Dr. Aimee Duffy on The Wellness Engineer: Could Hormones be Causing Your Chronic Health Condition? Transcript

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Introduction to the episode and guest

If you're a woman of this age and you've been experiencing symptoms that are called normal so things like rain fog and fatigue and night sweats and hot flashes and lack of libido.

then you need to listen to this podcast today because these symptoms do not have to be your reality. This is Wellness by Design. I'm your host, Jane Hogan, the wellness engineer.

And my guest today is medical doctor, Dr. Amy Duffy. Now, doctor Amy is, as I said, conventional medical medical, but she practices integrative and functional medicine, specializing in hormone health.

We have such a great conversation. talking about. how she practices, why it's so important to get testing done, especially not just one, but like if you're doing saliva tests, you want to do it throughout the day.

Also lifestyle things, the power of nitric oxide. And also she talks about a workout that is designed to build up nitrous oxide, all of this to help reduce, eliminate those symptoms that we have been told are normal.

They are common. They don't have to be normal. All right, I think you're really going to enjoy this episode. I did. I learned a whole lot. So let's get started and I'll see you inside.

Dr. Amy Duffy, I'm so happy that you are here today on Wellness by Design.

Dr. Amy Duffy's path into integrative medicine

Welcome. Thank you so much. Thanks for putting this on and getting this message out. It's awesome. Well, I'm so happy that I got to meet you in person and learn about what you're doing.

And really we've got some interesting stuff we're going to share with the audience today. But first I'd love to hear about your medical doctor trained conventionally.

Now you are practicing more integrative functional medicine style. So what took you to that path? How did we get here right it kind of goes way back for me in in this process of how did I end up here.

When I was a little girl I just absolutely loved babies and anything to do with babies I had cabbage patch kids and all the accessories and. The the clothes and the high chairs and all the stuff that went with them and so anytime I could hold a baby or play with a Baby I just absolutely loved it and that led to me being a babysitter as you know my first job about 11 years old I started babysitting for a family that had baby.

And they had more babies and their babies grew and things like that. And so when I was a senior in high school, they were having another baby and invited me to be in the delivery room with them.

This was just a very amazing experience. I didn't really have any really medical experience at all, except me going to my own doctor or whatever. So I got to the in delivery and just that experience of baby Joshua being put on his mom's chest after After the business part was done and, um, and I just thought, this is so cool.

Like, This is what I want to do. I wanna deliver babies. And so I went to college, I, went, to medical school and thought I was going to be a baby delivering doctor, which I.

But usually that's an OBGYN and then I did my family practice rotation. So they were delivering babies, but then

they. Were taking care of the babies and they, were having babies of their own.

And then I got pregnant my third year of medical school, so I had a baby of my own in med school. So I really wanted a life that was going to be a little bit more supportive, if you want to call it, or functional in having a family of own.

I went the family practice route, but I still was really heavy on obstetrics. And so, I delivered tons of babies in my residency, delivered my fourth baby, that's a whole story in and of itself, and ended up as a family practice practitioner, joining an OBGYN practice to be the primary care doctor for all these women.

and then also delivering babies. So, you know, we shared calls, so I did the OB part, and I then did primary care part. But it threw me into a world, because in family practice, y'know, were doing medical stuff, but we really didn't spend a whole lot of time on hormone replacement in women's health.

And so when I got thrown into this OB-GYN world that was a very popular part of my conversations with my patients. That was back when the Women's Health Initiative had just come out, Controversy and scariness about hormone replacement.

And so I had, you know, women that were terrified of it and women. That were on it. I was terrified. Of it wanted them to get off and we didn't really have a good.

Substitute, if you want to call it, and and really what was coming out as well. You could do the lowest dose possible for the shortest amount of time and you should be okay.

there was really no testing and no way you know to really be comfortable in that so I ended up magically I think through the universe at a natural hormone balancing conference um over the weekend that my sister was getting married in San Diego and so it was like Alice in Wonderland going into this tiny little hole of a door into the world of like if you want to call it integrative functional medicine whatever it is but this idea that you could test hormones You know?

replace what's missing or what is out of balance and then, you know, see these results that were not only more effective than whatever we were doing as prescriptions, but also safer.

And that really started my journey of recognizing, okay, testing. I was introduced to the idea of adrenal dysfunction. We didn't learn anything about that in medical school and different ways of looking at thyroid.

