Introduction to the Regenerative Life Podcast

Hi, I'm Dr. Scott Stoll and welcome to a regenerative life podcast where science becomes hope, food becomes a catalyst for healing and every conversation explores the profound connections between personal health, human flourishing and the earth and future that we will share together.

But more importantly, we'll explore one of the most important questions of our time. what happens when we actually begin living in alignment with the way we were designed.

All right, welcome to A Regenerative Life with Dr. Scott Stoll, and today I am honored to welcome my dear friend, Dr Regina Ragasa, triple board certified physician, And Regina's work sits at the powerful intersection of family medicine, lifestyle medicine obesity medicine and importantly, compassionate whole person care.

And this is what I love about Dr. Ragasse's approach to health care and whole human care, And you know, today in a time when so many people feel overwhelmed because of this weight loss industry blamed or defeated by diets or chronic disease, weight-loss struggles, and really the complexity of changing their lives, Dr.

Ragasa brings a deeply needed voice. in this time in history. She understands that transformation is not simply a matter of giving people more information.

I learned that early in my career. It requires trust built over time, dignity, cultural awareness, practical tools, and the development of a healing relationship that meets people where they are.

Her approach reminds us that sustainable health is not built through shame, restriction, or even the pursuit of perfectionism, but through compassion, through solid evidence, small consistent steps, and a renewed belief that change is possible, which is really hope.

So today, Dr. Ragasa and I are going to explore the science and the nuance of lifestyle change.

Dr. Ragasau2019s Background and Presentation Craft

Why compassion is not a soft skill, but really an important clinical strategy for all of us. And for those of not in clinical practice, why compassion essential for us to live a more vibrant life.

And really, all of this is couched in the greater mission and vision of helping people to live more whole, resilient lives and actually feel fully alive at the end of the day.

So Regina, thanks for joining me. I am so glad you're with me today and I'm excited about our conversation. Thank you so much for having me here, Scott.

Am honored to be here. Yeah, and am honored have you. You know, we've had the privilege of having you at our conference the last couple of years. And just for those of you watching, Dr.

Ragasa puts together some of the most elegant presentations that I've ever seen. I'd been doing this a long time, Regina, and your presentations are top-notch.

If I were a teacher, I would give you an A+, not just the beauty of your slides and the way you communicate through your slide deck, but the ways you're communicating through every part of who you are on stage.

So amazing, thank you. Thank you, appreciate that. I put a lot of work into those, and I appreciate you seeing that. I can tell. And, you know, for people that may—let's just—I am curious.

You know for, people who have never really put together a presentation or don't understand what it takes to organize a representation, maybe just tell us how you do that, how much time it take from the research to the construction of a slide. I think that's interesting for the people to understand.

Oh, gosh. You know, I actually, it was funny because I'm actually putting another presentation together now, but for AFP, FMX. And I mean, altogether, this is like a half hour talk because i'm splitting the talk with a friend of mine.

I must have spent at least 12 or maybe a full 24 hours on it for a half hour talk. And part of it was already built out because I kind of reused certain slides again.

But I think one of the things or one my strategies when I put my talks together is what is the story I'm trying to tell? And when we start with that, then I can weave all the pieces together so that I connect the dots for you.

And the other thing I like to think about is how do I understand this information to make it easier for other people to understand? Because I know research studies can be really hard to digest because it gets very science heavy, and it's necessary to have those things.

But how to we make practical so we can apply in our own lives? And I think that's the most important piece because that what all of us are going to use conferences is to learn something new so can we apply it to our lives.

Yeah, that's exactly right. I love how you use the kind of background and the framework of a story, because that is how we learn. And the science, which we love, says that when we hear a stories, at least six different parts of our brain are activated versus only two when you hear information.

So that meta-narrative is really an essential piece. Yeah. Yeah, I love it though. I Love it so much and I loved putting up slides together.

From Conventional Medicine to Lifestyle Medicine

It's my jam It' my flow, you know when they tell you that you're you Know, You're doing something you love because time just passes and you like oh my gosh, it is way past my bedtime.

That's My flow. Yeah I do too. Stay up late doing slides. We're PowerPoint nerds, right? But when you find out all these cool little gadgets you can put together and like all the pictures, it just comes out so nicely.

It's very exciting. I love it. You, I can tell it's the passion because your presentations are magnificent. Thank you. So before we dive in on this, this idea of like really making lifestyle changes livable, you know, after doing this 20 some years, that's such a critical part of this translational science.

overloading patients with information because I was so excited about it and their eyes would glaze over and I realized pretty quickly that, you know, 10 more studies was not going to help them make a change.

