Podcast Intro and Guest Introduction

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So if there is no prescription that will treat that, they don't really want you to know. Welcome to the Holistic Truth Podcast. I'm Jamie Dorley, CEO of Nutritional Frontiers.

And I'm Christine Genovese, creator of The Soul Intelligence Method. We're here to help you break through chronic disease and dysfunction physically, mentally, emotionally and energetically.

With real proven strategies, protocols and tools you can use in your practice today. Hello again, everyone, and welcome back to your favorite podcast for natural healing in the mind, body and soul.

This is The Holistic Truth. And hopefully you can handle the truth. I'm your host today, Jamie Dorley, CEO of Nutritional Frontiers. We're on a mission to make the world healthy.

And I have my cohost and a very special guest on today. So before we get to our special guests, welcome back to the co-host, our chief growth officer, Christine Genovese, otherwise known as Hollywood.

How are we doing? I am doing great, Jack. we have both been road warriors lately, so it's nice to actually be back in the studio. Well, as I was told recently, it's not a competition, but, you know, some have been on the road a little bit longer.

However, we're back and we are excited. Better than ever in Studio 109. We have a very special guest on this show today talking about a topic that's near and dear to my heart.

And it should be to everybody's because we was at a VIP dinner last night and were talking to someone who mentioned about cardiovascular health and everyone kind of just.

I go, I know it's not the real sexy word of the month, right? It's no GLP wands and it is not POTS and its not Lyme disease and autoimmune, but it still the number one killer in our country.

And it used to affect mostly just men. However, woman want, you know, piece of the action and now it's affecting woman almost as equally, which is really a concern.

And I want to find out a little more about that. So before we jump into it, I'd like to introduce our special guest today. You know I knew when I first met her, the word sweet comes to my head right away.

She's so sweet. she's, so caring. I could tell not only for allowing us to come in and invade her practice and share nutritional frontiers, but I can tell the way she's with her staff and her patients.

She is a family practitioner and she is the founder of Restoring Wellness, you know, Physical Care and Wellness Center. And she has been a doctor in the Tampa area now, I cannot believe, almost 20 years.

So I'm really excited to learn from her and all her wisdom. You know she took that very courageous route of going from what we call allopathic medicine to more functional medicine.

So let's give a nice warm welcome to Dr. Jamie Mickey. How are we doing, doc? Great. Thank you. And let us be clear, I graduated medical school almost 20 years ago.

Yes, that does make me a doctor, but you got to go through some training. I have only really been practicing. So yeah, wow, time flies when you're having fun.

You're nowhere near as old as me and Christine, you know that. Yeah. We're way out there. Christine just went to a big high school reunion. I can't believe, yeah, 20 years almost since graduating medical school.

Wow. Yeah, as Jamie just said, I just to my 40th high-school reunion! Yeah but I got a great compliment and it came from my son. He said mom, are you sure you're at the right reunion?

Because you look younger than anybody here. You are my favorite kid of all time. Yeah, we're not sure. We'll take any kind of compliment, especially from our kids, if they're so willing to give one.

So, Doc, I want to ask this just off the bat, because I'm always curious about the journey of how, you know, when you want those little kids as a girl, that you wanna be a medical doctor, or is this something the family or, grandparent, someone got into it.

You know for me, always sports medicine all the way, and I got an autoimmune condition.

From Conventional to Functional Medicine

And that kind of shifted me to public health and then eventually functional medicine. So how did you even want to go to medical school? Was it something as a kid or later on?

No, I don't have any doctors. I was the first doctor in my family, actually. Congratulations. Yeah, thank you. It was furthest thing from my mind. My mom was a teacher, my grandmother was teacher.

Many aunts were teachers. And I happen to just really love the human biology, the anatomy and physiology. That was like my favorite subjects in school.

So I thought I'd go to college and major in those things and then teach it. I didn't want to major education, I want a major and what I wanted to teach because I figured I'd probably teach maybe at a college level or, you know, become a professor, but then guess who all my friends in school were when you're a bio major, they're all pre-med.

Yes. And it was actually all my pre-med friends who couldn't understand why I wouldn't consider going to medical school because they were, you know, that was like the only thing that they would ever have considered.

And they all encouraged me to consider it. I was, like, I've never considered it because there's no doctors in my family and I'm a teacher and there are teachers in the family.

But I'm still very much a teacher in my current career. So I think of all my friends and, you know, that really pushed me to even open my horizons to that.

It's interesting. When I was taking Latin way back in the day, I learned that doctor from Latin actually means teacher. Yeah. You are a teach one way or another.

And that was always my dream as a kid was to be a And I just didn't think I could work in the school district and thank God I didn' because my daughter does.

