know, Triscuits are probably vegan right there, probably, but it's Whole Foods.

I mean, the real big emphasis is Whole Foods, but even among the Whole Foods, right? So yeah, when we add in all the crap, when we take out the fake meats and the fake fake fake food, that's bad.

The sugar is. And we talk about in detail why too much sugar is bad. A lot of people who eat plant based do just a lot of flour products like, you know, pasta and breads.

And a lot of them are really conscious about the quality of those. Those grains and all that stuff can contribute to

insulin resistance, which is one of the leading causes of heart disease and sudden death from heart disease when we have, you know, constriction and restriction of the arteries.

So that's it. But the other piece is when someone doesn't eat right for their blood sugar balance. So it may be that they're just eating too much pineapple and not balancing out with more greens or whatever it might be that's causing blood sugar spikes.

They're not measuring it. They're not looking at their labs. They're not wearing a CGM or using a device to prick their fingers. And they don't know and they're running around with elevations really big spikes in their glucose and insulin.

So those are some of the ways that a plant based diet can be dangerous. To you is certainly not suggesting we give up the salmon and go over to the carnivores summit.

Oh, no, no. Of one are the, you know, high fat, high animal food ketogenic summit. That's how what you're suggesting you're just suggesting it takes a little bit of discipline, education and do it right, huh?

Do it right. Right. And you know, keto, too, and you can do a Keto type diet on plant based like if you're very sensitive to glucose and glucose spikes having a little bit more on the plant based Whole Foods, that's not oils and all that garbage.

But if you're doing that, you might have a better response than somebody who maybe doesn't have the genetics towards insulin resistance, the family history of insulin resistance, or their own personal glucagon in glucose and insulin.

So it's just a matter of I think it's optimizing the diet to your particular needs. All right. So you've emphasized the potential dangers of refined grains, you know, white flours, maybe some of the white pastas emphasize the added sugars.

We've got to start reading labels. We've got to do our work. Yeah. Yeah. And it's amazing how many products that are plant based, vegan, healthy, blah, blah, blah.

And you read them and they have sugar in them and maybe it's disguised, you know, maybe it's maple syrup, maybe it's some agave nectar, maybe it's coconut sirup, whatever it might be.

Those are sugar. Sugar of any other name with any other name is still sugar. If it doesn't have all the fiber and all the nutrients that a whole food would have and it has the potential to cause glucose spikes.

All right.

Testing for Insulin Resistance

Well, you're certainly one of these doctors that teaches mind body importance and teaches food is medicine. But you're pretty high tech in your practice like I am, and you do a lot of blood work.

How could somebody listening say, I wonder if my diet is promoting insulin resistance because I don't want to promote heart disease? What can they do in their lab Work that might appeal to them if they're, you know, developing or full blown insulin resistance?

Absolutely. Great question. And it's stuff that you probably didn't learn in medical school because they didn't focus on it. They said, oh, fasting glucose goes above this point, you're diabetic.

And if it's not your fight, what about insulin? We got it tested. Insulin. A lot of times people are for decades before they actually see their insulin, their glucose spikes change, their glucose fasting change.

They're running around with high levels of insulin and that keeps their blood glucose down. But it also has all the inherent dangers of high insulin. And one of the dangers that bothers me the most is that it stiffens the arterial walls.

It makes them less elastic. Right. So if you do have one of those plaques building up and it breaks off and the artery can't it can't expand the same thing with running for a bus or one of these other things that are going to need it, increased blood flow and you don't have elasticity in the arterial walls.

You can get into lots of trouble. So insulin is one of my favorites. The other one is hemoglobin A1C, which, you know, mostly B's insulin and hemoglobin A1C are tested in people who are already diabetic.

But you can find out 30 years before, 20 years before 40 years that for many decades before, as you're developing this process and you don't want to find out when you just suddenly dropped out of a heart attack like.

That is not a good time to find out. We will agree with that. No sort of related topic. I don't think anybody else is going to speak about this. Among those that we're interviewing, when I get the pleasure of seeing at a conference, you almost always have a continue as glucose monitor on the back of your arm.

I did ask it before we turn this on. You have it off right at the moment in between Yeah, I know I cut you off guard, but you said you were going to put it back on because they do need to be replaced every 10 to 14 days.

And some people wear them for just a couple of weeks or a month. And some people wear them pretty regularly. What have you learned about your own food choices?

Metabolism? Of course you have a very large following. What do you hear from those that you're educating? How much does it help to wear freestyle libre or something.

Or Dexcom or whatever? I find it very helpful. I find it helpful because it allows people to see what their food, what their activity is, what their stress levels are actually doing to their body.

And so for me personally, I wear it most of the time, mainly because that's what I teach and all that, but because if I don't, then I might be a little bit more lax about some of the things that I eat.