That then led to what I found as I Helping people with their hormones they might have got issues and i was like oh well the same lab that does saliva testing does.

Some sort of got test so let me do that on you and see what that comes up so it's like a learning curve of just treating my patients and using these labs that i didn't even know existed.

That helped us to really figure out what the underlying cause was of their their imbalances and dysfunction. and really starting to recognize this idea that I went into delivering babies because I always thought it was fun medicine.

Women wanted to come to the doctor to hear about their baby and see their babies and they were excited about when the hospital was going to happen as opposed to the sick care system when it's like the dread.

And what I found in this is that it was really like not delivering babies again, but it really restoring life back to women who had really felt they've lost their life.

They were sick and tired of being sick, and they're not living life, they are not having fun anymore, just kind of surviving through their day. When I started this approach to medicine and really knocking out those imbalances and getting things back in order, They had their lives back.

even more so than what they thought and it wasn't just a prescription for an antidepressant or the band-aid of sleep disturbances or weight gain or whatever the symptoms are that we're dealing with in that time frame.

So that's really what happened and then That office ended up getting bought out by the hospital system, and I knew that I didn't want to be in the in, the box of the system.

I wasn't going to. Be able to do those things that they wanted to, do and and order those tests and support supplements and all that sort of stuff. So, in 2011, I opened Carolina integrative medicine.

so almost 15 years ago now, it's just. Grown from me by myself with one you know one nurse and one office person to a staff of twelve and you really just.

I love what i do and it's really fun to go to work because it really is life changing and now. Can not only help the patients but i get to do things like this where i can share this message that you if you have a symptom and your told it normal it doesn't have to be that way there's so many things that we can do to really get your life back on track.

Mmm. Wow. Okay. That is an incredible story. I love that. It's all because you love babies. Yeah. All the babies know. So let's just talk about that for a minute.

The difference between a conventional approach to, oh, I've got these hot flashes. Can't sleep at night.

How functional hormone care differs from conventional treatment

You know, no libido. Those kinds of symptoms that a lot of women are talking about when they're in their, you know like premenopause to menopaus to beyond.

How is the approach that you do different because obviously it must be because you left that system to have your own practice. How was it different than the conventional approach.

hormone replacement specifically, I think you can sort of see the boxes if you want to call it. So if your perimenopausal, you're still having cycles, but you are having all these symptoms.

Hormone replacement comes in the form of birth control pills. Basically, your prescribed Let's just, even though you don't need it for contraception, we're just going to put you on birth control to level everything out.

You know, you hear that all the time. And then buy this for three to six months. If that one doesn't work, will switch you to a different one. Again, it's really, there's no testing.

I've heard patients all of the while there is no point in testing your hormones because they're going be normal if you're still having cycles. So there are a lot of imbalances that can happen.

So even if your levels are technically within range, they may be out of balance to the point where there's some room for rebalancing that. And also in that stage, I think one of the main symptoms that we see in women, like really between 40 and 50, maybe even a little bit earlier, is just the anxiety, depression, the mental health, overwhelmed.

The number one prescribed medication is Lipitor for cholesterol, and the number two is Lexapro for, you know, whatever ails your brain kind of thing. And so, that's really just what's the band-aid to treat the symptom.

Then when you transition over into menopause and hormone replacement, still there's not a whole lot of testing in traditional medicine. It's just sort of like, okay, your menoppausal, or you're having whatever your symptom is, hot flashes, let's say that.

So it's like do you have a uterus? Yes or no. and then you get estrogen if you don't have a uterus. And if get, if, you have uterine still, then get estrogen and progesterone.

Again, there's no conversation about what, what the dosing needs to be, What the proper way to do it. So what we learned from that women's health initiative is that getting oral hormones is what really causes all the negative effects with the, with blood clots and the heart disease and strokes and even breast cancers.

If hormones are replaced topically, Is the number one way that is most beneficial, then not only do we see less risk, but we actually see prevention in in some chronic diseases that we're seeing in women over 50. And so it's such a relief to kind of get that awareness of not only can we help you with a symptom, but you don't have to go into it with this fear that it is going to cause you harm.

And really in traditional medicine, you see that with everything. Somebody has prescribed a statin for cholesterol, and it like, this is gonna help your cholesterol.

But then there's knowledge and awareness out there that are these okay. We have test your liver every three to six months. You know, people hear about the muscle aches and pains, or is this going to cause my brain to not work the way it's supposed to?