And yes, it's quite complex in that situation. Oh my gosh, yes. Well, I love it. The other part of that too is when you went to medical school, A lot of that is what we call allopathic or modern-day medicine.

What inspired you to take that very courageous route to more the integrative… I know all these different words. People ask me, what do I do? I'm like, functional medicine, holistic, integrator.

It used to be alternative, which I hate that word, but… You know, and then I remember someone says, well, you're

not, I actually are conventional medicine because nutritional natural medicine has been around thousands of years, modern allopathic medicine nowhere near as long.

So what inspired you to make that transition in your career? Well, this I would have to say my patients. My conventional, however you want to consider it, my former primary care practice was very much a geriatric practice.

So I didn't get a lot of say. I loved my patient, I love seeing them, but I only could see them for maybe 10 minutes. Most of the time they're specialists, they saw tons of specialists or specialists were really the ones doing a lotta the prescribing.

They were on tons and medicines. Tons of side effects, tons of interactions. I was trying to manage it all. Anyway, that was really not a fun way of practicing, but I did have like 10 ladies that would come in just for their annual physicals.

And these 10 Ladies had one thing in common. First of all, they all looked younger, acted younger. Had no specialists, no medicines. They just were so vibrant compared to my general population of patients.

And the one thing they had in common was, well, first they were all on bioidentical hormones and they're all seeing a more holistic type functional doctor outside of me.

I was just their kind of like family doctor that they would see once a year. Well, I needed to first of all know more about hormones, and bio identical hormones because I always thought hormones were dangerous and bad.

But why are my healthiest patients on them? So yeah, so it was those ladies, year after year, they would just keep looking younger and younger when all my other patients were getting older and older, and, you know, less and less healthy.

And so I decided to, take a course in bio-dental hormones and I couldn't not. you know, prescribe these things and I wasn't allowed to do that in my conventional practice.

You know I was with a big healthcare system, I'm not sure I should say the name, but I think everybody knows what that is and that's just was to outside their box because they're compounded, they are customized, it's not their insurance and it was an insurance based practice so So, I couldn't do that with them.

So I finally said, okay, well, guess I got to start my own practice because I want all my patients to be like those 10 ladies that, you know, didn't really need me.

They were just doing it because their insurance covered their annual visit, really. And so that just morphed into what I have now. You know nine years later, who would have thought my, what i thought was just going to a hormone practice would turn into.

What we do here is so much more hormones are still a very important piece of that. But yeah, that's kind of, you know, the really the true, true thing.

And then you start seeing people healing and you still start people getting better. I'll say seven years just being a pill jockey and managing side effects of prescriptions that most of the time I didn't even prescribe that are prescribed by specialists that aren't talking and arent communicating, don't probably even know what the other specialist is doing, was not a fun job.

So I'm very grateful for having the opportunity and the support behind me to be able to start my own thing. Not many docs do that these days. It's all the big healthcare system, but Im very thankful that I was able We're very grateful, too.

You're a blessing to the community.

Why Cardiovascular Disease Persists

We need more doctors with your courage to be able to make these transitions. And one of my doctors called the Golden Handcuff, she says, they got me locked in.

I'm stuck. Like, I try to to this transition. It took her a few years to kind of wrap her mind around it. But it's really challenging when you invest all that money and time and resources to go into medical school and do the residency.

then you're out in practice and you think you got it all solved. And then, you see the same types of patients. You mentioned this whole thing with medications.

I know Christine and I always talk about this, but I'm fascinated, Christine, that the amount of blood pressure meds and statin medications that people are on, yet cardiovascular disease, strokes, heart attacks, all these things are not decreasing.

Why is that? That's a good question. Very good question. And that was actually something I saw in my own practice. I would see guys that weren't that young in their 50s.

If they had any of the most common risk factors, I had them under control. They shouldn't have been having heart attacks at that age, and yet they were.

There was something that I didn't learn And there's got to be a reason. And so that also, as I transitioned over to more of a hormone practice, I wanted to learn more about cardiometabolic health.

I really truly understand what is the true reason that people get these diseases. because clearly just keeping the blood pressure under control, their blood sugars controlled, and keeping them on a statin wasn't enough.

So then I learned about that lovely word inflammation, right? That inflammation. I mean, that's the root cause of all disease, but it's also very much the real cause, of cardiovascular disease.

And I was never trained. We weren't trained, there's no, you know, prescription out there and that takes out cardiometabolic inflammation. So if there's no prescription that will treat that, they don't really want you to know, or not that they want to you know.

It's just that you dont get trained in them. When I realized that actually there are all these cardiomedabolic inflammatory markers that we need to be looking at and correcting, usually nutritionally, That's how you prevent cardiovascular disease.

