Morning Cortisol and Daily Rhythm

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You're listening to the Lifestyle Medicine Podcast with Dr. Ivan Rusilko, brought to you by Access Lab, where we explore new perspectives at the forefront of personalized health care.

Welcome to the Lifestyle Medicine Podcast. I'm your host, Dr. Ivan Rosilko, and we are powered by Access Labs. If your doctor's not checking your labs, they're not a doctor.

And today we got Dr Susan Lavelle. This is going to be a fun one because she went from being a plastic surgeon and now she's ingrained in the whole wellness industry.

Dr. Susan Lavelleu2019s Career Shift to Wellness

She teaches, she does everything you possibly think of it. So I can't wait to get into the weeds of how you go from fixing people on the outside, now fixing the people inside.

Dr, Susan, thank you so much for stopping by. Absolutely. Thanks for having me. There's the surgical aspect, you know, and like the wellness industry and surgery always kind of butt heads.

So I'm curious, how did you make that transition to the middle? And from what I hear now, You're fully on our, on, our team. Please tell me that. Transition.

Okay. I've going to actually tell you and go back even further than what we started talking about. When I was six. I fell in love with my my pediatrician when I was six years old because I Was always in the doctor's office with a sore throat and I found out that you know If I didn't want to go to school, I would just say my throat hurts that go in he'd see it was red Let me stay out.

I felt in loved with him because he was such a great guy told him at six I wanted to be a doctor because i wanted help me pay me make people feel better and he said you come back when you're ready and And I'll help you.

Well, in between there, I was a professional ballet dancer for 14 years, traveled around the world. Just like you were, you know, professional. Jane and Jack of all trades.

I like that. OK, OK. But you can dance forever. And when I finally decided to go back to medical school, I

remembered what he had said, went back, he was still in practice, and he remembered me and actually wrote me a note.

I think that had a lot to do with me getting into medical schools. It was a wonderful thing back then. So in medical school and your rotation, you'd rotate through everything.

Internal medicine, surgery. And internal medicine was like, people would come in with some kind of sickness, diabetes or high blood pressure. You'd give them a pill, they'd go away.

They'd come back exactly the same way. I said, I can't do that for the rest of my life. Then I did surgery and then I plastic surgery, and I'm like, this is the bomb.

You know, they come in, you do something and they go out completely different. They're happy. And I do that for the next 22 years. I mean, I loved that aspect of it.

But I also wasn't taking care of myself. So from that dancing, the show must go on no matter what's going on, took that with me into medicine and burnt myself out to the point where three times in the space of a year, I was in intensive care unit with massive blood clots and inflammation.

Oh my, okay. Yeah, yeah. So that third time when I almost didn't make it out, realized I had to change what I'm doing. And traditional medicine, the only answer they had was high dose steroids.

You know, and I am like, no, this is not. This is not it. Not gonna work. Yeah, yeah. So I started looking and found a functional medicine provider who said, you know, your gut's a hot mess, that's why you're all inflamed.

Long story short, I was like, why don't we learn this? Why doesn't anyone teach us this in medical school? And that's when I made that switch. I was laughing with you before and just letting you know that people who come in for their plastic surgery don't really wanna make the lifestyle changes.

At least most of them don' And so eventually I said, okay, this is what I wanna do for the rest of my life. Because now I'm not just fixing the outside, I am teaching people how to change their lives from the inside out.

And to me is the most amazing and miraculous thing we could do. No, big time. Everybody thinks a physician is a person who just fixes you. They're educators.

And again, I think we've lost that in medical school and continuing education and everything.

Patient History and Functional Lab Testing

It's just about get in, get out, factory, prescribe, cut, this, that, the other. People are like, well, maybe there's a middle ground. There's a middle.

I definitely love it. You have kind of an origin story for that one, too. How have you transitioned from the surgical aspect? So now you're teaching physicians, you are taking care of executives, how does that work for you?

Like, if I'm a patient coming in, and you know, I see you have all these credentials as a surgeon, like, okay, here we go. What is the first thing that you going to do for me as patient when I walk The very first thing that I do is get your history.

Get your story. Because without that, you're just like flying by. People don't realize that. An intake form is just as important as any diagnostic test.

