Introduction to the Summit and Toxic Burden

Welcome back to the reverse Autoimmune Disease Summit series, everybody. I'm Doctor Kisha yours. And this is the fourth iteration of the reverse Autoimmune Disease Summit series that you're joining us for.

And this time we're talking about the fourth corner of that puzzle, the toxic burden. So the autoimmune detox and our guests in this particular part of this summit series are talking about all the different varieties of detoxification that need to happen when we're talking about reversing autoimmune disease.

So my guest today is Doctor Rita Marie Le Scalzo, who is the founder of the Institute of Nutritional Endocrinology. She's passionately committed to transforming our current broken disease care system into a true health care system, where each and every practitioner is skilled at finding the root cause of their health challenges. So I just want to talk a little bit.

You know, when we start talking about your bio doctor, Rita Marie, it's comprehensive and I love it. So you do a train the trainer and also train the person.

Which is what I do in my practice too. And I love that because you're actually helping more and more and more, people out there become providers in this layer of educational need inside our medical care system, and I am so grateful for that.

So her practitioner certification programs empower health and wellness professionals to unravel the mystery of their clients complex health challenges so that they can get to the root cause of health issues by using functional assessments and natural therapeutics to balance the endocrine system.

The Master Controller, Doctor Maria, is a licensed Doctor of Chiropractic with certifications in acupuncture, nutrition, herbal medicine, and heart math.

She's also a certified Living Food chef, instructor, and coach, and has trained and certified hundreds of others in the art of using palate pleasing whole foods as medicine.

Welcome to this series. Thank you so much for having me. I'm excited to be here. So, you know, one of the things that the our viewers are really smart and savvy around autoimmunity.

And so the top title that we did was like detoxifying your pancreas in order to support your immune system and your endocrine system and the way that your genetics express themselves.

So, you know, we start when we put it that way, people don't really talk about detoxing your pancreas. It's sort of like a provocative way of talking about this.

But what we're really talking about is blood sugar balance. So what does blood sugar balance have to do with a supported immune system?

Blood Sugar Balance and Autoimmune Risk

Yeah. So when I look at it I know you have your your pillars I have my, my five part framework and they're all pretty much the same. We just take it from a little just, yeah. Perspective.

And one of those pieces in the framework is blood sugar balance. And we have to be balanced. And our modern diet and lifestyle, does not lead to blood sugar balance.

And I believe that ignoring blood sugar balance is a big mistake that a lot of practitioners make, especially conventionally trained, because it's not made like, oh yeah, you don't have diabetes, you're fine.

And in reality, all of the negative consequences of diabetes, the metabolic imbalances that can lead to autoimmune disease, heart disease, etc. start to happen three decades or more before the actual diagnosis.

And a lot of people are running around like these, these fires that that are not being acknowledged. And it can lead to autoimmune disease because there's an inflammatory component and the cells themselves don't get enough nutrition to be able to actually heal themselves. Right.

And and to prevent that attack by the immune system. Well, you know, the thing about this, it can take anywhere from 10 to 30 years to develop an autoimmune illness, right?

Is that in diabetes? And we're not even necessarily talking about diabetes here. We're talking about all of the spectrum that gets you of that. Right?

We would like to catch you way before diabetes, because at that point, by the time you get a diagnosis, your hemoglobin A1, C is, you know, 6.5, then you have lost 20 to 25% of the beta cells of your pancreas.

They're gone. They're gone, they're gone. And so, you know, burned up in the forest fire and, you know, they're they're gone. And so what we're talking about right now is so important.

And it doesn't have an immediacy, which I think in our culture. People need to be having a hammer. Knock it on em, you know. And so what we're what we're asking you to do is decide it kind of drop in to a collaborative relationship with your body that doesn't require it to shout, yeah, I love that.

That's a great way to put it. Yeah. There's no immediacy when we're talking about the, the, the steps that happened before insulin resistance, which is the steps that has happening before diabetes.

Right. So awkward. We're talking about over here right now. Exactly. Yeah. Pre insulin resistance. Exactly. And I find so many people who are not classically diagnosable as insulin resistant or diabetic.