And so you're going into this thinking this is supposed help me, but yet there's this resistance or this fear that there are some side effects that I'm going have to deal with.

And really, when we're talking about bioidentical hormones, because we test, I do saliva testing in my patients and I look at all your hormones. And then we make sure that what we're replacing is what's needed to balance those all out and get back to optimal ranges.

And, then, we repeat the test to make that we are doing is effective as well as safe. So, it really gives this sense of relief, not only in reducing the symptoms, but in knowing that this is not causing me harm and, in fact, can actually improve my long-term health in some of the preventative ways that can see hormone replacement in older women.

So sounds like the big differences are you do testing, testing before testing afterwards. Um, and a, it sounds, like, you know, well, your addressing root causes, but more of a.

A softer approach. You mentioned more topical as opposed to things taken orally hormone replacement specifically. So, um, And so you're seeing, I'm assuming better outcomes with this.

Yes. I mean, so. You know, I think, what we realized too is that hormones, if we want to talk about hormones you know generally the ideas we're talking about estrogen and progesterone and testosterone, but cortisol is a hormone too.

So we start leaning into adrenal dysfunction, which I never even learned about in traditional medicine. And thyroid is hormone and there are different ways to treat thyroid besides just the traditional what's your TSH and here's, your Synthroid or generic prescription.

So being able to address more of a bigger picture and understanding how they relate. So for instance, we see in perimenopause, women are starting to have maybe some hot flashes, but usually more night sweats at night, they're not sleeping well.

They may have some irregular periods, are getting more irritability, some weight gain issues, not sleep. And again, the traditional approach is an antidepressant, a sleeping pill or birth control.

And what we can find is that this this time in your life you're getting a really significant decline in progesterone where but estrogen is sort of staying stable so that's why it's such a kind of crazy time pro gesterones really calming to your brain that what helps you sleep that helps u be parasympathetic and kind.

more into, you know, Zen mode instead of, hyper stressed out that sort of thing. So if we can test and we find that somebody is just out of balance and lower in progesterone than they should be, then you can replace that.

And that's not, you know, birth control is generally a mixture of both estrogens and progestins and synthetic things that we don't really need. And so it's, not addressing the issue, which is that pro testosterone is low.

and then it go, well, why is it happening? Well, it could happen just because simply, the calendar is going by. I use that term instead of aging. So, aging sounds yucky.

But you know, life is happening and the calendar is going by and naturally our hormones are going to change. However, when you bring in the adrenal part, the adrenaline glands make cortisol, which is your stress hormone.

And generally everybody thinks that their cortisol is so high and it probably has been over the course of time. But at some point it's like the adrenals are sprinting the marathon of life uphill all the time and then they get tired and we'd start to see lower cortisol levels and cortisol Is part of what is gives us energy it wakes us up in the morning and then when it goes down at night we go to sleep naturally but it's also your stress hormones so when you are being.

chased by a lion, then you know you should have an adrenaline rush and you're going to have cortisol go up and so. What happens is that your body is still back in caveman days.

It's still trying to help you stay alive. So if cortisol is going down, it's going to sacrifice your ability to procreate to keep you alive, so it'll pull progesterone away from what should have been there to support the cortisol.

And so, its understanding that there's a connection between what's happening and they're not individual things, they actually relate to each other. So usually when I see hormone changes happen in somebody earlier than we expect, let's say you're 42, you know, and you were going, I'm too young to be menopausal, but I've having night sweats and I have decreased libido or I am not sleeping well or something like that.

It's usually because your adrenals are fatigued. And so we need to address not only the lower progesterone, we also need the adrenal dysfunction as well.

Then we can go down that path of what else is causing stress and dig into the gut and anything that we're dealing with in terms of exposure to all the toxins in our food and chemicals and the poor nutrition that may come from that or inflammation.

That's another internal stressor that's going to pull your adrenal dysfunction even more in the wrong direction. So, so our approach is really hard to just say, okay, we're going to give you hormones.

We're gonna address adrenals, but then we are going address, you know, internal stressors as well as external stressor.

Testing cortisol and finding the right support

So we start putting it all together. Um, as we turn, post-menopausal, and we go through menopause, um, some women, they're like, I was amazing until I hit menopus and then everything went crazy.

And then that could be the hormones that then changed. through menopause that then are now affecting cortisol levels or thyroid. So there's an interesting connection between the lack of estrogen and the ability to deliver thyroid hormone.