That's a big, big thing. A lot of physicians, even in our industry now, don' really understand the intake from how you started that out. basic questions because even if you look at their labs and you start giving them supplements or doing whatever you're going to do, if their lifestyle or whatever they're living through, even in the past, but if they

are living something that's completely contradictory to this, it's not going work.

Or if it does, then it will work temporarily and then go back to where they were. So just doing that, first of all, I've gotten to the point, and I'm sure you have as well, you can look at that for them.

You can almost tell what they're going to look like when you see them, right? You know what you're gonna get. We're getting them anyway. But the other thing that I found is that it helps them to kind of start putting pieces together, because now they are saying, oh, she's asking me about this and this, maybe it's connected to that.

And they start to putting together the loops, which is so, so important. No, the best part about what we do is the education of a patient because you sit there and say, well, my guts off.

Well, that could be the reason why your skin's off that can be a reason you're losing hair. You know, it's not like with the dump and oxygen with other stuff on it, granted that stuff works great, but maybe you fix the gut first and you fixed the upstream problem.

So there's putting bandages and all these different hemorrhages downstream. I couldn't agree with you more on that one. But when it comes to diagnostic testing, I'm one of those nerds who's just like wants to know every little bit about somebody.

I want to know more about you than God does so I can treat you like God would, you know what I mean? What are some of your go-to labs, especially if somebody walks up the street, whether it's a man in his 50s, a woman who's peri-menopausal, an adolescent, whatever it could be, what are the major things you focus on first of all?

Yeah, absolutely. Now more than ever, when people come in, by the time they've gotten to me, they have done the traditional labs every year and they're always fine, so they come with that.

I take those and then go forward. I want to look at their inflammation, so C-reactive protein. Now I wanna look their hormones, estrogen, progesterone, testosterone, the sex hormone binding globulin, DHEA, all of those, but also thyroid.

And I know you probably get nuts too when people say, oh, my thyroid's fine, and all they had was the TSH. Exactly, like, Oh my God. Or how does your doctor know?

And so looking at full panels and things like that, and, you know, then if they've got something specific, I may delve deeper, but that's pretty much what I'm always looking, at vitamin D, magnesium, because there are just so many deficiencies in those things.

So those, that is probably the baseline panel. Insulin, how did I forget insulin? A lot of doctors don't test for it. They'll test fasting glucose and move on.

It's amazing how many people I see who don' have an HbA1c. You're just like, Why even waste your time with the fasting glucose? It doesn't make any sense.

And then you have the insulin. That's just a whole other, the whole IR. There's a lot of different stuff with a lotta people who have all these armies of cardio, cardiologists who are always about cholesterol, cholesterol cholesterol.

Just like, show me the inflammation. Like you said, HSCRP, massive. PLAC or the LPPLA2. It's mouthful of word salad. Then you, right? But I think hyperglycemia is causes of cardiovascular disease.

That just gets brushed under the door. I mean, what's your LDLC? I could care less what your LDLC is. Show me the inflammation. You know what I means?

Show the STLDL and all that kind of stuff too. Like you said, you'll see people come in with labs like, oh, here's my TSH. Okay, and then if you get lucky, it's a T3 and T4 free.

But then, if get the real stuff, its the TPA, the fibroglobulin. And then you have the biggest one, reverse T-3, which nobody checks anymore. If you're a patient, find a couple things off with me.

What's your next step? Are you talking lifestyle, are you taking treatment, you're talking both? Once you start to piece that puzzle back together, how does that process work with you?

So we're definitely talking lifestyle. That is definitely a part of it. But I also want to give them a fast win. And so they may not see that just by changing what they eat or sleeping a little better.

So I'll look at whatever is top number one. What do they come in? I always give him three choices. One of your top three concerns that you've got. and then I'm looking at their labs and their history, what are the top three things I am seeing, then put them together and figure out what is going to give them their biggest win that's going make them feel better, but also keep them involved and on point going through the rest.

So, you know, a lot of times because I deal with a lots of executives, cortisol is a big one for so many of them.

Cortisol, Hormones, and Lifestyle Foundations

Huge, You know. Can you expand on cortisol? If you have somebody comes in who has low cortisol versus high cortisol, what do you like? How are you number one explaining that to the patient?

And number two, how are actually going after it? Yeah. So often when I see high cortisol, especially first thing in the morning, these are the people that they're a little earlier into the process often, you know, so they are waking up, they getting on their phones, checking their email, scrolling through, without really settling themselves first in in morning.