Yet they're having these mean these blood sugar swings that are up and down and up and down. And like you said earlier about the pancreatic function, every time the blood sugar goes above 100, every time there's a little bit more damage to the beta cells and a little bit more damage to the beta cells, and you add that up over decades and there's a lot of damage to it.

And then you get this picture, like you got a beta cell and you're doing target practice with a gun. Like that's how violent it is that what you're doing?

Right. When when you're hitting up over 100, you have just done like had some shooting practice with your betas. Exactly. And it's not worth it. I mean, occasionally, you know, you have a treat and it does that.

But people are doing this every day. Most people, like I would say 90% of people are going over that 100 multiple times a day. Not even to say when they actually get to 100 as a fasting sugar.

Then it's if you're fasting sugar hits 100. You've been in dysregulation of your glucose for decades, for a really long time for you to get that high.

Well, in this part right here, that I think people in that that non immediacy right, that I don't think they realize is also a lot of people now understand the role of the microbiome and autoimmune disease like that has been really well covered and it's fantastic.

So we have talks about it. Everybody has heard about leaky gut at this point. Usually, you know, by the time they reach someone like us, they've got the language around that.

Now when you have had for a long time, you know, this this knocking on the cell membrane and sugar remaining out in the system because it's not being brought in and converted into energy for your body to use.

Who's eating the sugar? Who's eating it. Well, whatever else is floating around in your bloodstream the microbiome. Microbiome. So so people I'm trying to make that connection so that so that when you listen to doctor Reed, a marine, you're really getting it like, oh, that microbiome thing that I actually do and by now know is so important.

Oh, if I have sugar floating around there because it's been knocking and there's no room and it can't get in, there's no doorway in because of insulin resistance, then it is an opportunist, opportunistic dinner time feeding for for your gut flora.

And the ones that feed on sugar are the ones that you don't want to be ruling the roost, right? You're going to have some of them in there for sure, but you don't want them to be the main guys in charge.

And so when you don't have that sugar going in the cell properly, which is what we're talking about, that's who you're feeding. I think that's really important.

Connection I love that connection. It's beautiful. And then when we think about, leaky gut, those are the organisms that are producing the lipopolysaccharide and the other toxins that bore holes in your intestinal lining and allow things to enter and create, initiate that whole autoimmune process.

And you fed them with your sugar in your soda pop in your body. The people who don't eat this toast, you're toast with brain toast. You're free millet.

You're izzie keel bread. Well, bam, that has no added sugar or honey. Yeah, exactly right. That's what them. Yeah, right. We fed them that way. And it's it's just hard because it's what we're told, you know, from a societal standpoint and then from even some functional medicine, standpoint, it's like, okay, let's just convert from the refined flour to the whole grain flour.

No, the whole grain flour, is still feeding that and it's still creating that insulin up and down surge that causes this damage.

Insulin, Inflammation, and Genetic Expression

And there's something that I want to also really kind of like help our viewers understand is when you go to see a provider who does not say this to you and says, you know what, 8020 is good enough, right?

That means that they're they're saying to you they don't want to make you unhappy when when you listen to us, we are the same with this, which is no, there's no room.

And it's not us telling you, it's your body telling you. And we're trying to help you listen to it. This isn't a thing about negotiating with your provider.

Well, can I just have this? No. You're doing the data. You're collecting the information. It's from your body, not from us. Exactly. You know, and so putting your provider there as the one that, you know, you're you're negotiating with doctor Reed Emory and I don't do that.

We don't know. Okay. No, we'll tell you, I guess, that you're needing to negotiate with it's your body rules. I think that's the rules. Right? It's this the rules and nature.

And, you know, depending on your genetics, you may have a little bit more leeway. But I have people test very, very carefully so I know how much leeway they have.

I have genetics that lead me towards more of an insulin resistance profile. So my my leeway is very small.

Someone else who has different genetics may have a little bit more leeway, but I think that negotiating is making you more unhappy.

