Opening on Period Health and Podcast Intro

Just because it's been termed as common does not mean that it's normal. What a healthy report card would look like would be for you to show up when your period arrives.

There might be a little bit of fatigue or lower energy. You've got a bleed for about three to seven days. It's normal in terms of the flow and other than that honestly you might get a mild little ping or cramp but there should be no debilitating pain, there should be no need for painkillers, there shouldn't be any acne, we shouldn't be getting puffiness or digestive issues, we shouldn't be feeling anxious or overwhelmed, we shouldn't be feeling like we can't get out of bed.

Everything that a woman has been taught to dread or about her period is not actually normal. You're listening to the Lifestyle Medicine Podcast with Dr.

Ivan Rusilko, brought to you by Access Lab, where we explore new perspectives at the forefront of personalized health care. All right, welcome to lifestyle medicine podcast.

I'm your host, Dr. Ivan Roscoe. We are powered by Access Medical Lab. If your doctor is not checking labs, then he's not a doctor. And today we have an amazing treat for you.

We are going deep, deep, deep, deep diving into women's health. We have Sheree. She is amazing. She is a functional nutritionist. She does everything longevity for women.

I'm super excited to hear everything about not only her personal life, but her actual practice and how she approaches the various aspects of women's health, which in today's environment is probably the most important type of health.

So Sheree, thank you so much for being here. Thank you so much for having me. It's such an honor to be here. Great. So I'm curious now, when you say women's health, are we talking ages any age?

Are we looking menopause? Are we looking young? What do you focus on most? I would say it's more women of menstruating years and then helping support them in building their best bodies and the best lives into the years post-menopausal.

Cause I think there's a big gap, a big disparity in terms of actually having the support well before menopause even kicks in or even before perimenopause kicks in.

So that's typically who I work with, but I do love working with women of all ages. I love that. And again, like, you know, so the kind of practice I run here in Miami Beach is more focused on the actual prevention of it.

Who Sheree Works With and Women's Health Gaps

It's much easier to prevent something than it is to fix it. So it kind of seems like we are actually aligned on that. And so what's one of the biggest, right?

What's one of the biggest things you see right now that that's plaguing women's health? Is it stress? Is it too much going on? Or what would you say is the biggest hurdle that you have to battle every day?

I would say, yeah, the huge thing I think is even the misconception. around stress, right? Like, we can't get rid of stress. I always say to people like, we can't just give up our lives go meditate on a mountain for months and months at a time.

You know, we also can't get rid of our partners or our kids like they're typically the biggest stresses or our jobs. Kind of tough. I mean, as much as we probably don't want to either, right?

Like they're things that we enjoy or we'd hope that we enjoy. And so when we're looking at stress, I think the story around it has been really miscommunicated.

It's not so much about, can we take the stress away? It's about, can we expand the capacity for our nervous system to hold stress? And this is where I see a lot of women miscommunicated too because we've been built or we've been building this story around health being very, very linear versus as a woman, it's very cyclical.

You know, it's very rhythmic. It's not just a 24 hour clock that men are very much wired to. We actually have an Euphradian rhythm and a few other rhythms that our bodies are really tapped into.

But this blueprint that we've been given is just so outdated that we really need to start to change the narrative there as well. So there's the stress component and then there's also not understanding women's different physiology, I think.

No, for sure. I think it's a great point when it comes to cyclical versus linear. Men are pretty straightforward. I mean, both when it comes to health, when it comes to sex, when it comes to fitness, whatever it could be.

And women, you guys are like your Chinese arithmetic. You know what I mean? It's up, down, it's left, right. But that's what makes you guys so much better than us men.

So when it comes to the actual menstruation aspects of it, there's obviously the follicle, the ovulation, I mean the actual lute cycle. Do you kind of break down and say, okay, you're currently now in the follicular phase.

