DIGESTION Is The True Secret To Getting Lean! The Reason Some GLP1's Fail l Ashley Koff l Ep #401 Transcript

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Introduction to Weight Health

Natalie Nidam your host and we are back with another fabulous guest. Now if you've ever been told just eat less and move more and wanted to hurt the person on the other side saying that, you are going to love my guest today.

Ashley Koff RD. She's a registered dietitian, author and longtime advocate for personalized realistic nutrition that actually works in the real world.

Ashley explains why so many of us are chasing weight loss whilst completely missing the deeper issues, digestion, hormones, inflammation, and our body's ability to actually use the food that we give it.

We also unpack the GLP-1 hype, where these meds help, when they don't, what absolutely must happen first if you want real, lasting health. This episode is brought to you by PrimaDean, by Bioptimizers, and by Just Thrive, all with beautiful offers just for you with the listeners.

You've got to take a moment to check the show notes below for all the details and enjoy the shows. Ashley Koff, welcome to the Show. It is such a pleasure to meet you and to have you here today.

Well, thank you so much. I'm such a big fan. So this is really, I really appreciate it. Well I am a fan right back at this stage of game because when I saw your book and I the title I was like, Oh, what does that mean?

You know, and your best shot. Does that means that we all need a shot or does it mean and as I got into the book, it took me about two minutes of reading your books going, oh I like her.

It's a nuance I want to bring into the conversation right out of the gate that I think will resonate for you. And we talk a lot about weight loss and I'm at this point starting to really think about, we need to talk about building.

What are we building? And if we build the right things, the weight will get displaced. It'll get moved out. The excess weight, the fat. Because it's not about weight.

If we're heavy in muscle and bone, we are in good shape. Well, I'll tell you that I in 2004 I stood at Cedar Sinai and told everybody there that we needed to rename and they were like, what?

And I was like yeah, we shouldn't call this weight loss surgery. We should call it health gain surgery and everybody was and I'm a marketer and okay, that doesn't quite land but still we're in that space and it's just there's every Every problem in our society, I'm willing to literally is tied to this idea of weight loss that we have put weight, this, idea, of if you just lost weight.

If you here's what weight lost. Here's how you do weight laws. All of that stuff and we, you know, starting with me, my, own story and personally, I was always had a weight problem, but I never ever deemed having a health problem.

And I wasn't antibiotics, every single month in certain years. every you too right every like we're just like are you kidding me and so and then I was on birth control for heavy periods and that I had a stint of Accutane for my skin you know and you're like my head health problems I have to go off because my liver enzymes you went out and your like you turn and look at that and if somebody and I also will say that by being told that i didn't have a health problem I developed a mental health That mental health problem was how I perceived myself and just really the negative self-talk and even the poor choices that I made.

So thank goodness we are in the weight health era. We're here. I'm staking the claim. It's not weight or health. That's weight loss. And to your point, it is about building.

Yeah. Yeah, I love that. I feel like we should stand up and cheer at this point.

Personalization and the Pizza Pop Story

No, because you know, like all the things you talked about, the antibiotic exposure, all those issues that lead to an accumulation of adipose tissue, and yet here we are just obsessed about losing the fat and taking no care of the damage that's led to this situation.

Well, you've even made it smarter by saying losing the fat. I mean, most people just lose weight. When you see reports on, and I see this all the time on Twitter and other places, LinkedIn, all of these studies that are coming out on all new medications, the GLP-1 agonists and now the ones that non-peptide, et cetera, It's like, this one's better because they lose more weight.

This one, they use weight faster. They lose weight, They loses. I'm like literally they're so tired of me, I wish there was a way to automate it. And I respond back and like could you tell me if the weight was from fat or from muscle?

Could you Tell me If there's a benefit to faster weight loss, could You tell Me if their digestion is in a worse case or in A better case? You know what?

I just like Hey studies, like wake up call, it is 2026 at this point. We no longer wanna hear about that you are high-fiving us for weight loss. And by the way, that is not at all to dismiss that somebody who has excess fat or inappropriately allocating fat as visceral fat, That is a huge health signal for us to decode, but it's not one for to just celebrate a loss Yeah.

Yeah, no, a hundred percent. And so we're here to talk about health bottom line. So I want to back up a little bit because you started Your start was in the big brand marketing world.

So what the heck happened? I mean, you know, cause you should be out there marketing Doritos or something. Been there, done that. All right. Well, and for those of you that are listening to me and not seeing me, I have like big curly hair.

It maybe has a little bit of blonde in there. That's fake. You know it's a brownish curly here. And growing up when I had my belly, so first I looked like across between I would say looked and acted like a cross between Shirley Temple and Spanky from Little Rascals.

I was bold and brash and fun and a little bit of a performer and all of that. But I decided with my belly that, and I didn't just decide it, society informed me that it would be much better if I had long straight blonde hair and also if was tall and thin.

And so I started watching that TV show, Who's the Boss? And I really wanted to be Angela Bauer and she worked in advertising. So did my grandfather and others.

And I just became obsessed with, and I think I'm really good at, as a young entrepreneur, I can sell anyone on anything. So that was my path. My path was to go sell, if you know anything about sports, especially college sports.

I actually sold advertising at UNC for Duke. What I would just go into places where it was like, pretty much other than Ohio State and Michigan, there are many rivalries that rival those.

So I loved selling stuff and I was like, okay, I can do this. And I went to work in advertising and my client was Kellogg's. My first assignment was Raisin Bran Crunch.

We were trying to modernize Raisins Bran. Kelloggs had paid millions and millions of dollars to this guy who

basically gave a four-slide presentation that said the morning is really stressful and what people want is they wanna feel like they're getting more energy in the mornings and less stress, right?

And so for Raisin Bran Crunch, we also realized they wanted it to be crunchy and not soggy, but everything else was like, okay. So we figured out that if we could actually legally say that our cereal provides you more morning energy, that that was gonna be the platform for us.

And guess what? Legally, and this is when I first met dieticians, because our cereal had more sugar than any other sugar. Now keep in mind, Raisin Brain Crunch, like there were sweets, there was sugared cereals out there.

We didn't fall into it, we fell into, it we were American Heart Health Association approved because of our fiber in there, right? Because of the raisins.

But because we had sugar on our flakes, on a raisin, and then the natural sugar in the reasons, we have more. So we were able to say that. Very early on, I learned how we market that and the other part about marketing that I think has led to our total demise in our brains today is we also said, We are going to not just sell you sugared cereal on commercial that you're watching, we started something called 360 total branding.

And the idea was from the moment that you wake up, literally the, moment you woke up in the morning, we want you thinking about our brand at every point.

So we're like, okay, billboards outside, when you get into the grocery store, there's that like now on our phones, not like I mean, and this whole idea of let's come at you with marketing messages all the time.

That has led us to a really, really big problem in terms of infobesity today. You know, So much of the messaging that we're taking in is information that is marketing messages under the guise of being educational, you know, on that.

So I did my dear, I, did might deal with the devil for sure on. Yeah. I think when I sold advertise outdoor advertising, my first client was Wrigley's.

Yeah, there you go. Yeah. Exactly. I never sold cigarettes. That was a line. But I may as well have if I'm selling sugared cereals. Well, and raisin bread was that thing, right?

It's wholesome because there's raisins and there is bread. Hey, folks, I just wanted to throw a little message in here for those of you who are sending me all these incredible questions on social media or through YouTube or even on Spotify, wherever you're listening to the podcast.

I wish I could get back to each one of your personally, but unfortunately, And because I cannot, I created, about a couple of years ago now, a membership community where I get to hang out with people just like you.

I do live weekly Q&As, almost weekly anyway. We also do have podcast guests come in to answer everybody's questions and do presentations, you get to interact live with those podcast guests.

We will sometimes do challenges with some of the partners, like in 2026, we have a mitochondrial enhancement challenge coming up where we're going to be testing mitochondria function.

we are going be to testing people's deuterium levels. If you haven't heard about deutereum, We've got podcasts coming down the pipes on that. And then people will be invited to follow a personalized protocol and then retest their mitochondria on the other side.

We offer that in the membership community and we do it at incredible discounts that you just can't find anywhere else. So if you're interested in hanging out with me and other like-minded people, which actually happen to include some pretty awesome practitioners and even some previous podcast guests who've come and joined the community, then I invite you to check it out on my website natnidam.com slash the dash longevity dash community

or just go to natnim.

com and look for the longevity community tab at the top of the page. Click on that. and see if this is right for you. I would love to see you there and we could make 2026 our best year ever together.

So once again, that's natnidam.com. Just look for the longevity community tab at the top of the page. Now let's get back to the show. What was the moment when you are like, Oh my God, the way we're talking about food.

I mean, nevermind the. Moment that I'm selling people poison. Yeah. To change my ways. Yes. But there probably was that moment. And then the, moment where you realized we were crushing people with information and we are doing anything but empowering them.

Yeah. I would say there's probably three or four pivotal ones. And I tell my whole story in the book, hopefully in an entertaining way. So I won't go through all of that, but…

Her book's really entertaining, guys. You can hear it from her voice now. Needless to say, you know, like, so, after eight, being chubby was no longer cool or cute.

