Introduction to Dr. Kelly Rutley

For this Doctor talks. I have a really wonderful guest. We have Doctor Kelly Rutley, who is a doctor of chiropractic, and she is a transfer experience creator and the visionary of their permission invent and empower.

Live. She's been a doctor of chiropractic for 18 years, a former fitness trainer and fitness competitor. Doctor Rutley was the mind behind the Lake Tahoe Wellness Festival all the way back in 2008.

So a long, long history of wellness, knowledge. And today we are going to be talking about fat loss, and how to satiate yourself and lose weight naturally.

So thank you so much for joining me, doctor. Thank you, doctor. Frank Avila, so nice to be here with you. I am so excited to have this super relevant conversation with you today.

So tell me about your transition over time from focusing on sort of, you know, conventional chiropractic treatments and adjustments to focusing on fat loss.

Yeah. So, I mean, I have always been teaching people how to lose weight, right? So as a personal fitness trainer, prior to chiropractic school, I mean, really like when when clients come to a personal fitness trainer, they say, I want to get healthy.

What they really mean is I want to lose weight right? So transitioning into chiropractic, where there really was not any emphasis on helping people lose weight or lose body fat, what I found when I got into practice is that almost every pain scenario and every pain condition I was treating was going to benefit greatly from reducing inflammation and therefore reducing body fat.

So I brought weight loss or fat loss into my practice. My chiropractic practice, and as a side effect.

From Chiropractic to Fat Loss Coaching

Right. So I put them on a food plan, I ketogenic food plan. And as a side effect, they lost weight and reduced their pain and inflammation like dramatically.

So after a few years of that, to be honest with you, I was like, I don't need this tool anymore, right? And I think that that's like a key point that I would make is I think it's so easy for us to get caught up in the tools.

Right? It's like, well, going to the gym is a tool. Chiropractic adjustments are a tool. Weight loss drugs are a tool. None of those are the destination. Right.

And so the destiny option finally became clear to me. And I was like, what do people really want? They want to be healthy. They want to live a long life and they want to be happy and what is it that I do that helps them get there the fastest and the best, and that's I help them lose significant amounts of body fat.

And so now I really just coach coaches to coach clients in losing body fat and getting fat and getting healthy, because that's how I can exponentially expand my own personal impact.

I love it, we're like two peas in a pod here. Similar journey where so much of the root causes of all the illnesses I was treating in my training were related to weight.

And like you said, that inflammation, that underlying metabolic disruption that's going with it. And I was like, let's look at the big picture here. This is how we solve so much health problems.

So I love I love your journey there. Right. Once we learn the root causes of things, it's like feel silly to keep putting Band-Aids on things and we can be taking care of the root cause.

Yeah. And I remember my husband was like, watching the transformation in transition and my practice, and he was like, you know, he's like, this weight loss part of your practice is really starting to hurt the chiropractic part of your practice.

And I'm like, you know, it's really, really hard to try to convince people that they should care about their nervous system. And like, this is back before anyone was talking about the nervous system.

So, like trying to teach people to want to care about that and drag them into this like healthy lifestyle, it wasn't working right. And it's like people, people do see chiropractors as walking aspirins, right?

It's like, this hurts, doc. Fix it. And so by reducing the amount of, you know, global lipo toxicity, which you and I speak the same language, right? It's like the toxicity of body fat.

It's underlying all chronic disease. So it's like look, bigger problem is there to solve in health right now in America I agree I have always felt the same way.

So it's always so nice to connect with with like minded people. So tell us a little bit more about some of the results that you saw when you had people losing body fat.

If there's anything that stands out to you or what some of those stories were. Yeah, absolutely. Before I do that, though, I want to share. Do you mind if I share some startling statistics?

Absolutely. Because I know that. I mean, we all know that obesity is a problem in America. Like, we can all sing to the choir, but it wasn't until recently I got the it this data from, the Academy for Anti-Aging medicine.

And it's like, it's just shocking when you hear this. So there are 165 million women in the US, 65 million of them are over 50. 80% of women over 50 have at least one chronic health condition caused by obesity directly.

And we don't need to go through the list of what those chronic health conditions are.

Why Body Fat Drives Pain and Inflammation

But if you just, like, do the math on that, that's 80% of 60 million women have the number one complaint is I'm too fat. Their number one complaint is not I wish I had a better relationship with my kid, or I wish I was living in a better house.

It's literally I'm too fat, right? And then the next thing women will say is, But I'm hungry all the time and I've got all these cravings and it's like, I just want.

So we'll get into that. Like, what is the difference between hunger, craving and wanting? What has been remarkable in my journey as someone who helps you both facilitate fat loss is when I realized and recognize it, we as an industry have been taught wrong and we're doing it wrong for so long.

Like, I mean, I was a fitness trainer in the 90s. I was a fitness competitor, right? So it was like it it was it was like, get on the cardio twice a day, you know, to get shredded and get ripped like starving.

We went through the low fat craze we went through. I'm 57 years old, so I've seen all that and been a part of all that. I was part of the gym industry.

So there's the fitness industry, there's the diet industry, and then there is the health industry. Right? So those are three completely different industries all together.

So we kind of screwed people up. And we screwed ourselves up because I'm old enough to have been part of that. So we screwed ourselves up with all of that rhetoric and we had it wrong.

And so what? We didn't know. We didn't know. Now we know more. We do so much better. What became so incredibly remarkable was to watch and learn about all of the benefits that people experience when they're metabolizing body fat for fuel instead of sugar.