This is the type of nutrition that we want. This is the type of exercise that we want. And then do you kind of manipulate that when it goes to ovulation, then it goes into the actual follicular, I'm sorry, the actual lute phase and then so forth?

It's interesting you bring that up. And honestly, if you had asked me that a couple of years ago, I probably would have said yes. But I think what we've gone and done is we've taken the cycle syncing, which is the methodology you're referring to, and made it masculine again.

Stress, Cyclical Physiology, and Cycle Syncing

It's like, okay, for these days of my cycle, I'm going to go on. I didn't think we were going to have to do this podcast here, but go on. I'm curious.

I'm going to bite. Go on, please. Well, it's like we have to have structure and we have to have routine. And we're taking away from one of the biggest gifts that we have as women, which is our intuition and our ability to listen to our bodies.

We have a monthly report card in the form of our period each and every month that gives us feedback. And throughout that month, we get more and more feedback, right?

Like how is my energy today? And yes, we do need to tailor our nutrition and our training and our cognitive load or performance, but it's not to the rigidity that I think, and like I used to teach, I'll be honest, around the cycle thinking method.

Because again, that's just putting us in this cookie cutter approach and everyone's body is so different. And we're then shut off the rhythms of our natural cycle that's actually going on.

No, for sure. I love that you're actually evolving. Excuse me. That you're actually evolving with how you think. I think that's a very big attribute when it comes to any type of healthcare practitioner that really focuses in this industry.

We're always evolving, we're always learning. A lot of people get in such, like you said, a linear aspect of A plus B equals C, especially when it comes to women's health.

A equals Q equals six equals pi sine. It's crazy. But, you know, the fact that, you know, you are, you are right. And I think the fact that you use your period as your report card, I've never heard that before.

So I don't know if that's yours, but that's fantastic. That's very, very good. Which is it actually, it actually even makes me think now that you're with my actual patients.

Yeah. So I find that fascinating. Very good. Could you explain what's a good report card and what's a bad report card? Yeah, well, I mean, it's actually been just a further on the report card thing.

It is being shown to be our fifth vital sign as a woman. So, you know, to really elaborate on that, it's looking at the symptomology. And I always like to share with my clients and my patients that just because it's been termed as common does not mean that it's normal.

So, okay, it is normal. And what a healthy report card would look like would be for you to show up when your period arrives, there might be a little bit of fatigue or lower energy, you've got a bleed for about three to seven days, it's normal in terms of the flow and other than that honestly you might get a mild little ping or cramp but there should be no debilitating pain, there should be no need for painkillers, there shouldn't be any acne, we shouldn't be getting puffiness or digestive issues, we shouldn't be feeling anxious or overwhelmed, We shouldn't be feeling like we can't get out of bed.

Everything that a woman has been taught to dread or about her period is not actually normal. It's just something that we've been told is so often as common that it ends up becoming what we accept as normal.

And then we don't advocate for ourselves to do anything about it. Oh, I think that's fascinating. So when it comes to that, how much does nutrition play?

How much does stress play? How much does sleep play? I mean, the whole lifestyle aspect, I think to me, the reason I've named my clinic, and this is back before wellness was even a thing, now it's the biggest thing in the world, I named it Lifestyle Medicine because I prescribe every hormone, peptide, IVs, hyperbaric, ketamine, stem cells, all this kind of crazy hodgepodge of buzzwords.

And the most basic and best medicine I truly think is hydration, stress reduction, sleep, nutrition and actual exercise. So when it comes to your practice, which parts of those do you focus on?

You focus on all of them? Or how do you approach that with a woman who's curious? Yeah, I do. I focus on everything. It is very much a holistic or integrative approach.

And I think it's always, it always comes back to the non-sexy stuff, right? Like you said, the hydration, the sleep, the food. And again, that's why we don't necessarily have to tailor it to every single part of our cycle.

Because if you nail the foundations, if you're getting your seven to nine hours of sleep, if you're hydrating with two liters or what do you call it here?

