Podcast Introduction and Guest Welcome

What breaks my heart for these women, and this is no disrespect, but there are a lot of people on TikTok or Instagram or whatever, And they're selling the next pill, patch, whatever.

And I wish it was as simple as a pill patch whatever it is, But I believe you could attest to, unfortunately, we don't have one. This is a very complex, lifelong medical condition.

Welcome to My MD Unscripted, where healthcare gets personal and the script gets tossed. I'm Dr. Clint Carter, ER doctor turned direct primary care freedom fighter on a mission to challenge how our healthcare system treats patients in America.

In every episode, my expert guests and I dive into real conversations about what's broken and how we can fix it by making healthcare about people, not just managing disease.

It's time to rethink what healthcare should be and we how can make it better together. Welcome to the podcast. Well, hello and welcome back to the MyND Unscripted Podcast.

I'm your host, Dr. Clint Carter, and today I am excited to be joined by Christine Horton. She's a certified health coach, she's registered dental hygienist and she is a passionate advocate for women living with PCOS.

Known as the PCOS Glow Hygienist, that I cannot wait to hear more about, Christine combines her own experience living with PC OS with years of clinical dental expertise to help women better understand the connection between oral health, chronic inflammation, hormone balance, overall wellness.

She's also an active volunteer with the PCOS Awareness Association and founded Fusion Health Coaching to provide and support the support she wishes she'd had on her own journey to this diagnosis.

Welcome to My MD Unscripted. Most people think of PC OS as an ovarian problem, but you see it as a whole body inflammatory thing from the mouth to the ovaries and beyond.

So we got a lot of ground to cover. Thanks for coming on. Tell us how we've got here. Yeah. Well, first of all, thank you for having me. And yes, this is big times in the world of PCOS as it was just renamed PMOS because previously it very ovarian focused and it really is a whole body condition.

So that was part of the renaming purpose. all of that. But for me, my journey was I was diagnosed very young at 17.

PCOS Renamed as PMOS

And so I have been through it all, the many decades now and the infertility and a lot of the symptoms and what is challenging about PMOS or PCOS is that it's different for every woman and it can change through time, hormones, different life cycles.

So I'm very excited to be here and talking about all of this. Yeah. So PCOS stands for polycystic ovarian syndrome, right? Correct. It sounds like you just have ovaries with lots of little cysts on them.

And if you get rid of cyst, you'd be okay. Which is not at all the experience of anyone who's ever had PCO. Tell us what PMOS stand for and dig into that for a second.

Absolutely, so polyendocrine metabolic ovarian syndrome. So if we break that down, obviously, as you know, poly means many, endocrin we're talking hormones.

metabolic, all your insulin levels and how your body processes and all that good stuff and we still do have that ovarian component because it is a leading cause of infertility in women and then syndrome kind of wrapping it all up saying it doesn't present the exact same way for every woman which presents its own challenges for the medical profession.

You don't want a syndrome. Syndrome means So we don't know exactly everything about everything, but we see it a lot and it fits in this box kinda, But it does different things.

So yeah, no, you want something easy. P M O S as I will have to get into the habit of saying is not it's anything but easy? Correct. Yes, it is. Yeah.

Well, tell us a little bit about your story. So part of your inspiration in doing the coaching and being involved in all of this is because it's been such a journey for you.

Tell us little more about you personal story and at some point we'll figure out how the mouth and the dental hygiene wraps all into all this and that sounds fun too.

Yeah, absolutely. So obviously, it started when I was 17. Iwas diagnosed when i was 16. I was super active. Didn't really have a lot of symptoms other than I didn't get a period.

And so by that time it was like, well, you probably should see someone and see what's happening kind of thing. And we had a lotta medical professionals in our family.

Otherwise, it probably would have taken way longer for me to have a diagnosis to be perfectly honest. And it was as simple as this is what you have and you probably won't be able to children and come see us if you think you want to.

So that's heavy at any age, but especially as a teenager because obviously you're not thinking about when am I going to happen kids and is it going be hard and all those kinds of things.