Not that I eat any garbage food. I don't I'm really strict, but I find what I found in doing this is that things like pineapple and papaya and mango, some of my favorite foods in the whole bloody world raise my blood glucose a lot.

If I eat them by themselves, and if I eat them in combination with a giant green smoothie or with a big green salad or something, that's going to add the fiber and the nutrients, minerals, etc., it slows that down.

So the first time I discovered this, I had not eaten for hours. So they said, Well, I'm going to test this thing, I'm going to make a video and holy cow, I tested just testing my blood sugar before I even had the meter.

And I'm like, Oh my God, I eat pineapple. And my blood sugar shot up to 165. For those of you who don't know, that's clearly diabetic range. And I was shocked and I was confused.

Like, I'm on a Whole Foods plant based diet and I've been on a Whole Foods plant based diet for, I think at that point, 15, 20 years, what the heck is going on with me?

So that helps.

Using Continuous Glucose Monitors

But with the meter, we don't have to poke our fingers all the time because what I find in working with my people is that when we can figure out their peak after a meal because the glucose will go up, bup bup bup bup bup bup.

Insulin comes out, brings it down, and then comes down, down, down, down, down. And depending on the degree of insulin regulation and sensitivity and dysregulation, we can find that it goes up, up, up, up, up and stays up and then comes down.

But by morning it's perfectly normal. So nobody catches it. But what happens every time we're having these high levels of glucose in the system, we get damaged.

We get the peripheral nerve damage, we get the retinal damage, we get the damage to the kidneys and we get the damage to the blood vessel. Linings. That part is particularly important to me because I have both parents died suddenly with no warning of heart disease.

Heart attacks like mom's 56 year old was 62. They just died suddenly. We didn't know they had this problem. I don't want that to happen to me. So I don't want stiffened arteries.

I don't want anything that's going to put me at that kind of risk. So I don't want my I don't want my blood sugars to be going up and staying high. Even if it's fasting, it's still normal.

And mine was it was fasting glucose. My fasting glucose was probably 85, but my peaks were like way up. And so when I started wearing the continuous, I could find out what was causing it.

I found out that stress caused my cortisol levels. Right. Rose I was mad about something. My glucose would go up accordingly. So it really helps people understand how your diet choices and how your lifestyle choices, your stress levels, your exercise even is affecting your glucose and how you can optimize it.

And you know, this is about cardiac function and that optimizes heart function as well. So in that a wonderful, wonderful, wonderful, you know, personal testimony to what you learn in your group, do people get a continuous glucose monitor from a prescription from a medical practitioner?

Do they go to the companies levels and nutritionists and pay the bigger dollars to also get somebody to get some feedback? How do they get it? What's the practical.

Expense? Right. And I ideally get them to go to their medical practitioner and get it because it's much less expensive. But a lot of medical practitioners won't do it unless they're already diabetic.

Which to me is like, Why do you wait till somebody is sick before you do preventative work? But the ones that won't, we use here, health levels is another one.

You mentioned nutrition. There's a number of them where they will cover the prescription for you. And of course, you pay a lot more. A lot more. Where I practice, if a doctor writes a prescription, the one I'm familiar with is the Abbott Freestyle Libre.

Yep. It's about 36, $37 for a two week setup. And then you just got to download the app and you don't get a dietician in bells and whistles, but you get all the data.

And everything you need. Every time you want to see the numbers, they're there on your phone. Yeah. No, that's a great price, because here in Texas, I've had prescriptions filled $78 per year, $68 per day.

So that's a great price, right? Yeah. And those other companies can easily be close to $200 a month. So it's still worth asking your practitioner for.

And there's nothing off no skin off your back. No, but you're not asking to get insurance reimbursement. You're just writing a prescription. Right. So it's not going to be a problem for a doctor to write the prescription.

Okay. Now, I know that, you know, in any kind of nutritional summit, even in a plant based summit, there's going to be a little variety and the level of fat in the diet.

My co-host is Dr. Joel Fuhrman, who does teach nuts and seeds, not oils. I think that's pretty similar to your teachings. He's a fan of avocados, and then we've interviewed the great and amazing Dr.

Dean Ornish that at least in his research studies, experimented with diets that were much lower in flat fat, although he has eased his recommendation about nuts and seeds to include them in the last five or six years.

But we didn't talk a lot with a lot of the experts about alcohol, and we've mentioned added sugar. Why don't you riff a little bit about what you see with alcohol and optimal health and added sugars and optimal health and, you know, cardiovascular health?

Yeah. So first I'll talk about sugar first and then I'll relate alcohol to sugar. So sugar is sugar. It's like it's anything that's it's pulled out of a plant to be a plant.

Mostly it's plant, but it doesn't have the fiber, it doesn't have the nutrients. So it's something that we eat recreationally. We eat because it tastes good, not because it's good for us.