And so, you know, a lot of common knowledge is that, well, it's normal for women who are postmenopausal to need thyroid replacement. And I'm not disagreeing with that, and that's fine, but there's still a, you know, if we can catch it early enough and get on some estrogen replacement particular, then we may support that and not need thyroid replacement, or their labs tell you you need thyroid replacement and you get thyroid on replacement but your symptoms are not improving.

And so that can be frustrating for people thinking, oh, this is it. This is gonna save my life and I am gonna feel so much better on my thyroid hormone and then it doesn't change.

So there's so many intricate intertwinings between the endocrine system, if you wanna call it, and then you bring in the gut and inflammatory issues and stuff like that.

And so it's fascinating to me and I love doing it but it also not just, you can't just pick what's the band-aid or what the pill and you're gonna see all the results fixed.

It's a real puzzle right like like putting all these pieces together and then but sounds like what you're doing is they're clicking right your spine as big pieces and they just clicking.

Yeah, I mean, every patient is just a little bit different. You can see patterns, you know, and see connections there but but you what they've been through in life and what have they been exposed to and where their body is at that moment.

So the testing is really absolutely phenomenal because you can just see exactly what's going on at the moment and help support what the needs are in working through that.

It's this puzzle. I think about the clock needing to just click in and turn and now everything is moving the way it's supposed to. I can ask you a question about the saliva testing.

So cortisol changes throughout the day, right? So do you, is this saliva? Testing done like several times throughout. Yep. Yeah, absolutely. Um, you know, normal is supposed to be your cortisol high in the morning and low at nighttime.

And so we test four times through out the days. We test about 30 minutes after you wake up around lunchtime, around dinner time, and then bedtime. And that gives us this picture, so it may be normal, it maybe low in the morning and then it kicks up again or it might be really low and you get this surge at nighttime and those are the people that we call tired and wired.

They're exhausted all day but then when it's 9pm and it time to go to sleep, they're like, now my brain is busy and I can't fall asleep. So rather than trying to band-aid again, I'll take a sleeping aid or take melatonin or whatever.

If we know what pattern your cortisol is, then we can adjust our support system based on what we're seeing there. So it's really important to do that.

I think, unfortunately, if you're lucky enough to get cortisol tested, but it is just done once a day, first thing in the morning, especially if that's a blood test.

So, you know, by the time you're awake and you are dressed and driving to the lab and then you get a needle in your arm, your cortisol may appear normal simply because that was work and effort to get to that place rather than what happens 30 minutes after you wake up, what is your own natural cortisol state.

I love saliva testing from that perspective because you do it at home. It's super easy to collect the samples. know you're not going to go to the lab four times especially at you know 10 p.m when it's time to Go to bed that's not realistic to see what's actually happening in your body so that we can address the dysfunction there.

But you need that picture snapshots throughout the day in order to get the true picture of what is going on. Absolutely. You know it is super easy even hearing this knowledge you go okay I'm going Google adrenal fatigue yes I have all those symptoms and then I am going Google and adrenal supplement right and there is a million out there and they're all probably fine you know it's okay but yet.

different supplements are working on different types of cortisol curves. So you may have one that's more stimulating and one we need more calming. Even if you find that you feel like you have adrenal fatigue, there's still not a one-size-fits-all approach to treating that.

You have to look at that curve to see where the adjustments need to be made. So find yourself a practitioner that

will do this and ensure that they're doing that testing.

And, you know, I know you've got a brick and mortar business. You're just seeing patients for the most part where you live. But any go-to, well, this is what I did.

I went to the Institute for Functional Medicine, find a practitioner, found someone in your area, or if there's no one, I live in Newfoundland, back then there were, there are still many here, but I found somebody that would work with me online, and so that's what So find someone, don't just like slap stuff at it.

You're in the long run. Our biggest resource, our most valuable resources are time. So get this sorted out sooner rather than guessing and slapping different things on there that may not be the right things.

And get your life back. Ifm is a great place. Also, there are a lot of the places that do this test. will guide you to a practitioner that might be in your area.

So if you do a search in area for, and it doesn't even have to be labs, but like doctor's data is one, for instance, that does saliva testing. You can go to their website and then there's a way where you can find practitioners that use their lab.

Finding either the practitioner does that or finding the lab that doesn it and finding a source for a practitioners can be helpful too. That's a great suggestion.