And so I always thought, well, that sucked. And as the years and the decades have gone on, unfortunately, a lot of women still have that exact same experience.

Yes. That's really sad for them. Why haven't we come a long ways in this and have a better message and maybe a little hope and what can I do in the in-between time?

that sort of stuff. And so obviously I went on and I got my education and worked as a dental hygienist. I had kind of been able to manage between my doctors and lifestyle choices.

Christine's Diagnosis and Personal Journey

Like I said, I did the whole infertility journey, so I obviously needed specialized doctors for all of that. But I'd kind have been to managed the PMOS or PCOS until I hit perimenopause.

And I am telling you, the chaos of having a hormone disorder and endocrine and metabolic and then throwing that on top of it, that was the tipping point that what I had been doing previously just was not cutting it.

And at the same time, oral systemic health was kind of becoming a thing, in a dentistry word. It was becoming more heard of, more information. So when I say oral, systemic, that's just how the body affects the mouth and how mouth affects body.

And so I was like, I got to know more about this. I already have been in dentistry for many, many years at this point. Um, I get the inflammation part of it in the mouth, but that's the mouse and now we were talking body.

And so it kind of took me down this path and I had so many aha moments in my journey where these two worlds

just kept crossing over. And I was like, if this helps me, why aren't we getting this message out to other women so that they can have relief from their symptoms as well?

And so, that was really the beginning of Fusion Health Coaching and my journey to want to help other woman with PMOS or PCOS. And for me as a physician, number one, I was never trained that the mouth had much to do with the rest of the body.

It was an easy jump to say the mouth is kind of a window at how inflamed you are, right? Like, you know, if you've got a bunch of bleeding gums, and you're not taking care of the rest of yourself, that's not really all that surprising.

I was a little more interested to find out that how you take care your mouth affects the best of your body. That was little bit more revolutionary for me.

We definitely had some of those conversations on Uh, on this podcast in the past, which is, you know, really interesting. You know you find certain mouth bacteria that in certain cancers in body and, and all lots and lots of information connections, uh, we probably won't get into all of them today.

I am super curious about some of the, PMOS hormonal connections one way or the other between the mouth and the body. And how does all of that play in?

Because, you know, the PMOs is, man, your estrogen, testosterone, progesterone, thyroid hormones. Everything's off your insulin levels. It's weight control, it's acne, hair loss, so many things.

Almost hardly ever, almost never an ovarian cyst. Uh, related problem, right? You can get a big SIS and you get ovarian pain, but so can women without PCOS or PMOS.

So it's all good things. How, how does it all collide in your practice and in. And how, and how do you tie it altogether? Yeah, for sure. So I work with women one-on-one.

Obviously, I do podcasts and I talk at different groups and do all those sorts of things. But when we get down to the nitty-gritty, it's a lot of one on one work because we need to know what your history is.

What are your symptoms? Because you did such a great job of just describing so many possible ones, but they're different for every woman, right? Like if you had four women with PCOS in a row, None of them are going to tell you the same thing and be like, you know, I just need help with this.

It's all going kind of, bleed into other things. And you're going be, like how can this be the thing when four different people are presenting so differently?

But the basis is, we're gonna think of it like a triangle. And each corner, we have a different player in the game. So in one we had hormones, one, We have inflammation, and the third is the mouth.

And so everything's connected. Positive and negative, because if we're doing nothing, it spirals the way we don't want it to. But if you can start making improvements in one of those corners, It can positively affect another corner.

So, that's kind of the basis of what we're doing. So for example, when we have inflammation in the mouth, our gums get very thin and like you're saying, the bacteria can get into the bloodstream and cause issues.

Hormones, Inflammation, and Oral Health

that can affect our hormones. So if we have that, which women with PCOS and PMOS have a significantly higher risk of having periodontal disease or gingivitis, both are inflammation in the mouth, just different parts of the mouse that are inflamed.

that when we have this circulating, this inflammation, these bacteria in our bloodstream, it causes systemic

inflammation. And another factor is women with PMOS or PCOS already have higher inflammation if you do any of the testing that you guys so graciously do, you often find that even when, symptoms are in control and whatever, they're going to have a higher level than someone who does not have it just straight off the bat.