And I was teased for being fat. And so I really started to, I like, was good at everything else that I tried. So I'm like I am going to be good losing weight and I just wasn't.

I try every diet under the sun. Lucky for me, just kidding, very sarcastic, there was a new diet or a program in exponential numbers every year. And so in terms of trying all of those, I tried things healthfully and then I try things really unhealthfully, you know, in term of college and after that time period.

And there was a fateful event for me in New York where I had gone and had basically like gone through everything that I thought could work and I met someone And she was a healer and she promised me that a goat smoke cleanse, if I just did goat's milk for seven days and drink 40 ounces of it, that I would heal the worm that was making me fat inside of me.

And I went for it. Um, and it sounds like I'm a lunatic. I read that in your book. It was tough. You can think you're crazy that I went to do that, but when you've tried everything…

One of the biggest myths in this whole weight space is that people who have a belly or who are in a larger body are non-compliant with dieting. Are you kidding?

We have tried EVERYTHING. The things that I have tried, including going and getting private lessons with Mishio Kushi to learn to be a macrobiotic vegan.

I was so far ahead of my time in certain things and all this other. Anyway, when it didn't work for me, I did what every 20-year-old who was a nonder does at that point in time.

And I went into a bar and I just got drunk. And in that bar, while I was drunk, telling the story, deciding that I said this to myself, if I'm fat, I may as well be a stand-up comedian, which was kind of my debate of what I wanted to be in life.

And I am like, ìI'm going to do that because I can be successful and my weight won't matter.î And while Iím doing that, this guy walks up to me and he says, Iím just wondering if you ever took antibiotics?

And Iím like okay, thatís the weirdest pickup line Iíve ever heard in my life! And I was like dying. And you know, I'm so funny. I mean, or I born in the 70s.

He turned to me, it turns out he was an early days integrative gastroenterologist. So he said, why don't you come see me? We had a conversation and he It's not what you're eating or you are not eating, it's that your body doesn't have what it needs to run better.

He's like, you have a broken system and we have to fix it. That was my first point. So that was when I realized that digestion, the first, I was starting to connect the dots between weight and health and it, so it was like oh, digestion and like health is important in that.

I went on to become a dietician, and I saw my first bariatric patient in about 2004. And at that moment, I literally was blown away by literally overnight post-surgery, that person saying their brain, how they thought about food, over the course of the next two weeks, totally changed.

Not only their blood sugar literally changed overnight, but how their food noise and their cravings and appetite And the doctor kinda flippantly said to me, oh, like, you know, when we do this surgery, we change their incretin hormones.

And I'm like going, and we didn't have Google back then, I was like what's an incritin hormone? None of us were taught that, by the way, none of was taught.

That was my first introduction to GLP-1. So at that moment in time, it was, wait a second. I was just like, you cannot wait. You are telling me that weight-health hormones, I now call them weight health hormones.

GLP-1, GIP, PYY, CCK, they live in the lining of your digestive tract. They're regulated, that their ability to work is… dependent on, at minimum, optimal digestive health.

And here's how they work in the body, and I was like, wait a second. So I went about, while Pharma went out creating GLP-1 agonists, you know, because liraglutide was sort of being invented at that time period, I like obsessed with these hormones and going like if I optimize people's digestive heath, then if start to work on their vagus nerve and work these others, like I can actually optimize weight health because prior to that we had only thought about like starting with insulin, you know, if I was looking at blood sugar or starting, with like, how can I like fake your Grail in until you make it?

You know? Like what could I do? And I, was like there are hormones that actually regulate appetite, satiety. What we went on to learn is that they regulate hydration, they regulate, um, you know, blood sugar there.

We now know they, there on the receptor sites are on, the heart muscle in the endothelial tissue, lining of our, so now we're like, hold on a second. They're, like as prolific in body as it can come.

And most of us today have suboptimally functioning because they're also designed like a motion detector. So they were designed for a pre-industrialized body where, You know?

They stay on for two to five minutes and that's all that was needed, on that part.

Digestion, GLP-1s, and the Crust Analogy

Those were my big wake up moments. And then when, so I started working with patients on Lear Glutide, you know, one of the first agonists that they only used on a daily basis.

When I saw, diabetic patient came to me, they're like, I'm on this thing, Leer Gluteide. What do you think? And, you know, I just didn't see that we didn t see the weight side of things, but we saw, some really good benefits of it.

And you, know I was the one that like everything else that, we were doing we're seeing the, weight, side event and so when these medications started coming about, people just kept asking me they're like what actually are you pro are, against them I said well wait there.

Biosimilar hormone replacement, their peptide hormone, our body makes them. Why am I like, I think we just have to understand how to use them and understand when something's biosimiler versus bioidentical, there are very significant considerations for us to understanding.

And here the, you know, the big one is if something is designed to stay on for two to five minutes and it now stays on 24 hours for seven days, we're going to have a difference on the impact in the body.

So long answer to a very specific question, but those were my big aha moments for sure. Yeah. Those are big ahas. You've bought into or come into, or been thrown into this whole idea of personalizing.

And because I'm a nutritionist, I am not a registered dietitian, but at the same time, everybody's telling you, look, all everybody needs to do is, and then they give this stream of information.

More protein, right? More proteins, just done. Cut the sugar, cut the processed foods, eat, drink more, move more. You'll be fine. And so at what point did you kind of go, well, back it up?

Yeah. This generic information is crushing people. Yeah, we need to personalize. Like what happened? Like, what made you kind of come to this other than failing?

Yeah we acknowledge that. My own failures. I was like, how can I be on the treadmill? It was a stair climber. my friend at school was on a staircase with me.

How can i be as much as she's on and eating less than her? and I am gaining weight or not losing, you know, so there would just be these moments, right, in that part.

I think that when you go into patient care, and this is for me the beauty of having a conversation with you as a nutritionist, nutritionists or dietitian doesn't matter to me, it's too much of the information today, these people that are saying it are actually ones who have literally never worked with or who've stopped working with actual individuals.

And so you can make a statement like just do this, right? Like you. Create materials and say like, oh, you know, be good. Eat this. Not that. Or, here's, this amount like our in the US, like the really dumb amounts that were our RDA levels, when you look at the RTA for magnesium or now the DRI.

And so I think personalization started off really popping for me when I first moved to LA. Someone said to me, they're like, you know, hey, like everybody here has a thing.

Like it was like LA is like just everybody markets and built. What's your thing going to be? And one of my patients had said, my thing is I don't eat any orange foods.

And I was, OK, this is weird. Let's have a conversation. But we dove into it. I said I'm like I guess my think is personalisation. It was embarrassed.

was embarrassed to say that I was like hey what I really need to do is personalize so I actually stopped marketing myself I just I had so many doctors that were referring patients that i didn't need To be out there and I Was doing tv when no one else was doing TV there was no such thing as an influencer so it was Like you know easy like my practice was full I Had no issue and then what i started to realize was my job in the media was to work against the impersonalized information.

So anytime I would go on TV, I was a regular on Dr. Oz's show. I did a regularly segment on Good Morning America, et cetera. And as I doing these things, they would try to dumb it down into, and they'd always say, Ashley, you're so complicated, or it can't be like, well, yes and.

It is yes, because for everything you are going to tell me, my book opens with a story of Mr. Pizza Pop. He had failed at every diet. And I went on to prescribe for him a diet.

He was eating a large pizza basically starting in the, you know, it was an early on intermittent faster rate. It was starting at about four or five o'clock and eating large Pizza and I literally just took the pizza and said, let's have three slices every three hours within two hours of waking and Game-changer, you know for him where everything

else had failed and so in that regard like people are like wait What and and I was like, so I'm not telling anyone to go start eating pizza But oh by the way, if you're going to eat a large pizza, it's going work better for your body You know if do it this way but then what's better even better is to understand your and that's your point about personalization with the power of that first story in the book is the Power of Personalization.

Because what you did is you met your client, or in your case, your patient, where he was. And you knew that Mr. Pizza Pop was not going to start eating five servings of vegetables and two serving of fruit and three serving to this and however many serving's of protein a day.

That was it going be in his wheelhouse and he wasn't going fall apart at the seams if you… he wouldn't have been a far apart seems you would have lost him.

Yes. Yeah. Right. And I was, you know, I, was the Hail Mary. I with the last one, right? He was going to die literally. Cause so this individual needed weight loss surgery.

You know? So he needed the, what I call it. He needed to lose weight. Bariatric surgery, Right, Yeah. He couldn't get it in this. Anyway, I just think that's such a powerful story because there's so much embedded in there.

Right. So for those of you who are scoffing, listening to this going, well, this is garbage. I mean, she's telling us that eating pizza 10 times a day, you know, everybody knows you shouldn't be eating every three hours.

Everybody knows that pizza is bad for you. Yes. And, and consider where the starting point And that is the power of personalized nutrition. Did you suggest to this man that his most healthful way to proceed in his life was to continue doing this?

Probably not. But you had to get him to that surgery so he would live long enough to be able to even think about changing his waist. And my bigger win from that is, I mean, they made so much fun of me because he was drinking diet soda all day.

And so I, and I had him stop drinking, diet, soda, but it's funny because I said it to him at the time. Um, like in the, at, in my gut, knew that drinking diets, so, we didn't have the data.