Right. And giving up the things that you don't want to give up because you're coming from a place where you feel like, your provider just kind of did this power over you move, which isn't accurate.

That's not true, but it's the way you might, you know, in your little kid self feel that things are getting taken away from you and so then you'll feel power under like this little kid, you know, that doesn't get what they want.

And so it's important to have that conversation, right. Like who in there is feeling deprived. Because really what this is, is it's this body that even when you put it to bed, never rests, right?

It never gets very metabolically active when you're in bed. Yeah. It's always working for you. And so what we're doing is we're saying, okay, so how can you turn toward this amazing body that never gets a break and say, oh my gosh, you have been really hauling me around all these years.

Really without gratitude and appreciation, how can I best support you? What do you need from me? And so it's a whole different way of thinking than, well, why can't I have that right?

Exactly. And you know what? I turn around and say when somebody says that, well, can I just have this much of that? I'm like, sure you can do whatever you want, right?

But the results are there. Yeah. Are this and is that the result you want? You just told me that you wanted to have energy. You wanted to reverse your autoimmune disease, or you wanted to get your gut function back, or you wanted to lose weight.

You just told me all these things you want. I don't know how to get them for you or help you to get them. If you continue to do these things that are eroding your body and we're not getting them for you, that's the thing, you know, like we're teaching you to get into this collaboration with this system of yours so that you guys can support one another and your body has its own consciousness, you know?

And so it's just like, no, it's not betraying you. It's just giving you data. It's like your E on your gas gauge. You don't get mad at your car, right?

Put a little sticky note over it and say, I don't look at that. And that's what we do with our bodies. We are. How come you need more gas? Why do you need that kind of gas? Right.

European. It's it's convenient. I have some coke here. I'll just put that in. I don't want to go to the gas station and we can't do that. And that's an analogy I use a lot for the the car.

We don't hear. You don't get emotionally tied in with your car or not. You just look at it as data. Okay. Yeah. Got a feed too. And and here's the best fuel for you.

Yeah. Right. And that's what we have individual for everybody ritual. What's the best fuel for me and what's the best timing of the fuel for me. And how do I do this.

And like you said, your people are very smart and educated. And that's the people I work with as well. They want to know the whys. And when I sit down and I explain to them biochemically why I'm making a recommendation, they get it and they go, oh, no wonder if I explain their genes to them in such a way.

They go, okay, I it now. That's why I did genetic testing on 100% of my patients. But we're never treating the snip. We're never treating the gene. We're using it as like the X marks the spot.

I always say on a pirate's treasure map where you have to dig a little deeper, like, oh, here's here's a place where you might want to pay attention. Let's dig a little deeper and see what's there. Right? Yeah.

So so let's talk about how insulin contributes to inflammation. Because when we talk about autoimmunity or any of the autoimmune diseases, you know, over 150 at this point have been reclassified as autoimmune, including type two diabetes, including type two diabetes. Yes.

And we throw them all in a bucket. We can label the bucket inflammation. So how is insulin contributing to that? Well, there's been numerous studies that show that people who have high levels of insulin or insulin resistant, but even have high levels of insulin before their diagnosis, insulin resistance, which makes us question the diagnostic criteria that it increases the levels of C-reactive protein in the system.

And we know that C-reactive protein is a they call it a nonspecific inflammatory marker, because it doesn't mean you have lupus or thyroiditis or whatever.

It's a nonspecific it could be anything and it could be an injury. It could be a, a flu that causes it to go up. But it's an indication that there's inflammation in the body.

And when we have excess insulin, we have high levels of psoriatic protein, which can affect the body in almost every place possible. So the take home on the studies show is that when you reduce your carbohydrate load, you drop your C-reactive protein proportionately 25% reduction, 25% reduction in your CRP.

It's amazing. It's like that. Woops. Yeah. That's right. And a lot of people throw out there why can't I have this. It's like the can right? There's the data right. There it is.

Yeah. Yeah. And it just so much else I mean it raises your blood pressure and you know that in and of itself. Will you know, create issues that don't lend itself to healing.