So, what I love about this triangle is if we can get control of any one of them or get some improvements, we're going to see improvements in all of then.

If insulin resistance is a factor, because most women with PMOS, 70 to 80 percent. Yep, that is a factor. If we can get, let's say, blood sugars back into control, you know, and get the cells using the glucose more effectively, That can help improve what we're seeing in the mouth in terms of inflammation.

Just like if we have in-the-mouth obvious inflammation or we do have disease, diagnosed disease. Um, if can change our habits and manage the bacteria because it's all about bacteria.

And when I say that, I see it cautiously because still with the most sometimes we think let's kill all the Bacteria and we don't want to kill the all bacteria, because The ones we can kill easily are the first ones to go and they're the good ones.

And so we're leaving behind the really, really difficult ones, but we want balance. So if we balance the bacteria in the mouth, we see improvement in, let's say, A1C levels.

Can you see how it correlates? Yeah. That's the basis. I mean, I would say a PMOS patient is just inflamed. So many of the symptoms, they're all different because inflammation looks different.

You start a campfire over here and you try to camp fire over there. It's just not going to look the same. The fire is going be a little different, inflammation is like fire.

Kind of goes, it'll start on the right or it will start in the left or You know, in the meantime, the systemic symptoms that the woman complains about are personalized, right?

So that's where that comes from. And then I love how, you know really, gut health has gone, that is almost mainstream. Yeah, you know, I obviously wasn't trained in it, but I'm getting old.

I do think to some degree, healthy gut is probably brought up in modern family medicine residencies. As I have residents rotate through, The mouth is just the beginning of the gut.

It's part of a process. You need balanced bacteria in your mouth as much as you need balance bacteria your gut, so. I think the how is tricky, because you're like, okay, I'll just do a lot of Listerine rinses and I will just start killing everything.

And like you said, you don't really want to kill everything, I guess it's personalized, but you have sort of a strategy for mouth health that's probably different than what the TV commercials look like.

Right, right. Yeah, it is. I mean, one thing that I think is important to talk about is saliva testing. That is a big thing in our world. But before I do that, I want to just say thank you for noting that connection between gut health and the mouth because it's a thousand percent connected because you can be doing all the kombucha and probiotic and all of the biotic But if you have infection, you got to look at both ends, otherwise you're just having the whole issue happen all over again.

So thank you for pointing that out. But saliva testing, it is so interesting. There's many in both the dental and medical world that believe saliva-testing is going to be the future.

And here's a couple of reasons why. One is, we have an abundance of it and we can take it ourself, right? If someone gave you a tube, you could spit into a two where let's say if you need a blood test, You need to go to someone who's trained to like take out of your vein and you know, all that kind of stuff.

That's the first part. The second part is when you have blood, it has to be processed a certain way or else it just congeals and You can't test it for anything where saliva does not need treated the same way so they are doing a lot of testing and there's a Lot of work being done and research on like how accurate is saliva in a 1c testing in You know hormones in all these kinds of things because it could be so easy for the average person at home to be able to use those things and just send it away rather than having to go to an office and get tested.

And because of its ease, it might be easier to have more labs, right? So rather then doing something every three months or six months. You could do it more often because it's not as expensive.

And we just have to make sure that all the data is going to be there. But it looks really promising. It's really interesting to find out what bacteria you do have in your mouth.

That it is not even what you have, but at what levels, right? Because we have normal ranges, and so we don't want to get rid of all the bacteria, we just want a healthy microbiome.

We want it in certain ranges so that it's not affecting systemic because there is just so much data out there for heart health, for example, being connected to oral health.

Yes. and the bacteria that's there and all those kinds of things. And the literature is there both on medical and dental side for that one. I follow many, many people that are much, much smarter, and much more into research than I am, but I'm very excited to see where that will go so that it could be easier, so we can help our clients, our patients, right?

with learning more about it and how can we change it so that your whole body can be healthier and you have less inflammation systemically through your body, not just mouth.