The Period as a Monthly Report Card

64 ounces of water a day. You guys have a weird system. Exactly. If you're exercising and strength training, like I always said, my clients, if you're getting the boring stuff, right, your periods are going to be fine.

Your hormones are going to be balanced. Like it's, we're not reinventing the wheel here. We've just become so far from what we used to do traditionally.

And that would actually operate on a health to get our body operating healthily that it feels abnormal. No, for sure.

For sure. And when it comes to all those things, how do you assess it?

Are you doing lab testing? Is it intake forms? Is it just kind of just talking with them or I'm curious. Yeah, it's all of the above. So I do really thorough labs as well, which I absolutely love to make sure we're getting an idea of the whole picture.

And I think this is one of the things that, I mean, I know you guys would talk about it here on Access Medical Labs, but a lot of the times we're looking at, with doctors, the presence or the absence of disease.

We're not looking at the optimal health. And that's where as functional practitioners, we're far more able to help the client or in front of us because we can see what's truly going on before it gets to the point where there needs to be some other kind of intervention that isn't.

lifestyle. And so it's starting with that. It's starting with a comprehensive analysis of their diet, of what's been going on in their life, any trauma that they've had, because stress is going to have, to your point earlier, such a big part of the picture to play as well.

Has there been any trauma that they've had when they were younger? Is that still impacting them now? A lot of the women I work with have had a disordered eating or eating disorder.

And so it's really helping me understand who the woman is in front of me beyond just their lab work. and what's on their plate. No, I think you hit the nail on the head.

I think stress is the ultimate killer. It's the ultimate killer of libido, of energy, of mood, of basically everything. And from what I've seen, and I think after I kind of nerded out and kind of researched you a little bit, you talk a lot about how important safety is when it comes to women, the feeling of safety.

Could you expand on why the feeling of safety in general is so important, more so for a woman than versus a man? So safety is really living from what we call our parasympathetic nervous system.

The state that we typically know as our rest and digest, I also say it's for our reproduction and our repair. If we can't allow our body to live in that parasympathetic state, we're going to be living predominantly in our sympathetic state, which is where our fight, flight and freeze response happens.

And that's when we shut down our beautiful reproductive system. And now women are governed by our hormones, or at least I like to think so. And to give you a little bit of an analogy, I will quite often liken men to Toyota Corollas.

Now they keep going- Whoa, whoa, pick a different- Come on, at least give us a Jeep or something, Toyota Corolla. You're reliable. You're reliable. Okay, hold on.

Okay, I'll take it. I'll take it. Toyotas are very reliable. I'm in. I'm in. Yeah. You see where I'm going with this. So you're very reliable. You're very much able to just keep going and going and going and going until one day you don't.

And then there's that wake up call. There's that health scare. And hopefully it is just a shock factor and not a deathly heart attack. But you guys don't really get any steep signals or responses from your body telling you what's going on.

Whereas as women, because we have our monthly report card and we have all of these symptoms that honestly most of us would complain about majority of the time, we're more like Ferraris or like Formula One race cars.

You know, one little thing wrong with our fine-tuned engine. And we're not going to go, or at least we're not going to function optimally. And so when we're really living from the space of a parasympathetic state, that fine-tuned engine is going to work beautifully.

And our hormones are going to be flowing. We're going to go through the ebbs and flows, beautiful ovulation, all of that sort of thing. Whereas if we are living in our fight or flight, we're essentially shutting down all of our systems efficiently, efficiency.

Lifestyle Foundations and Holistic Assessment

And then we end up with the symptomology that we were talking about earlier. No, that's great. One of the things that we do a lot here at my clinic is actually sexual health.

And we do it with a lot of both men and women when it comes to, I have no libido or my sexual performance isn't really there. And what I see a lot of, you know, the women who actually come in and actually, you know, discuss, you know, I'm not really as frisky as I used to be, or, you know, I just don't have any interest in it.