Yeah. Causes just the body to attack itself. Yeah. And so that inflammatory process of course, when, you know, when when you're attacking you, there's no winner.

So one of the pieces that will always talk about the puzzle, right. One of the pieces of the puzzle in there when then insulin and sugar become a form of toxicity for you.

How does that affect our genetics, which is another piece of the puzzle. Well, you know the genetics, we have these genes, right? And we born with them and people go, oh my God, I have this gene or that gene, I'm going to get this disease or that.

And it doesn't mean you're going to get this disease or that. I mean, please stop right there. Yes. Everyone think that in layers absorb plasma. Yeah.

Yeah. That's not what this means. It's a tendency. Right. And the way you live your life will determine which of those genes are going to be expressed in which not.

And when we have this high level of inflammation and you're causing damage to the cells in the DNA, it causes things to get expressed. So you may have all these genes that say, how can I have a ton of genes for anxiety, a ton of them, and I have genes for Alzheimer's.

I have genes for blood sugar and balance. I'm not going to get diabetes just because I have blood sugar and balance because I'm aware and I'm cognizant of it, and I keep my carbohydrate levels low.

I keep my, my antioxidant levels high, I exercise, I sleep, I do all the things that will prevent me from going down that path. But if I start eating Snickers and M&Ms like I did when I was in my 20s, I would have diabetes by now, probably.

And, you know, be on anti-anxiety medication, have hypertension and all these other things. But I choose different activities that don't activate those cells that don't damage the DNA.

Reese's peanut Butter cups and peanut. Eminem's here. Yes. Me too. Exactly. Yeah. Yes. There too. Yeah. I used to eat them to stay awake so I could study.

I see them instead of dinner because I'd rush from school to my job and I'd be on the train. And what else could you eat? You get to work and you have to have something down.

And it was peanut. And I used to play this little game, and I worked in the hospital where I would go down. I worked on the seventh floor. I go down to the basement vending machine.

I would buy a doubles Reese's, and then I would walk the stairs or run them up to the seventh floor and think, I kind of had that, you know, I just worked off, burned it off.

Yeah. So talk about that. Like, you know, this, this negotiating that we do with ourselves. Right. And people will always say, like, okay, so when we talk about leaky gut, they'll say, oh, if you have leaky gut, you have leaky brain, or if you have leaky gums, you have leaky gut brain, and leaky gut.

If you have leaky blood vessels, you've got so all these leaky things. Right. But one of the things I teach a lot is, and if you have leaky boundaries, then you've got all of that going on too.

Stress, Emotional Eating, and Blood Sugar Spikes

And I'm not necessarily just talking about the boundaries with others in your life, but with yourself. So. Right. The one that wants to go down to the basement at the hospital and push the little button and watch the magic orange candy come down to their pocket and race up the stairs and think, right, that she's just taking care of it.

Right? It's just taking care of it. You know? I don't know how many calories in a racism. Probably several hundred, right? Two, 300. You have to run at a decent speed at least three minutes to burn about 180 calories.

So just think about that when you're negotiating that little, you know, two minute run up the stairs, how many times you have to go up and down those stairs to burn the Reese's that you just took that to, mentioned the grams of sugar that are in there?

Well, yeah. Now, today, in those days it was just sugar. Nowadays it's going to be high fructose corn sirup. Which screws up your liver. Right. So there's no amount of running that's actually going to take care of that.

And so that's called exercise anorexia. And I definitely had it. And I was a sugar addict. You know I used to run long miles marathons and that's what I would do.

Oh three brownies okay. That means 15 miles 15 miles tomorrow I'll do that. That's okay. A 15 mile run would do me some good, right? That doesn't equate those things don't go together.

No no no no no absolutely not. Oh, but they're homemade brownies. Oh. So made with whole grains. No no no white flour. White sugar. Back in those days.

That's right. But they weren't they weren't processed. So somehow that must mean something. Right? Right, right. Yeah. I love that concept of boundaries with ourselves because we heart anybody who's ever done any emotional eating.