There's this really critical element of translating science, like we were just talking about with a presentation, into something that's really meaningful for a patient.

But before we dive in on that, I would like to know your story. I know a little bit of your stories, but you know, the parts of the story that maybe going back to when you were inspired first to go into medicine, why that was important to you and what that deep inspiration was.

And then the second part is, you a clinician and you were chair of obesity medicine at Kaiser. And when was it that you started to recognize that? You wanted to move beyond the current framework of clinical medicine and step into something much more broad and perhaps deeper and caring for people.

Yeah. Wow. That's a lot. So my passion for medicine or my interest for medicines started when I was quite young. I didn't have a specific moment in my life where I thought, oh, you know, this interaction led to my career.

Rather, I knew that I loved interacting with people. It sounds corny, but I wanted to help people and I love the sciences. And I'm like, wow, what a great realm for me to have all of those things put together.

through medicine. And after shadowing doctors, I was like, this is what I want to do. So again, there wasn't one pivotal moment in my life that led to that.

But as you and I are both in the lifestyle world, that was definitely a pivotal for that one. I had already been practicing family medicine for two years at this point.

And it honestly did not fulfill all the things I thought I had signed up for. I though I signed to help heal people. And instead, in practicing medicine, I felt like I was just doling out medications to patients and putting on band-aids until that would peel off and we put a bigger bandaid on.

It was not fulfilling and I seriously reconsidered my career. Oh my gosh, if I'm not helping people, then I don't want to do this anymore. It wasn't until one of my colleagues, Steve Lewenda, gave us a talk on lifestyle medicine and he was sharing stories of how he is reversing diabetes.

People in wheelchairs all of a sudden started walking and dancing. I was like, what is this voodoo? This cannot be real. But I just was really curious and I thought, okay, I'm going to look into this lifestyle and see what this is all about.

It was undeniable. Once you read all the research behind it, there's no way you can't teach this. And so once I learned about the health benefits of eating a whole food plant-based diet, at least majority of your food coming from there, exercise, sleep, and, you know, we all are taught that we're supposed to do all of these things, but maybe we weren't taught the exact things that lead to the successes of those patients.

And so once I started teaching that with my own patients and I saw their own outcomes, I was just like, okay, i'm doing this. Now I feel like a real doctor.

are not relying on medications, they are taking care of themselves, and they're actually able to reverse their disease, which unfortunately, as you know, going through medicine, we're not taught that that is possible.

So that, thank goodness, Steve Lewendo stepped into my life and brought that to me because I'm not sure I would be practicing medicine otherwise, but it really, really finally brought me joy to practice medicine this way.

One kind of important clarification that's different, I think, in your story is you heard Dr. Lewenda's stories of patients change. Yes. Some doctors hear those and they have disbelief.

That's not possible. But why did you hear the story, have hope, and believe it was possible? You always have to have hope, right? We can't all be doomed.

And I like to think about our past a little bit. People always kind of blame their genes, and they say, oh, I was just born with bad genes. My whole family is this way.

But if you look back far enough, most people's relatives several generations back, they actually lived long, healthy lives without medications. They did suffer with all the chronic diseases that we see now at an early age, around 30, 40 years old.

And now, unfortunately, that keeps getting shifted earlier and earlier. So I think part of that was it was just having a little bit of glimmer of hope in my own career.

Then the other thing is, you're right, there's a lot of doubt. I had a lotta doubt too. It was like, no way. If this was true, we should be taught this in medical school.

But I was curious, and I let my curiosity lead me to research papers because I said, well, I'm not just going to

believe him right off the bat like that.

Why Lifestyle Change Works: Hope, Curiosity, and Evidence

I am going do my own research. And I found all the same resources that he did and pointing to the treatments through lifestyle. It wasn't until I started practicing on my patients and seeing their results, that's when I really truly started believing.

two diabetes. She'd been struggling for many years, had an A1C of 8.5 on 60 units of insulin, and she swore up and down that she ate a very healthy diet, eating lots of salads, you know, lean meats.

And she begged me not to give her more medicine. Her diabetes was not controlled. Then I said, I don't know. I felt like I was doing malpractice by not giving her medicine, but she told me, she's like, please just teach me something else out.

I don't know if this works, but maybe we'll try switching out your chicken and fish for the beans and lentils instead and see what happens. But you have to promise me in a month you'll recheck your labs.

