Introduction to Dr. Ritamarie Loscalzo

– Well, Dr. Ritamarie Loscalzo. It's such a pleasure to have you on this segment of regenerative medicine summit. This is gonna be so cool talking about and nutritional endocrinology and and insulin and longevity and all these cool things.

– I'm super excited to be here, love talking about this stuff. – So, Dr. Ritamarie, she is the founder of the Institute of nutritional Endocrinology is passionately committed to transforming our current broken disease focus system into a true health care system where every practitioner is skilled at finding the root cause of health challenges and uses the wisdom of nature combined with modern scientific research to restore balance.

Dr. Ritamarie, licensed doctor of chiropractic with certification, acupuncture, nutrition, herbal medicine and heart math specializes in digestion, thyroid adrenal, insulin imbalances. She's also a master at using palate pleasing whole fresh food as medicine. Yes, so most people think that healthy food just don't taste good. But Dr. Ritamarie can make it different and and it's the best selling author speaker and internationally recognized nutrition and functional health authority with over 30 years of clinical experience.

Her podcast, reinvent Healthcare provides health and wellness practitioners around the globe to be part of the movement to provide route cost care to people in need and you are you're you're training people, you know practitioners all over the world with the unique type of therapies. You know, this foundational things that really needs to take place for people to achieve health.

– Absolutely, yeah, it's very exciting to train practitioners and to see the light bulbs go on. Especially the ones that have come from a more telepathic conventional training model.

And then they were like, oh my God, the light bulb went on.

What Insulin Does in the Body

– So so tell me about insulin. I mean we we all know about diabetes and we know that you know, people then got to shoot insulin in order to be able to control their their diabetes. But what what is insulin and and what does it do in the body? I mean, it's it's got to be a lot of different roles that that it play.

– So insulin is a hormone produced by the pancreas and the islets of longer Hahn's the beta cells. – They're Norwegian right there. – There you go. – You got some islands off the side of the longer. Yes.

– Yeah, it's a cool hormone and it's super important in the body. So its major role is to be an escort service for glucose. So basically to take glucose from the blood and escorted into the cells.

So the mitochondria can take that glucose and combined with oxygen and all kinds of nutrients go through the Krebs cycle and produce energy a teepee. Like it's critical when we don't make enough insulin, the blood sugar stays high and that has dangers to it that I like to talk about the bad side effects of excess blood sugar as blindness amputation and dialysis, right?

Because we don't want that, right? But a lot of people wait until they become diabetic to take charge of their insulin and they need to take charge of it before that because a lot of those changes that lead to blindness amputation and dialysis.

Reading up at the neuropathy apathy. Those changes are happening long before they get the diagnosis of diabetes. Long before there are ways that we can teach people to detect it.

Because guess what if you're talking regenerative regenerative medicine and you're talking longevity, if you have blood sugar imbalances, puts a little damper on your longevity. – Well, so here you have the cells and they obviously the cells function on energy. There's no work that can be done in the energy and this this seems like the the core component in order for cells to be able to regenerate is to kind of have that shuttle of of energy into the cells which insulin does.

– Well, it shuttles glucose in before it becomes energy. So it shuttles the raw material that can be used to make energy. And a lot of people think like oh I'm gonna go have, I'm tired, I'm gonna have sugar, I'm gonna have this or that and they think they're going to get you know permanent energy or long term energy from it.

And in reality unless they can get that sugar into the cells the body can't make a T. P. Which is the energy currency. So we really need to learn how to get the sugar into the cells, get it out of the bloodstream. So it doesn't damage the retinas the nephrons and the kidneys and and the peripheral nerves, but also it damages the linings of the blood vessels, right? And the insulin just keeps going up.

If the blood sugar is not going in, so high levels of insulin are damaging to lots of places in the body, right? It stiffens the vessels, it causes the blood pressure to go up. It does so many things I can long as it interferes with other hormone functions, interferes with the receptors related to hormones. So when insulin is too high, there's a lot of damage going on in the body.

– So how does a person know, you know what, what should they monitor to know that I'm I'm at risk. I mean, yes, I don't mean I'm not diabetic, but I'm at risk. And what I see now, this kind of lab picture.

These symptom pictures would indicate that maybe I should change something. So my eyes don't go bad and I don't lose my kidneys and I don't lose my legs.

– There's tests that you can run at the lab. Your doctor can run them as part of your lab, but you can also run them at home. That's the empowering part.