You know that if there's something in the house and you're like, I am not going to eat any more Reese's tomorrow. But I bought this big bag of like 15 Reese's, so I might as well finish them tonight.

Yeah. So they don't get turned fresh tomorrow, and I'll start fresh tomorrow. And then you make another trip to the store and you know it. Also, you maybe you're good for a day or two and yeah, even a week or two, but it usually comes right back and you go, oh, how can I resist this?

So I'm seeing a lot of this with tongue in cheek, but I'm also wanting to point to the extreme pain that is here. Right. This is a lot of pain that is happening because then on top of all of that kind of shame and guilt and lack of worth, and how come I can't just.

And what's wrong with me, right? All of those things that go when you just named emotional eating, right. So when I exercise anorexia, all of this negotiation and lack of boundaries for self, we're not saying like, just do it right.

You've got these gut bugs that you have said sugar to for years. And when they wake up at 2:00 in the afternoon, they'll say, I'll eat now. And they definitely know what they want.

And so that's when you're cramming through the pantry, like, is there anything right. So when when we're talking about this, I just want to make sure that you don't see us saying it's light.

It's not light. And part of what you're reading, Marie, is pointing to here is when you can start to check your blood sugar, when you can start to really monitor right.

This is different than getting on the scale every morning. This is different. Yeah. This is actually really turning toward your body a scale once a week.

Fine. So that you can kind of track things on that level. But we're talking a micro level right now. Exactly right. Exactly. And it's important that you get and it's very empowering actually to test you.

But I don't mean testing it first thing in the morning once every, you know, year when you go in for your annual physical or even more often than that.

But it's actually there's a very specific methodology for testing your blood sugar. So you can see what the peaks and the valleys are, and you can see what what caused that.

So it's empowering. Oh, I got stressed out and screamed at my kids at that hour, and I didn't eat anything, but my blood sugar went up. Or I can wait. Wait right there.

I didn't eat anything, but my blood sugar went up. That's the that's the killer that people don't get. Like, I don't even eat any things. You're talking about. What?

My blood sugar is out of control. Yep. Right there. Right. Yeah, exactly. And I call it the candy bar eating effect of stress. Yep. I remember writing an email or a blog post a few years back where it's like it was.

Must have been an email. It said I ate a candy bar today, and now everybody on my list knows I don't eat candy bars anymore. You know that's not something I did.

So everybody opened that email, of course, to read it. And it was, well, I didn't get the pleasure of eating the candy bar, but I lost control and I screamed and yelled at something I could have just meditated for two minutes on and calm myself down.

My blood sugar went up to 150. Yeah, that's what would have happened. Maybe even higher if I had eaten a candy bar. Maybe not. Maybe that was exactly where it would have gone.

And I didn't get the pleasure of the candy bar. Right? So I discovered this when I was a floor nurse, and when I was like 20 years old, when someone when I worked in the cardiothoracic ICU and I put together the cardiac rehab program.

And so I would see people before they had surgery and then after they had a coronary artery bypass graft. And then I would see them afterwards. Right.

And anyone that was diagnosed with diabetes, I started seeing that like they've been NPO, nothing by mouth. And

yet their blood sugar is sky high right now.

And it's the stress response, right? Their need for insulin goes up in the face of stress. Yeah. So that's and I was like wow, okay. You know I haven't called it the candy bar effect.

But the you know that that stress response to whatever is going on, what's going on, etc. is going on. Yeah. So, you know, it's why I hone in so much on emotional work in my practice is because it affects everything, not just the need for right, insulin.

But but I want people to hear that when you just said that like my pleasure went up when I screamed and I didn't eat anything. No, because that confuses people. It does.

Yeah. They're like, I'm just eating. I'm eating all the things. I'm eating all the things you told me to eat is a good job. Why am I that? I feel like I know I'm only just listening to yourself do this.

Listen, actually, the perfection thing that's causing the problem here. Well, yeah, I was just talking about that to somebody today. That perfectionism that causes us to get so stressed out and then to binge because we can't be perfect.