And if they don' get better, we're going to put medications on you." And she said, fine, no problem. So I thought, okay, well, have a good deal here. I'm not letting her go too long without, you know, changing her medications.

A month later we have another visit. Her EMC drops from 8.5 to 7. and she's dropped 10 pounds. And she tells me that she stopped all her medications, her insulin, all of her pills, despite not taking any medications but just making the right lifestyle changes in terms of exercise and diet.

She was able to get her numbers down and was just beside herself with those results, obviously giddy with the results. Three months later, Her A1c is completely in the normal range while for a diabetic.

So her A 1c was 6.9. She dropped 30 pounds and she couldn't be happier with the results. Here's a woman who thought it was her destiny to have to take medications for the rest of her life and now found this freedom through food.

After her, I was a full on believer. You got to see it with your own eyes. Yeah, I think that's exactly right in medicine that sometimes we don't believe those things until we have the opportunity to see it in our own patients.

But I really appreciate that you had the curiosity and the openness to go and explore. Yeah. Same here. I found that that is one thing that we sometimes lose in the training process is that level of curiosity.

When we hear something, we tend to pass it through the lens of what we already have learned to determine whether or not that's possible, probable, or true, rather than, you know, the scientific mind is a curious mind.

You say, well, that interesting, I should explore that. And that what you had that really opened up, it's what I'm seeing, opened your pathway into what your doing today.

Yeah. I think another thing too is signing up for medicine, we are supposed to be lifelong learners. So at no point in our career are we supposed know everything.

And I that's true of life in general, right? There's always something to learn. It's something for us to all kind of remember that we don't know Like you said, curiosity can lead us to really amazing results.

And curiosity doesn't mean you have to believe everything that you hear, right? It's okay to test things on your own, and it's appropriate for you to try it too, especially if they're relatively low risk.

I think switching to beans was a pretty low-risk for me. That's right. And that's part of the history of science, curiosity, testing, hypothesis, reproduction of results.

That is how we advance. One of things that I often see in medicine, and I was just doing some research on this and maybe you can comment. Maybe you know the statistics.

Patients that are prescribed medications, what percent of patients actually end up taking the medications as prescribed? Oh gosh, I don't know what's off the top of my head, but I'd love to take a guess.

I think it's probably around 55%. It's 50%. Oh, wow. It was really close. Yeah, you are really good. Yeah, you remember in medicine, we always taught 86 14, right?

If you don't know it, go 8614. But you're right. It's about 50%. I was just doing that, the, looking at this data because thinking about prescribing lifestyle medicine and diet.

Translating Science Into Practical Patient Change

And then going back and asking the question, well, what percent of all of our prescriptions are actually, they call it adherence and non-compliance, which are not great terms because they're putting that on patients, right?

100%. I want you to go into that in a second. But what it's saying is that there's a huge gap. You know, we've come to some conclusion that we have some solution, medication, physical therapy, something that were prescribing for patients to manage, mitigate, or treat whatever we're finding.

but somehow it's not being communicated to patients in a way where they appreciate what's being done, they value it, or even understand how to apply it.

And lifestyle medicine and diet can actually have lower adherence rates for prescriptions. But there's some keys that I wanna identify. So as we talk about this, what are we, just in general as physicians and maybe as talk lifestyle, What are missing in this idea of translating what we would like our patients to do into sustainable behaviors on their side.

And then we'll come back on the second half of this and talk about lifestyle. Yeah, absolutely. I think what we're missing here is, you know, in terms of trying to make change and I'm just going to use the example of nutrition and we know from a lifestyle perspective, we are trying get our patients to eat more of the fruits and the veggies and really start seeing beans and lentils as an appropriate and in fact superior form of protein.

compared to animal proteins. And so that leap can be so difficult for many of us. I think one of the biggest things that I like to do with my patients is to really kind of build this connection, this bridge between me and the patient.

One of first things as a physician is you have to understand where they're coming from. What are their fears? What other concerns? what is it about your message as physician that you're trying to deliver to your patient?

that they see as a roadblock. And once you understand that road block, perhaps you can show them that there is another way around it and it doesn't have to be as difficult as they may think.

And also at the same time, the changes that they're trying to make, they are not easy. If it was easy, everybody would be doing it, right? And so kind of almost setting the right expectations for them as well, that this is the thing to do for your body, for you health, so that you can live this long, nice life.