I think one connection I'm just now making that I hadn't made before is that we do saliva testing for hormones all the time. And so there's obviously, and I think of it as like, if you're doing creams or trochees or some other version of hormone replacement instead of shots or pellets, which are easy to measure in the blood, it's really hard to tell whether your patient's on the right dose by trying to time a blood draw with how, how did the cream get absorbed?

You have, you know, I was trying take a picture of a car and tell how fast it was going. Like it is really. to know whereas salivary testing and you spit in a tube four times a day and it can follow the pattern and the saliva kind of averages out the hormone levels which to me means there's hormones in your saliva which is clear how your hormone level affects your mouth because it's in there all the time.

I don't know why I never wondered if the hormones and saliva were there for a reason, right? It's just oh what a coincidence you can measure hormones into saliva.

And then of course, we do stool testing for gut health and gut bacteria. So why not do saliva testing, for mouth health, and mouth bacteria, as well as, like you said, systemic things.

And there is more and more of that coming out. You know, there's some people pretty far out there, that are like saliva for everything, but we're already using it for some things, so let's, you know.

We are. Yes. And I think they're trying to be careful to like make sure they have, you know, the research behind it.

Saliva Testing and Whole-Body Connections

So we know that it's accurate and that we can, so you physicians can base what you're doing and you, know it is reliable data that you are collecting.

I have some tests that I order that are like really hard to interpret because they are testosterone level on someone on a cream. I almost don't know what that means, right?

If it's really high, but it comes down really fast, you know, and I didn't see it come down fast and then her average is great and adjust her dose down because it looked high.

It doesn't matter what it was that instant peak was, give me a random cortisol in the morning. I don't know what that means. You're obviously stressed out and adrenal fatigue, but your cortisol looks at the moment.

What does that mean? So there's, you know, there is so much that's hard to, to know how to do in blood tests, much less, You know. So to get, There's going to be strengths and weaknesses across the board.

And, uh, But I think it just took the point that you could potentially do so. Much more with saliva testing just shows how much. not just information's being passed, but influence is being past back and forth from the mouth to the body.

Super, super interesting. And then, you know, so you've got hormones, inflammation, and then you tie that third piece of the triangle to mouth because that's, because you can see all of those pieces all coming together.

You know like the ophthalmologists are like, the eye is the window to body, You can See in the Body, can you see the blood vessels, if they are diabetes or hypertension and all of that and I think the mouth is kind of another that's kind, of, another fun way to do it because you know over the years there's dentistry over here on the left and medicine way over, here, on, the right and the two you, know, none shall the, two meet and as it turns out both medicine and dent history are coming more to the middle.

I know my dentist is like Are you into prevention? Would you like, you know, uh, to take care of yourself? You know? I'm like no, I mean, the prevention, that's a trick question.

You, no. I have to sign up for your program. Uh, shout out to Dr. Jake Kirby here in Tyler, Texas. They take really good care. Um, but you, know the point being is, like it's almost where medicine.

Uh, falling medicine has fallen short in lots of ways. The system has gotten a little out of hand. And the insurance seems to be, the tail seems be wagging the dog and lots, but there's other things too, where it's just been so, uh, myopic and introspective that it is not kind of seeing the big picture.

I think this is a good, a, good spot where, um, Uh. Putting, you know, all these smart dentists and all the smart doctors together, it sounds like a pretty good idea.

Yeah. Yeah, no, it definitely is. And I think there's just so much to learn because everybody has their area of focus. But if you come together and kind of look at it, there is like, oh, this connection and there that.

So one of the places that I've done a lot of my education is with AOSH. Have you ever heard of Aosh? No, I have not. Okay, so that is one of the places that's bringing together medicine and dentistry and everybody's welcome at that table and they do continuing education and you can get it through medical as well as dental and They have a lot of these really great conversations about all the things we're talking about like how Do these connect?

How, as a physician in my clinic, what would I look for? What should I ask about? what Would the dentist have anything to do with this? And the dentists is like, well, when you see this, I need to know about that, because that can affect what I'm doing, right?