So, yeah, you can run insulin. The only way to do that is through a lab. So you gotta go to the lab. Most doctors fight you if you want to go Insulin run, we're not diabetic. You don't need insulin.

It's a $35 test.

How to Test Blood Sugar and Insulin Risk

It's not gonna break the bank and it's going to give you an indication if the insulin is high. And I do so many people who find out your blood sugar is fine. You're not diabetic, but your insulin levels way high. You're heading there and you're heading for all the damages from insulin, which could be a heart attack, a stroke by blood pressure, et cetera.

So we need to get the insulin tested. And that's when you do have to ask your doctor for hemoglobin. A one C. Which is a measure of what percentage of the blood blood cells are coated in sugar.

And so that number will give us an idea of what the average glucose has been over the last three or four months. And most doctors won't run that either.

But the good news is there's a kit. You can go and buy a kit and do it at home. Yeah. You can go to any drug store and look for a hemoglobin. A1C kit. Yeah.

It's about $25. It's cheaper than going to the lab to get it done. But pretty close. It's not like testing your own blood glucose. And the third is of course testing your own blood glucose, which is dirt cheap to do right? You get a meter.

The meter's costs can get them as cheap as 10 $15. You get the strips. You can get 100 of them as little as $15. Some of them are higher price. I have a chart that I give people in my programs that helps them to determine which

ones are best.

It's a little out of date so you have to keep up with it every six months. And the way I determine that chart was I pricked my fingers hundreds of times for days on end to test them out to see if they worked. But that's a good way.

And my latest and my favorite way to test is with a C. G. M. A continuous glucose meter years ago. Those were only available through the doctor through a prescription.

And you couldn't get them unless you had, they're still only available in the US through a prescription in other countries in Europe and Mexico, Canada.

You can buy them at the at the drug store, but in the U. S. They're controlled substances, we have to get a prescription. But there are some some companies who have somehow gotten around it and they have doctors on staff who will write the script for you.

So you pay more to get it that way. But you go and you can get the they're not cheap but they are life savers and you don't have to wear one forever. But you want to wear one. I'd say everybody should wear one for at least a month to see what the patterns are, what foods cause their sugars to go up.

What stressors caused their their sugars to go up. So we have to monitor it. And that's the best thing. So the postprandial is what it's called. Postprandial glucose curves.

That's the best measure of are you at risk? – I mean, that seems to me to fantastic to be able to get to know your blood sugar throughout your activities, what you're eating, what kind of advance, how you respond if you're doing an athletic event and and how you recover from it.

Because I mean, they use diabetes kind of as a model to what premature aging looks like. So if we know that in our mind, knowing that, yes, diabetes is Canada when, when we've gone very far, but we don't want any kind of premature aging. So we want to be able to kind of maximize our blood sugar control and then to have a kind of a intimate relationship with how it responds and each individual is different. You know, that's the thing. – Exactly. That's what's critical because you can't tell people you can't eat this or you can't eat that until you test the glucose.

Now, you can tell them don't eat sugar. Don't eat processed foods, don't eat all the junk because even if it doesn't raise your blood sugar, it's doing other damage. But you can't tell people like, oh, don't eat rice don't eat squash. Some people are fine with eating squash, right? Some people can't without their blood sugar going on, depending on genetics, depending on earlier lifestyle factors.

So you want to really control. And I don't want to give up those things. Well, good. Then give up your longevity. You know, your choice. – You know? And it's the same when I have cancer patients coming in and and they say, well, I don't want to give up my ice cream at night.

And then I said, okay, I mean, it's your choice ice cream or life. You know, it's it's and and it's not a choice I can make for you. It's it's what you got to choose yourself and we can't change change the rules of nature.

– That's the thing they want us to be able to say. But isn't there an herb for that? Isn't there a supplement for that? No, that's not the way it works. Al Empathic medicine.

And the drug companies have convinced people of this for that approach to health. Oh, if I have this symptom, I take this drug and I'm fine. No, you're not fine.

You're not fine. Right? You just have the illusion, you're fine because the the alarm went off, The smoke detector went off because you pulled the battery out, you're still burning inside and you still might die just the same.

– And that's the thing to look at it. Yeah. And that's the thing, I think the danger with, with insulin, you know, is that it's that crutch, you know, that the medical profession offers to people that are not willing to change.

You know, so they feel now I can just take this medication and will subdue the symptoms that are having. But it doesn't necessarily mean that some of these diseases are not progressing while we're not seeing the symptoms.