And then also naturally lower blood pressure, naturally, lower the risk factors, blood sugar, and even cholesterol. The cholesterol itself, again, I know it's a very controversial thing, but cholesterol, itself I now see has been villainized.

It's made into the bad guy. even though actually I don't think cholesterol is the culprit at all. Cholesterol is how your body helps itself heal, and yet it gets the blame.

It's the inflammation inside the arterial wall that causes the disease. Your body uses cholesterol to put the information out, but then guess what they find in the plaques that they believe cause the diseased cholesterol.

So cholesterol's a scapegoat, essentially gets to blame, But just lowering cholesterol has never really been shown to significantly lower comorbidities of cardiovascular disease, Well, this week I was in the field in South Florida with one of our team members, Jamie, as you know, and I speaking with a woman who has worked for a pharmacist, a compounding pharmacists for many years.

And we were talking about Seven Flowers because that was one of the products that they have and one the product that I use regularly to help manage my blood pressure.

Because when I came to Nutritional Frontiers I had no idea that, I didn't need to be on blood-pressure medicine because traditional cardiologists will say, well, once you're on it, they don't want you to get off it.

So there is a way to work with a physician to kind of taper down. So I wound up using our seven flowers. And so I was speaking to her about it and she said, well, I've been on a statin for 20 years.

I'm afraid to come off it. Oh, wow. And she is informed, right? She works at a compounding pharmacy, has been with this man, the pharmacist there for years.

And I'm just surprised that she wouldn't feel comfortable enough to kind of taper off of that. But it is true. I think there's a big fear base out there about, okay, once you're on blood pressure medicines, you need to stay on it.

So I got very lucky. I'm coming to Nutritional Frontiers and learning because this has been a big part of my education and certainly transformation of own personal health.

But I use our Seven Flowers, I used our CircuCore for circulation, and I us our EnterCoQ10 every day. So I don't know what your favorite cardio metabolic combination of holistic practitioner wonderful protocols are, but that's my trifecta.

We go through a lot of that. A lot Type A personalities, the go-getter, that sometimes… Hey, guess what? Jamie's taken it now, too, just so we're clear.

So, hey… Yeah, for blood pressure, not for schizophrenia, like some people take it. So, but again, you know, emotions, that's part of the cause of, disease in humans.

And that definitely drives blood pressure up in people, which is a risk factor for heart disease. So anything that can help us, calm any of those things down is great.

Yeah. We go through a lot of of interco Q10 as well. Wonderful antioxidant, anti-inflammatory. Of course, it also helps improve circulation. Circular is exactly for that, improving blood flow circulation and dilation of blood vessels everywhere in the body, not just in heart.

So that's a really popular one too. Yes, we've used a lot of those over the years. What's one of the things you love to use for inflammation in general?

You talked about, you know, I think that's, one, of things that we're finding out is that most of, the major diseases that, we have, right, are usually metabolic in some form or fashion and that you, know inflammation is a big factor.

I heard you mentioned that in the beginning. So what are some of. You know formulations you like to, use to help control inflammation?

Nutrition and Lab Testing for Heart Health

First, I talked to them about their diet. We got to start there. So I'm a big fan of Mediterranean diet and then for people that have perhaps insulin resistance or pre-diabetes, then perhaps we go even a little bit more low carb and maybe even ketogenic or carnivore for a while to be able to resolve.

Yes, you can resolve your diabetes, your pre diabetes and your insulin resistant if your doctors are checking. which most don't, because that will show up 10 years before blood sugar is going out of control, but it's still causing damage that leads to cardiovascular disease.

So, again, so always we start with diet. Diet's 80% of the game here. And then, of course, exercise is tolerated. That, you know, plays a role, too. Then we add the nutritional supplementation, and it really depends on the individual.

Everything I do is individualized. I dont have a one-size-fits-all protocols. Really, I, do the full, big, what we call a cardio-IQ. which is an advanced lipid panel that's through Quest, and insurance actually will cover a lot of it.

All these tests 10 years ago weren't covered, but many of them are now. Cleveland Heart Lab developed a lot of these tests, and they're actually partners with Quest Diagnostics.

So I would do most of my testing through them. And so we look at particle sizes. Of course, we looked at fasting insulin levels. But we also look things like fibrinogen and homocysteine, which are two things that increase cardiovascular disease.

Those are really related to B vitamin deficiencies, or at least the homocistine is. And the fibrinogen is, you know, again, another thing that makes our blood sticky and cloudy and at higher risk for cardiovascular disease.

So we, kind of, target that with things like nanokinase. Again, it really just depends on the individual, what they have going on. High lipoprotein, little a, huge risk factor, but not everybody has it because it's a genetic thing.