So that is one place that is really working hard to kind of bring everybody together from medical and dental to like go forward together and work together so we can bring the best for our patients clients.

And some of the places where we fall short, both medicine and dentistry being separated and not being brought together. And, you know, one of my nurse practitioners is a chiropractor.

It's another great way to sort of bring in, a different angle of health. Um, and, uh, he's probably the favorite guy here because he can help people so much faster than I can, in a lot of, lot a ways, but, it's also a great opportunity for a

health coach.

to come in and be like, listen, you're not getting all the information in one place. I can come together, spend some quality time that you couldn't get with a 15 or less minute visit with your physician.

How do you feel like health coaching has been a tool for you in this process? Cause you're not a physician or a dentist. Correct. Absolutely. Sort of a need out there where you can put some of the facts together and help people on a one-on-one basis.

Yeah. So here's what I see in general, is that there are so many fabulous dentists out there, and there're so fabulous doctors out here. But the way that the system is set up, you can't really get into all the details.

You are there to hear what the symptoms are, rule stuff out, order labs or whatever testing that needs to be done to see if there's a diagnosis or to rule things out and then get the diagnosis and look at what treatment plans will be, which is great.

That's what you're trained to do. But with anything we do, there is always an element of lifestyle medicine type things that it would improve for pretty much anyone.

So let's take someone who has insulin resistance, for example, right? They know they have insulin resistant, but they're pre-diabetic. They're worried about that.

You're like, okay, we're at the point where like either you got to make some big changes or we got start looking at maybe metformin or something like that because we need to get this under control.

But from there, you can say you need lose this much weight. You need change how you're eating. We could go on and on. Make sure you are getting X amount of sleep.

All these different pillars of health. But if it was that easy, your patients would come back and they would have done all that and it would all be good.

But what ends up happening is they often leave and their like, oh, that sucked. I'm not really sure where to even begin. Like, you know, I watched a couple of videos and then they said this, but then this one said, this and whatever.

Where a health coach comes in is, again, is that one-on-one, what are you dealing with?

Health Coaching and Lifestyle Support

What do you want to do? How do want you to tackle this? Because I get you're overwhelmed. What feels doable to you? Do you wanna look at your fitness?

You wanna at nutrition? Where do wanna to look? And what has your doctor recommended for you do. Because even if you are on medication or you at that cusp that you might need it, Lifestyle changes help everything, everything.

The medication can work better. Maybe you don't need the medication going forward. You're going to feel better, you're gonna reduce inflammation. But unfortunately, I think a lot of people think, well, that's what my doctor, my dentist should do, but you guys don' have an hour to do that.

And even if you had an hours, it's not a one-time thing, right? When we're talking behavior change, You know, we have people who are in different stages of change, and if we just do, this is what you need to do.

It has proven that it's not very effective to get done, where it is like, if you start talking about, well, why did this happen? And what would you like to different?

Let's try and experiment. How about you try this for a week and see where you're at and how that feels? Does your body have any changes? Those kinds of things.

That's how health coaching can help. patients or clients and kind of go between appointments with their physician or their dentist. And most patients when they go to the doc they get like 10-15 minutes.

I'm a direct primary care doctor so I literally spend an hour with my patients and we do it and probably an average of three months, you know? It's just not enough, right?

And I'm available 24 seven for other questions so we can mix phone calls in there, but it's not the same as a coach. On the mental health side, it is not same is a counselor.

I am actually a really bad counselor, I don't have a brain in it and I just can't, I don't see all the things I'm supposed to see, and I've given advice and doing the best I can, but you can't replace that time, attention, the feedback loop is too long.

Even in direct primary care, I literally can be everybody's health coach. That's just not a realistic business model. But teaming a physician and a health coach, team a position, a counselor, dentist, teams of people make people well.

Let's say your A1C is 5.6 and you're technically in the normal range. If you take it all the way back to PCOS, PMOS I bet your fasting insulin is not six.