I didn' have any way to say, this isn't better for your microbiome, your oral, gut microbiomes. I think it's amping up your sweet taste buds. I had all these different things.

And I said, but in my head, I knew for a bariatric patient, you can't have bubbles after surgery. So I was just like, let's just start a behavior change in here.

They made fun of me, they being the surgeons, all the physicians all publicly made of fun me in the lunch room at Cedars and said like guess what Ashley did with our VIP donor patient.

She told him to keep eating pizza and get rid of the diet soda as everyone in there was pounding diet, soda. And so, and I was like, okay, huh, like sorry, you know, I'm embarrassed or whatever.

Meanwhile, not like it was, instead of him losing 50 in the six weeks, he lost 51. He also went off his diabetes medication, it's in his gut was in a better shape and like all this other stuff.

They sent me 12 boxes of pizza, but of like a Domino's or like not a great pizza. And I like he was eating Mozza, Like I want good pizza but the bigger thing was I made them all publicly apologize to me in lunchroom at the hospital.

I had dietitians that were like blown out of their mind. And I was like, oh, I'm like let me be clear. You know who remembers the pizza pop story? All of those surgeons.

So like that piece for me was, like yes, they're the Pizza Di, but like when you're listening to this and you've ever

been in that space as a disempowered patient where you feel like your doctor is telling you something and But this doesn't seem to align with my why or what feels better for me.

Can't I be vegan and be pregnant? Yes, absolutely. But just like any human, we have to optimize your body. So let's look at that. I think that's the power of personalization is it also really empowers an individual to have a relationship with a practitioner that leans into their why and their choices.

Yeah. I love that. So maybe what we should do, I mean, i've got all these crazy questions on the side here, but what I would like to help the audience understand a little bit is why did going from eating a large pizza at night, which is an OMAD plan, one meal a day, Which a lot of people would say is optimal, right?

There's this whole storyline out there. We were not built to eat three meals a Day. That's a fabrication and blah, blah blah. And I'm like, yeah, well, maybe.

to eating a food that is ostensibly not a healthy food and multiple times a day, which again, there's another story out there. And frankly, I'm guilty of it too.

I would say to someone, you should be able to not eat for four to five hours in between meals without killing somebody. But in this case, you took a suboptimal food and then you take it from one meal a day where he was essentially fasting all day and you got him to eat every few hours a little bit of that food.

And not only did that help him stay alive and make it to surgery, but it corrected his blood sugar issue. So Before we get into anything else, do you want to talk a little bit mechanistically about what was going on here?

And it's actually what the playbook that's outlined in here, and I borrowed the pizza. So there's an analogy for pizza, the analogy that I use in the book for Pizza, The Playbook, my recommendation for you, The crust is digestion and hydration.

The sauce is better nutrition. Uh, the cheese or lifestyle choices. And then the, um, toppings are the toppings and that they get all the attention, right?

Supplements, medication, surgery, you know, that kind of thing. So what I will start with is none of this worked in the way that one of the questions that nobody had asked him, and this is like a constant, what he asked was, What's going on with your digestion?

And I kind of knew, because he was on medication, he is on a proton pump inhibitor, or he's on some other stuff. So I was like, Okay, your your digestions a mess.

We added a probiotic, we added glutamine, I think at the time it was acidophilus, which we may have had bifidobacteria, but I don't remember the timing.

We added glutamine and I added magnesium to help because he said if I don't do these other things, I won't poop at night and so I was, you know, don t poop the next day.

So we added that. Number one, foundationally, we took care, and we did that, but we didn't have the type of electrolyte supplements that we had then. But I do believe that shifting from the diet soda to something that was water-based was helpful for him because we were you know, we were supporting better hydration and we're having him have water with with the pizza.

The other thing about the Pizza was it was great quality pizza, so I want to be clear one of the pillars of better nutrition is quality. Yes, quantity matters.

We're going to talk about timing nutrient balance. When you look at a pizza you're kind of in a realm of some protein, some fat, s you know, we've got some we do have some and agai on the quality.

So this p made, I mean, it was ama know he actually and there some oregano. I think it wa like rosemary oregano, but like some spices on top, When I look at this I was like, okay, like yeah, I don't have him eating a salad But you know what his digestion wouldn't tolerated a solid if that like there were so many other pieces He wasn't gonna go grocery shopping.

There was no delivery, you, know, even at that time period He didn't he was so embarrassed. He was gonna use and his assistant for this by the way I also have to be clear.

This is one of the most successful Entertainment executives like we all know them. We all their movies. You know, all of these pieces. So the fact that he was such a failure in this one area of his life, and he just like me, he tried to laugh it off.

He'd be like, I'm the sloth. I stay at home. All this other stuff. And I was like hey, let's stop this. We are no longer judging things in a different way.

You're not a fail. These things have failed you. But to your point, digestion had to come first. So we worked on digestion and hydration. And when we came into nutrition, I was looking at, okay, he's not a hot mess.

He's killing it. Especially if you got rid of the diet soda. You're doing great on quality. The quantity at one time was overwhelming and already irritated digestive system and blood sugar and all of that stuff.

So if we can have him have better quantities and one of the terms that I just hate under in all places is portion control. Because again, like like willpower, it assumes that we have some random muscle in our body that We just don't have like portion.

Control is not something like, you know that were like that that matters or were designed with what we should be thinking about is our Body has a need for an amount at a time and if We give it too much like We put too much gas in the gas tank.

It's wasteful and it's also dangerous and that, you know, that was what was happening. Great analogy. So the quantity piece was key and then we were nutrient balanced.

And then the timing part of it was I needed him to actually have like some energy in And if for, I honestly, when we started this, thought we would do this for maybe like three or four weeks and then we move on to something, you know, and kind of, but we were in a short window and I was like, if you already have a whole system where you're getting the pizza, it's going to be there.

You know I'm like you have three slices in the morning. I asked him, he said, will you eat this? He's like yeah, that's delicious. So I'll wake up, eat it, don't have any problem.

And we went through it and also he had zero hope. He was me post goat's milk cleanse. Like he'd given everything away. When I went to that doctor, as if he think you can help me.

I'm just here to basically like on my insurance's dime, like laugh, because there's no way you're going to have something new. He was with me, he's like, I get it.

You're the Hail Mary. They threw in, they want to make sure they get another building built next year, you know, or whatever. And so he didn't believe me.

I was like that's great. Like low expectations or no expectations are perfect. So he went through and he did this. And what was crazy to me was within two days, he's like, I literally feel better than I've like felt in a long time.

It wasn't like there's nothing about this, it's not like he started exercising or any of that. But for someone who literally had spent all of his day just sitting in his chair, like I was getting up and moving, the act of getting to go get the pizza, do these other things.

So that's like kind of how we built on these pieces. And look, we're splitting hairs in a society if we talk about Is it better to, is it right to eat every three hours or four to five hours, you know, on that part, right?

Pre-peri-menopause, I probably could have gone for maybe even four and a half hours and still been nice to somebody if, like, if I had fueled myself properly, whatever.

Peri menopausal, and if do not have something every 3 hours. Oh, And if decide to have, If I was to coffee with nothing else in the morning, good luck to society.

Like nobody wants to be around me. right? Like, I'm just like, like I am scary to myself, to others. So when we realize that part and we look at it, it doesn't matter to me if it's, you know I say three-ish hours, if I wear a sweater it says better, not perfect.

Like think about these as like just kind of the notion of pit stops is leaning into the body's physiology that says One core piece is our body is designed more like race cars than a street car.

We are not the fill up our gas tank at any one time and then can just use it whenever we need it. Our body, if it gets excess, it's going to hopefully store it as fat.

And if doesn't, is going create problems, you know, elsewhere in that. The other part is when our has too much to do at one that's problematic to the digestive system and other work doesn' get done and all these other pieces.

So when anybody tries to come at me for this, like, three-hour, you know, well, Ashley, meals and snacks, I don't even use those words anymore. I use pit stops.

You know? I'm just like we need to pit stop and kind of do that. And I think that that's where when anyone who's listening, what you want to think about, if you've tried one or two things and you said, oh, yeah, but I tried that, it didn't work, and I hope you haven't tried to go to McLean's or Mr.

Pizza Pot Plan, I tried the every three hours and it didn't work for me. OK, and I point this on the book. You might have tried every 3 hours, but you also didn' do that where you proceeded and focused on building your crust and your digestion was rocking, right?

Like your Digestion was optimal. Or maybe you tried The every Three hours but You also Didn't have something that was delicious to you or you Also didn have Something where it was nutrient balance or You Also did.

So I think that's the it's The ans and ans ans that us nutritionists are taught to look at, you know, I don't know how many peo for me, like every day wh they're like, here's my foo and I was like can we pl nutrition?

Like what are at what I'm understanding calcium are you getting or are getting? You know, and So I think all of this is where we've been wrong, where people have been getting these like very prescriptive.

And again, it's coming from a doctor-driven diagnosis and prescription society as opposed to one that's, you know, what we do in our zone of genius is coming in and looking at, let's put a whole recommendation together, a full person recommendation and look at that, as a system approach.

Yeah. Well, and I love the crust idea, the starting with digestion. you're just never going to go wrong, even not fixing the food. And for me, I haven't been seeing clients in a while, but when I was seeing client, everybody believes that they're on a healthy diet.