And I know my message sounds difficult and I won't lie, it's going to be difficult at first, but eventually this will become a barrier that you can easily overcome.

And so I think understanding what their fears are, maybe it is a cultural issue, you tell them, hey, I need you to do more plant-based and that doesn't resonate with them.

They don't understand what that means because they haven't been taught that as kids. One of my favorite things to is to dive deep into their cultural heritage and make this connection more normal for them to accept.

And oftentimes when I do that, that's when the patients are like nodding their heads, like, you're right, my mother was definitely serving me beans for breakfast when i was a kid and that was normal for us.

So, and I have them reflect about the health of their relatives, several generations back and most of the times they can kind of imagine that. And by doing that it just makes everything less foreign.

and more acceptable. So you have to do this and wagging your finger. It's walking across the bridge with them and, you know, helping them navigate through the little potholes along the way.

Yeah, that's, I like that metaphor of walking, across-the-bridge with people. And so often in medicine, we just tell people where the Bridge is and expect them to go find the, bridge and walk across it.

And then we blame them when they can't do it. You know, we use terms like non-compliant in medicine, which really is putting blame on somebody else, right?

Rather than us taking responsibility. Right. Right, right. And it's really an underappreciation, too, of the challenges of doing everything. Like even taking a medication three times a day is very difficult.

So difficult! I know it just popping a pill literally takes like a few seconds, but it is not in our human nature to take pills. We don't crave pills, we crave food, nurture, relationships.

These are the things that we craved. It's only natural for us to try to make those lifestyle changes. I like what you're saying about cultural relevance, because I think when we can link back anything to something that resonates deeply with someone's emotional state of those things that are positive, hopeful, compassionate, kind, that empowers change so much more than just trying to create strategies and accountability for people.

Right. So maybe touch on that because you talk a lot about compassion and empathy, and I think for individual patients having empathy and compassion for themselves and others around them and then tying back to those emotional states is really important.

Yeah. So you bring up the important E word, empathy. And I think for people to understand what empathy is about, it's really kind of putting yourself in their shoes and kind understanding, okay, I see that you are a working mother with four children and your life is really hard.

You're like, man, if that were me, I know your husband's also working, he's working two jobs. Oh my gosh, how can you handle that? So first of all, acknowledging the difficulty that they may be struggling with is number one, because once you kind of show them that I get where you're coming from, the advice that i'm giving you is not easy to do.

That at least puts you guys both on the same level. They're like, oh, you see where I'm coming. And then after that, all right, these are our goals and our true north, our north star, is to reach a whole food plant-based diet 80, 90% of the time, but we don't have to skyrocket there.

Some people do have that rocket and that's wonderful for them that they can do that. But even just taking small steps in that direction, you can still reap health benefits.

Compassion, Empathy, and Cultural Relevance

I think it was an epic study where they showed that just replacing, I thinks, 5% of your animal protein with plant protein or even 5 percent of animal proteins with fructose can reduce your risk of diabetes by like 30%. That's not much, you know.

And I kind of think sharing some of that information might tell them, okay, this is okay. I can take little baby stuffs in that direction, which will compound over time and you will eventually get to the goal.

And the other thing too, I always tell my patients, listen, don't expect 100%. If you do go whole food plant-based diet 100%, wow, bonus points, A++++, you go teach the classes.

But for most people, that's not really reasonable for them because again, they have the cultural ties and I'm not here to sever everything for And so I think the reason why I say 80, 90% is to allow for the trips that might happen during this, right?

You may trip and fall. And when I said 100%, if I ask for 100% the moment that they trip in fall, they've already called themselves a failure. Now they're like, no way, this is impossible.

I can never do this. But if you allow room for error, just like you would your kid when they are learning to walk, It's not like you would tell your kid, oh, you fell.

You better just stay on the ground, right? No, we're going to keep practicing. And eventually, this becomes easier and easier. So sometimes, I'll share examples with my patient.

They're like, yeah, great. I would encourage my kids to keeps going on. Life is challenging. It supposed to be challenging, that's what makes it interesting, and when we overcome those challenges, man, those wins feel so good.

So I try to have my patients kind of visualize that I like to get them excited about potentially making these changes. Oftentimes they do get jazzed up, but I find that a lot of my patience need a little more help, especially in the beginning to continue to jazz up because it's tough because the rest of the world is kind beating on them saying like, why are you eating like that?