I'll bet you are fasting insulins on the high side. you're insulin resistant, and if you would feel so much better, you will lose weight better. Your acne would improve.

So many things would get better if were a 5.3 instead of a five point six, or maybe a point two, God forbid, over time. On top of all the other changes that need to happen and the things that make your A1C lower, also make you feel better and help some of the other inflammation.

And then as you know, I tell my patients that you're always spiraling left or right on the A1C. Your insulin resistance is either getting better or getting worse.

I mean, almost meal by meal, just by the things that we eat, My trainer went out of town for a week to have a vacation, which was unfortunate timing. Cause then I went.

Out of the town the next week. It has been over two weeks since I've worked out and I feel like, right. So there's just, and yes, I could go to the gym without a trainer.

it won't happen, but you know, this is where health coaching teams up so well with folks that are just. You know, you go to your doctor and he shoulds all over you, right?

Like you should do this and you shouldn't do that. You should, do you this. And you walk out just feeling heavy and judged. Um, and, um, we work really hard not to do it here, but we also cheat.

We have lots of time compared to our average doc. Your average dog has good intentions and they're trying to give you as much information as you can in a short amount of you know, in regular training in family medicine, lifestyle modification is a punchline because no one changes.

Almost no changes based on a regular doctor telling them they should in two minutes without telling him why or how. It just doesn't mean much. I mean, I guess if I tell you, if you don't get your A1C fixed, and I'm going to have to amputate that leg, maybe that makes some changes, but you still have figure out what that means and what you have, you What do I gotta do, you know?

Yes, and the thing is, is if you amputate that leg and they still haven't done any of the changes to change the A1C,

right? Now we're just looking at what's next, like what do you have to amutate next?

Right? Like that's the hard part and that is reality, but… Yeah, no, I really appreciate it and I do really enjoy working with and that's where a lot of health coaches work is in connection with sometimes even in the same clinic so that everybody can do what they're specialized to do in because the system just isn't set up as you're saying.

to do this and to meet. Like when I meet with my clients, it's weekly, right? So we get to be real close. We know a lot and we can really dig in and talk about real life because that's the other thing, like we're going to have the best of intentions to make a change in our life, but then our kid's sick and were up all night so we got two hours of sleep instead our usual six hours asleep, and then you got a flat tire so now you're late to work.

I feel like, do you know what I mean? So your stress is up here, you're overtired, You got a sick kid. Your trainer's out of town. Yeah, exactly. So you put that all together and it's like my goodness.

And then they go in and they're like ooh, I'm looking at your labs and like what happened? Like I, we talked about making these changes. Then you get into a guilt cycle and all those sorts of things.

Yeah. If I had a quarter for every time someone said, Oh no, no no. Uh, it was, It was a crazy, you know, say they come in every three months. That was crazy.

Yeah, this, I, had this. I have a vacation. Don't worry. We got it. This, You know I'm back, back on track. And the assumption in that sentence is life won't life this quarter, right?

These next three minutes will be sweet, smooth sailing. Life is going to do its thing all the time. And it's just, it doesn't get easier for sure. I mean, that's, you know, uh, even, Jesus was like, like you're going have troubles in this world, my friend.

Uh, yeah. Unfortunately, he'll walk with you, but we, this is a, a tough place to live sometimes. Yeah, no, absolutely, 100%. And when we talk about women who have PCOS or PMOS and it affects so many different things, it feels real heavy.

They have higher chances of depression and anxiety and mental health disorders as well, which we haven't really touched on. And support is just so important.

That's why I'm so passionate, not only what I do as a health coach, but also with my work with PCOS Awareness Association. I am co-director of the programs and advocacy and we really just want to reach those women and know that there's support out there because it can get really lonely.

So we have a once a month support group that's online. Everybody's welcome that is dealing with it. It's the second Wednesday of And then in September, they also are doing a virtual conference, a one-day conference September 26th.

So if you're just looking to meet some other women who are going through some of the same things, it is a great place to get connected and plugged in to some the resources that there are.