Most people do. You get a couple of people who are like, look, eat crap and you get those people. But the truth of the matter is that most people are trying really hard.

and they're shocked when you have them keep a food diary. That would be my thing is I would ask them, look, just for five days, I just need five day of view.

And they would come back with their eyes wide open saying, holy crap, either they had no idea they were eating so much. But in many cases, and you mentioned this earlier on, even with people that are very, very overweight, they're under-eating dramatically.

Why GLP-1s Need a Full Health Plan

The system has shut down to save them because this system is convinced we're in a famine, their digestion's not working, so whatever they are eating isn't getting broken down, which means it can't be absorbed, it cannot be assimilated.

You have all these things going on. And they don't nobody knows, you know, we think we know we imagine like we we have an image in our heads of what we Think we're doing.

Yeah, but that often doesn't translate into reality and and I found like giving people that clarity is the first step if if you can have a client go, oh Yes, and if You can also turn around and again like I was I felt like this was my day job in the media but to turn Around and be like We are high fiving people and saying like, yay, you ate kale or you eat wild salmon.

You're so healthy. And the body is not high-fiving you. It literally isn't giving you a high five until it gets what it needs, which it means it has to break it down.

it be able to be absorbed. i be delivered. Its receives it. I'm going to grow your hair. you know, or whatever it You now have the resources. Yeah. And so I think that like that's one of those things where like again, calling foods healthy, like, you know, this food is healthier, it's like yes, there are things that are like not healthy because they are not going to resource the body in any capacity and they may actually irritate, overwhelm or disrupt its efforts.

But when we look at that and we come in, Better nutrition is only better when it actually gets where it's supposed to go and your body's able to use it.

So anything that doesn't come in with a pizza crust on that part is going to be problematic in that way. I think that I was right to glom onto and be so excited in those early years that that could help everyone accomplish their weight health goals by starting with digestion.

It was just the then how do we nuance that? And where its led us to with GLP-1 agonists is to also then come about and realize that if the 2 to 5 minutes that our own hormones are supposed to be activated, their job there is going to delay gastric emptying in that time period for about 2-5 minutes.

Well, if I'm now delaying gastrik empting for a week, and you know, maybe in a declining amount, but for solid week because I am on something, Then we shouldn't be sitting there and saying a side effect of these medications is constipation or a Side effect.

These medications. It's an effect that it's exact to medication working exactly as intended. We need to be careful with dose but also recognize that. Going to exacerbate it might create in some people but is definitely going to Exacerbate anything underlying.

So if you were already constibated at some times in the month or ongoing If you already had reflux, if you're on a proton pump inhibitor, for goodness sakes, don't do more protein.

Let's fix the underlying issue because we're going to leave you in a worse space with the medications. This blame of the medication then, it's just become ridiculous in that place.

Well, and this is why I was so excited for this conversation because you have this position of A, these medications are phenomenal and B, we don't necessarily need them and here's how and why.

So let's talk a little bit about that because one of the many things I loved about the book was It's this whole,

everything, you may, like you're saying, look, a GLP-1 could be the thing for you.

It may be thing that you need, but guess what? If we just slap a glp-one on top of crappy digestion, poor nutrition, bad hormones, acid reflux, all the things you just said, you might get smaller, but you're sure as hell not going to get any healthier.

And that's where we're seeing the fallout of everybody saying, well, look, you know, this person, they lost all their muscle and their bones turned into like dust.

Yeah. Now they're they were soft, which so So can we just kind of graph it up a little bit? Yeah, and we have a great understanding of this if we look at diabetes.

So I'm going to comment on another one because I really want people to take away that the medications, the set that we're talking about today, semiglutide, trisepatide or liraglutaride originally, that's the only ones I want to reference for a moment, they're biosimilar hormone replacement therapies.

Let's just look, let's think of If you are a type one diabetic, we know that your body doesn't make insulin. So you will die unless you have insulin and so we have we thank goodness.

We have synthetic bio identical so that's different, but we They need it for the rest of their life, but they also eat and live their lives to manage it.

And there are some caveats or some people that are using other things. But for most part, for broad strokes, this is what we're talking about. Then we have type 2 diabetics and some type two diabolics actually do need insulin.

And some to type to diaboutics use other medications and sometimes to diabetes manage or even resolve their diabetes using diet lifestyle and like basically being able to figure out how to optimally resource the body, right?

This is the exact same thing that is at play here with our weight health. There are, and when I went in and I looked at suboptimal function and i figured out how we can actually assess the function of these hormones because remember they only stay on for two to five minutes.

We cannot do that with a lab test. So I created a clinical assessment. It's in the book. it is a lot, but you can go through it or you And when we look at that, some people, their function is completely, it's completely dysfunctional.

So suboptimal has dysfunctionally delayed or suppressed. And if it is dysfunction, I don't know that we have the ability today to actually find out do you just not make any of this hormone.

But if it's so dysfunctional for you and your body's whole system, the whole ecosystem is demonstrating such suboptimal function that we come in and we use this and say, you know what, right now let me start with a weight health hormone replacement for your because it is going to help us help you make all those other choices just like we do with insulin with the diabetic.

But we also then talk to you about, hey, I'd rather than instead of apple juice, you eat the apple. I would rather that you don't have unprotected carbs and you have your apple with almond butter.

And we start to do the teaching and the stuff that maybe they even knew before, but didn't feel like it was possible. We're able to. It wasn't working.

That's right. You didn' have it to begin with. Like if you're lacking the GLP-1 functionality in your body right out of the gate, that is part of, the nothing is working problem.

That's exactly. And there's a genetic component. There's the, like me, you run antibiotics, there are all these other pieces. In delayed, it might be that your bodies producing them and it may be like a little bit of two things.

It could be having a motion detector in a world where there is a stampede running in front of your motion detectors. like makes it difficult having a world where I don't have access to some of this, you know, two things that help me be healthier living in a body where i have, a lot of earned trauma and my vagus nerve function, and some these other pieces.

So there may be reasons that there's a delay here and in that person may maybe starting on the agonist with a lower amount or maybe using a supplement like, you know, an americade or something where it's giving us, a little bit higher amount of, like maybe that's where we're going to be on that part.

And for the person where its suppressed, meaning that yours is operational, but your other choices are dampening, I'm not sleeping or I am drinking alcohol, or doing other things, and I'm not able to let m or an eating food that's n like, you know, whateve might say, I don't think you what I will say is the I' because those that are in right now with the, they hormones are suboptimally dysfunctional, you know, that might be as much as 25% of the population.

Okay, but we still have another 60 or 70% Of the Population that is in the delayed and in this suppressed and if we have a conversation there that we only tee up the a GLP-1 agonist as a solution, it's ridiculous in that part.

Like, even in someone where they're having, where it is dysfunctional, is not the solution. It's the enabler for the personalized plan to work for them.

And in somebody where its suppressed or delayed, yes, you might experiment or you may benefit and you use the aganist, but we absolutely have to do all the other optimizations, on that per to help you build that more robust system, because if we don't do it, we're not going to see the outcomes be like, I was kind of like laughing the other day.

I don' know if this is gonna sound bad, but I'm not laughing at all, and I wanna be clear, about anyone's hopefulness that GOP ones could slow the progression of Alzheimer's.

What I was laughing at was that the belief was, if we don't do anything else and we just put someone on an agonist, can we alone slow the progression of Alzheimer's?

And in my, like, both of us were like our brains are blowing up right now. And, in that space, on the one hand, amazing things could be happening because If we're optimizing blood sugar regulation, if we are reducing inflammation, helping somebody's brain actually be less saturated with food noise and with all these other things, what goes across the blood-brain barrier may actually less problematic.

But here's the other piece. If you're shrinking body fat, you are releasing a heck of a lot of toxins. And if the body isn't eliminating those toxins and isn' able to, and we're slowing elimination or we don't have optimized detoxification, that's not better.

If we are not giving the to your point of building before, if we aren't giving th resolvins and glucoraphanin or what it needs to make sulforaphane to upregulate healthy blood brain barrier and up regulate glutathione and all these other things.

We aren' promoting the bod to repair itself from an Alzheimer's brain. So I think in that space where we are with these medications is, can we please throw away the messaging that they are in and of themselves a solution?

Yeah. That's my soapbox. Didn't the study just declare that the GLP ones were a failure? for treating Alzheimer's. The study didn't, but the media, the headlines coming out of it.

Which was insane because actually they contribute to a better environment. But is it going to reverse Alzheimer's by all by itself? Like on what planet is Alzheimer that simple?

Yes, I know, same with cancer, where we're out there being like, we really hoped it was going be the cure for cancer. And I was like okay, like I have a bridge to sell you, come on people, you know.

So and I, and again, like I also, I'm the one who did the goat smoke cleanse. I understand that I would have bought that bridge. Like I get it. Right.

So we want to try those things. But I think that it's the, um, you know, the fail. One of the things, we don't have to dive any deeper than this, but one of failures in this whole space is looking at how bad the science around what works and what doesn't for quote unquote weight loss.

Anytime you make weight loss, the destination, you know, as so many of these drug trials are doing of just being like, we get faster weight, loss. We get more weight lost.