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I always have to say an educated patient can be a doctor's best friend or their worst enemy. It could be doctor who's a good doctor, their best friends, or if you're kind of a subpar doctor.

On that end, three things that I find most important when it comes to hormone testing, again, when I come to lifestyle, is everybody I see it again. This is just, you know, it's the American lifestyle right now.

You're crazy on your phone, this, that, and the other. IGF is bottomed out, they're not getting that delta sleep where you release the growth hormone.

Your DHEA bottom down because you're stressed out. And your cortisol can either be high or low depending on your fatigue or your stress now. So it's funny how you can sit there and all of a sudden start to piece that together.

I can look at a lab and be like, first it sleeps horribly, I could already tell. Everything that we do in this industry, at my clinic, we to hyperbaric, ketamine, stem cell, exosome, hormone, peptide, everything on the market, all that stuff is just icing on a cake.

A lot of people don't understand that. If your sleep is off, your hydration's off your diet, you're exercising your stress, no matter what we do. And if those five pillars of your lifestyle are off everything that we'd do is for naught.

I think a lot of doctors in our industry don't pay attention to those. That's why some people are like, peptides are nonsense hormones. Because you are not addressing the actual problem.

Exactly. I'm sure you have as well, people coming in, women and men saying, I need testosterone. My friend had got testosterone and they feel great, so just give me testosterone, and I was like, no, we're going to look and see what's going on first, right?

We're gonna figure out if you even need to testosterone but the whole thing is you've got to know what is going with them and then why do they need and figuring that out.

That is why, you know, that you need to figure that first. Same thing like with sleep, how many people come into you and say, I'm taking 10 milligrams of melatonin to sleep.

And it's like, they don't need melatone and they need a dark bedroom that's full, And to get off your screen. I mean, that's the biggest one. What that does to your pineal gland is insane.

You know what I'm saying? Exactly. Yeah. Or maybe it's progesterone, especially if they're starting to go through perimenopause. So it was really understanding what the foundation is, number one, and then from there, what are they missing?

And then helping them to put those things back, put these pieces back together. I always tell my patients, usually it takes me anywhere from four to eight months, depending on what I find.

If I'm finding heavy metals, whether it could be all kinds of weird stuff, or the amount of reactivated Epstein-Barr. I mean, I've literally found this year alone, probably 12 cases of active mononucleosis in people like 40s, 50s.

But nobody checks for it. It's like, oh, i'm tired. Regular doctors like everybody's got it, if you don't have Epsteine-Bar, you're weird. But people don't realize how much that virus steals from all the energy from your immune system.

And then you have CMV, cytolomegalovirus. These two viruses are kind of my go-to because I know 70% of the population's got CMB. I'd say 95% got EDV in my patients.

If you can sit there and address the immune systems, taking that load off is just insane what you could do. But a lot of practitioners go through, they don't address these things.

And they sit there, and they start dumping, like you said, testosterone. They start dumpin' things like GLP-1s and this, that, the other one. It's a simple immune dysregulation process of it.

So do you find yourself jumpin into the weeds when it comes to those kind of weird things, food sensitivities and heavy metals and hidden pathogens? Yeah, once we've gone through all of the standard things and we know that now their vitamin D is depleted, all the minerals are back where they need to be, they're actually doing what they needed, getting the rest, doing the stress reduction.

If all that and they are still not moving the needle where the want to, we're not move, then we start looking at the other things. Mold is another big one.

More than candida. I mean, the yeast out there. It's insane. And again, like the amount of men who have candita issues, you would never say, oh, it's a yeast and it a woman thing.

No, no, kind of a unique association is that usually whenever I find a candide issue, I found a leaky gut issue because of how it actually goes along with the actual intestinal tract.

So yeah, your 100% right. Your approach is you start with this first and if there's no then you jump into it. Then we jump in to it, yeah. Yeah. So obviously this is a practitioner based one.

We do have a lot of patients watching this too. Some tips or tricks you could give to some of the physicians out there right now. Just from what you've seen in your practice, all physicians you understand, they're very situational in where you live.

I live in South Beach. Like we're seeing different things and if you're living in Pennsylvania, Kentucky, Idaho, wherever it could be. But what are some tips and tricks in you practice where your at?