But high doses of niacin help with that, so but, not, everybody, has to be on that. It really, just, depends, on their individual what their, individual lab tests show.

So that is kind of how I try to make sure we address the major issues. And then, yes, definitely there's markers that we check for nitric oxide production, and if those aren't optimal, things like circuit core are wonderful for that.

So I used to be able to check things like Code Q10 levels, but now I just assume everybody's low, because I don't think I can check them. For some reason, Quest doesn't offer that anymore.

Maybe they do, actually, But I'm not sure how reliable the results are. So, I won't do that. I feel like it might be an expensive test. And you know what, I do have patients on statins.

Very, very few. I can probably count them on both of my hands. So it's a very tiny percentage, but it is a little tiny low dose. These are the people that I worked with that have very, high risk, what I call cardio-IQs, the advanced lipid panels.

And we've tried it all. In some people, they just stay high-risk. But we're talking tiny baby doses. to minimize potential side effects. Well, like 10 milligrams of Vastatin, something like that.

Yeah. Even sometimes five. Five, yeah. Rosu Vestatin. Very potent in tiny doses. So five, 10 mg. Lots of, of course, CoQ10 with that, which I love about the inner Coq10 because it's such a high potency, 300 mg in that So, to offset any potential side effects.

And every now and then, that does get people, and even sometimes targets some of those inflammation markers, but they don't have to be on the big, huge doses.

Again, I would say the majority of my patients dont have any statin at all, you know. But I'd be lying if I said I didn't prescribe it all. Literally, can probably count them all on my two hands.

Well, I love your approach. That's what I call complementary or integrative. Integrative, right? That why we're integratives. I'm a medical doctor. You mentioned food, exercise, supplements, peptides, hormones, and medication.

And that's really the whole idea. There's a lot of people even in my world that are anti-medicine and you have medicine people anti supplements. You have to be open-minded to what the possibilities are because before all these medications were around seven flowers, like the oldest supplement on the planet.

It's been around in China for a thousand years and those are the calming herbs, you know, fish oil. The cultures that eat the most fish, Japan, Mediterranean, are they healthiest.

I was just presenting this last night. We're still one of the sickest countries in the world. Of the developed nations, we are We ranked 37th in healthcare systems and our health actually ranked 72nd.

That's according to the World Health Organization. I think you hit a key component, which, you know, my background in the 90s was exercise, nutrition, and lifestyle therapies.

And I feel that even now, back then you can put someone on a good diet and exercise program and they can change in three months. But now the patients have gotten so much more complex.

I love the fact that you're really going to this anti-inflammatory Mediterranean style diet, lower carbs, and even for some people, more of that keto or that carnivore diet because, you know, this is before your time, of course, but they really discredited fats in the 70s and 80s.

On the heels of Dr. Robert Atkins' incredible research on fat is not the issue, it's sugar. And he did all his research up in New York looking at, well, If you consume lower carbs, you don't have those insulin spikes, therefore you're not going to store body fat.

And he would even get extreme with his diets with people. It's kind of evolved over the years, but even myself personally, struggling with blood sugar for years.

I'm better off not having any of those types of foods. And I was just curious, as a practitioner, what are some of the usual suspects that people are eating that they think are healthy and you're like, oh no, you can't do that.

Like Jacqueline Shatton was mentioning Chick-fil-A, because it says chicken doesn't mean it's healthy, right? And she says, all my patients think that's a healthy version.

She's like none. So what is some other things that you see people coming in, And you go, oh, gosh, no, we can't do that. That's one of your culprits. The underlying causes that they're doing that, they may think are healthy.

I would say the top two that always surprises, or maybe even I should say top three, yogurt. People think yogurt is healthy and, you know, Greek yogurt can be high protein, but not all yogurt as healthy, it can very high carb, very sugar.

And again, even, you know, again back to the fats. Yes. Fats are our friends, but fats are still calorically dense. So I'd say you got to read, the labels.

And so actually low fat dairy has fewer calories and no more carbs than full fat diary. You know again you just got a read the label. But yeah, so yogurt's way up there.

bananas, everyone, oh, oatmeal. Oatmeal is the other thing. People are shocked by oatmeal, and I said, well, you know, again, if you were measuring your blood sugar or if were a diabetic, same thing with bananas.

Supplements and Statin Strategy

They're surprised by bananas they're full starch, they are all sugar. you got a spike, you're gonna spike. Depending, there are some things you can do to your oatmeal, like whole rolled oats, preferably sprouted and gluten-free, but you know, your steel cut, which are more fibrous and hearty.