And you're just like oh my gosh, stop. Again, I'm like did you lose muscle? Did you loose fat? So let's talk about that. There's so much different questions I want to ask you.

But now that we're on the topic of muscle and bone, Let's, because you talk about muscle and bone, right? It's like that bone thing that you really need.

And it's all calcium, it is just a hundred percent calcium. The only thing we need to do is drink milk for bone. What about collagen? Like what about all the other things?

Because if your bone is stiff and not bendy, guess what? You can do that with a drug, actually. Then you'll just break your spine while washing the dishes.

We were telling people, okay, stop focusing on the loss. we need to focus on what it is that we're building, right? So how do we help people to do that?

And in a world where you said something earlier that was so great, where just eating more protein, I mean, you can get fat on protein. Now, can't get on fat protein when you're on a GLP-1, because guess what?

You can eat enough protein and you want to get that. And there's lots of other stuff going on. But how we do help to really lean into and understand this kind of message that's, I think it's starting to break through of what do we eat?

Like what is the concept of a nutrient dense diet while we are using these levers, right? While we have, if it happens to pass, to be that you need the GLP, whether it set a small dose to help you along, or it said a functional dose, To replace something your body just lost the ability to access.

Right. Yeah. And I do. I mean, I created the definition for better nutrition, giving your body today what it needs to run better while reducing what can irritate, overwhelm, and disrupt it.

So it's twofold on that part. It's what you take in and it is what don't take. We have those four pillars when we look at that. For someone on an agonist, it might be that we lean in a little bit more to supplements in some places where hey, I need you to be able to get this in, and I don't know that you're going to able get in.

As an example, like, yeah, might have somebody do liquid nutrition with green vegetables as opposed to eating, trying to eat four portions of it because it might be harder.

I have some people that I lean into chlorophyll. You know, maybe there's a way there or like what is the role of spices to help you get a little bit more of some of the in addition to making your food taste delicious, to get in a little bit more of those nutrients.

So I think some of the other pieces is really leaning into the personalization. The amount at any one time is going to be a really important part. One of things that I see when somebody doesn't have nutrition guidance or is maybe for some reason not following what those recommendations would be, is I see a lot of backloading.

They're not eating all day and then it's just like, oh, I'm finally hungry in the evening because for the first time in their life, they're being told like pay attention to your hunger cues, like to appetite.

No, when you were on this medication, it is turning that off. Like you should not be sitting there going like I'll wait until I am hungry. So I literally have people with that three hour alarm that's going off What I've noticed is the first two days typically tend to be an extreme degree of delay, regardless of dosage, but certainly as you go up on.

So those first 2 days, and also depending on whether or not you're strength training, where you are in your cycle, am I getting on an airplane like anything else, they may not be the days that you lean into more fiber on that part.

They may be days where we don't do your fiber supplement that day or we do something that's more fibrous or again, do liquid nutrition, something easier on the digestion because digestion is more slowed on this part and then as the week goes on, we may start to lean in more to making sure that we've got the fiber.

But again fiber at every eating occasion or every one of these pit stops and not looking at it and saying, you know, oh I get my fiber in it. I take 30 grams at dinner.

Like no, you, know it's really about giving the body the amounts that, that it can use. When it comes to the nutrients, I don't think we're at a place where it is affordable or accessible to test all of your nutrient levels.

And I also don t think the blood levels actually give us all the information, right, to our conversation before about your body. We need to know what's in the tissues, we need know in all these different places.

So One of the things that we want to look at is, and this is where I'm giving you all the tools for assessment, I will just say sometimes it can be difficult to do it on your own.

That's why I made Human Coaches, we have the option for people to see clinicians available with the book. Anyone who has the books can opt in, ask a coach a question on that part.

Sometimes the question mark is hey, in my effort to You know, to optimize my hydration, I'm adding electrolytes, but maybe my electrolyte are giving me more sodium, and I also am eating sodium.

So, like, how do I adjust for that? So a lot of it right now, you know what we want to do is looking at adjusting it. But here's one that I think gets no attention as we talk about nutrients and needs so much attention.

I give you a quiz in there. It's one of the first quizzes presented. I want you to stop and actually just rank on a scale of one to ten with one is the worst tasting or maybe zero is worst-tasting food I've ever had.

Nutrition, Supplements, and Satiety Strategies

Uh, and 10 would be the best. Like I could write a sonnet about it. You know, for me, it's stracciatella gelato in Venice or, uh, equally the sardines and the gnocchi there.

I remember the meal. It's just like, that's my 10, right? And so I want something to be a seven or greater. And the reason for that is I'm trying to teach you to reconnect to satiety.

We have receptor sites for GLP-1 on our tongue. We are meant to taste, and they're meant it to satisfy all the different flavors, salty and sweet and bitter, you know, in all of this.

And so when something isn't delicious, we tend to either eat more or be unsatisfied. When we're unsatisfied, We tend go and look for something else on that part.

So some of the behaviors that I'm helping people to lean into with GLPs is to actually look You can't look for deliciousness and throw out the other pillars of better nutrition.

Someone said to me the day, I love your delicious test. I forgot how much I loved Reese's cups. And I was like, okay, we're gonna have a chat. They said, you know what, Yeah, and I was like, you know what?

I'm so glad but you, know, what I had her do the test and and, I proved myself and i said, so are you having one or two? And she goes, oh, i'm having two.

She's like because literally I don't know if I ate anything else yesterday. And I said okay. I, was, like so you think you're playing when I pulling one over on me.

Like I iI'm gonna play it back. All right. i was Like what i'd like you to do next time is do, the, test right when you bite into it and do that on the scale one to ten.

It was. like and then after you've maybe gotten through your first one and you'r biting into your second one do it again and she, goes son of a gun. She's like, it was like a four or five, like I don't even remember.

And I was, yeah, you're kind of done at that point. Same thing with French fries, same thing, with a pint of ice cream. Now remember the problem is those foods in their fat and sugar combination or in there, salt, fat, and, sugar, combination are designed to override your body's ability to feel satisfied.

I know I did it. Like I'm clear. Yeah. Been there done that. So I was like, so it doesn't mean that you are going to be able to stop. I just want you to know that it is no longer pinnacle deliciousness, you know, on that part.

And so what I said in that space is I like so, what you're doing is you using a medication right now to you from eating. You have tried and we went back because we talked about her history.

Remember what happened last time you stopped eating? Your hair fell out. Your hormones, your thyroid went nuts. I was like, your skin looked bad. That's what's going to happen with the medication.

We've already seen that picture. She's like I know, I now. It was a really bad day. Here's all that stuff. And I said, okay, what I'm hearing from you and I sent her over to our coach and said we need a plan for what to make available for you that will be delicious for to have with you or for and when you hit that three hour, you know, pit stop.

And sometimes if it's not delicious, when your on the medication and we just need to get something in, then at that point, I'm okay with it. Like I don't, maybe if you have a protein drink and it is not to delicious to you in the moment, but you feel full because you're like, that's all that I could have.

That's okay. Just try to lean into, the next one. So what we're doing here and what you are hearing is the, like this is personalization in action. But anyone, the impersonalized or the mass part of it can take away.

It still comes back to the pillars. You still have to look at quantity, quality, nutrient balance, timing, you know, on that part. We still to optimize digestion and we have recognize when digestion might be more challenged and lean into choices on Then as it relates to nutrients, things like vitamin D and vitamin K and these other ones, we may need for a time period or ongoing to be more foundationally supportive to prevent gaps or to address gaps with supplements on that part.

Yeah. I think at this stage of the game, I did an experiment this summer where I pretty much stopped all my supplements. And I did a test, a very, you know, one of these tests, it's a big money test.

But what it looks like is all the downstream metabolites of all those nutrients we're trying to get through our food. I was a disaster. The doctor, and I do this on an interview, so people may have already heard this interview.

And the doctors laugh and he goes, look at that Nat, the longevity expert, you're tanking dude. You have no glutathione, your NADs in the toilet, like all these things.

And he said like, so here's the news, when you were over 60, maybe there's some supplementation that's kind of foundational that may not have been foundational in your twenties and your thirties.

So we need to, I do think we to stop demonizing supplementation and start understanding what's needed for the person. And it may be that you need more than you think.

It may need to be doing the wrong things for you. When it comes to when you're using GLP-1s, I think most people most of the time are going to need some supplements because they just can't get it for Like I will flat out say, if you are on a GLP-1 agonist and you're not on glutamine, and I know everybody loves creatine and i can say amazing things about creatines, so let me just start there, but there like you have proven my point if, you were on an aganist, then it's working for you.

You've proven, my, point that your hormones were suboptimally functioning. They're in the lining of your digestive tract. Now I'm not telling you, have to have like massive amounts of glutamines.

But I don't think like, and I know they call glutamine conditionally essential. And it's like. You know, I'm like okay, the conditions that you are in, it is essential for you right now.

Yeah, we need that. There are a couple of those. It's, like you need polyphenols. We've got to feed your acromansia. Like there are just certain things that, you know we come in and it' like this is so important.

But, i love what you said there and i wish like i just want to double click on it and share it for the world on that part. you did an experiment and you had evidence.

So, I'm going to go off of my supplements. I am going keep eating the way that I do. And I going test this and I will be able to see this. That's the part of biohacking that really align with and feel like it's so great.