What are my favorite ones to take a look at? So, you know, we're leaving aside getting the history and doing all of that stuff. I think probably the ones that I'm most looking at right now, insulin, number one, and of course the hormones, really, those are probably two biggest ones I am doing at this point to really kind of lean towards people.

And mainly because most people, when they come in, they haven't had these tested. Mm-hmm. Crazy, right? Right. They just don't know. It's the same to which sex hormones go anymore.

You know what I mean? Yeah. What does cholesterol turn into? Exactly. All of the sex hormone. Yeah, but keep it down low. Keep that cholesterol low, you know?

Nobody understands. Every sex hormone starts with cholesterol. 25% of your brain, all the myelin in your brains is nothing but… If I took your head out of the brain and put it on a scale, that's how your mind works.

Hidden Drivers: Viruses, Mold, and Gut Issues

Vitamin D starts as cholesterol, every cell membrane has cholesterol in it. Trillions of cells in the body. Yeah, like, physicians want to think like our body is set up to make cholesterol.

It's like a self-sabotage or suicidal type thing. No, no. You know what I mean? Well, remember, don't eat eggs, you know? Eat lucky charms, it's much better, right?

That's better for you. My goodness, what are some of the biggest pitfalls you see in traditional medicine versus wellness medicine right now? What are the things you seek that are in the traditional world that you take issue with?

Ah, the whole cholesterol thing, whole insulin thing. The whole glucose and whatever. the GLP-1 error right now. I want to hear your thoughts on GLPs.

Here's the deal, do they work? Absolutely they do. Do we use them properly? I don't think most people do because they're just going out getting these injections, losing weight, nobody's looking at body composition.

Nobody's looking at, you know, what's happening to their muscle and bone as they're going along. So that's a huge mistake. And the third thing that I see is, we've now almost got into the, well, this is going to be it for life.

You're gonna get on these and you're just gonna be on them for the rest of your life, which I just don't, me personally, I do not believe that that, that we should be anything for a life anything for life.

It's the new antidepressant is what it is it's just sugar and you bring up a very good point you know you think how many like perimenopausal and menopause of women are like i want to look good get in the bikini what is that doing to your bone health your your muscle your muscles is the organ of actual like longevity and your sister saying like now let's not build it let us get really skinny and look like emaciated it just doesn't make any sense and physicians are giving this stuff out like tickbacks i mean you can go to cosco and get it right now it' s one of the best best magic tricks that the big that big pharma has done because now you've sought out this one thing desired aspect that people eventually need.

Okay, you need metabolic issues. You have thyroid issues, You're going to have bone issues so it's just it. It's like the feeder and like two, three, four more years into all these different types of metabolic.

Issues that are just going. To be detrimental for so many people exactly and you know, yes, there are some studies that. Are showing that yes they can help with heart health and with kidney health.

And things but only when you are managing all of those things as they're going along. And that's not what's happening. People are just getting the shot, losing the weight, not looking at anything.

That was a big one. I prescribe them sparingly when I know what is going on and people have to have solid IGF-1 numbers, they have have a solid testosterone numbers and DHEA just to even get on the potential yes department.

If you're not there, we're fixing that first or we are doing them in tandem. Okay. And again, as physicians, it's great because now you are managing more of the patient's aspect.

Financially, is good. But at the end of day, for the patients, It's so much more beneficial because, now, you losing the weight and it is actually a healthy way to do it.

Yes, managing sugar is the most important thing, I think. Managing sugar and sleep are the two most things to be a human, but the way it being done right now is just asking them.

Yeah. And thanks for saying sugar, because that's my other big one. I almost always put a CGM on people, continuous glucose monitor, just so that they can see what's going on.

Whether or not they think they have insulin resistance or whatever, they wear it for two weeks in the beginning so they see, okay, it's not just what you're eating or how you are eating, but it is how your sleeping, how are you working out.

All of these things impact your blood sugar. And again, it's another one of those eye-opening revelations to people that can change how they approach their own health.

GLP-1s, Body Composition, and Blood Sugar

And the reason I do it with pretty much everyone is that I've seen a lot of family members and others who had diabetes. My son-in-law recently was diagnosed with type 1 diabetes, 27 years old.

Type 1? Type one. Yeah. Okay. Was that something that missed or is that's something, that happened? It seems like it was because when we first met several years ago, he was one size and everything.