I haven't thought of that one Amy. So really good. Okay. Um, so Dr. Amy, we were talking before we hit record about, and this is something I wasn't all that familiar with the, how hormones change when you've got a chronic condition.

have chronic pain, but it can be chronic from fibromyalgia, rheumatoid arthritis, or a lot of different conditions.

Hormones, inflammation, and chronic disease

Sometimes it's other reasons, how does having a chronic condition interplay with hormones? This is fascinating. We were talking about it because that's what I'm speaking on next week at a conference.

And so this is fresh in my mind because I've been working on the slides in the presentation. And it's sort of figuring out which comes first, you know, the chicken or the egg to some degree.

But my focus on this is actually the decline of hormones as we're getting into menopause and post-menopausal that is then leading to chronic disease. And, or like you said, are we dealing with some chronic pain or inflammatory stuff?

And then when we hit menopause and the hormones go away, it just exacerbates that underlying dysfunction again. So there's multiple things that we can see in the different types of hormones and how they affect literally at the cellular level of signaling.

For instance, we're talking about inflammation, many of the hormones, estrogen, testosterone, progesterone, cortisol, are all anti-inflammatory. And so, you know, as those decline in your system, inflammation tends to increase.

So we're going to see more things like rheumatoid arthritis or fibromyalgia pain-related. People don't think about hormones as pain relief to some degree, and they're not.

It's not like you can slap on some hormone and it's like taking a pain pill. it doesn't work quite that quickly, but fairly quickly when we find the right balance and we get those in place, I have seen pain relief within two to four weeks of somebody starting on support for their hormones or adrenals.

And so relief of inflammation is really important. Then you think about, well, what does inflammation lead to in the chronic disease world? cardiovascular disease is an inflammatory problem, right?

We have inflammation inside our vessels, and that's where plaque, our cholesterol starts to stick to in plaque forms. And then we're more at risk for having a heart attack or a stroke from a cardiovascular event because of inflammation.

If those hormones are not in place, then we have less inflammation. There's also an interesting phenomenon with estrogen and nitric oxide. So I don't know if nitro oxide has been discussed or not, but nitri oxide is something that is supposed to be in our body.

It does decline partly because we're not eating the foods that give us more nitrik oxide, like beets and arugula and dark, dark veggies. But also as we age, our stomach stops being able to convert nitrike oxide appropriately.

But what happens is the decline in estrogen actually decreases the ability for us to make nitric oxide as well from our foods. And so nitrous oxide is important for relaxation of our blood vessels and opening up blood flow.

So high blood pressure is a problem because our, our vessels are squeezing and they're too tight. They're increased pressure there. If we can open them up and relax them, then we reduce blood So there's a connection there between estrogen and nitric oxide deficiency that then could lead to concerns with high blood pressure.

So everybody thinks that it's just aging that makes us have heart disease and high cholesterol and, and you know, um, high pressure, so your hormones are all made from cholesterol.

And then we're giving signals from our brain or from or ovaries or wherever. that help them convert into their specific hormone like an estrogen or a testosterone, but they're all created from the same thing.

So as your hormones start to decline, your body kind of goes, well, we liked those hormones. They were good. And yet your ovaries are done because they are not trying to procreate anymore.

The signal to you know, change happens, but in the short term, the body says we like those hormones, we should make more. So the signal goes to make cholesterol with the hope that we're going to more hormones and that doesn't happen.

So we see it all the time where women will say, my cholesterol has been fine my whole life. Every time I've had it tested in my yearly exam or whatever, it's been find.

And then all of a sudden at 52 or 55 or 60, we get this flip and our cholesterol is now high and it doesn't feel like that much has changed. But hormones can play a big role in our high cholesterol as well.

So from a cardiovascular perspective, there's a lot of connection between hormonal deficiencies and, and increased cardiovascular disease. That's right.

I don't think that's something people are hearing. Like if a woman, my, I'm 59, if, And I just actually, My, family practitioner mentioned your cholesterol is up a little bit.

And, the first thing we would hear is let's go on a, you know, a cholesterol reducing drug. It's the first thing people hear. They're not hearing. This might have something to do with your hormones.

And maybe it's a hormones we need to address first. Yes. So that's, that is a huge part for me. That's why I'm saying it is fresh in my mind because I am going to places and presenting this to practitioners because i want that to be the 1st thing, you know, instead of what is the band-aid that will fix this and so, yes, I m dealing with that in That's why I'm, you know, I just want this message to get out there.