We don't want just the Quaker Oats stuff, we definitely don' want the flavored packets of the quaker oats that have all the sugar additives. And then you could put things like coconut oil on there and nuts, and some chia seed, and maybe some dried fruit, even though that can be high glycemic too, just to give it a little sweet, better than brown sugar or maple syrup that we're all used to putting on our oatmeal growing up as kids.

So there are things you can do to perhaps make the oatmeal a lot less of a glycymic spike, but otherwise, if you're just doing that and putting it on milk and sugar like you used, or at least that's how I did when I was a kid, that just a

big insulin spike.

That's a bit glucose spike So yeah, so those would be the big things. But yes, most of my patients are not going to admit if they go to Chick-fil-A or fast food.

Most of them aren't going admit that to me at least. And I was on the road this weekend. We were driving to the next office and it was like fast food alley.

It was Starbucks, KFC, Burger King, McDonald's. I hit the gas and you see everyone's cars are just pulling into those. But you hit three for three, not anymore, but years ago in high school, especially when I We would eat yogurt because it had so few calories and it wasn't really dense.

And then in bodybuilding, the typical breakfast is six egg whites, bowl of oatmeal, and a banana. But now with the Dexcom, anytime I've tried even a piece of banana, you're right, it's all starch.

Someone was mentioning yesterday cantaloupe and honeydew. I'm like, oh no, no. You can't. For me, I can't do those. So I'm glad you brought up those three things up because those are perceived as being really healthy.

But again, it's a lot of sugar. And I feel like that's probably the biggest culprit is when people are eating too much sugar and too process sugars, let alone all the junk food that they eat.

Now, Christine, she doesn't eat anything bad anymore. Well, I do hang out with you two and occasionally we might indulge, but no, i'm really good about starting my day off with a shake.

I mean, that's what I'm doing right here. Um, you know, got the clean collagen protein in here, delicious, the cacao. Also have a scoop of peanut butter, which I think I just turned you on to our peanut butters, super shake and the pearly and greens.

So it is, um, my new and enhanced collagen version of the Reese's peanut There you go. Yeah. So, so yes. And that's what makes it. That's so nice to make it easy because so many patients don't know how to get more protein in their diet when you talk to them about that.

It's just nice when it's like, let's supplement with shake and get your day off started right. This looked at different types of lifestyle therapies. And this is back in JAMA 20, 25 years ago.

And when they found that the doctors put the person on a low glycemic index diet or a lower glycymic diet plus a protein shake twice a day, the ones on the meal replacement or protein shakes lost significantly more weight.

And they were like, oh, wow, that's interesting. Why? Because protein is very hard to get in. And when they're skipping meals a lot, the challenge is they are not getting their protein requirements.

So when you have people on peptides, I know that is my concern, it's not that they on the peptide, they doing it improperly, strictly for weight loss.

and there's numerous examples popping in my head, but we recommend that they do two scoops of protein before noon just to make sure they're getting that protein requirement and then also weight training.

So with some of your strategy with people on GLP wands or cardio metabolic programs and they really trying to do a body comp program or weight loss, what are some your strategies to makes sure that the are not burning up too much muscle?

and that they are going to focus more on burning fat and losing some of that excess water? Well, yeah. So, well, I mean, that's exercise. But yes, you're right about the protein.

Protein and fat is very satiating as well. People will find that are not going snack as much, they're not gonna have

as many cravings, and they'll not be so hungry by the time they sit down and eat, but they will overeat and do second helpings or whatnot.

I think that is also why that important. you know, getting the day started off properly with plenty of protein. But back to like when it comes to the muscle, yeah, that's definitely a big concern.

You know we're lucky enough to be able to offer and we require really in-body, you now, body competition scans on all our patients who do choose to go on the GLP-1.

So I can monitor that and if they're losing muscle almost at the same rate as they are losing fat, we have to talk because that means that they aren't getting to They're not doing any lifting and I have to explain to them if you're losing muscle, you are losing your metabolism, and you know, losing you bones and that's going to be a problem down the road.

So yeah, so really when it comes to maintaining muscle, that's where the exercise comes in, the weight lifting, heavy. You got to start working. Right, Christine, she's bursting at the seams, doc.

Ready? She's going to brag about her in-body. So go ahead, Christina. It's okay. I can read her mind. Look at those eyes. She is ready to go. No, I actually went to one of our practitioners' offices and did a DEXA scan, right, like a bone scan.

Diet Mistakes and Blood Sugar Spikes

And that also showed like the percentage of muscle versus the percent of fat in addition to telling me whether I've got healthy bones or not. And I was thrilled to learn that I have a hundred pounds of lean muscle.

And so I had way more muscle than I do fat in my body. So I did it right. I'm super excited about it. All that tennis. That's right, baby. Tennis, Pilates, great supplements.