All of a sudden he started losing weight and always energetic. He's very, I mean, very athletic, but we were like, you know, what's going on? So we had him go.

Blood sugar was in the 300s, right? And we're like, okay, his, I'm not going to go into it. Let's just say I was the one who did the testing for type one versus type two.

Cause she said, oh, you must have type 2. I wasn't the only one that did testing. So I mean, it's this, and this is someone with type 1 diabetes who needs to know what their blood sugar is.

Yeah. Don't let me get on that soap box. We all need to. what our glucose is and what we're doing, how it impacts, you know, our blood sugar. There's no such thing as an essential carbohydrate.

I mean, like, there's an essentially fatty acid and essential amino acid. Yes, sugar is an easy energy source in the morning. It's great. You know carbohydrate, they hydrate the system.

A lot of people don't make that connection. Carbohydrate. They are hydrating. So they are good in certain aspects.

If you're an athlete, this, that and the other.

And then the physician is like take a GLP-1, do whatever you want. It just doesn't make sense to me. I just did the last podcast I did was just about how to match peptides with actual lab testing and things like that.

Because I think that's the most important. GLP-1s was one of them. And you have to make sure the anabolic aspect of your entire system is there. The panel that I built a while ago, I see patients coming in from all across the country like, oh, that is my panel, great.

All these things are so important, And I think if that's off and you're taking GLP-1s, you are just setting yourself up for osteoporosis, for metabolic syndrome, thyroid issues, or for depression.

So it's a situation, I'm glad you have the same views on GLp-I. I know a lot of physicians or colleagues who've made millions, literally millions of dollars of talking GLPs and they think they're doing good.

It's just like, guys, just because somebody loses weight, losing weight is not what you want. You want to lose fat. Did you see that people get so obsessed with weight loss and the scale, there's no weightloss here.

It's fat loss. Or maybe it wants you to gain a little weight, but lose the fat. Right, right. Yeah. And I do. I have people who are coming in, you know, and they're like, I want this and this is what I need.

You know I show them their numbers. The only way we're doing anything is if you're coming with your scale that's showing me what's going on with you muscle, with the bone, then we'll talk about it.

Then when you show Maybe you gained a pound, but it's because your muscle went up, not because you're- Exactly. Right, you know? I have a lot of women who come to practice and just like, I want to be a hundred pounds.

I'm like go on Instagram, find me the body you want. They'll sit there. Like they already know, like this is who I wanna look like. Google how much she weighs.

A hundred and twenty five pounds. I'm like, cause they have muscle. That's what's form. You know, it's not like I think a lot of issues. It's, not only this and misinformation.

They see this, they heard a hundred pounds because somebody talked about it back in the day, smoking a cigarette, drinking champagne. And they, that's why I need to be.

So I, a, lot, of education goes into it. At least my patients, did you do the same, the, same aspect with you? Absolutely. You have to show them because they're, like you said, they are fixated with this number and you have show that no, it's not a number that you want.

They really want a look. they want to look a certain way when they look in the mirror. And if you can tell them, this is how you're going to get there.

Not just the fact that it is little and small and doesn't weigh much, but the facts that is toned. That was a big word back when I was growing up, you had to have the tone.

but that's muscle, you know, that so, yeah. Put yourself in your patient suit or your patients shoes. You're sitting here, your listeners being like, I've never had my hormones checked.

What are the three things patients should do? Three that you would have to pick. Okay. Well, we've been harping on insulin. you gotta know what your insulin is.

I think you need to know your T3 and I'll say the people that I work with, they need know their cortisol. You know, I'm going to go with those three. Fantastic ones.

Honestly, because those are such trickle down ones, your metabolism with your T3 is again, that's one of the most important ones insulin when it comes to metabolism to cortisol is just stress in general.

So I do like to listen to this. Make sure you get those three tested at least. Dr. June, tell everybody where they can find you. Absolutely. My website is balancedperformance.pro.

Key Labs to Test and Where to Find Dr. Lavelle

So you can definitely find me there. And I work with providers, teaching them what I so that you could help more and more people. But I also do speaking for associations and things.

I worked directly with executives. You can also found me on LinkedIn, DrSue, Instagram, and Facebook. Well, thank you so much for stopping by. Again, this has been a delight.

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