And these are studies. I mean, it's not like this is hidden secret science. It's very easy to, find the studies that are

showing this connection. But, but it not present, again, they're not hearing it.

Easy. but then we go to the traditional medical system that over works and exhausts our primary care doctors and cardiologists and these people. So it Not necessarily their fault to their degree is that they're in this system to where it really doesn't give you any time to do research and to, you know, want to go and think outside the box because you're just, You know you are seeing patients, every 10 minutes, maybe, and you've got 50 patients to see in a day and then you got a chart all night and You're not getting any sleep and your not taking care of yourself and the last thing you want do is read some article about something else.

You are just spent and tired. Even if they did read it, they may be concerned about, well, are they practicing not in a way that they're going to be supported?

Yes, that can be scary too, especially in the hormone world of the scare of women's health initiatives that hormones are bad. Every day I still am approached by that from patients who want to on hormone replacement and they have doctors that have told them, no, it's not safe and we don't recommend that.

Um, we know, you know through our, our research and multiple studies recently, since, the 2000, 2020s 19s, that hormone replacement is very safe when done correctly.

So bio identical. and targeted, right? Yes. Okay. And how much is you talked about inflammation earlier, inflammation leading to heart disease and and so on.

What about information? I think I know the answer to this inflammation and neurological issues like, you know, Absolutely. Dementia, Alzheimer's. I mean, everyone's afraid of these.

So afraid at these, right? Yes. Is there a hormone connection with that? There is definitely a hormonal connection and we see it not only just I think from a symptom perspective, the decline in hormones does lead to one of the most common symptoms we hear for women in this age 50, 60, 70 is brain fog.

It's not quite there. I'm kind of, you know, it's like things aren't clear and forgetting things, the senior moments that people kind joke around about.

It is very real and it is much connected. The hormones, well, both things. So the inflammation. is certainly causing some dysfunction in our brains in terms of the ability of neurons to work the way that they're supposed to and send the right signals, but the lack of hormones also directly can affect the signaling happening in your brain.

The lack hormones actually decreases tryptophan, which is the precursor to serotonin. We're seeing more of the mood, the kind of blah. I don't feel like doing anything anymore.

That's a very common symptom as well. But directly related to Alzheimer's dementia, there is a connection between not only estrogen, but testosterone and progesterone in plaque formation.

The amyloid plaques is what they're called that are building in the neurons around the brain that cause Alzheimer dementia. So, so again, you know, is that the end all be all cause, but there, there is definitely a connection between the hormone decline and those issues, as well as the inflammatory process that's happening at the same time.

Wow. That might be something. And the other thing that I have to add to that is the research shows that earlier you can address that, the better.

Lifestyle habits, nitric oxide, and practical next steps

So it's much more difficult to have somebody who already has dementia or signs of dementia later on in life. Replacing their hormones at that time could slow the progression, but from a preventative standpoint, the sooner that you can have hormones addressed and start to replace them, there's actually a significant difference in

prevention of this cognitive decline as opposed to trying to fix it once it is already there.

Wow. Okay. That's incentive, I think, for people. Yes. Dr. Amy, we've been talking about hormone replacing the bioidentical. Are there lifestyle things that people can do that are going to help with their hormones?

Absolutely. So all of this is working together, right? And so, you know, when we go back to the adrenal dysfunction and the stress and The two things that we really think about from a lifestyle perspective, although there's more, is food and movement.

And then we can go into some mindset stuff and stress management as well. But every time I talk to somebody about food, and they go, well, what diet should I be on?

And one, that's the D word, which means you're going to go on a diet, implies you are going go off a diet. So let's change that to what food should eat.

And really it's, it can be as easy as just looking at the food you're about to put in your mouth and say, is this food going to fuel my body or is it going slow it down?

And when my kids were really little, they were at Montessori school and they used to teach them about slow food, slow foods, grow foods and glow foods.

So the foods that are going make you glow are your vegetables, like carrots and spinach or broccoli or something like that. the foods that help you grow our protein you know however you want to get your protein and then the food that slow you down are gonna be the breads the carbs the sugar.

And it feels a little counterintuitive because a lot of people lead to those to give them a boost of energy right we're looking for i'm tired and i need this boost but ultimately that's gonna just slow the whole process down.

and it's not moving your boat forward. So you're over here trying to do this and then you put something in the way and that just makes it really much more difficult for you to get your paddles going where you want them to go.