They're usually in very stressful situations, a divorce, they're going through problems with their their family, whatever it could be. So I think, you know, I think you hit the nail on the head again, was that safety plays a factor not only in just your health in general, but what makes you you the fun parts of life, you know, again, sex is obviously one of the funnest parts of life, but energy and mood and all that kind of stuff as well.

So that's unique. So when you find somebody who, I'm sorry, a woman who doesn't feel safe, how do you approach that, you know, in your practice? I think the biggest thing first is to teach someone how to regulate their nervous system.

Because like I mentioned earlier, we cannot take the stress away in many cases. You know, we might not be able to work with high performing people all the time, you know, lawyers, CEOs, people that are in really high performing positions.

They're high functioning, and often they've actually wired their nervous system to feel safe under stress. So the first thing we have to teach them is that it's safe to rest.

It's actually safe to be in both extremes. And this is what I mean when I'm saying expand your capacity. And so it may be something as simple as starting with breath and trust it, learning how to trust the body and actually.

Something as simple as body literacy. Okay. What is my body trying to tell me right now? Why is my heart racing? Is it from the cup of cortisol I had because I've had five cups of coffee today, or is it because I didn't sleep well last night?

Or is it because I'm leading into my period or I'm in a period of menopausal state and my progesterone is all over the place and I'm not able to feel calm.

That's extra anxiety. So it's really figuring out the root cause and then teaching them how to feel safe. Like we talked about in your body. so that they can be at each extreme.

Well, I love that. And so to kind of further that point, you know, so obviously we focus on diagnostic testing, but, you know, not to beat that to death, was the fact that, you know, usually these exact same women are under such stress, they're not feeling safe.

And you'll see things such as testosterone and IGF-1, adrenals, such as your cortisol, DHEA, they're all over the map. And when you're looking at a woman, it's always like progesterone and estrogen, that's all we care about, you know, or FSH and LH when you're good to your men, it's just like, slow down.

I mean, there's so many more hormones I go into. And again, when it comes to women, sexually, physically, mentally, emotionally, testosterone is one of the most important things that a woman can actually have.

And I'm seeing an epidemic of women who come in here, or, you know, in their in their 20s and 30s, or beautiful women, and they're just so energetic, but they have zero testosterone.

And then they're complaining of so many different things. So do you deal a lot with testosterone? Or do you take a look at that? I definitely do. And I think one of the biggest things like as a history of having, being a personal trainer, a huge part of the work that I do is always encouraging females to strength train, which is one of the easiest ways to boost our testosterone production, obviously.

And I think a lot of the times, again, the women I'm working with, they can really They may not look it on the outside, but they can be really struggling with confidence.

And that's one piece I think people miss when it comes to testosterone. You know, it's the motivation and the confidence. Like they can be pushing and pushing and pushing because that's how they're wired.

They're high-performing humans. But deep down and inside, there's so much self-doubt. There's such a lack of motivation. Everything feels so much harder.

And so testosterone is a huge piece of the puzzle. And then the sixth drive comes into it. Exactly. Very true. Very true. No, it's funny you say that because you know, you have the safety aspect of it.

And we see a lot here because once you start to replace the testosterone a woman, she gets okay, I'm feeling good again, here we go. And that safety can almost translate into confidence.

And I see that now, especially again, because we deal a lot with sex and the fitness as well, is that confidence can almost be just as important as safety.

Because if you're competent, then you feel like you can take care of yourself in a way. Yeah, and I look at it from the perspective of you can be confident.

All of the things that you could do if you weren't running from a tiger, like all of that is what we want the woman to feel. Good analogy. When you're having really weird bowel movements, which is often the case with women with hormonal issues.

Safety, Nervous System Regulation, and Libido

Like I always say to my clients, you're not gonna stop and pop a squat on the side of the road if a tiger's chasing you. So obviously- You're becoming my favorite person on earth right now.