– And here's the thing, people are still seeing the symptoms. That's the problem, right. They may not see the 220 spikes. They're still seeing spikes in the one forties, one fifties, one sixties, which are very dangerous. And what the medical profession is not telling people is all the research in their journals. By the way that says, whenever the glucose goes above certain levels is different dangers.

So when it goes above 100 the beta cells start to get get damaged. That's the ones that make the insulin right above 100. That's most people are going above 100 all the time.

And the fasting blood glucose is above 100.

Healthy Blood Sugar Targets and Early Warning Signs

And then if it goes above 120, 120 to 140 range, that's where we see the retinopathy and neuropathy is happening, right? And when you look at the studies on the retinopathy, these many of those are happening. When people are right within that normal range, just keep it below 140 at two hours. No, this is when the retinopathy czar happening and I have worked with many patients who have had the signs and develop the retinopathy before they got diagnosed as diabetic. So we don't want to wait.

Don't wait till your eyes aren't functioning anymore. Don't wait till your nerves are damaged. That's not a good thing to do. Right? We want to get the signs early on like the smoke detector. I always come back to the smoke detector.

Do you want to get awakened in the middle of the night when the house is completely ablaze? No, you want to have that hint of. I think there's some smoke.

Bing, bing, bing, bing. Go check it out. That's what the symptoms are doing in the body and when that glucose goes above one. Oh, I I like to keep it 110 at the peak, like the highest it goes after a meal.

And that's what's shown to be the safest. That's not what doctors are telling people. And unfortunately they're also telling them diabetes is not reversible.

And we know for a fact and I'm sure you've seen this. We know that diabetes is reversible. Type two. My talking type one, but type two is totally reversible and we've seen people reverse it within 23 weeks.

That's how quickly it can be reversed if you're if you're persistent with it. You also know that high levels of insulin cancer because cancer cells have at least 10 times the number of insulin receptors. So that as soon as that cancer starts to grow every bit of sugar is going right to feed the cancer.

Not a good thing if you wanna live a long healthy life? – And you have I mean like Alzheimer's for instance, you know known as diabetes type three, you know, so we know and obviously the brain, I mean anything that needs blood vessels to support nutrients, you know we that can be impacted if we don't address this and don't take this seriously. So it's kind of like you know, if we have the freeway system in L. A. And and we all of a sudden just you know throw a bunch of junk along the freeways, it clogs the whole system up and people are not going to get to where they need to go and the same nutrients and oxygen not going to be able to get to the cells to feed them and keep them healthy and give them the energy that they need.

So it is it is key to monitor this. So you you mentioned so what are healthy numbers and for people that are wanting to know, I mean you sat down peak 110 after a meal.

But if if you would do like a fasting one, you know, for blood sugar, what what should a good number b lower than that is fine. – If somebody's following more of a low carb ketogenic type diet will see it lower.

But I'd say you know for the average person should be in the low eighties – And then looking at the A1C

hemoglobin A1C. And then also the insulin levels.

I mean what what are what are some numbers there? So people know. – So A1C. I like to see it between 4.8 and 5.2, ideally right around five. With with the medical model, it's at 5.7 I think you're considered borderline 5.8, you're considered insulin resistance. So it's that weird dichotomy of how can you be okay today? But then it sneaks up a tiny bit and then you're you're sick. So it's really once you get above that 5.2 then we're monitoring, we're really careful about keeping those levels of glucose down.

With insulin Here's the deal you go and go to quest or LabCorp or one of the labs. It will say that the levels the normal levels of insulin are between like one and 19.

That's a pretty wide range. Imagine if our temperatures could vary that much. Like it doesn't make sense. So really the ideal when we look at functional ranges it should be between two and five and ideally really between two and three for the optimally healthy person.

And I see it, I see people get down there. I see people start at 23, get down very quickly to you know five and then eventually get down below five. – And so what what are some of the things obviously diet is is huge but you know, go through a little bit what people do in life that interferes where with this function, that really creates a dis regulation in this whole blood sugar regulation, – Yes, so food is critical, but it's not the only thing, right?

And people think, oh look at me, I'm eating all this great food, but I still have high levels, well, what else are you doing? So stress is huge. You know, people are stressed these days constantly, they're watching tv, they're watching the news there, reading the internet and they're going, oh my God, I'm doomed, I'm gonna die, the whole world's gonna blow up very soon.

And that creates a level of cortisol in the system with raises your blood sugar, it causes a surge of of sugar from storage into the bloodstream and then insulin levels raised.