It can be so specific as to eat this list and don't eat that list, and we actually do food sensitivity testings in my practice. We can make it easier for our patients to know exactly what foods are stressing out their body.

But if you don't have access to that testing, it's just gonna be, you know, what's my vegetable? What's protein? Fat is not our enemy when we have good fat.

So olive oils and avocado and nuts and things like that. And just try to stay away from the stuff that, took a long time to make, right? If we can take an apple from a tree and eat it, that's one step.

You can pick a cucumber or you can, you know, pick some spinach and eat it right out. You know if you if it's organic, you don't have to wash it, right?

So like things that take little steps to get from where they came from to your body as opposed to you, know something that's packaged. even bread, we don't go out and pick wheat and start chewing on it.

And then it turns into flour and we eat spoonfuls of flour either. So there's multiple steps that have to get to that thing getting from its original source to your mouth.

The least amount of steps, the better. It can be as simple as that. Just think about, is this food going to help me grow and glow in a positive way? Grow muscle, for instance, not grow in fat.

And then from a movement perspective, I like to use the term conscious daily movement. I think any movement is great, but people get overwhelmed. You know, i've got to join a gym and I've gotta go, you know change my clothes and exercise and then that becomes overwhelming because they can't find the time to do it.

And so if you can do baby steps instead of big, big intentional infrequent movements versus little tiny movements throughout the day where we actually see better results, plus getting outside and getting, you know, a little bit of fresh air.

If you could take a 10 minute walk. I just did a nitric oxide workout outside of my patio, like five minutes before I popped on here. So I'm trying to get that nitrous oxide flowing.

And I am trying get, just that little breath of air, we finally have some sunshine today. after a few days of raininess. Nitric oxide is really fun. So we talked about the importance of nitric oxides.

One of the things that happens is If your body perceives that it's deprived of oxygen, it is going to stimulate nitric oxide to open up your blood vessels and increase blood flow, right?

So this exercise is actually doing, I've got a YouTube video on it, so people can go to my YouTube page and see it. But you do four exercises. You do squats, and then you these arm raises where you're just doing like this.

And then, you like Superman. So you are doing this and shoulder presses. And all of that you do with your nose, I mean, your mouth closed. You're just bringing through so it deprives you of oxygen.

And so that, you know, movement of those 16 biggest muscles. So you're getting your legs and you get in your back and your shoulders is, is stimulating nitric oxide improvements.

Who do those four exercises count to 10 for each one. Then you repeat the whole series four times and it literally takes four minutes. And it's a great, great little start to your day.

I do it, like I said, right before I'm gonna be recording or if I've been sitting at my desk or sitting with patients all day, it a really easy thing to do.

You don't sweat, so you're not gonna get, you can do in any clothes that you are in. And so I love that little, plus you doing squats, So you gonna build some muscle and it is helpful perspective as well.

I've always heard of nitric oxide, like in terms of breath work, right, because I do a lot of work and, you know, the keeping the mouth closed, as you said, so that you're building up You know that in in the airways up there and it's opening things up but also Maybe have you heard about humming and how humming increases?

Nitric oxide like I think it is like 15 times more than regular breathing So maybe if you hum while you do those exercises, that sounds like a good idea.

I'll play around with that You can actually test nitric. Oxide. They have little strips that you can do like you put it under your tongue and you measure saliva We have those that's a vital sign for us in our practice like they come in and they get their their blood pressure and their pulse and weight, and we measure nitric oxide on all our patients because it's that important to me to make sure that it is working right.

So I'll do a little test and measure myself before and then see if I can get it to go higher after I do that with humming. There's a lot of ways that you can increase nitrous oxide.

I like that little workout not only because of nitro oxide, but just such an easy thing to do several times throughout the day without really having to think too hard.

Did you say it's a saliva, like a test strip you're testing nitric oxide? Yep. I didn't know about that. Yeah. It's so easy. And it just, you know, stick it under your tongue for like five seconds and then it like, uh, You know a pH paper, that kind of thing where it changes color and the ones we use are pink.

So it is either white or kind a light pink or it goes darker and you get really dark pink and that means your nitrous oxide level is adequate or optimal.

Wow, okay, I have learned so much in this conversation today. I love it, Dr. Amy. Okay, is there anything we haven't talked about yet that you really, i know you've got such a big heart to share messages with everyone.