I love this. I mean, like, you couldn't be more right on that. I mean, I would say boil everything down to the to the actual animal kingdom. You know what I mean?

And like you sit there and see like you see a lioness. She's in charge of it. You know, you have the big line who comes in. Yeah, he's the big guy. But the women, those that the testosterone, they're the most competent women in the world.

But they still do rely on the safety of the male. So it's unique how a woman's you know, neurotransmitter aspects or hormonal or nutritional or toxic load or viral load, all that kind of different stuff can really influence not only her health, because again, health is obviously the most important.

But I would sit there and say, you know, your lifestyle, how you feel your energy, your your overall energy, how you vibrate is probably just as important to me as your overall health.

Oh, a hundred percent. Energy is a huge piece of it. And that's where weaving in a lot of the inner work, just as much as the science makes a huge difference because often we can be doing all the behavior change in the world, all the lifestyle change in the world.

But if there's a deep unconscious belief that they're not even worthy of being taken care of, they ain't going to follow through with it any longer than maybe a 12 week period.

Very true. No, very, very true. And when you find a woman who comes in, like I love the whole report card thing. You've got my mind in the back is like just rolling right now with it.

So we say the report card and when one comes in, she's having extreme pain or her periods are regular. What do you think? And again, I know the answer is they're all as important as each other.

But if you see something hormonally, nutritionally or overall lifestyle, what are you going to try to tackle first and be like, These are all important, but you really got to fix your lifestyle or you really got to work on your hormones.

What would you say is the number one thing you would focus on first? So I boil it down into three pillars essentially, and I see which one needs the most attention first.

So it'll either be nervous system regulation, like do they, are they so like on edge all the time and almost like shaking slash crying slash don't know what to do with themselves that that's where we really need to start is like just bringing that cortisol either up or down because it could be ridiculously low or it could be way too high.

So finding that safety for them first. Is it the fact that their detoxification systems are busted? Like, is it a gut issue? Is it the liver that's overloaded?

And the blood can tell us a little bit about that. And also just start to see, are they having a daily bowel movement? Is that what's driving the inflammation in the first place?

Or the third piece of it is, is it a blood sugar problem? Is it nutritionally? Are they not training? Are they not walking? Are they not getting their blood sugar stable?

Or is it? because of the stress that the blood sugar is not stable, and therefore we need to go down the nervous system regulation path. So that's typically- No, you're so right.

Someone in- So right. And again, obviously, GLP-1s are like the new craze. I call them the epidemic. I'm not going to lie. I mean, I love doing them in micro doses when you need them, but I mean, every Tom, Dick, and Harry's prescribing this.

I think they're like the whole ice cream man going, they're selling GLP-1s now. But what I'm actually seeing a lot of is a lot of women are coming in and actually being hypo glycemic.

And they're wondering why they feel like they don't feel good. They're tired. Like, why do I because you have no sugar in your system. You're not eating.

Your stomach's not moving. Your brain says I'm hungry or not hungry when you when you're obviously you need food. So did you see like ever since GLP once became popular?

Do you see like an uptick? Or do you see that's helping women because now they've lost the weight, they feel more confidence? Do you think GLP-1s for a woman have been beneficial as a whole or more of a detrimental aspect?

Well, it was interesting. I was at a conference recently and I was talking to Dr. Will Cole and he's like, well, we haven't got a metabolic issue or epidemic because we've got a GLP-1 deficiency.

And I loved that take on it because I don't really see them as something that solves the root cause. I do think to your point, they can help with confidence.

They can help get things moving. But if someone's got a detoxification issue, like if you're coming to me and you fit in the detoxification bucket and you're on a GLP-1 and you're slowing down your gastric emptying, like majority of the reason women can't lose weight is because of the estrogen recycling.

or the fact that their bowels aren't moving consistently and you're taking something to slow that down even further,

that's going to encourage the reabsorption of the toxins, you're going to feel puffier, you're going to retain the weight like the GLP-1 might technically mitigate it to a degree, but again you're not solving the root cause and what happens when they need to come off it?