Yeah. Christine being a state champ, Dr. Mickey getting back into the groove with her. That was my way to hang out. My older brother was five years older.

So I'd go sneak out of the basement and work out when I was nine, 10 years old. And then once I can prove to him and his friends, they would let me hang out with them.

So I've always loved weights, but as I have evolved and matured, I'm gotten more into Pilates. We're going to go Pilate's tonight on a Friday night. That's our happy hour.

Can you believe it? But I need it. I needed to work out, you know, five, six days a week, we do the beach walks, You know I am in Pittsburgh. When I'm on the road, I actually look at hotels that have some kind of weights and I always modify it.

So from traveling more, you know, turn the intensity back a little bit. And then if I own a couple of weeks. What do you recommend that patients do? I heard you mentioned a couple of times, weights, heavy weights machines.

So what is this good strategy for people that maybe have never worked out or it's been a while and you're really concerned that you don't want them to go in that sarcopenia where they're losing the flesh.

What are your strategy exercise program for the average, um, middle-aged mature adult? Yeah. Especially for my ladies, again, Pilates is huge. I think especially because you can do the smaller group classes on the reformer beds.

Those have become more and more popular and easier to access. So that is definitely something that I frequently recommend, especially in my lady's that have some bone loss, whether or not they're on GLP ones or You know, another great actually easy and a very effective cardiovascular is rebounding on a little bendy trampolines, you

know.

That is like it kind of like hit high intensity interval. It's low impact. it improves, it's been shown to improve bone density and, and it shows it helps with lymphatic.

So a lot of times as we get older, moving lymph is harder. But, you know, that's because we're probably not moving in general as much as we should be.

So all exercise helps with that. But rebounding in particular, it's a really easy, safe thing that people that are really savvy to the gym can do in the privacy and comfort of their own home.

I'm also a big fan of yoga, even just gentle. That incorporates so much breath work, Tai Chi as well, because those are very important modalities. And that can keep you flexible and strong and improve balance, which also is something we need to work on as we get older.

Otherwise, we lose it, right? So yeah. And then, of course, I do have a lot of patients that are able and willing to go to gyms and hire trainers, at least initially, until they get comfortable with some of the equipment that they may not be, you know, to get into a good routine and make sure they're doing things properly in good form so that don't risk injuring themselves or whatnot.

So yeah, so whatever speaks to you, but we just got to move. Even just the walking is amazing. You just gotta get people out moving. I love it because I exercise of any type.

I don't look at it as a punishment. We were discussing this last night. Man, when COVID was going on and you couldn't get into a Pilates, yoga studio or gym or health club, I started negotiating with God, what am I willing to give you?

It was like my pinky, just to open that gym up, right? So I tell people, whatever it takes to get in there, because you always feel better when you're done than before.

And gosh, I remember I got a new American College of Sports Medicine certified training in like 93-ish. My dad goes, what are you doing? I was like, Papa, i'm going to be a personal trainer.

He's like are, you moving to Hollywood? And I'm like no, Pittsburgh. No one's going pay you. I go, actually they will, but I knew a guy that had a very cutting edge business at the time.

and he brought a lot of strategies in from the West Coast. But nowadays, there's no excuse. There's gyms everywhere. there are Pilates studios. I mean, it's probably three or four Pilate studios in the area.

Yoga. You can walk outside. Tennis. So many different things to do. And, I, mean Christine, until this year, you weren't doing Pilaties, correct? No, You roped me into it.

Well, maybe you can share your experience with it because now she's even going on me doc. Can you believe it? No, I do. Yeah. No. I mean, honestly, the gym was just never my thing.

Running was never my thing. It was a thing I had to do when I'm playing a sport, you know? And so I wasn't sure if I would like Pilates or not. Um, cause I was like group classes, I don't know, but it's individualized, right?

You can push yourself on the reformer. So it not like you're really like always checking out what somebody else is doing. I am really focused on me and what it feels like in my body and I feel that strength training coming.

I feel really good afterwards, you know, and I think it also helps when you find a really fun instructor that you just really enjoy. I actually look forward to going to her class because she's got such great energy and she makes it fun.

And I also think that's important. So I know we started out by talking about cardiometabolic disease because it's

something that we treat and see a lot in your practice.

So, can you give us maybe your top three tips or three things?

Protein, GLP-1s, and Preserving Muscle

If someone's out there is like struggling with cardiometabolic disease, if they're thinking, I may have an issue, what would you recommend they do? Gosh, well, ask their doctors to check fasting insulin levels because most doctors don't or won't.

They'll tell you your blood sugar is fine if it's under 100, but it should be under 90. And if it's over 90 fasting, then you probably have early insulin resistance.