That's weird. And until the of world catches up this is going to continued to be an uphill battle for a of our patients. And in this day and age, and maybe speak to the individual that's watching that is not a clinician, in the day in age so many people are carrying tremendous amounts of blame, shame, guilt, feelings of powerlessness because of the dietary system or this dieting industry that has really failed them.

and even the idea that if you're overweight, somehow you lack willpower. So maybe can you just encourage that person with empathy and the way that you would encourage one of your patients to understand that it's not your fault, it is the system's fault.

Yeah, I love that question because I get it all the time. I can see the look in my patient's eyes. And I think that's, like what you said, one the most powerful things you can say to your patient is, It's not your fault.

I say it all the time because the food that is presented to us in the system that we live in that has high stress, right? When we're constantly bombarded with stress how do you make good decisions?

And we just trying to get through the day without tripping and now it's time for you to decide what's for dinner. There's decision fatigue. You're done making decisions at that point.

So it's easy to understand that you'd rather go do takeout or you would rather order in or do mac and cheese or ramen. These are easy meals so that don't have to think anymore.

And I understand. Then the problem with going to these or turning towards these foods is that these food are hyper palatable, right? They literally have food scientists who make the food taste so good that you can't stop eating it.

And a lot of times when patients will come in, they're like, I literally cannot stop eat. I'm like it's not your fault that can stop you eating. The food was designed to be so that cannot you stop.

But if we start choosing the right foods, at some point your stomach gets full and you cannot eat anymore. You know, there's only so many ears of corns that you can eat in one sitting.

At some points, you're either tired of chewing or you get really full. I know it happened to me when I was like kind of on this When I was first starting to eat more salads, I'm like, gosh, this is a lot of chewing.

I am bored of chewing at this point, and I mulling in through my salad. But that's the way nature designed it to be. We're supposed to get tired at some point and then just, okay, think this enough energy for me to just get to the next point.

I think one of the other things that people do in our food system now is they overcomplicate things, right? They're always focusing so much on the macros.

How much fat should we be eating? How many protein? how much carbs? What should I be avoiding? Oh, I should count all this stuff and we're the only species on this earth that actually counts our foods.

We're not the ones who like to dissect it. And we are the one who have issues with our own food, So, I always tell people, like, listen, just keep it real simple.

Mother Nature has provided everything in the perfect amounts for us. Just make sure you don't eat one thing all the time. variety of foods is where our body likes to be.

Our gut microbiome loves a variety foods, aiming for at least 30 more plants per week, and spices and herbs count. So that makes it a little bit easier to hit that number of 30. And then like I said, Mother Nature has everything packaged in the most perfect ways so that when you mix and combine flavors, They work synergistically to help your body absorb all of the nutrients from there.

For example, I think one of my favorite things is how do I get more iron in my body? And it's like, well, beans have lots of iron. And if you squeeze a little bit of lemon on it or put some salsa on top of it, all of a sudden, it's not only you're getting the iron appropriately through your body because the citric acid helps you absorb all that vitamin C, but now you've got a burst of flavors in your mouth and this is an incredibly enjoyable meal.

So I think, you know, Mother Nature is so interesting and so many of our ancestors and sisters, excuse me, have been doing this for so years without actually knowing the science behind it.

But we knew that this was right for our bodies. So yeah, unfortunately, industrialization had a lot of perks, obviously. You and I are talking through Zoom or through Riverside.

We have all of this wonderful stuff, but some of the other things, we've manipulated it so much that we're kind of hijacking our own systems, not in a good way.

Yeah, and I think we, to some extent, you know, in this conversation, we've forgotten who we are. Yeah. It was just in Japan. And, I was talking to them about the changes that have occurred in japan over the last 50 years, which were dramatic.

They went from longest-lived population to number nine. And I simply said to them, remember who you are. Go back to that traditional diet. And, I think this brings up what I've seen in the research just recently, and I love doing a deep dive on this, that when we can change our identity, then we don't even need willpower to overcome the potential pitfalls around us.

Identity, Small Steps, and Sustainable Habits

We naturally make choices based out of our identity. That's this cultural heritage that you're referring to that allows us to kind of move through a society and make decisions because we know that that's the core of who we are.

Have you worked with your patients on that? I noticed the cultural identity and helping them start reframing the way they see themselves as, you know, I'm a healthy person, because the diet industry often tells us something different.

Right. That refraining of identity is really, something's often missed in this whole conversation, even around lifestyle today, but is essential. Yeah, unfortunately the diet world, you know, it tells us that we're broken and we are not again.