Hormones, Testosterone, and Root-Cause Priorities

So if someone's really insulin resistant and really struggling, and I think it's a great intervention for a short period of time, that's what they need to really get themselves back up and running.

But for the majority of the clients and patients that I work with, we don't even touch them. There are other peptides I'll happily work with, but I think if you get to the root cause and heal it, the weight just drops off.

You don't really need them. No, for sure. I see a lot of people come in who think it's fat. It's just water, water retention. I mean, your adrenals are shot.

You're like, you're holding eight pounds of water. I give you a Lasix right now. You look great. But again, you said you're not, you're not fixing the actual root cause.

I think root cause medicine or precision medicine, however you want to term it right now, is something that I've seized gaining steam in the industry, as opposed to just, you know, a bunch of band-aids on hemorrhages, which I hope, again, it seems like you're, you're, you're, you're far about beyond, you know, half the professionals in this industry when it comes to that.

So kudos to you. Thank you. But I do see your point on the whole GLP-1s and again like here we do it very, very, and it's mostly microdosing. We aren't doing big doses at all.

Two different ball games on that one. But I do see a lot of women who come in who are more confident now. I mean, even though they're going, they lost all this weight, but you know, then they have metabolic disorders.

They're not sleeping correctly. They might look good, they feel good, but then their body and quality of life is still kind of crap, you know? Yeah. And are they losing muscle?

You know, I'm sure with what you're doing in the clinic, like with your bringing into the lifestyle approach, you would be educating them on having enough protein, doing the strength training.

But a lot of the issues that I've seen is that women have started taking all of these. They're shrinking, but what they're losing is half muscle, half fat.

And so then we've got an even bigger issue. You know, the whole idea that muscle is really the key thing that we need as we age is massive. Take something that's going to whittle away that if you don't prescribe it properly with the GLP ones, then we're going to have a huge issue and it's going to be more saccopenic than it is metabolic.

And that's just like, which issue are we trying to tackle here? over you, you couldn't be more right on that one. And so like we actually our clinic, obviously, we do very in depth blood testing.

And before we touch anybody with it, you're either on something improved IGF one testosterone levels, anything that maintains metabolism, which again, muscle is metabolic.

Your BMR is the most important thing of burning fat, and more muscle is so much better. It's 80% of your, 70 to 80, depending on who you're talking to, of your overall metabolism.

And I don't think people get that. And it's crazy. You'll see women come in and off the street and be like, so I want to, you know, I want to be 105 pounds.

And they're like, you know, five, 10. You're like, well, hold on here. Show me. It's crazy. Cause I said, pull up

Instagram and show me the body you want.

This one. Google how much she weighs right now. 130 pounds. And it's just like, yes, I mean, GLP ones create Gumby. I mean, you can lose weight, but you look goofy looking, you know what I mean?

Like, that's the situation. Plus with the face, women lose all the fun parts. You know what I mean? Like, this is what makes you feminine. Right? I mean, like, holy cow, women stop.

I mean, men like that. Hold on for a second. You know, but so you actually did mention you do use a lot of other peptides. Which peptides do you use? I really love like a typical glow combination is like amazing at the moment, like the copper peptides.

I do love the, oh my goodness, it slipped my brain. The one that's been amazing for gut health. There's BPC, the oral version of it. That's a huge one that I love using.

Um, whether that's actually in a supplement form or the injectable, depending on what we're trying to treat. Um, and then like the Wolverine stack those, honestly, I try and keep it really minimal.

I haven't delved into them like hugely, but if I see a need for it and I know they're going to be a lot quicker acting than a whole host of supplements, then I'm a hundred percent happy to go down that path.

No, for sure. And again, I mean, the peptide industry. So I was I was in the I was prescribing peptides back in 2014, because before I knew what a peptide was, and it's crazy to sit there and see his first IGF one or three, then some more.