So stress is huge um movement being a couch potato, right? A lot of people over the last few years have been like sitting on the couch, freaking out, eating potato chips and drinking wine, right?

That's really bad. That's a combination of factors that are really bad.

Lifestyle Factors That Drive Insulin Resistance

So um yeah, so movement is good, not too much, it doesn't have to be running a marathon or anything like that, but getting up and moving and moving the body and lifting weights and doing what's called burst training um they call it high into high intensity training, interval training, that kind of thing. But where you just do 30 seconds at a time and the whole part about doing this? 30 seconds of high intensity is that it causes an increase in growth hormone and growth hormone is super important for helping us to burn fat store lean and heal and repair the system.

And so burst training. Really important sleep. I'm sure you see this all the time. You see that people are just not sleeping enough, right? And it depletes the immune system, it causes insulin desensitization. So you'll be insulin resistant after several nights of bad sleep. Um Yeah, so sleep is super important.

And then the timing of meals, right? We're hearing a lot more about that these days and intermittent fasting. I've been telling people for decades, right? Don't snack.

Don't snack. But experts are saying snack because you want to eat six meals a day. No, That's the worst thing because that keeps insulin in the system all day long, which is at that storage hormone, which thwarts that burning, which has all these negative immune responses.

So we need to time, we need to not eat too close to bedtime. We need to not eat too close together, no more than three meals a day. Some people two meals a day works perfectly and having at least 12 hours between the last meal and the first. But working your way up to longer than that if you can. – And I would assume if you're wearing

them.

The glucometer where you're measuring yourself continually. You can then experiment and see if I do this pattern. How is how's my blood sugar, you know, responding to what I'm doing now.

– Exactly. And what I discovered his eye, I'm really, I know all this stuff, but then I get in this mode of like I'm busy, busy, busy and I don't get to eat and it's like eight or nine o'clock at night and I'm like, should I eat or not eat? But as I measured it, I'm like no, go to bed hungry because when I would eat past, I think if I eat past seven p.m.

I end up with my blood sugar staying elevated all night. Whereas if I finish eating at six and then I just, you know rest and relax for the evening, Do a little meditation, read whatever my blood sugar is perfectly fine when I get up in the morning. – And I want to also kind of reach out to all the ladies are also the men that that little vein talking about varicose veins.

So yes, I mean we we want to keep our eyes, you know that that's important. And obviously we want our skin to be healthy. But for people that have a propensity towards varicose veins, we want to keep them the blood vessels healthy and then this becomes important for that as well. – Exactly, yeah vascular integrity is super important, Super important and it's super, you know affected by this.

– So tell me a little bit about because of blood sugar. I mean the sugar needs to get into the cell. So tell me a little bit about like the cell cell wall membrane integrity receptor sites. You know we have something called insulin resistance, what what creates that? And how do we deal with that?

– So every cell has receptors for hormones. Not every cell has receptors for every hormones but hormone but insulin receptors are on every cell okay because it's so critical for life.

And so the cell there's receptors on the outside and they have the shape and they grab onto that hormone. And what happens is that when we make a lot of glucose over, well when we make a lot of insulin over time because we're eating so much glucose and the glucose levels go high and the insulin isn't working it the cells go wait a minute too much insulin too much insulin. So it basically puts like I think about putting the hands over the ears like I'm not listening anymore, no mommy, you're yelling too much.

So that happens in the body. But there's things that damage those insulin receptors as well. So various chemicals, hydrogenated oils and balance between omega three and six facts, all that stuff can damage those receptors. And when those get receptors get damaged the glucose can't get into the cell because the insulin can't get into the cell right.

And then we deplete the nutrients that we need to help escort the glucose into the cells. Chromium magnesium. The fact called D. H. A. All that stuff is super important. And when those get depleted because you've got so much insulin for so long now we can't work anymore.

We can't do it anymore. – And and how does insulin? Because that doesn't that work directly in relationship to like the adrenal hormones and thyroid hormones and don't they have kind of an interplay that if we don't address this this insulin balance blood sugar regulation then you know thyroid can be thrown off and we can deal with thyroid issues. The adrenals how we deal with stress.

You can be thrown off you know. So it's almost like one system that you get a look at it as a whole. – Yeah it's called the endocrine system right? And the thing about it is that insulin affects not just the receptors for insulin but it affects the receptors for the thyroid for the cortisol for estrogen, progesterone, testosterone. So those all get injured so to speak.