And like you said, PCOS and it can feel like a pretty lonely place because they don't, you don' You know, the person you sit next to at church or at work could have PCOS and have a different body style than you, could complain of different things than, and unless you have real conversation, you're not going to know that you even both have the same thing.

It's just so personalized. And so it feels like you are the only one. Mental health is really hard. Life is, you know, fertility, so many other health problems can come with it that lead to mental health.

Like, just kind of like, and you can make your triangle. You know, one of those child toys that opens up in a thousand different ways. And it's just like, there's mental health and mouth and hormones and fertility and, you

know depression, anxiety, inflammation, um, weight control, uh, acne, hairline, it was like.

It's just so much.

Managing PCOS with Small, Sustainable Changes

Um, and so having a group of people, um, that you can identify with, they can help that have been there and can coach and, or just. Validate. Maybe that's the best word I'm looking for right now.

Right. But, but there's so much going on as a, you know, I'll let you coach for a minute. Like, where, if I've got a if we have a PCOS, PMOS listener right.

Now where's some of the biggest bang for their buck. And I don't actually mean buck, like for the effort, for there time, their stress. What, what. lifestyle modifications, if you will, seem to be, and I guess I'll two-prong it, right?

The most doable for the best result. Because there's so much that could be done that it's overwhelming. And as soon as you do that, there is so many more.

So where would you have people start? I would say if you're on this journey and you are listening, you want to know for sure, do you have insulin resistance or are you pre-diabetic?

Because if it's a yes to either of those, if can look at getting those things managed, it will change your symptoms and how you feel in a big way. So you want to know if you have that, and if do, then what do you need to do to manage your, depending what you're measuring, right?

Like if it's the A1C or fasting insulin, like you can use different tests, but whatever you are using, you wanna do the things that are gonna help you get that into control again.

And so it can be diet, it could be exercise, there's lots that you could do that. And again, you can't say if you have a high A1C, do this one thing and that will take care of it, right?

Like it kind of, but that's where, what feels right to you? What do you feel like you could take on right now, because there's lots of people that are like, I just, I can't do my food thing right now.

Like I got a fussy two year old that I'm feeding. I've got four year olds that's only eating white food. But, you know, I now have this sitter coming in and so I have two times a week of two hours.

What could I do in that two-hours? Well, then we can look at maybe exercise or maybe meeting with a friend because that social component along with whatever else you're trying is just so important so you don't feel alone.

But if you had a patient and they wanted to really just look at it, I would say that's the first thing you want to know. Because if if make changes to that, you're going to see improvements in how you feel and your symptoms.

What breaks my heart for these women is, and this is no disrespect, but there are a lot of people on TikTok or Instagram or whatever and they're selling the next pill patch.

whatever, and I wish it was as simple as a pill patch, whatever it is, but I believe you could attest to, unfortunately, we don't have one. This is a very complex, lifelong medical condition that you can manage by making some choices, working with your doctor, or working your team, because it's a marathon, not a sprint.

But don't get sucked into thinking if you just add this vitamin or you start taking this whatever, that it's going to change everything. Because let me tell you, if that was true, the millions of us that have it would have all let you know and we would all be doing it, right?

But often it is someone who's selling it and that's how they're making their money. And maybe it does have a little

effect. Maybe it changes something in some way for some people.

But it is not a medical cross the board. This is the magic. whatever you can fill in the blank. That's going to take care of everything. I was going actually advertise this podcast as if you'll just do this one thing, you will fix PCOS.

And that's how I'm going get people to watch. But I guess that would be a bad idea. It can be the first domino, right? Like, you know, we usually think of that in a negative connotation, like this happened and then all these dominos sell, but you can actually make dominals walk uphill, Right?

If you, if you line them up and you hit them, they'll fall. for the fall upward, right? And so I think if you find that one domino that is doable, that helps you get all the way to the next thing that's doable.

And now you're feeling a little better. So now the thing is actually doable even when it wasn't doable or you see some light and that tastes great. Now you want to try the new thing.

As you, I think in a way you find that one thing and you chase it, right? And, and, you know, yes, You will feel different. So metformin you mentioned earlier, it's a medication, It's not a lifestyle modification, but it is a tool.