And then this and all of a sudden, it's like, it just read out into this gigantic, you know, hodgepodge of peptides that nobody knows what they really do.

I mean, some people do. But people just go, let's prescribe this, this and this. It's like, guys, minimum, go minimal first, fix the problem. And then you get fancy with the human and the mod C and all these other different things that are cellular herapy and stuff like that, you know.

And I think a lot of physicians and healthcare practitioners need to kind of stay in their lane, you know, in certain areas, which I think, again, you see a lot of physicians who come in, I can treat men with testosterone, I'm gonna treat women.

It's like, well, are you specialized in any of those two things? You know, no, I did an online class. It's like, what is wrong with this industry? You know what I mean?

It's crazy. So do you see a lot of people coming to you to help kind of fix something that a different person kind of ruined for them? Yeah. And kind of like the last stop after all the specialists and that sort of thing that people have dealt with.

Yeah. So, you know, I was talking to someone about this the other day where we treat, in the medical industry at least, the body as though it's all different parts rather than something that works so beautifully together, you know?

We have a gastroenterologist for the gut and we have a gynecologist for our female parts and a cardiologist for our heart. And it's like, why don't we talk about the fact that all those parts talk to each other?

And I think that's the missing piece.

GLP-1s, Muscle Loss, and Peptide Strategies

Like when someone comes to me, they're like, you've realized that my hormones are the issue because of X, Y, and Z and because my nervous system isn't regulated and all of these other things are going on that's

interconnected.

And this is nothing against the medical industry. I just think we need to start treating the whole person. And then, like I said, there's a layer of it that's emotional.

or mental, that we also need to really make sure we're considering. And I think that's a huge part that's left out of the equation. So whilst peptides are amazing, and there's a place for them, again, coming back to that root cause, then we can start to have the fun.

Then we can layer in the mozzi and all of that sort of thing. When the goal becomes… Have a party. That's true. So you're originally from New Zealand, correct?

Yeah. So is this wellness medicine there now? I'm curious. Or is it still just traditional and that's it? There is, there is a little bit of it. It was funny.

Like I was just at a longevity conference and I turned to my friend and I was like, my goodness, we're like five to 10 years behind in New Zealand. It's just really, I just, I sat, I think we've just got our Zempik.

No way. Really? Okay. Yeah. I was talking to some friends back home and they're like, what are peptides? And I was like, okay. So like, just to give you context, that's how far behind we are.

And it also doesn't seem to be as much of a priority. Like you say longevity, and I even said this to my brother the other day, I was like, okay, when I say longevity, what do you think?

He's like, live for a long time. I'm like, I guess that is the definition in a way. According to Webster, I pretty much nailed it. From a functional medicine or a wellness perspective, we're not wired to start thinking like that yet.

Training is still, we've just moved out of the CrossFit phase. Things are just, I honestly feel so far behind in New Zealand, which is such a shame. But it's also one of the reasons I'm here because I want to be at the forefront of what's happening versus five to 10 years behind.

Oh, that's beautiful. So this is this is perfect, perfect segue into my I always say there's two questions I ask at the end of every podcast, you said we're perfect into this one.

So first question, if you are a new practitioner, I don't care if you're a nurse, whatever it could be, doctor, whatever it is, anybody who deals in this industry, what is a piece of advice for somebody who's coming from the traditional evil empire?

waiting their way into the whole wellness industry. What's the best piece of advice you can give them? Because honestly, you've been an absolute delight to talk to.

I think you're doing phenomenal with what you're doing. So if you could give anybody who's listening to this, who's looking to get into this industry, what's your best piece of advice?

Listen. Look at you coming through with poetry. I love that. Very true. That's true. That's great. A lot of physicians don't want to listen. They really don't.

You're true. Everybody wants to think they're the best at what they do. You know, I always have to say, if you're at a table and you're the smartest person there, you're at the wrong table.