The part that don't align is then getting on a podcast and listening to a bio hacker and deciding to do what the bio-hacker did. Without doing the experiment, I was like, people, now I blaming you, the person, not the podcaster.

But I think that one of the things that, obviously with my book coming out at the start of year, I've been saying, people are like, what would you tell someone who's making a New Year's resolution?

I will be blunt. New year's resolutions are dumb. Anything other than a SMART goal is going to be a problem for you. It has to specific, it has be measurable, actionable, relevant and time bound.

And we have to come in on that part and then look at it again. And in the states, our modern health care is anything but smart. It's the get an annual physical, go in and see someone and what, next year just hope that your blood sugar is a little bit better?

Or maybe a month before do some things to try to cheat the blood test? Come on, we're better than that. Yeah. No, a hundred percent. So let me ask you a couple of specific questions here.

Digestive enzymes. Cause we keep talking about digestion. Talking about optimizing digestion, okay, great. But how do we do that? We can't think. I mean, most people are coming in with bad digestion and the GLP one is going to make it worse, particularly I mean, Ozempic, please don't sue me for this.

But Ozmpic in particular really slows down gastric emptying. For whatever reason, terzepatide is not as bad, probably because of the dual and cretin thing.

I'm the only practitioner I know who has patients who, I am always taking patients off terzepotide and putting them on semi-glutide. I mean, it's just been cra So we see it, but I, bu you know, on that part.

S that the body creates the with our saliva and creat down food into usable nu then be better absorbed e So I like to call them their personal assistant for the digestive tract.

So are they an agent to help us with this with, you know, when we're on it? Absolutely. Um, one of the things that will happen because of, uh, being on the medications, I have people who will have dry mouth.

I also have, people are mouth breathers. Also people, who are newly using Invisalign. People like all these different things, where like, it's not, all that other stuff, but with also with reflux, it can dry things out.

So if you have less saliva or if that it's less with the salivary amylase, we're going to not be breaking those down. I think strategically they can be great.

and for as you're trying to increase your intake in particular of protein. So if I said to you, hey, Nat, I saw in your breakfast, you may be at about six or seven grams of proteins.

At dinner, your killing it. You're doing like 50. I might want to pull back a little bit on dinner and I may want increase breakfast on that part. As I go to increased breakfast I'm probably going to have you use a digestive enzyme there.

And there are really unique digestive enzymes too. You know, there's obviously the sort of foundational, you know when we look at amylase and proteases and stuff, but there is some that are also really like demonstrating their ability to help with protein, with breaking down protein and et cetera.

One of the things I think is a problem though, excuse me, I'll take, i'm going to just take a sip of my chlorophyll water too, yeah. Um, when we look at that, um, one of the things that that is, you know, important for us to look, at is because they become popular.

We also have, we see them in things like protein powders and in beverages and stuff. And they're in like tiny microscopic amounts and they are not better quality.

So that's not going to do anything for you. And the old, you know, just eat pineapple or have some, like kind of get it from food. Helpful, yes, I love that that is in the foods, but I also don't think that will be strategic.

Absolutely. If you were getting on a plane or if you are, you know, anything where you're stressing your butt, like maybe after a workout, high stress, that kind of thing.

Anything that's going to already put the body in a disadvantage, on top of the agonist, in addition advantage, or even if not on an aganist. Use that there because that is where your body could really use that personal assistant.

I like that. Yeah, I think digestive enzymes are a big deal. I wanted to say earlier, when you were talking about the person who's new to the GLP-1 and now all of a sudden doesn't eat until the end of the day, for them also, if we think about it, it's this sudden release.

It's a freedom, right? They've gone from having a voice in their head every minute, every hour of every day going, well, what are we going to have now?

I just saw an apple in the fridge. Yeah. Another apple or a chocolate bar or protein pie, whatever it is, And all of a sudden the voice is quiet and they're free to go about their days.

Yeah. And it's really an interesting thing. Like you walk by Starbucks and you're like, wait, I actually don't want that. It's like that feeling. Whereas before it was like I get to going to Starbucks.

So I think that it is important to acknowledge people's release, because one of the things I hear the most from people is, it's almost like they're like, oh my God, the voice in my head finally just shut up.

I had a woman calling me and she said, I was just at a concert for someone like, you know, we were all young. I think it was a Katie Lang or something.

And she was like… And I just cried the whole time. It was, like that makes sense. You know? I'm like she's like no, i'm crying about my daughter. and She's, Like I want to help her.

Daughter was 17, 18. Because I realized that I have, until I went on this medication, spent 30 years of my life not

being present at the dinner table, not present when she's asking me questions, at work, even sex with my partner because I was thinking about my body and it all came back to me thinking of eating.

It's this side of peace. And I was like, yeah, I'm like and that's where when people like again, because of the weight bias that exists out there. There's this thing of like well, you know, those people that suffer from food noise.

Are you kidding me? They did a research study that showed that people who were sitting around when you sit around in front of donuts are thinking that almost everybody is thinking about the donut regardless of your body size, right?

that like, you know, within that space. And so when you get distracted, that's what we've done in our modern society with Instagram and with Starbucks everywhere, and I love all of them, like it's fine, but it is all in front of us.

So the relief that people are feeling, I also believe it s part of the outcomes. It's part, my brain is like I am actually having for the first time in my life some empty space and that empty, space actually that ability to breathe and not be thinking about this is actually a positive for my vagus nerve and my digestion on that part.

So I love that you brought that up. I think it's so important to lean into. Let's go back to the premise of the book, which is that not everybody needs a GLP-1.

It can be super helpful. Some people really You don't need it because if we fix your microbiome, if you optimize your digestion, If we help you to tweak what you're reading, when you are reading how you reading all the things and you able and willing to do that work.

That's not to say that the person that uses the JLP one is lazy, but if you're, if it's. If it works for you and it worked, how do you, just how you help people to understand?

Cause it not about you deciding, right? How do people, yeah. How you helped people understand which camp they're in, dysfunctional. So here's the beautiful part about that.

So three things to consider. The first is that with weight health, we now understand our body with, weight, health is the goal, which is like longevity weight.

Health is a goal in that space. We never get to fix your microbiome. Your microbiom is constantly changing, overturning and dealing with everything that's coming at it.

It's why I love the word optimization is it infers ongoing activity, right? We have to always be thinking about this. So what I always say straight up to anyone, anyone listening, is I don't have a crystal ball.

I literally don t know what's going to happen in your life. you are an athlete and you're going to end up in the Olympics. Like all of these different things.

And because of that, I can't make a statement about whether you will ever use as a tool, weight health hormone replacement or not. What I tell you is shot or no, if you don't do weight, health, hormone optimization as your foundational approach to your health ongoing, whether or you were on a shot you are negatively impacting your longevity.

You are keeping yourself from health span. So I think we want to look at it in a different place. I am so excited about the Nobel Prize-worthy invention of these agonists, primarily because they are teaching people about human physiology, where I'm able to have a conversation about how your body actually works.

Because of that, I now can tell you that something like when I say endothelial, you now will know that your blood vessels have this endophelio lining and in there are these receptors.

And I want to be able to share with you, that it's not just about taking a statin to optimize your, your cardiovascular

health. And in fact, that doesn't work that way that, you know, plaque accumulation, uh, one of the issues of plaque, accumulation is it's going to disrupt the endothelial tissue, which means your GLP one receptors here.

So all of this stuff, we can have this whole conversation. What I did do was I created the first ever assessment of weight health hormone function, this clinical tool, and it's five parts.

It asks you questions about your lived experience. it looks at some labs, not a whole bunch of them. Some labs it invites you to do things like wear a wearable, maybe a continuous glucose monitor, or maybe measure heart rate variability, but it allows you do do thing like breathing, you know, looking at your BOLT score.

We need weight composition, so maybe we have a DEXA, a BIA scale, you know, the one that you can now measure with your phone or maybe we use waist circumference and waist to hip ratio.

You know it but it tells you that, you have to assess your digestion and your hydration and when we look at all of that it maps you to suboptimal or optimal and then the secondary part is within sub optimal what type And somebody said to me, that's so cool, Ashley.

I'm so excited. Isn't there an AI version? Because I don't want to do all this. Can't I just enter this information? And I said, the reason I actually want you to it is you're also going to see where you are suboptimal.

It's going and tell you. So if you, if for anyone, If you go through the digestive assessment and your digestion is sub optimal in any capacity, That's where your focus.

Like that it, you know? Even if everything else is is great on that part. If you pick up a couple of labs are off and we also notice that you're breathing is off like that's going to give us okay now.

Hey, let's look at this and say how are we actually supporting your body's recovery or maybe you've been taking more of like an anti inflammatory approach.

your nutrition and to your food choices, but you actually haven't been resolving inflammation. Your body doesn't have those resolvents. It doesn' have the ability to do that.

Maybe that's part genetic, maybe that' part, you know, your nutricion on that part. So let's lean in over there. We have this, we have ability now once we've done that to be able to come in.

And then here's the part remember we said optimization. you reassess. So then you re-assess, you know, and it is, this is our life's work. Like that's the work of longevity means that, one of the pieces, everybody's like, well, I want it.