We actually are made to consume the whole food plant-based diet as much as possible and that's where we thrive essentially. And when it comes to the cultural aspect of it, it's one of my favorite ways to connect with patients because, like you said, that's your identity.

And, when I'm asking people to adopt a whole food plant-based diet and they're like, That's not my identity, you don't understand me, don' understand the Mexican culture.

or you don't understand the Filipinos. And I'm like, wait, I am half Filipino, and I do understand you. I think that's one of my favorite things. It requires a little bit of work on our part as clinicians, because now we're learning more about where people come from and their backgrounds.

When I don t actually know somebody's culture that well, sometimes I go into rooms blind, have never met them before, or I have no idea who I m going to see, if they're from Nigeria or they re from Austria, You know, I don't know until I'm in the room.

And so I actually asked my patients to teach me about what their ancestors ate. I think that's probably the most powerful because now they're like, oh, we ate a lot of bulgur wheat.

We ate lot a this. These are staples. Did you just hear what you said? These were all plants and these are the staibles of your culture. This is when the light bulb goes off for them.

If I happen to know their culture, I kind of point it out for them, but then they come along for the ride because they're imagining all of this stuff too.

And now they are re-aligning their identity with their cultural. Again, it's just not abnormal anymore. They're just like, oh, you're right. My great-great-grandmother, she ate this way.

And so I think that's a wonderful connection because not only are you helping them find their identity again, but you're showing an investment in them, right?

Because this journey as a clinician, you want to help them along the way. And it's two-way street in that you like, okay, well, let me teach you something and then you teach me something back in terms of how this could actually work.

And I think there's just so much to learn through this. So it goes back to the whole curiosity thing again, right? Being curious about other people and they're so happy to tell you about their cultures and how it happens to be a little more plant-based than they had thought.

You know, and I have them think about these things. Sometimes I'll have patients that'll tell me, oh, well, you don't know us, but we have a lot of whatever type of meat that we eat.

And I'm like, okay, good point. Now think back. Do you think they were eating that every single day? And oftentimes they're like no, because meat was expensive.

So of course they couldn't eat it all the time. I was like exactly. And so once they kind of make that click, that's again another opportunity for me like so I am not telling you to get rid of it completely.

If you choose to have animal products in your life, reserve it for celebrations. Reserve it the weekend because that is when people celebrate. The day-to-day thing is all the other stuff that you did not mention, which is, again, for the most part is whole grains, lots of different types of legumes, depending on whichever region you're from.

Potatoes, potatoes get no love. They're actually like these little halos, right? I know. And I tell my patients, I'm like, listen, the potato is actually quite healthy.

It's not until you add the cheese and the butter and sour cream and bacon bits, now we've muddied the water significantly. And if there's anything to blame, it's all the stuff you put on top, not the actual potato itself.

I even have a friend who's from Peru and she's like I did a post on potatoes and oh thank you for not demonizing the potatoes. 4,000 types of potatoes, it's your people's food, please eat it.

And in fact, send me some recipes, I would love to get more. Oh, that's fantastic. I really love that elegant tool of asking people to tell you about their culture.

That's rare today, especially in healthcare, and even in our society where somebody asks you a really important question about who you are, where you came from.

All of us, we have a need for being seen, heard, appreciated, valued. And that simple exchange, I think, probably changes the entire dynamic of an interaction in the exam room or outside of the examination room.

Yeah, they love it. I get so many smiles and laughs out of it, it's fun. That's I love that tool. It's incredibly powerful and not taught, right? It really helps people move from You know, doctors are going to give me information and instructions that I have to follow to now having some ownership and, you know recognition of identity and some confidence that they can do this because their ancestors did it.

I think another important thing, you kind of touched on this a little bit, is when we have this conversation at the end of it, like I told you earlier, I don't expect 100%, but coming up with a reasonable action plan that they actually think they can achieve over the next couple of weeks until I see them again is so important, right?

Because again, that's your North Star, and I expect you to be there immediately. But what's one small change that you really think you can do? Because what is the point of me telling you all the things you should do, and you're just like, that's just not going to happen.

I hate Brussels sprouts, or I hey whatever. And I'm telling, you know, two sorbets or Brussels sprout every day. That doesn't make sense. So we find this common ground of not only cultural, but what are the foods that already enjoy that happen to be in the plant world.

bring more of that into your life, right? Even if it's like, I just like fruit, great, let's eat more fruit. Have a mango. Yes, have five. I'm okay with that.