So that's why that fasting insulin level, which should be under six, but they're going to say it is okay up to 20 because that is the bell curve of the average general population.

Up to twenty you're saying that it okay now? What's that? Up 20. Yeah, yeah, if you get a fasting insulin level, the bell curve for the US is something like anywhere from five to 20 is considered normal, but actually under six is normal.

So that just means we have a lot of people with insulin resistance, right? That's how they get the Bell curve, or the average of whatever population they're testing.

So the bell curve is not always healthy, not anymore. Not for the last 30 or 40 years. Well, you can just look around an airport and tell how many people have insulin resistance.

Holy moly, everybody's large, right? I mean, a lot of people. Yeah, You can see it. I know one of the things that we use for insulin resistant, and it's actually helped me too, is our Nutri-Glutide, because that has six patented research trademarked ingredients in it to help manage the insulin-resistance and get rid of that cortisol belly.

Right, and yeah, that's it. Insulin and cortisol cause that belly and it's a vicious cycle. The bigger the belly, the more cortisol and insulin, or really more insulin.

And then, but Glucolize, we've used Glukolized over the years and that really helped. Even Sweet Balance, it is a newer product and has really help a lot of our patients too.

So these are things besides what we just talked about with diet and exercise that can also help correct that and never allow you to cross that threshold when your doctor will actually say, hey, you're pre-diabetic or you are diabetic.

You don't want to go there. But again, some you can find a lot of information out with checking a fasting insulin level. So yeah, I would ask, and again, most docs aren't going to do, not even the cardiologists really do the advanced lipid testing, unfortunately, because it is lengthy and it's time consuming.

They don't have that much time in an insurance-based practice to be able to even interpret it, say nothing to go over it with you. And they probably don't have a lot of solutions other than statins anyway.

So find a doctor, find holistic, integrative, functional, whatever you want to call it. We're all of the above. And find somebody who does have experience doing a deeper dive if you're interested in and kind of truly knowing what your risks are.

Then you wanna do the deeper dive off the statin. So if you're already on the stand, you know, what I do is, if I have a patient that comes to me for an initial consultation, I'll say, hey, let's, yeah, gotta be off of this for like a couple of weeks.

I wanna see where you got in the raw. You know? I want to see what you body's doing in making, not what the Statin is doing for you. And, check those more advanced levels without the Statin, and like I said, most of the time, the levels that we see are very easily managed without having to be on a statin.

And with all of the products we've talked about, with the lifestyle tips we talked, and again, the far majority, 95% of my patients don't need to on statins.

Again, I also have made this realization, so seven years and what we would consider traditional family medicine, nine years in functional medicine doing this type of practice, heart attacks and strokes on a regular basis in my family's medicine practice despite everybody being on statins and blood pressure medicines and all of this standard of care.

Nine years technically not practicing standard care, no heart attack, s no strokes. I haven't had any patient. I can't think of a single patient, I don't want to jinx anybody.

Let's knock on some wood here. But I, yeah, it's just like so clear, you know, and this just was a realization I just had like in the last like year or so, like, oh my gosh, i don' think I've ever had a patient with a heart attack or stroke, even though I take it ever beyond those stats.

How fulfilling is that though? Wow. Or almost everybody except those top, those 10 that, that I mentioned that i just, they're just too high risk, so we keep them on baby doses.

You brought up something that I think is a great point for people to hear again, and I know we know it all the time, but this cortisol belly, this vat, the visceral adipose tissue, because when I was a trainer, I would make everyone, you know, give them a tape measure.

And I'd be like, look, just measure your waist circumference, show them where to measure, Now you want to judge it against yourself, but for a male this can never be over, they say 40. I'm like, you don't want it over 36. And for women, They say 35. Like 33, But you also can check yourself versus yourself.

So can you elaborate a little bit more on why does that occur and why is that such a key marker for people? Just a simple way circumference. Yeah, well, again, back to what makes your belly grow, because that's one of the top things I see, or people come to me as like, I'm gaining weight.

Well, where are you gaining the weight? Well in my belly. Okay, that tells me a lot. And so, you know, cortisol and insulin, those are the two horns that park.

on our belly. And so insulin comes back to the high-glycemic foods, you know?

Exercise, Insulin Resistance, and Cortisol

And I give every single patient that walks in the door a list of foods to enjoy, foods avoid, and it basically breaks it down into anti-inflammatory, low-Glycaemic options and then pro-inflammatory high glyceamic, to avoid.

They're always shocked when they're reading through that list because unfortunately it's the standard American diet, right? The sad diet is what we need to But yeah, anytime we're eating something that makes our glucose go up, our insulin goes up our belly weight goes on.