You know what I mean? Like, so always surround yourself. And like you said, listen. You have to listen. That's a fantastic one. Also to the client, because a lot of the time, and this is even more predominant with women, they're medically gaslit and they've been told for so long, like it takes eight to 10 years for females to get an endometriosis diagnosis.

They're in chronic pain for how long? The traditional system is 15 minute appointment and out. Can I get you out quicker versus listen to the person that's in front of you?

Ask them about their stress. Ask them about their lifestyle. You know, empty your cup. Yes. Look at some of the more integrative functional medicine approaches like you mentioned, but also who is the person sitting in front of you and what do they actually need?

And sometimes it's literally just for you to hear them. Yep. And one of my favorite movies, the reason I run this crazy clinic that I run here is from, it's actually from a movie called Patch Adams.

And it was. listen to the patient, not the lab, which I think is the most important thing. And again, any healthcare practitioner, if you haven't seen Patch Adams, you're not a healthcare practitioner, so go and watch that movie.

But to actually continue into my second question, which you segue perfectly into, if I'm that person who's sitting in an office, and it's a 15 minute visit in and out, if I'm looking to be like, this is not medicine, which it's not, how do I as a patient look into this, you know, this, this whole wellness, anti aging, longevity, whatever you want to call it industry and be like, this is the person for me, what should a patient who's coming into this industry actually look for?

Someone you feel like you can trust. So again, do they listen to you? Do they, are they open to have a conversation? A lot of the times I see practitioners move over and then it still becomes that money model.

And they're not really looking at the person who's in front of them.

Listening, Trust, and Choosing the Right Practitioner

And so does the person feel hurt? Do they feel seen? Do they feel understood? Is there a moment where it's fine to be charging whatever you want to be charging in this industry, but If you're someone who is on the receiving end of that, do you feel like you can trust this person?

And will they go out to battle for you? Will they be, you know, you're a forensic detective and actually figure out what's going on? Will they look at all the labs?

Will they go to the nth degree? And that's something that I always pride myself on is like, if I can't get you the answers, I will find someone who can.

And it's really about patient focus first. Yeah, and again, I do a lot of like speaking engagements where they asked me like a similar question. I think your health care practitioner should be your hero.

They're coming to you because you're selling sex, fitness, fat loss, energy, longevity, whatever it could be. If you're a fat doctor, you can't sell fitness and fat loss.

You know what I mean? Like if your hair's falling out, your skin's a mess, you can't sell beauty. And I think a lot of physicians think just because they have a doctor symbol or there are there are some type of health care practitioner nurse, whatever it could be that, oh, I got the degree.

No, no, that's not how it works. You know, I mean, I think patients, like you said, are starting to wake up to that. You know, I mean, if you can't emulate what you what you sell, don't sell it.

You know what I mean? It's one of those biggest things. So I got to say, I think you were born to public speak. So I mean, like, I hope you're getting out there doing talks, you have been phenomenal today.

You got some really good whole report card thing was great. I mean, everything was good. So I can't thank you enough for coming on today. So so so thank you so much.

Oh, thank you so much for having me. It's been a lot of laughs and a really big pleasure. Thank you. Yes, it has been a lot of laughs. So I thank you for that one.

Again, guys, this is the lifestyle medicine podcast. I'm Dr. Robin Rosilko. This is Sheree. If you want to check anything out, you'll see all of her information down low.

You can find the podcast on pretty much any platform. Even if you want to send a pigeon, you'll find it somehow. But check it out YouTube, Spotify, Apple Music, everything like that.

It's been an awesome delight talking everything female today. I definitely took some notes. I'll see if I can translate that into my love life in a whole different way now.

So thank you. But again, guys, thank you so much. It's been an absolute honor. Thank you for coming on. Thank you. Thanks for joining us today on the Lifestyle Medicine Podcast.

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