Sugar, Alcohol, and Heart Health

And what happens is that without that, the sugar will just cause your blood sugar to go skyrocketing and then the insulin levels skyrocket. And then we have to pull all together and get our still cells back to normal.

So I find that anything, anything with the oats at the end. So sucrose dextrose, etc., anything that's refined. So honey maple sirup, coconut nectar and all of these things are sugar and everybody's got a different tolerance level is what I found in researching this and working with people with Meters and CGM for the past 12 years.

And I find that some people tolerate a little bit more than others. Some people, one person put like a half a teaspoon of coconut sirup in her tea, her herbal clean tea, and it shot her blood sugar up almost 100 points.

Other people can do that and not a problem. Right. And some people say, well, it's only goes up and it comes back down, but how often are you doing that?

How often are you getting your sugar up that high to the point where it causes glycosylation of tissue, where it causes sugar coating of things and it causes stiffening of the arteries, and it causes about, you know, the problems in the retinas and etc..

I don't want that to happen 0 minutes a day. Right. So that's what I teach people. Yeah. Some people have different levels of tolerance and sometimes it could be a teeny tiny bit and it's not a big deal.

But some people are more more sensitive than others, and some of that plays into genetics. A big part of it plays into genetics, it plays into early history.

If, like me grew up eating Eminem's and Oreos and Kool-Aid, then, you know, and you have a genetic tendency to insulin resistance and diabetes, then you're going to be in more trouble.

So that's sugar, alcohol. Alcohol gets converted to sugar pretty quickly or is utilized as sugar very quickly. Alcohol is addictive. Alcohol damages the liver and the liver is a source of gluconeogenesis.

We store sugar there and this is a source of detoxification. So many things. We don't want to damage our livers and it affects brain cells. So to me, people like in the in the health industry and you've been around some of these folks as well, is like, oh, it's organic alcohol, let's just drink it.

I just think it's damaging. I think that it's effective. Oh yeah. But so much a day is good for the heart and this much is not good for the heart. Where do you draw the line for each individual?

I'm like, Yeah, I don't know. I'd rather if you're going to get the polyphenols and all that, eat grapes or something,

you know, eat the foods that contain it.

I mean, I'm so anti alcohol that at my wedding, which was 38 years ago, we didn't do a toast with with wine. We actually had a rabbi and he read the singing goes, This is the most unusual wedding I've ever performed, he said.

And then we fed each other grapes right? Like the fruit of the vine. Okay, this is the fruit advice because I don't want to poison my body with that. Right.

Plus, the tendency to alcoholism is so great and people don't realize when they cross the line. And as I go out in the world and they recently came back from a a retreat and I'm like this is sad how much alcohol people drink.

And they have no idea how it's affecting their hearts, how it's affecting their livers, how it's affecting their brains. And used to it recreationally.

I don't know about you, but things I want to do recreationally are outdoor activities and hiking and biking and, you know, funding is not poisoning my body.

I know I'm a I'm an extremist, but this is what I found over 30 years of experience and practice that works well. I know what a lot of people are thinking right now.

How is she married? 38 years. She looks about 40 years old. So keep them keep them on their toes. Yes. That comment. Well, I want to keep it short and sweet and powerful, because I do want people to wander over to Dr.

Read America and maybe they'll become students of the Institute of Nutrition on the chronology. You have great programs that insulin resistance and digestive mastery and certification programs.

Yeah, you're a powerhouse. And I know that from again, the programs that I've been able to participate with you and thank you for those invites, You've talked a lot about the ratio and how we've talked about this.

On the summit of Omega three to omega six and how to measure it, not optimize it. And what's the importance of that? So, you know, we can't we could talk for hours on Omega three, but this specific ratio.

Yeah, help us with that. Yeah, absolutely. So omega six in three in a six is more anti-inflammatory and this is generalized. This is, you know, taking complicated science down.

But six, it tends to be more inflammatory and three tends to be anti-inflammatory. Six tends to be more spasmodic spasm causing and three tends to be more relaxing.

And we know the importance of omega three in heart disease.

Omega-3s, Omega-6s, and Balance

We know its importance in a lot of things, inflammatory, autoimmune. But what a lot of people don't realize is that you really do need to make sure that you keep a good ratio.

And I find and I mentioned why, you know, when plant based diets can be dangerous is a lot of people think, oh, I going drink milk anymore I'm just going to drink almond milk.

Well, almond milk has a extremely high ratio of 6 to 3 omega 6 to 3. So you can inadvertently be putting yourself into an inflammatory state when you think you're putting yourself into a protective state.

Not that I'm saying almond milk is worse than dairy milk, and I'm not a fan of dairy milk, but I think that what we think is, oh, it's a plant. So let's just see almond butter and let's just eat, let's just drink almond milk and other things like that.