Wait a minute, I gotta steal that. The standard American diet is sad. Did you hear that Jay? We're stealing that, that's a great nugget. You've been saying that, but I love that.

The standard American diet stands for sad. And the other part is because we've all experienced this, right? Because people are like, oh, just have a bite or just a piece.

I'm like no, because if I do, my cravings go up through the roof. Yes, insulin spikes. Can you explain why that

happens? I think when people eating these foods that they think are healthy, they're hungry all the time.

They're eating more and they are storing more. But if they can get on your program, You know, if you have eggs, spinach, and mushrooms, which I love for breakfast, I don't get the toast and I eat the fruit.

I'm fine. There's no cravings. If I had the food or toast or a pancake or something else to that, gosh, am I hungry two, three, four hours later. So why is that?

Well, yeah, that's back to spiking your insulin. So when insulin goes up your body, it sends a signal of hunger and then you want to eat more and you eat something else that spikes it again, spikes again.

It's a vicious cycle. And it's really good point that you make about our sad diet. The standard American diet is also nutritionally depleted. People eat and eat high caloric foods with low nutritional value, their body never feels like it's getting what it needs because it is not.

It's completely deficient of the macro and micronutrients we need, which is why putting the shakes together and all of those wonderful things you make kind of fill those needs.

So that also shuts down the hunger and shuts the cravings and the snacking. that keeps you in that vicious cycle. So yeah, so that's, you know, a really good point, I mean.

And they've told us that on the commercials, right? You can't eat just one Lay's potato chip. Yeah, they tell us they're in the Lay potato chips bag. You could eat the whole bag and you're still hungry.

Thank God I'm not a chip guy. If I was, forget about it. But a lot of patients that would come in and ask him, what do you snack on? Chips. And I'm like, you can eat a lot of chips in no time.

It has one of the highest glycemic indexes of any products out there. That's why they're so good. Maybe add some wasabi, good fats, and you know. There we go, yeah.

Bring that glycerin, glycemic response. Because you cannot do that, that's a little hack. You know, if you're going to eat starch, hopefully it's complex carbohydrate that is not super high glycemia, so it doesn't spike your glucose.

too high, in other words. But if you first eat or along with it, eat a fat and a protein, it really kind of actually blunts that spike. You don't spike it.

We'll get a sweet potato and we'll cut it in half, but we will have chicken or fish with and some veggies with. So it's not just that. Even if I eat pasta once in a while, I'm like, you know, a small side of it rather than that being the main course.

You know, pasta with sauce and bread, it's just too much. Our body can't handle it. Yep. And then cortisol. I didn't want… Oh, go ahead, Christine. No, I was just going to say, you're going wrap it up with cortisol because…

Yeah. Well, that's the other thing. All right, tell us. You keep mentioning cortisol and the cortisol belly. That's stress, and most people might know that by now, but that stress.

We're living in these fast, fast pace, we're never off our phones, or never of our computers. Again, our physiology wasn't made for our current cultural lifestyles, essentially.

And so we are just all a bunch of little stress balls. The more cortisol we put out, which is survival hormone, to survive our currently lifestyle and environments, fast-paced lifstyles.

I mean, that just blows the belly right up, too. Then it messes up all your other hormones. So that's the topic for next. podcast. Because I love hormones, obviously.

That's what got me into functional medicine to begin with. But yeah, cortisol is a wrecking ball for the hormones and for your waistline. So gotta take some time.

smell the flowers, decompress, enjoy the beaches and the sunset. Beach walk, yes. Yes, yeah. Well, Dr. Mickey, I can't thank you enough for making time today.

I know your schedule is jam packed and that you've got a waiting list of patients. Thank you. And thank you so much for making time for us today and sharing.

You are definitely an incredible Dr. Healer and teacher, and you really showed us that today. So just thank Well, thanks to Dr. Jamie Mickey. She's been an incredible client of ours, mentor, colleague, and friend.

And thanks, of course, to Christine, the chief growth officer at Nutritional Frontiers. Thanks for all the supporters out there. You know, Nut?itional frontiers is 18 years old now and we are expanding.

We had our best month ever last month. I'm very proud of our team and I think it's a true testament to our commitment to education. empowered decision and cleared through a lot of the BS out there.

That's what we call the holistic truth. So thanks to bringing truth to a very complicated, simple, never easy topic. And I appreciate both of you joining me.

I know you're both extremely busy. Thanks, everyone, for listening, supporting. Appreciate you on our mission with us to make the world healthy. God bless, everybody.

Thank you. Yeah, this was fun. Thanks for tuning in to the Holistic Truth Podcast. If this episode spoke to you, please follow the show and share it with someone ready to take charge of their well-being.

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