They all get disabled when there's excess insulin in the system. So there's something called thyroid receptor resistance. We hear about it, insulin resistance. Nobody talks about thyroid resistance.

They just go oh your thyroid level might be low because your TSH is high. Here's some thyroid hormone but in the

meantime nobody's really looking under the covers deeply to see and a lot of people have thyroid receptor resistance because they are excess homocysteine. How many times do you see that?

You see that all the time. Right. High homocysteine that damages the thyroid receptors. High levels of insulin that damages the thyroid receptors and inflammation high levels of cytokines in the system damage those those receptors. So we really need to play with the system as a whole and we need to nourish it and support it. And when the insulin goes out of balance, you can't get the thyroid imbalance when the thyroid goes out of balance.

You really can't get the insulin imbalance. So you do have to work with them in conjunction with each other. – So it's almost that, you know, like you mentioned, you go to doctor, you have thyroid issues and they look at TSH, TSH is fine, you don't need anything. But you're still dealing with some of the thyroid symptoms. You know, losing dry skin, feel a bit depressed, losing, gaining weight, maybe constipated all all these kind of thyroid scenarios.

How Insulin Resistance Affects Thyroid and Adrenals

So then it would be great then to take that next step and look then at your homocysteine, it sounds like and look at your your insulin level in order to be able to understand, well maybe it's the thigh receptors that we're dealing with and we need to address these things and maybe also like c reactive protein or set rate, you know to see inflammation in the body and make sure that those are addressed as well and that it's not just the TSH number that that you should be looking at. – Well and it is way more than the TSH number alone because it should be the total T.

Four, the free T. Four, the free T. Three. Those are all critical looking at antibodies which most MDs don't look at, they don't look at those things, they just look at the TSH so it's it's a failure of the system in training M. D. S. To understand thyroid.

I've had multiple M. D. S. Go through our program and then say why didn't I learn thyroid this way? There's so many people I could have helped if I knew what I know now. – And tell me a little bit about your adrenals.

I mean you you had like adrenal fatigue you know which is not a medical term but people being exhausted and adrenals you know the function of the cortisol is down regulated.

You know there's a hypothalamus disconnect. – Yeah so the adrenals are super important and they're underplayed in medicine and they say if it's not Addison's or Cushing's disease access ER or low from an autoimmune perspective there's nothing wrong with the adrenals but in reality we don't you know we try not to call it adrenal fatigue anymore.

We call adrenal dysfunction dis regulation or HP A axis the hypothalamic pituitary adrenal access. And I always tack on the thyroid there because it's so critically involved and so it's it's like a over activation or under activation of that system goes back to the stress response. So you know, oftentimes it's that we're just trying so hard to deal with the stressors that the adrenals can't keep up. But there's also nutrients involved there.

So vitamin C. Is critical for having good adrenal fun because it's one of the nutrients that the adrenals use so much of and it gets depleted by all the stress that we have. So there's a lot to be unpacked.

Their those B vitamins magnesium, so nutrient deficiencies play in right? The thyroid plays in there, right? So the ability of the thyroid and the adrenals to excrete or hold on to or activate the adrenal hormones of cortisol um makes a huge difference in the thyroid plays in there as well.

– And and doesn't if if working then with the your blood sugar regulation isn't that a key also for the adrenals and and their their function because they they work hand in hand as well with the blood sugar regulation. – Is you know, not that well studied in terms of like knowing the exact biochemical pathways but when we have blood sugar dis regulation it's a stress on the adrenals, right? The adrenals going, oh my God the blood sugars going too low. We gotta do something and let's get some adrenaline and cortisol out there. Oh it's getting too high, we gotta come down but it doesn't have the power to bring that blood sugar down.

The only thing that can is the insulin or we kick from is there's too much insulin, There's insulin resistance. And then suddenly it kicks into no, we can't do this. Let's go store it.

And then the extra sugar gets stored as either glycogen. But once the glycogen stores are full, then it gets stored as fat. – So can insulin resistance be reversible? I mean, you have these people are looking at the labs and seeing that the insulin levels are are increasing even before. Maybe the black glucose levels still looking kind of decent. But the insulin levels start to decrease.

So they know that I'm heading in that direction. So can that then be reversible? They don't have to get on in. – No, no, no, no, no, no. Most people who are diabetic or not insulin deficient their insulin excess. So it's too much insulin causing the problems of excess insulin and excess blood sugar. Most people, you know that's like an end state of somebody being so far gone.