And I was like okay, do you want to do the, work for it? Like you just said, it's, like I wanna give up my supplements or I don't wanna pay for this. I'm like hey, if you don' wanna do, the of it, okay but then don''t expect the outcome.

You know what I mean? There is nobody that is just, I shouldn't say there's nobody. Maybe there is somebody that's gifted with longevity and they're just going to live, but I feel like in modern society I don't believe that you're going live healthfully throughout all of that time period, even if you were gifted.

There's too much coming at us that that a challenge. There's too many toxins around. I agree with you. And toxins can be physical or mental or whatever the case may be.

Life is personal. That's great right now. We could keep talking. Four years later, we decided to stop talking, and we solved it all. Exactly. Let's do a couple of quickies that I know are pain points for people.

Yeah. So someone, let's say someone is using the GLP one and they're shrinking and their going down sizes. How do they tell, is there a way for them to tell?

Ideally like, and I don't care, you know, somebody said to me like what's the best scale? And I was like the, the

scale, like best exercise is the one you use.

Um, we should probably use it once a week. You could probably get away with using it. Once a month. I think it's a little better if you own it in your own home, because I do think its smart for you to be able to do it on waking after you've moved your bowels and you know naked to give us but the idea is really repetition.

You're trying to reduce as many outliers as possible. So like how can I do? It kind of the same way all the time and we can tell and it doesn't matter.

It doesn' matter if like it says like 70 pounds or 80 pounds is your starting point like the accuracy of your amount of muscle. What matters is the trend on that just like with the arrow going up.

Or is the arrow going down? Right, exactly.

Monitoring, Titration, and Weaning Off GLP-1s

And if we don't have access to that, can we use waist to hip and waist-to-hip circumference and waste rate? We can, but it's not going to tell me about inside on that part.

So what I do in that space is, and look, I run this program at a local YMCA and people have varying access and different, um, But I have them carry things.

If you are noticing that you can carry more, they're stronger. if you're noticing, that things feel heavier, then we just do like some, these are very inaccurate, but they're like at least some assessments.

For people who have a little bit of means, there's a scale that came on the market I think a year or two ago called the Hume scale. I don't work with them, I'm not an affiliate, nothing, But I would say that they've really upped the game.

for the price point, which is pretty reasonable. I use the at home in body. So like I personally, like, it's funny you say that, because I hate their metrics.

Like for some reason with the human, I like get it. And I was like… I found like whatever the way of my patients tracking it and screenshotting it, and I haven't loved it but I've seen like the withings, Like I have seen all these different scales and i'm like okay, so any of them to your point.

They're just better. And the ones that you hold out and like that, you actually like lift up and hold something out. Yes. Yeah. Same. I think there are a bunch of those now.

That's going to do a little better because especially for women versus men, what's, going on in our upper body is, is going be disproportionate. Like we want to have it included, but men and women, it's important.

Yeah. Yeah, but I just think like that that world, that space has come along. It's just like the wearable space. Yes. And your DEXA scan should be like, is a good one to include, especially for bone health.

I know there's also new scans for Bone Health where they've said, yes, and that's what I was going to just say. So I think that also really interesting, you know, on that part.

Then for people who are getting full body MRIs, we can also go in and we see really like greater detail things like your visceral fat. I also don't want you doing these things.

You don' have to do them. And you're not going to an MRI too often. No, hopefully once a year, or even less frequent on that part. Another big pain point for people, and I just actually had a call with a physician this week about this.

She was super worried. How am I going titrate people off of these thing? What do I do? on the other side. And I'd love you to speak to that a little bit, because I think there's a world where some people may always use a small dose or for a long, you know, for the foreseeable future.

Then other people, we can help them ease off. If they need to come back in a year, that's okay, like for little touch up. Totally, totally. I love that piece.

There are very few things I can be firm about. The one that I could be from about is, if you go on this and you don't do anything else, you cannot come off of it.

If you are replacing it at an exponential amount, instead of having a teaspoon of sugar, or if have five packets of Splenda, like you're at this exponential you know, the intensity of it and it's overriding your own.

So in the time while you're on it, you are also and I think this is important for physicians and practitioners to understand the longer somebody is on, it the less their own hormones have had to work because of those particular ones.

We need a whole restarting plan. That restart, there's two ways to approach it. You can extend the duration of time that's in between somebody. As you could say, instead of doing it weekly, I'm going to keep it at the same dose and i'm gonna do it every two weeks and then And that's where also your nutrition or adding in something like an Amerisade or others or, you know, changing your fiber or whatever.

As you start to notice maybe like a creeping in of whether it's food noise or creeping into some of the other stuff like you want to work in that space.

That can be very helpful. The other one is you can go to a lower dose and do the lower-dose on a weekly basis. Now, the one that I think is really important in there for the physician, I'm so glad, it just makes me so happy when it's like a physician and a nutritionist, we're having a conversation.

It's the start of a non-joke. Our medical system should be designed to work. So you were having a conversation about this and you're like, okay, great.

What are we going to monitor? So number one, I always start with a patient. I go, Okay, here's what has been working for your body right now, right? Like, so for the next 90 days, let's see if you are able to keep doing that.

So that food journal that you mentioned, or maybe it's a continuous glucose monitor. Maybe it is an aura ring. maybe It's like just a calendar that, you know, goes through and is like I strength trained on these times or I did, whatever it on that part.

We want to see, are you able to do that? And if you're doing all of that, but then we retest your, let's use your Hume scale and we notice, you know what you gained three pounds of fat and you lost one pound of muscle or you didn't gain any muscle and whatever it is on that part.

If we see that then that's the place where we should be like, okay. So either we went down too low of a dose or either you weren't you for some reason in the last month, you were or last two weeks or whatever, You weren' able to keep doing this thing and we need you to Keep doing that.

So we Need to go back and We need to refine the plan and this is where I have no love. no love for anyone who sa and says, yeah, but when of it, they regain all of then some or anyone wh looks at data like I lit stupid, which I know is So if somebody lost 60, I heard somebody who lost 120 pounds and the doctor came back, blamed them and blamed the medication and said, not only did my patient gain that 120 lbs back but they gained more fat than muscle.

And I said you know what I'm blaming you. You scripted the medications. Now if someone ghosts you and goes away and forewarned or whatever. So, my friends, the other part of this is, you know, when you're budgeting out

your access, because the thing that we're talking about is not necessarily somebody might get to where they are weight healthy and make the decision that they want to start weaning.

What we have today is they may get a place where it's not available or not affordable. And if we are worried about that in any capacity, we should be having a plan already where we re weening and getting you to We should always have you on the best dose for you.

But what is the the final one that I think often doesn't come into the conversation is what's the your medications and your them as you're going throu they haven't, you know, if off at 3 50 and you'r a 180 with a good amount o statin should have been cha your blood pressure, medication, like all of the, you know, all these different things.

And so that adjustment should also be part of that the weaning and the titration conversation. But it really, I mean, the key takeaway here is doing this without a collaborator to support you in the monitoring of it is so important.

You know we get cut out of. The cost anytime somebody is trying to figure out like the number of conversations that I have with the online virtual providers of these or the local, the locations that are selling them.

And, you know, they're like, well, we have the doctor session, but you, know what? We just, I think we can't build in. We can afford you in that part.

I was like we shouldn't afford to you. Like, that's right. That's the key piece. Yeah. Well, and the other thing that you said that I Is regular monitoring?

I mean, you said once a week might be okay. I think less than once week is a disaster because you have someone coming in back in a month and they've lost two or three pounds of muscle.

Yeah. It's not going to take a months to get it back. So here's the conversation. What is accessible and what's affordable? What can they do in terms of their own monitoring?

One of the reasons we, in my, you know, the Better Nutrition Program, everything is open, unlimited messaging with coaching and available throughout that month because, and we want you track and, we have that come back in and you, know we do that, but they're the person that loses like If I know something is coming up and you have said to me, I am going to have to be sedentary this month then, or I'm going have significantly change what has gone on, you should not lose two to three pounds of muscle if you're in a maintenance mode in any capacity.

You're not gonna build, but we shouldn't be seeing muscle loss, right? So by that point in time, and it kinda depends, like I agree with you, maybe one of the pieces is also like, Sometimes in the beginning, we might not track as much like as frequently or I have some people where they have such a bad relationship with the scale that getting on there and I'm like, don't put the number put literally I had them put a tape over it.

They do not look at it goes into their app and they send the app in for me. We're in. The app. And they sent it in there. So I think that's a really valid point, which is we want to look at that, but no longer than a month.

And most of the time, one or two weeks is really where we should be at. I agree with you. Yeah, that a good take. Okay. Let's get into a couple of quickfire questions so that we can…

let people go. Although I think I'm gonna have to move into one of those two to three hour format podcasts for people like you. Yes, I love it. I'd love to dive in.

So tell us about a time you changed your mind about product category after seeing new data or patient outcomes. Oh my gosh, this is a really big one. God, my ego.

Wow. Everybody's- I have an ego, so when I did my residency at county hospital, i saw a bariatric patient and this was a teenager Um, a late, late stage teenager and, um, very complicated family situation, et cetera, but died, had bariatric surgery and died and didn't die during the surgery.