Is there, anything that we have? There's so, much that, we can talk more about, you know, it's, um, It can be overwhelming. I can talk and talk, and this is stuff that I do every day, so it's just right there in my brain.

And so, one, somebody's hearing this and they're, ooh, I want to go find a saliva test and I wanna do these things. But even if you do just a few little things that are different, you know it's those baby steps that are gonna they're gonna start moving in the right direction so there are things you can control we're talking about this inflammation so you now can i reduce the amount of information internally in my own body and moving and you is gonna help us detox and eating you foods that cleaner and trying to avoid all the chemicals as much as you possibly can so that there's so many things that you could do On your own that don't require somebody like me but then you know you can you take it to the next level as well so this is not meant to be overwhelming it's supposed to b helpful and supportive and hopeful so you for somebody that hears it for the first time they can start to go oh you this isn't just me or.

You know there's not i'm not broken i think so many people just think they're broken and it's really not that it just things aren't quite connecting the way they are supposed to and you know if we can make those connections happen then you're gonna you gonna have much better results which means you can just.

Live this amazing life and actually have fun. You're so right. So many people just think, uh, so it is, I'm just, um, getting older, nothing I can do.

And so I love that you're giving people hope. It doesn't have to be like that. We can live vibrant and strong for many, many years. Um, So you kind of started on this, but what is what would be a baby step that someone could do today?

Dr. Amy, it's going to begin to initiate the body's like healing response. Well, we talked about, you know, I mean, just what's your what your next meal.

I literally it can be as easy as that. You can start today. Don't get caught up in what you've already done and how you might have messed things up or what ate last night, whatever.

So, what is your meal? And then we've talked this, do a nitric oxide after you listen to this or while you're listening to it. Do a Nitric Oxide. Wiggle in the car.

If you are driving along in a car a lot, we call it shiversides where you just kind of shiver your whole body and that can help too. So again, food and movement is such a just foundational thing that we're just not really doing a good job of.

And then moving into things like breath work, you know, we have access to everything we possibly want on our phone. so finding some meditation that resonates with you to just bring us back into that stress-free world is really helpful.

I think those are kind easy steps like you said that you can take to start, and then maybe do some little bit of research to find a person in your area that does what we do.

Integrative medicine, functional medicine bioidentical hormone replacement, saliva testing, those are kind of some keywords that can search for. A lot of people who take care of thyroid dysfunction or Hashimoto's thyroiditis are often functional I'm just giving you some keywords.

If you go, I don't even know what to search for and how would I would find, you know, more information about that. Those are helpful too, for you to do some searching and see whether you find someone local, that's brick and mortar, or you can find somebody that, um, You know doing online support and, and you could do somethings virtually too.

Great suggestions. And I know you've got a gift, which we're going to have a link there for people so they can download this free gift. Do you want to talk about it and let people know what it's about?

I just created this. I mean, we call it a mini course. It's just 10 short videos, a lot of what we are talking. And in fact, now I need to update it for this, you know, last thing about talking about hormone hormone decline with chronic disease, because that's not on there yet.

But I try to pick, the things that are most common, like questions that you might have about thyroid or hormone deficiency, things like that. So it's a little bit more deep dive than what we're talking about today, but it is just 10 short videos.

We just call it this mini course. And it just an opportunity for you to learn a bit a more and dig a a deeper and understanding what's going on with you.

Wonderful. Thank you! Thanks for that! And where is the best place for people to find out more about the work that you're doing or follow what you are doing?

Get this, this nitric oxide workout. Yeah. So that, you know, any of my social media links that you have access to that. You'll post within your podcast.

I post nitro oxide workouts regularly because I'm always doing them somewhere. My YouTube channel has that so Amy Duffy MD. Carolina integrative medicine is my practice.

And that link to the mini course will bring you to that website as well. So you can search for me. You make sure you spell my name. It's A-I-M-E- E. A lot of people mess that up.

Amy Duffy, search me on any social media, YouTube, and you find my website. And we'll add the links there too. So if you're like, I didn't get that, just check the description below the whatever's attached to however you are watching or listening to this and you'll find it.

Dr. Amy, thank you so much for this great message that you sharing for the work that your doing in the world and for being a guest on Wellness by Design today.

Thank you for having me. This is awesome. Thanks for watching and listening. And you know, you probably know someone who needs to hear about this. So please share this with them and check out Dr.

Amy and the work that she's doing. We'll see you again soon on Wallace by Design.