So we need to keep it in balance. The studies vary, but I like to see no more than four times the amount of omega six than three. I mean, none of the studies show higher levels.

When we look at the US, the people that are in the US, the people with the most inflammation, the people with most, the people with autoimmune diseases have very high like 20 to 1 ratios of omega 6 to 3.

And so I'm really a fan of keeping that in a balance so that we have more of a tendency to anti spasmodic and anticoagulant and all that. So what are some of your favorite sources you teach for Omega three to get that portion of the ratio up?

Well, I mean, there's flax seeds, chia seeds, hemp seeds, walnuts, parsley, which most people don't eat, but it's a wild green edible and it's very high in EPA algae, very high in the DHS, a little bit of EPA.

So those are things that people could start to include on a regular basis. And then we also, though, this is the part people forget about people who are anti plant omega threes will say, oh, but people can't convert.

You can't convert from those short chains in those foods you just mentioned into the long chain. So you really need fish. And I don't believe that because the reason people can't convert is the delta 60 saturates is an enzyme that converts it.

And guess what? It's heavily nutrient oriented. So if somebody is eating a processed food diet and they're missing their B vitamins, vitamin C, copper, boron, etc., no, they're not going to convert.

But if you're eating a very nutrient dense, whole food plant based diet, easy conversion, and I've seen it, I've seen people who are plant based for a long time.

We do a test, we do an Omega 3 index and it looks pretty good not for everybody there. Maybe there's a particular gene genetic snip called FADS2 And if you have that it might be slower and that you have to be more conscientious of it may need to supplement to make that happen.

But I think it's very doable. But it's it's part of the bias against eating a plant based diet. No, you have to have fish to do it. And I don't believe that now.

So you're okay if you can't achieve an adequate Omega Index with the foods alone to use a algae based omega three vegan supplements? Absolutely. Absolutely. And I agree with you.

And that's the way I practice. And I think Dr. Joel Fuhrman would be smiling since he's been teaching that for more than a decade, probably closer to two decades, and importance on brain health and optimal cholesterol particles and all the rest.

Absolutely. Absolutely. So let's wrap this up with just going back to a topic you talk about and teach about so much insulin resistance. And we talked in the first part about the foods and Clinton continuous glucose monitors.

But I just want to get back to the connection to heart disease. Why should people ask their primary care doc for a fasting insulin? The hemoglobin A1C, maybe even a two hour glucose tolerance test?

All of it still not worthless endeavor. And what's that connection? Yeah. Or postprandial. And you don't have to do the drink the glucose syrup necessarily.

Insulin Resistance and Cardiovascular Risk

You can just go out to your car and eat your highest carbohydrate meal that you normally would eat. And it could be a high could be a plant based nice thing, but you're eating bread or sugar or whatever, whatever you might use.

But I don't know. It doesn't have to be the two hour glucose tolerance where you drink the glucose syrup, you can

just do it yourself. And I like to do go out to the car 45 minutes to an hour later and then go back in the lab and have it tested.

So you see your postprandial and I have seen oh my God, some really ridiculous elevations in the insulin after eating. So what was the question? How is it related to heart disease? Right.

High levels of insulin are damaging and the labs are crazy and the ranges like in functional medicine, we look at it like 2 to 5 is a good fasting insulin.

Anywhere between two and five is ideal. The range in the lab can go up to 19. If you're fasting, insulin is 19. It means you're constantly in an anabolic state, you're constantly storing fat, and you're constantly in a state where high levels of insulin are damaging your system.

And it stiffens those artery walls and it's not a good thing. Yeah, I do not want to harden and stiffened arteries, that is that they're supposed to be they're supposed to be soft and flexible and allow blood pressure and blood flow to happen nearly effortlessly.

But the kibosh, all that with our genetics and our dietary indiscretions and our lack of sleep and lack of fitness and all the other things. So absolute they can sleep.

It's worth mentioning how insulin resistance is going to be at an all time high after you have a bad night of sleep. One bad night of sleep, and an otherwise healthy person can cause insulin resistance the next day.

So, yeah, sleep is critical. Yeah. All right. Well, we appreciate your time. Busy woman that you are. Say hello to your wonderful husband, Scott, and give me one more shout out where people can find you and learn more about all the years of education you've been doing.

Yeah. drritamarie.com is my main website. You can link from there to our practitioner website where we have all kinds of great trainings for health practitioners, doctors, nurses, health coaches, wherever you are that want to go deeper with the science behind how to use nutrition and lifestyle to actually get results with people and help them to get to the true root cause.

So that would be inemethod.com. Right. And then a lot of great social media posts, so be sure to follow. Dr. Ritamarie is here all the time on Instagram and great stuff.

So thank you so much again. And we will continue to work with each other because it's so much fun.