That's right. How quickly do you see people back? You know, when you're really helping somebody make these transitions, it requires probably a little more careful follow-up and even interactions in between visits.

Okay, so in my current practice at Cali Wellness EPC, I know that change is hard. And sometimes, you know, don't like a lot of time to go in between because so many different things happen between visits.

The Future of Medicine and Supporting Patients

So I actually keep a very close eye on my patients and we agree that, meeting every two weeks is a good cadence. until it becomes a little more normal for them.

And then we start doing monthly and we can start expanding from there. But I like the every two weeks thing because of the accountability. If they trip up, they don't trip for three months before I see them again.

They trip start from the beginning again or wherever they left off, okay, how can we avoid that trip? How can get around that so it doesn't happen again?

So I think close follow-up is really important. So, I like seeing them every two weeks or so in the very beginning until things get a little bit easier.

Yeah, I do too. I think that's helpful. And it gives them something to look forward to. Yeah. That's fun. How do you help them overcome the idea that they have to do it perfectly?

Because that kind of hardwired in all of us when we hear like diet change lifestyle, the sense is like I have do do right because I'm giving a report back to my doctor.

If I didn't do that right, then I know I am not going to pass the class. So how do take away that pressure from Yeah, so I propose something for them and I can either see deer in headlights in their eyes or I could see interest.

And if I see a little bit of interest, I proposed an idea like, okay, well, what if we go whole food plant-based and just do meatless Mondays or something like that.

And then I tried to read their faces, and if they're like, ooh, I'm like okay, well, okay. That doesn't work. What do you think we can do instead? Maybe instead of trying to eliminate meat for one day, what about just increasing the amount of fruit that you eat?

So instead piece of fruit or two instead. And so I like to have a conversation back and forth between me and the patient before we leave to find a goal that's very reasonable for them.

Like you said, we're not trying to get to 100% immediately, and our goal is to balance between the two. I always Always emphasize that with my patients is there's balance and I never ever expect a hundred percent because again I'm here to help you and and you're gonna fall it's gonna happen and that's okay.

Just make sure you get back up again Yeah, I always tell people you know, this is perfectly imperfect and That's perfectly okay And nobody we're never going to do anything perfectly You know words that part of human existence is we are always in the state of learning how to just do better Yeah, I think, you know, my neighbor has a huge window and it says, just do better.

And I'm like, everyone should just have that on there because we're not aiming for that perfection like these. Yeah. Exactly. Wouldn't that be amazing if people could take that away and say, Just do Better.

Yes. You know, as we're talking about medicine and lifestyle medicine, what do you imagine in an ideal world the future of medicine would look like if we met every patient with enough time, compassion, empathy, education, connection, community, and support to change the trajectory of their health?

What does that look in the ideal Oh man, I love this question. So it's funny that you say that because for a little while I just wanted to change everything and I thought I could totally do it all in one fell swoop.

It's really hard, especially in large organizations. But in my perfect world, and i had proposed this already before, is that when members would sign up with you, you would have the full intake, you know, a good hour, even 90 minutes with a patient to fully understand, one, all the issues they really are concerned about, two, what their lifestyle habits are like, and then three, coming up with the whole plan in order to start optimizing things in their lives so that we can start either preventing certain diseases from happening or even starting to reverse and treat the chronic conditions they already have.

And one of my things I really wanted to do when I was working for a larger organization was that every time that member signed up, a new member, they would automatically be enrolled into a lifestyle class.

Because more often times than not, you had mentioned that patients and their compliance with taking medications, 50%, not great. And oftentimes, as a clinician, when we first diagnose somebody with diabetes, with cholesterol, whatever chronic condition it is, I'd say 80% of the time patients are just kind of like, please, just give me two more months.

I am going to do all the right things to not have this diagnosis. And so it's not like they're not willing to learn. They want to make these changes. And in the next two months, they will make changes, but they have to make the right changes in order to achieve the results that they want.

And I think that is the issue right now in The United States is that in medical school, we're not taught what those optimal lifestyle changes are. So we can't even have the appropriate conversations, even though our patients are willing to makes those changes.

Yeah, that's right. Education needs to happen early. Yeah. I agree. Thank you. That's an inspiring view of the future. Hopefully in our lifetime, we'll see that, right?

That is why we're doing the work that we are doing. It's totally going to happened. Totally going happen. Right. And I love your positivity. For somebody that is watching today and they feel stuck, they've tried so many different things.

they've been on a number of diets, they're feeling hopeless, and they feel like somehow it's their fault or they don't have enough willpower, what would you say to that person today?