And then the pancreas just can't make it anymore. The problem is that we um so yes, insulin resistance is totally reversible. I help people with that all the time. We see it all the time.

I have a blood sugar balancing program. I've been doing for the last 12 years, we usually get a few 100 people a year going through that program and they turn it around.

They told if they're willing to do the work. If you're willing to do the work you can reverse insulin resistance. It's known it's absolutely known. Um If you're not willing to do the work you're not going to reverse it. Right?

There's no drug to reverse it right? There's no magic supplement to reverse it, supplements play in herbs play in. But its lifestyle choices, the food, the stress, the sleep, the timing of meals and the movement all of that stuff plays in.

And if people are not willing to do the work then that's it. You're you're you know take your chances basically it's playing Russian roulette. – So how how for an individual? I mean obviously connecting going through your program would be I mean that would be the ultimate.

That'd be fantastic. But go through an individual how they should think. I mean strategically to address if they want to then reverse their insulin resistance.

– I would look seriously take a look at the diet how much sugar, how much starch how much flour is in the diet. I would number to get a meter. Whether it's a you know standard grocery store drug store pinprick. Right good commenter or a C.

G. M. And monitor it and find those things that raise the sugar and eliminate them temporarily. So I have a 30 day metabolic reset that. I put people through. And so we have them do all the testing we identify those foods that are causing the spikes.

And then we put them on a 30 day reset where they're rid of all that. I have some food columns. Like here's the green column, Here is the yellow, here's the red. Everybody has to eliminate all the reds.

It's it's not gonna work unless you eliminate the reds. Most people can eat everything in the greens unless they have a specific food sensitivity.

Reversing Insulin Resistance with Diet and Monitoring

And then the yellows, you test you test the blood sugar and if you're not gonna test, I just tell them, leave out the yellows, just try the greens and people reverse things dramatically. In that time we've seen hemoglobin.

A one C's come down. I mean one c usually takes about Three months but you can see major changes within 45 days. And that we see insulin levels drop dramatically.

We see fasting glucose is dropped dramatically. We see the peak glucose is dropped dramatically. And symptom wise, we saw saw so one person had an hourglass figure after 30 days of doing this.

Like she yeah, she literally she trimmed out all the excess belly fat went away in 30 days. It was pretty amazing. – And and a lot of people they talk about, Well this hormonal related.

I mean I I can't lose weight. You know, my hormones are off. But here you you are then addressing it at the core. You know because the the insulin dis regulation is really it's tied into all these endocrine systems. You know, be it your estrogen, your progesterone, your adrenals your thyroid, your pituitary.

You have. I mean, that that whole system gets impacted by addressing this very component. – Absolutely. And here's the thing if they say, oh, it's hormonal, yes, it is hormonal, insulin is the hormone that's causing you to not be able to lose the weight. Insulin is a hormone.

So it is a hormonal problem right there, right? It's a hormonal problem, but it's a controllable hormonal problem. And so so they do the diet. – And I assume there are other components. We talked about to sleep, you know, So they need to develop in a good sleep habit.

– Absolutely. – And then exercise. So can people exercise too much? I mean, what what should kind of be a general exercise guidelines for use like twice a week, three times a week?

– It depends on the person, right? If the person has been an athlete their whole life, then they're gonna be able to tolerate much more exercise. If they're like so depleted every time they lift a weight or run up and down the stairs, then we're gonna taper the exercise down. I really love the birth training because they're short 30 seconds. You do it at whatever the full out intensity, you can do it this time. And you do that 4 to 8 times a day and it's really manageable because it's like we're talking about a few minutes a day, right? And then we go from there from there.

Okay, let's see how you do the walk around the block. So I build people up to that. So I can't say there's a general guideline for me. I can exercise a lot, right?

So I can't exercise as much as somebody who's a marathon runner or a triathlete, but I can exercise a lot. Whereas somebody who who's just, you know, just injured themselves had multiple injuries, has been on the couch for a while.

They're going to go low and slow. My motto with everything is low and slow. Whether it's supplementation, whether it's changing the diet, whether it's adding exercise, it's low and slow. Don't overstress your body by making too big a change at the same time. – And when people are making the dietary change, is that I mean, do you suggest they just cannot cut it immediately and and go eat well or is it like a transition period? You know, So it doesn't become overwhelming on the body or or how how how does that work again? It depends on the person.