Um. But ultimately died. So I, at that point, like, put a stake in the ground and I was like bariatric surgery is the worst thing on the entire planet.

What everybody really just needs is Ashley, like just like I can help anyone like, oh boy, I wish this guy would have come to me. I could have helped him lose 100 pounds.

It could help 200 pounds I couldn't help his mom do I Could have done like and I was like i can do it all and i Can do It all for everyone in any capacity and then I had this like lucky weird situation where the woman who was the bariatric dietitian was going on maternity leave and somebody reached out and for some silly reason they chose me and they were like oh will you come in and be the dietician and I thought they had brought me into the minimally invasive surgery center so I was like yeah and i'm like surgery is my jam like before surgery after surgery and They're like okay great I'd accepted the deal and like you're going to be covering the Bariatric and And I'm like, oh my gosh.

And literally, I still at that point thought that, well, they'll come in thinking they're going to have bariatric surgery. They'll meet me. I'll start working with them.

Every one of them, Oh my God. But what I will say is I went to battle, battled with the inpatient team because they felt in hospital, people could have juice and I was like yeah, but you're then like after surgery, you are sending them…

I mean like all these just like ridiculous things. And I was able to optimize our bariatric protocols based on my experience. But bariatric surgery done in a proper ecosystem, in better way with the right person, gosh, it's an incredible tool.

Okay, off script now. Don't you think that the GLP ones have really changed the game though with bariatic surgery? Because I think there's a whole lot less bariotic surgery going on.

Doesn't mean it is not necessarily I don't know, maybe there's still a use case for it. Total game changer. And boy, talk about an uncomfortable room to be in at the obesity medicine conference, which I'm just going to leave there, that we have an obesity, medicine.

We need to change things because obesity in this country, at least at this time by definition, is still really just about your BMI, your weight on that part.

but the between the bariatric surgeons and the one scripting glp1 agonist there were some really fun conversations and very awkward moments and a lot of like the stumbling here's what i would say i think that bariatrics is going to like just like when anything else comes in is gonna have to up its game because the rate of of failure and the failure being attributed to the people just still not being able to be compliant with bariatrics was very high.

There is still a very higher rate of failure with people who are an agonist because they go off of it after a year not having had change, you know, whatever.

So what I would personally say is both of them are going to a wake up call to each other. And let's just note that like nothing has changed for my 20 year old ego.

They all need me. on the weight health hormone, you know, side of it and just turn around and say, this is the answer. So there you go. Yeah. What about women's hormones during perimenopause and menopausal?

How important is that? Oh my gosh. I mean, just to women and man, but like, I I think what to me is the win and ties this together is your sex, I hate calling them sex hormones because they're sex.

They're neuro, they are neuroendocrine. There are all of this. But when your hormones decide to leave us and as they decide leave and also they like to peaks and valley it, you know, like, yeah, there like an EKG machine and then they flatline you.

And so like when they go and they do all of that, they're directly, They are interrelated with your weight health hormones. So noting that that's such an important time for us to understand that as your hormones are shifting, as you're sex hormones or shifting your, weight, health, hormones, are going to be shifting as well.

And we see that play out. We see the play at in bone, we, see play on a muscle, We, that plan in fat, and cognitive function, hunger, appetite, like, etc.

so we do have to look at that. Hormone replacement therapy needs to be looked at just, it's all hormone replacement, therapy, weight, health, hormones, sex hormones.

One of the big differences though is our weight health hormones are peptide hormones or sex. H hormones our steroid hormones the body cannot eliminate them without them being broken down, converted into a form of where they're eliminated.

So that's our detoxification system. So whereas weight health hormones, if they're shrinking our fat cells, are causing toxins to be liberated that need to eliminated, what we do need any woman to know, same for men, but we'll just leave it there, any women to that if you are using hormone replacement therapy, you to reduce your risk o risk of disease of everyth need to now make sure tha system is optimized.

Rapid-Fire Takeaways and Closing Remarks

And missing from the conversat too much of a everyone sh testosterone and progester there's almost no conversation of, hey, how's your digestion and detoxification prior to that?

Because, and quite honestly, with the women's health study that was so bad, you know, that one of the things that I've always been curious about, if we went back, If we could have and slice the data for who was somebody who either genetically had, um, You know efficiencies and inefficiencies in their detoxication or who presented where their detoxification was suboptimal, who there got cancer.

And I think we would have a very clear answer in that part. Okay, rapid fire, build your sack. One daily protein target you like to set relative to body weight and your favorite travel proof way to hit it.

Okay, so I probably like I can never at a pit stop have less than 15 grams of protein. So it's the minimum for me. If I don't, no one likes me and I for 13 years have worked with perfect snacks.

I love a perfect bar. Oh my god, I know I'm sorry too because like sometimes I like, sometimes i go through periods where i'm like i shouldn't have them in my home but um the other thing that was so crazy cool just a little bit of a sidebar of my five-year-old nephew at four years old was diagnosed with type 1 diabetes and we in the beginning especially because you're like before they can even get the pump and you know do all this like it is it's so hard because we're trying to dose insulin according to me so your packaged food it packaged foods your savior because you know what's in there and you're doing the mini perfect bars were like we found out were absolutely perfect for his blood sugar.

And it was like the greatest thing like just to you. So that was a second degree of endearment, you for me on that part. But yeah, that's what I would say.

Perfect bar. All right. One fiber habit that most effectively nudges GLP one and satiety without destroying digestion. Oh, I love that and you said fiber because originally I was going to go to green tea on that part.

I think, you know, so I'm a really big fan of ground flax seeds. So I think that getting that in there is going to be as a form of the fiber that can just be so helpful in that way.

I like people getting in resistance, so eating a kiwi if you like, or having blackberries, I mean I can go on and on, but I'll hit ground flax seeds. Yeah.

Well, one thing I'll say about ground flax though, and that I think is really important is that it spoils really easily. If your ground Flax smells like paint thinner, it's gone off.

So keep it in the fridge. Be careful when you buy it, give it a sniff. It's just one of my pet peeves. That and rancid nut butters drive me nuts. Okay.

One supplement you stopped recommending as a default and why the evidence changed your mind is their one. Oh, one supplement that I stopped, and why the evidence?

Okay, so I can honestly say there is nothing that would have stopped based on the evidences. So that's the, because the evidenced doesn't, evidence isn't personalized enough for me.

It would need to be, not just based research coming out. I think one that many of us should do a much better job with is fish oil. I think there is so much really crappy fish oil.

So I could go into on that space. And one that I've added is resolvins, pro-resolving mediators, and it's separate from fish, oil, you know, when I'm, looking at that.

But I, think we could do better with our fish or oil but I haven't there. I don't think that there's anything that, I stopped because of the evidence.

Yeah. There's a couple of brands on the fish. Oil, but yeah, definitely. It's another one. If you have fishy burps, it, its crap. Yes. That's it. Also, your digestion probably bad, but still, usually it's really crap.

One sleep tweak that most improved your patient's next day hunger and training readiness. Well, for me, it was the mouth taping. Like, you know, I think on that part and I didn't understand and this is what I've shared with my patients is that our mouths are like the design of our mouth.

So as an example, you'll never believe this because we're like two hours in. I want a t-shirt that actually says I was diagnosed with a small mouth, but I diagnosed a very small.

And by the way, that's only structurally. But I have a normal size tongue. It's one of the reasons I needed to have dental work. But I didn't actually learn that one of the negatives of that was actually how it was affecting, because it wasn't a snoring thing.

It was just a mouth breathing while you're sleeping. So I think mouth taping has been incredible for me personally. I have to say that it really depends on the patient because some of my patients, the biggest game changer was the eye mask of putting that on and on that side.

Yeah. I also think with mouth taping, the thing that people forget is make sure your nasal passages are open. So I have my husband wearing a nasal extender and it made all the difference in the world.

The man no longer asphyxiates. Oh my gosh. Bless. Yeah, good. All right. Last one. What problem in weight health are you most obsessed with solving in 12 months and how will you measure success?

Oh, I think the problem is that we aren't in weight health, like that. We're like teetering on the side of it. So I will measure with success if next year at this time, everyone has like and in our weight, health and how we're doing weight.

Health and hey, what actually what can I do for weight? Health? So, um, you know, in that and I suppose with that, the other one will be for people to understand that GLP-1 is not a medication, that it is a weight health hormone.

Yeah, it's a replacement hormone, okay. I was going to launch into another thing and I'm not going closing this podcast. Ashley, this has been beyond a pleasure.

Thank you for your time and taking the time. And thank you, for writing this book. When can people expect it? I am not sure when we are going drop the episode, but it will be right around then.

So tell people where they can find you. Where can they find the book? all the should be january are sold. Make sure when click on the QR code tha you buy it early, head o program where it says As have so many bonuses, but is a 30 day how to do this.

program that's curated that you can go through with it. So I just think that is so highly valuable. And then you could find me, I think anywhere that my name is, although somebody said to me the other day, you've got to be careful because now there are these deep fakes and whatever, and I was like, like I can't even acknowledge that.

Find my names, find the better nutrition. Ashley Koff approved the Better Nutrition Program. If it's talking about basketball or dogs, it is definitely me.

Maybe if you see something about the book, then it probably me as well on that part. Thank you. This is great. Thank so much.