You know, I tried to give somebody permission yesterday to eat dark chocolate because she was willing to let go of the ice cream in the candy bar. Is it the cake and all this other stuff?

Because I just need something. So I get I get frustrated, I can't give it all up. I said, eat dark chocolate because what that sugar that's going to. I said, you know what? It doesn't have as much as all the rest.

It doesn't have all the gluten in the dairy and all the inflammatory stuff in it. I'm just going to give you permission right now. Just eat dark chocolate.

And then when you got the other stuff, then we'll talk about how do we manage it from there. But she need because she was so perfectionistic that if she she'd go for a day or two without eating the ice cream or the cake, and then suddenly it's like she was overwhelming.

And then she just go back and eat it all. Well, often what will happen is a day or two and then not seeing something happen as a result. Yeah, right. And then going ballistic because it's like I have an expectation that what I do is going to make this change.

And it's that high level of hypervigilant expectation that's actually causing the problem. Yeah, I see that all the time. And inflammatory markers too.

Right, right. It's like this heightened. Is this going to work? Is it's going to work because it's been work. I've tried everything. You know, like you can you can break and insomnia pattern with that kind of energy.

Right. And I go to sleep now I can sleep if I do this. You know, it's like, well no, you're probably not. I'd be worse. I know you're worrying about it.

Exactly. So, you know, we're pointing to blood sugar, but it's actually everything that goes with this, right? Yeah. And yeah. And that stress response, right I call is at the heart of just about every, if not every ultimate chronic disease.

Chronic condition is hyper, reactivity of the sympathetic, the sympathetic overload, the sympathetic nervous system being the fight flight, nervous system.

And when that's hyper reacting with high levels of cortisol, which raises blood pressure, raises blood sugar, you know, causes you to put belly fat on and burn away your calf muscles.

And it causes you to express your genetics in a way that you perhaps don't want them to express. Express right? Yeah, right. And that's still it to me.

I find for people the hardest thing for people in this hyper, hyper vigilant situation that's harder than the food changes hugely is changing the stress response.

Yeah, yeah. The energy around it. Yeah. Yeah. So you were doing a list and I broke in because I really wanted people to hear the candy bar eating effect, but without the candy bar was like, what was I said, I'm so sorry.

It's okay. We were we we we gave some good information. We rest on it. Yeah, yeah, yeah, yeah. Where did I say they said that? The reasons that your blood sugar is like watching your blood sugar.

Right. So you measure. You measure it before you eat, you go, oh, it's an 85. Good. That looks like a good number. You write it down to make sure you write it down because you won't remember it three hours later. No way.

You write it down and then you go, okay, what is it? Right after I finish my meal, you write it down and then most people have a peak, like where the blood sugar is going to get the highest.

It's going to get, about 45 minutes later. Some people half hour, some people an hour. It's they're eating really slow, you know, lots of fat or slow absorbing foods.

Maybe it's an hour and a half, but you kind of I have them do it every 15 minutes. To start just to see is do you have a pattern of where your peak is?

And you go, oh, I just say to sweet potato, I thought sweet potatoes were healthy, but my blood sugar peaked at 150, right? That's not good.

Tracking Glucose and Building a Better Breakfast

Doesn't mean you can't eat sweet potatoes anymore. It means that maybe the sweet potato alone didn't have enough minerals with it. I have you. Oh, try the sweet potato.

Smaller portion with a big green salad or steamed kale or something like that. A little bit of ghee, a little bit of protein. Yeah. Whatever you whatever it takes.

And you basically measure that and you figure out what you can eat to keep your blood sugar in that nice steady range. So empowering. That's where we started with. It's so empowering.

Whereas that stress response is so disempowering. Right. So monitoring very, very closely on a micro level as opposed to a macro level, which is getting on your scale because that's a bunch of the scales giving you a bunch of information that is kind of far upstream.

It's not downstream where you want to start. Right. And so that can become very frustrating, right, to just deal on that macro level instead of over here.