And for whatever reason. It helps fix insulin. And so for whatever reason, when the first thing that your doctor would do for you, if you came in with PCOS and infertility is like, well, first of all, just start metformin.

Let's start there. There'd be a lot of other advice, but it's cheap, it easy, It's safe. By lowering your insulin, you increase your fertility. Now, how are those two tied?

There's probably a tie, But it is pretty convoluted, right? But the point, there is that there's lots of things that you can do that will start walking the whole problem in the right direction.

And that's a personalized thing that Christine would love to help you with. Yeah. You know, and log on and hear some stories of some folks that are in process and they've already done that first thing for them and be encouraged.

Yeah, being a part of some of these gatherings and these, you know, Facebooks and those kinds of things where people are suffering, if you will, fighting, the same bad guy.

It's usually pretty encouraging. Yeah, absolutely.

Support, Resources, and Closing Remarks

And, you know, I love that you said domino because I use that often because a lot of women talk to fertility as an issue and so they're just uber focused on making their ovaries work and being able to get pregnant.

That's not the first domine. You got to look at all the things leading up to it. Your seeing an issues there, but we got a work upstream before that's going to function properly.

So I love that you happen to just say the domino when I talk about that all the time. Yeah. That's awesome. See, I can be a health coach, dadgummit. You sure can!

Like you're not busy enough, but you can. Well, just because I know how to play dominos doesn't make me a good health. However, if someone is looking for some help, um, with PCOS or, you know, wellness in general, how could they get a hold of you and learn more?

Yeah, absolutely. So I am everywhere, but the easiest is my website, which is Fusion Health Coach. Pretty simple. And then on socials, PMOS, PC OS, Glow Hygienist, and that's Instagram and YouTube and all the different places.

So yeah, that's where you can find me. And I would love to have a conversation. My inbox, my meetings, I'm always open to talking about any of this. I often get the question, do you only work with women with PCOS or PMOS?

Absolutely, I work with other women. It's just because I've had such a personal journey with it. I do enjoy because like you said, it is a tougher client or patient, right?

Because we have a lot going on. But if someone felt aligned but didn't have that diagnosis, of course I would work them if we were aligned and there was work that we could do together to improve whatever their journey is.

And there's a lot of overlap with just struggles in life, especially in America. There's all the things, right? So inflammation, weight, pain, skin, there are just so many things that people need help with.

And so I think that would be okay. If you don't call Christine, you might not call somebody. If your doctor only has 10 minutes with you a couple times a year and it's not enough and he or she just should all over you, find someone that has a little bit more time.

It's their fault. They're doing the best they can with 10-minutes. You know, a direct primary care doc near you, someone else with a little bit more time to spend with you.

It's pretty special. I know you don't, you know for us, I was going to quit medicine altogether because it just wasn't any fun and I wasn' t making a difference.

And it's just, wasn t I could go make money doing something else. That's not cool. Yeah. and then sort of this sort being able to have time with my patients and a personal you know, patient-doctor relationship and follow up and be able to, you, know help someone after hours.

That's, that's been, career saving for me. So just know that there, it takes a village and, um, uh, You know. Reach out and get some help. Uh, PCOS or not, men or women.

Um, we all need some. I pay a trainer because if I don't, I won't go, so I need. Um, and my wife is on this, uh, health journey with me. Otherwise I would probably eating nachos at night every night because I'm.

Um, so I love it. Uh, guys, thanks for listening. Christine, thank you so much for coming on. Um. It's a, it's, a beautiful thing you're, you know, doing and, um, I'm glad to see that it being done.

Like I said, even in the best case scenario, your doctor can't be your health coach. And I would love to have health coaching as a part of what we do here, but it just isn't.

I am glad that you are doing it and thanks. Thanks for, coming to the show. Yeah, thanks for having me. I really appreciate it. And maybe someday, maybe some day you will have a health coach that works directly with you and your patients and it'll all be in one place.

Wouldn't that be nice? That would be nice. Thanks so much for coming on. That's awesome.