I want them to visualize themselves as the healthiest version of themselves. What do they fell like? What are they doing? what do the enjoy in the future as their healthest version themselves and then know that it's possible.

It's not going to happen overnight. And it doesn't happen with just wishing, right? It requires work. Just know it is possible, however, the journey is going be hard, and just know its okay for it to be.

Hope, Fiber, and Living in Alignment

If you have kids, you know they're in school, they are always being challenged, there are times they don't want to learn these things, but you're like, listen, You are capable of learning this.

And so knowing that it's in you, it in your genes, its in ancestry that you are actually healthy and that can actually bring that back to life to help your ancestors smile back down on you.

is the thing to do. So don't feel discouraged. I know the world has been hard on you, but it's not because of you. It's the environment around us that you had to make certain decisions at that time because it was survival mode.

For right now, it is thriving mode, and in order to that, we need to these tougher decisions in the beginning, which eventually become easier and will become the new you." That's beautiful.

Thank you! That is a message that people need hear. They need to hear that you're not broken. You're just burdened. And it's not you. It's the environment that your living in.

There are amazing clinicians like you, Regina, and so many others in this lifestyle medicine, plant-based nutrition space, amazing communities where you can find support and encouragement to walk out of that dark place.

Thank you! I'm so grateful for this community. This is like my tribe. And as we kind of wrap up, Regina, you know, this has been a beautiful conversation, I think, that you don't often hear, even at lifestyle medicine conferences, like we've gone a little bit of a different direction, but after 20-some years of doing this, to me this is core understanding of how to help people make a lifestyle change and how individuals can begin helping themselves change.

And if you want to, if could help, people walk away with one thing from our conversation today, that would really be like a seed planted in good soil to help them make, you know, a change in their life, what would you want them to walk away with today?

To keep it really simple, I always tell people I'm like, listen, when it comes to nutrition, every piece of food that comes through your mouth should come from the ground in its most natural form.

And cooking is okay, it's totally fine. So another way to think about this is that everything that you eat Whether it's a protein, whether it is a carb, or whether its a fat, it should have fiber in it.

So if it does, its more likely to help you on your health journey. Fiber is king. We don't want just the fiber itself, we want it in its whole form, which comes in that piece of fruit, in the vegetable, and the whole grain, And together, that is going to help them on their health journey.

So, you know, food that grew from the ground and make sure that your macros naturally contain the fiber in it. That's amazing. Thank you. Fiber is king.

Yes. And fiber is found in plants. Ten servings a day. What's your inspiration today? My inspiration today, ooh, you know what? I'm going to say my kids.

My kids are my inspiration. This morning, my four-year-old, soon to be five, just came up and she sat next to me and cuddled with me, and we both meditated together.

It was so cute. So my kids, all the future kids of our world, our generation, they're the ones who are going to make this change. I really, truly think that there is going be a flip because people are gonna realize that as you had named your conference, Power the Plate, we have this ability to change by choosing what we put on our plate.

And I think when we choose the plants, the planet, essentially. When we do that, we choose animals because, you know, instead of putting chicken on our plate, were putting the bean, and it's good for everybody.

It's for our health, it is good the for planet health. Good for animals. That is beautiful. I couldn't say it any better, so that's perfect. Thank you, Regina.

And where can people learn more about your work and what you're doing? Yeah, absolutely. My website is caliwellnessdpc.com. So if you live in the California area and you're looking for a doc who understands you trying to get on your plant-based journey, I'm here for you.

And then for everybody else, if your just kind of interested in recipes and just learning more about lifestyle medicine in general, a lot of posts on Instagram and my handle is CaliWellnessDoc.

I also have a sub stack under the same name. Amazing. Thank you, Regina. Thanks for spending the day with me and for sharing so much of your wisdom that you've gained through all of these years, the countless hours of research above and beyond the traditional training in medicine, and really your heart of compassion and your curiosity, which continues to drive you and I know will continue to driving for many years.

So thank you. Thank you so much, Scott. It's been an absolute pleasure and grateful to you. Yeah, thank you, it's a pleasure having you and thanks to all of you for joining us.

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Regina Regassa. Thanks, Regina. Have a great day. Thanks for listening to a regenerative life podcast. If this conversation inspired you, follow the podcast, share it with someone you care about, and join us changing the world one bite, one conversation, One connection and one life at a time.

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