Right. It's like, oh, I see you now. I see what's happening. If I put that in I see you body. Right. Exactly. And I was just thinking this, but there's so many things that tie into the weight.

But as you talk about that, we measure weight over a week. But there's so many changes in our weight throughout the day. How much water did you just drink?

How much coffee did you just drink? How much exercise did you poop? You know, there's all kinds of things that affect it. So if we were to step on the scale every 15 minutes throughout the day, we may see patterns and then not be so scared when we see ourselves up a little bit.

Oh, that's just part of my pattern. Oh, typically at two in the afternoon because I've just whatever it's my lowest, I'm going to test it then. But I mean who wants to get on the scale every 15 minutes.

I kind of, you know, kind of feel like they'll be less of a shame cycle about blood sugar than there will be about weight as a data point, because in our culture, right, looking a certain way is goes with weight.

You can actually have an insulin dependent diabetic and not be shamed in our culture. Yeah, right. But over here we're cultured into this. The way I look is so important about my acceptability into society.

This is very sad. That's so sad. Right. Yeah. And then that makes it worse because you have this body shame, and then you just give up and you just, you know, go this way anyway.

Okay. I'm going to go on the diet again. Oops. I didn't do that. And it's just this cycle of gain lose gain lose. And typically there's always an increase after they can lose gain again.

I found you again with friends. And I'm making a party out of this. I know it's sad. So there's ways to do that. You know, these the instruments, the little blood glucose meters are like $15 at Walmarts.

Right. And the strips can be very inexpensive there as well. You can also get a continuous glucose meter for people who don't want to poke. You have to get somebody to write a prescription for you, but you put it on.

I have one on my arm. You can't, you know, you can't see it through there. It's a little bump there, but I wear one. Just why? Because I know how to eat.

But I know that I can look and go, oh, I just yeah. I shouldn't have gotten so stressed. Yeah, it gives me the biofeedback immediately. And so I just keep everything nice and steady.

So I enjoy wearing it just for that reason. Some people might want to get one and do it for a month and just see how it goes and and get your patterns, and then you can make some changes.

I find if I take it off and I go for a month without it, I'm like, oh, there's a lot more of that organic, low hand sweetened chocolate. And I'll have a little bit more, right?

Eating between meals as opposed to just having discrete meals, or I'm eating too close to bedtime because I'm not measuring. So hey, when you don't measure it, it's not there. Right.

It's ostrich in the sand. Exactly. But now when you pull your head out and then you get your lab work back, it's like oh woops. Did you just go away. Right. Oh no. Yeah.

And it's so nice to feel empowered as opposed to handing over the responsibility for your health to someone else. Yeah. I agree, I mean, that is what you and I are both about, is teaching you to actually be in charge of your own reality.

And that's, I mean, that's why I love having a sister in this world and why you're here. So great, I love it. So you are offering, breakfast menu option book.

And I went as your free gift. And this is such a great idea because people will say, well, then if I can't have waffles and I can't have pancakes, I can.

If I can't have. Right, I always want to erase that anyway. But if I can't have that, then what do I eat? So this is brilliant. So if you want to tell everyone I that about it, it's called hormone hacking breakfast menus.

And the idea is that their their breakfast, whether you eat breakfast first thing in the morning, you do intermittent fasting. You needed it to in the afternoon it doesn't matter.

But when you break your fast, you want to break it with a well-rounded meal. So there's five components that I tell you about, and I give you some menus for that.

And then there's a bunch of recipes in there. But the five components being you want something with greens, you want something with good omega three fats.

You want something with a lot of fiber, right? You want something that has protein. And then my fifth one is probiotics. That's your bonus. Something with good organisms to feed that microbiome.

So those five components you go out do I do that I give you some menus and some rest. Beautiful. Yeah. Love eggs with with greens a little flax oil and some kimchi on the side, you know, So that's a really good idea.

So you'll, we'll have all of that with Doctor Rita murray's talk and her contact information. I just want to say thank you so much. Oh, you're so welcome.

Thank you for having me. And just for making it so fun. All right, everybody, until next time, be well.