– So some people have to go really slowly. Some people just jump right in, right? They see the curve, they eliminate those foods, they're good to go. Some people aren't that far away from it to start. They just think they've been eating a healthy diet and they have been, but it's not the perfect one for them based on their glucose control at the time. So I think that they can go either way now somebody has cancer or an autoimmune disease and they really want to get over it quickly.

They can make the changes more quickly. But you have to go like eliminating allergens, right, eliminating gluten or eliminating dairy or eliminating corn or whatever it might be for you. There could be a withdrawal period so we don't want to go too fast. We don't get the body into the point of no.

But when I do my my program, I usually do a 30 day ramp up where we're testing. We're looking at those foods, they're gradually pulling out the ones that cause it to go high and then we make a decision today starts the 30 day metabolic Reece Right?

Today is the day that you're gonna go all the way and people do and they do it for 30 days. Sometimes they fall off

the wagon because you know, they're human and there was a celebration or whatever and they get right back on and they see the difference in how they feel.

That's the cool part. They see the difference in how they and how they other numbers look and they don't like it. And so they stay on it. – And I think that's kind of cool when you have a measurable impact when you're following your your glucose level that you then can can see the impact of your choices and then so you have a a constant feedback as to you know what what takes place and that will then reinforce better behavior.

– Exactly, exactly. – And and yeah, like you were talking about the gluten corn and he said, yeah, whatever person may be sensitive to. So you know, for a person that is sensitive to something, I mean that will trigger a stress response which will then cause blood sugar to go out. So, so it's a good way then to pinpoint and see, you know, if you have allergens that your immune system that that is causing a stress response. – Exactly, that's exactly right.

And that helps to in in encourage people, right, Especially when they go off of those things and then they accidentally get exposed or they deliberately get exposed and they go, oh I don't like that, I don't like how I felt, right?

So they get the feedback from their body. – And you have them, you know, and I'm sure you do the same. You have patients. I mean they feel horrible all the time. So then it's not easy than to kind of weed out and find out that it's this food that did this or that food that did and did that.

So when you then do like a reset, you know, like you're doing then all of a sudden you feel better and now you can have it direct correlation with food, you know, rather than just feeling horrible all the time.

And you have no idea what's happening now. You can correlate it with eight this you know like there was somebody earlier today you know they had a few corn chips and and then they had a headache you know so now they can recognize them.

You they used that headache all the time but now they know exactly what it is. – And you don't recognize it when they're eating corn all the time because they have a headache all the time.

Right? And so when you eliminate these things and then you put them back in then you notice. – Yeah. and so nutrient you talk to me a little bit about some supplements that can be beneficial like chromium you talked about that.

I mean what what are some of your your favorite supplements that you use through this process? And for what reason? – So yeah chromium and magnesium are super important to escort to help the insulin get through the receptors. So super important.

And they get depleted when we have high levels of insulin all the time. D. H. A. S. And omega three fat has a lot to do with the membranes. The receptor membranes.

That's an important one. For some people berberine works well but it works more like a pharmacological there versus a nutrient effect because it works similar to metformin without the side effects but people do well with that um There's other things that people get helpful like folic acid and magnesium I already said um And there's a few others but those are my favorites and those are where we start I don't like to inundate people with too many supplements because I want them to see you know what is actually important rather than having to just like load themselves up with supplements because they don't comply for very long if you load them up with too many supplements. – No and in reality what we're wanting to do is to create life style changes. We want to create habits that people can then do for the rest of their life and they shouldn't be dependent on a bunch of pills they should be able to get good nutrients through their food.

And then obviously if there are kind of strong deficiencies and you've got to supply those but but at the end of the day you know through food and becomes the key, – It's the best you know I think about I call the that group the chromium magnesium D.

H. A. I call them the craving crushers. So what I oftentimes do is before they start eliminating the sugars and the starches and all those foods that are addictive right there. Like I can't go without it.

Supplements, Success Stories, and Dr. Ritamarieu2019s Book

I give them those nutrients and usually after a week the cravings go down and then they can start eliminating some of the sugars. – Fascinating. So what kind of what type of magnesium do you like the most because there are a lot of them out there, you know for this specific purpose. There's a lot of them out there.

– The one that has been most studied for insulin resistance has been magnesium glycate. Citrate works as well. But you have to be careful because some people get loose stools with the citrate um three.

And it works well for people who have a lot of stress and anxiety and you not enough gaba to calm them down. And you know the training helps with that tori that's a taurine is a precursor to the gaba. So those work well combination formulas work.

I think you know many of them work. I think the ones that don't or something like magnesium oxide, it's more like just a laxative but glycerin glycerin, it is the one I use the most because I had the most studies behind it.

– What are some for people to get an image what it you know people that you you talked about this one lady get you know within a month, get an hour hour glass shape.

What have you seen? I mean with with all the people that you worked with. I mean thousands and thousands of people. What changes have they have they seen in their life and their health.

You know what give people kind of a picture of what what is real, what they can what they can achieve? – All right. I'm gonna give you the other the extreme and then I'm going to give you more the reality.

So we had one lady who within three months had lost like 55 pounds and reversed her Hashimoto's. She went back to her doctor and she's like after 50 years on thyroid medication, the Doctor said, Huh, what's going on here? Get off your medication and let's retest you and she was fine and has been for 10 years.

Then there was another lady, – And tell me so with her that obviously working on the receptors, working on the insulin receptors and thyroid receptors and all of that becomes becomes key then for her and the diet and an anti inflammatory diet and all these things, you know, really helped her go in that direction, achieve that goal.

– Exactly, exactly. And then there was another lady, she was 78 when she joined our program and her daughter was worried about her because she didn't want to go on medication. She had been diagnosed with diabetes a few years before and she was keeping her sugar's kind of in the high 180s, which is not great and it wasn't on any medication.

And within one month She had a fasting glucose below 100. Within one month she called her daughter up crying like I can't believe this is happening. – That's awesome. That's incredible.

– Yeah, those are the really great concert stories and those people were really dedicated, they did the work. Some people kind of have heartedly do the work.

But we've had I mean people lost 15-20 pounds after stubborn belly fat um reversing a fatty liver because fatty liver is hugely associated with it, insulin resistance and fructose consumption. We had one person who said she she had a D.

D. She joined the program because she had this belly fat wanted to get rid of it. But she also had a. D. D. She had fatty liver um you know, had about 15 extra pounds. And she always had to have a really detailed list whenever she went to the store because she'd forget because of her brain fog.

And she um went to the store and she forgot her list and then she tried to remember all the things that she had to get and she came home and she remembered everything. Yeah and she was like oh my God, oh my God my belly fat still here. But my brain fog is gone, right. And then the doctor, you know, measured her and she said your fatty liver is gone and eventually the belly fat went away too.

So it's always to remember that the body's gonna reverse things in its priority order, right? You know, it didn't think the extra belly fat was all that important. But the fatty liver and the brain fog, those were super important. And so those are the kinds of things that happen all the time, – That's so awesome and you know, something I tell my patients is, you know, things like, you know, the brain moved that all of that goes along with your blood sugar. You know, if your blood sugar goes up and down, your mood goes up and down, you're more prone to anxiety, depression, obviously A. D. H. D. You know, so if you're if you're dealing with those kind of issues, it is so key then to stabilize your blood sugar and that will help to balance, you know, how you feel emotionally.

Well, Dr. Ritamarie, it's been such a pleasure, it's such an honor. And and you are, I mean for 30 years you've done such amazing job. I mean this is the nutritional endocrinology is is is such a key component to be able to use nutrients to to shift and how how whole or hormonal system is doing and and how, you know how we're balancing blood sugar and and you know, it's such incredible work. Tell me some of you have Unstoppable Health, you know what what that that is your book, you've written written more books too, haven't you. – I have a whole bunch of recipe guides and plants, you know, whole big insulin resistance book that's full of recipes and plans and all that, but that's my only like, you know nonfiction, that's actually a fiction book, it's actually a fictional story, I talk I talk I tell a story about a composite of my clients going through their process of figuring out how to get healthy.

So it is actually fiction. – So when when people read that book, but what will they, what will they learn? I mean, give me a little kind of teaser. – They'll learn about the fallacies of the standard American diet where it all falls out, they'll learn about how their food, their mood, their body shape, all has to do it, their food, their mood, their attitudes and all that.

So it's all the stuff we kind of talked about today um and actually have a companion recipe guide that goes with it, that if you go in there, you and go to the there's a link in there that says go here and download the recipe guide because I talk about different recipes that she learned along the way and um it's kind of fun for that and so she learns how to take care of herself. She she has ups and downs, has typical hero's journey um and realizes that this is important to her and completely turns her life around.

– I love it. I love it. Cool, well thank you so much Dr. Ritamarie. This is awesome, – Thank you so much for inviting me, appreciate it.