And to literally see, see people not just get smaller and leaner and lighter and get into the genes that they haven't worn since they were in high school.

But to have them then jump in when we're like, hey, we're doing a half marathon in Hawaii, who wants to come? We've got 16 women in Hawaii who stepped into our practice saying like, what?

The recovering from a cancer diagnosis is in mastectomies and chemotherapy and radiation, saying, I just want to live. Doctor, rally. I don't want to workout.

I don't want to sweat. I just want to live. And I believe you when you say that the body fat I've been carrying has been part of the problem, right to then two years later, crossing finish lines at half marathons, right?

So it goes from like wanting to survive to like whatever your version of thriving is like, let's not get too caught up in the tool. Let's remember, like, what is the destination?

And all of these tools together, including the weight loss drugs that I know that you're a prescriber for. I think they are a phenomenal new tool, and I think that the audience really should start to think about, okay, what's my destination?

Obesity Statistics and the Problem with Old Diet Advice

One of my clients, Vida, actually is probably like she's she's one of stand out in my mind because she came to a virtual event I was doing called the Permission Event.

So it's like we've got like 100 people on zoom screens, like during Covid regs. We couldn't do anything in person. And I just remember her face on the zoom screen and she raised her hand to come forward to get some laser coaching.

And she's the one who had just gone through a breast cancer diagnosis, radical mastectomy, all the things. And she said, I just want to live. And she's also said the last place I ever thought I'd find myself is at some weight loss thing.

She's like, I don't really want to be here, but I don't want to die. Two years later, she came to Kawaihae. We crossed a half marathon together and now she's actually working in the industry.

Herself. So like to me it's like there's tools and there's destinations. What do you really want? I love that, and I think that destination is something I always try to figure out with my patients.

Right. Like, where are we trying to get with this? What are your goals? And I love it. Work out the fitness industry, the weight loss industry, in the health industry are different things.

You mentioned the medications, which I do utilize, I am a big fan of, and those can be part of the health industry, but they also can be part of the weight loss industry. Right.

And so we want to very much make sure that they are part of the health industry, that we're using them to reach a health goal to thrive. As you said, if we're just using them for weight loss, we're not developing the other components of health like nutrition and movement and stress reduction and the other things that are really, really powerful.

Then they're part of the weight loss industry and that can be harmful, right? Like that's not about thriving a 100%. Okay. So I just had a conversation with a woman yesterday who lost 50 pounds over the last year.

She's in the medical world, so she's in hospitals every day. And she went on one of the weight loss drugs, lost 50 pounds on the scale. Right. We don't know what it was, but it was 50 pounds or something.

And I asked her what had she been eating. So the other thing too is diet means lifestyle in Greek. So we get to get over like the word that, like, oh my God, I don't want to go on a diet.

It's like diet means lifestyle. Let's get over it. It's okay to use the word. But she released lost 50 pounds and I said, what were you eating? She's like, well, a lot of fast food on the weekends.

And what I grab and go food. I'm like, okay, well what's your version of grab and go for it? And she listed off the kind of stuff that like, people put in their kids lunchboxes when they don't really know the difference between healthy food and processed food.

She listed those things. And so absolutely like, did she lose 50 pounds? Yes. What is her chief complaint right now, though? Exhaustion and depression.

Which came first, the chicken or the egg? I don't know. That's not my lane. But I do know that, like you said, doctor Frank Avila is like, we need to take a multi pronged approach and probably a multidisciplinary approach.

I mean, I'm a chiropractor, so people assume I don't practice chiropractic with my hands anymore. People assume, oh my God, you must be anti-vax. You must be anti, you must be anti the weight loss drugs I'm like they're just a tool.

They're just a tool. But the question will then be what will you do after this tool. How will you handle the hunger. How will you handle cravings. How will you handle or handle wanting when the food noise is no longer being suppressed?

Yeah, and now you're you right.

Hunger, Craving, and Wanting Explained

But that's what you're really known for, I think. Right. You've given talks all over the US about hunger, craving and wanting. Tell us what those mean.

Because I don't know that everyone can break those three things apart in their head and like decide like, am I having hunger? Am I having a craving? Is this a warning? Like, what are those?

Yeah, I'll totally simplify it because like, there's no point in talking about like, the hypothalamic pathways of hunger mechanisms in the brain and all that.

It's like people who really just want to get the body fat off, get the weight off, take their fitness back at their health back and be happy. Don't care about that.

But it is interesting to know the difference between hunger, craving and wanting so that when it's happening, you can better deal with it when you know where it's coming from.

Right? So true hunger is as, a physiological response to a lack of calories, right? It's a real thing. It's the mechanisms are I don't have enough calories.

I need more calories. I need to eat something where that gets all jacked up. Because that's the scientific term for dysregulated. What are that gets all jacked up?

Is it like leptin and ghrelin and and insulin resistance and leptin resistance and all of the communication between body fat and the brain and the rest of our body?

So to reestablish, effective hunger signaling, there are different tools that we can use to repair all that. Right? And yes. Is, are the weight loss medications showing some effectiveness with that?

Yes, they are, as does mindful eating techniques. Learning the seven hungers. Am I even hungry? Right. What's the difference between hunger and craving?

Craving is like it's more of a hormonal response, right? So and I think a lot of us can relate to that. It's like, oh, when I, when I crave, bread pudding with and and milk warm bread pudding, it's because my heart hunger is craving love craving sweetness.

Craving a hug. Oxytocin dole. Oxytocin. Serotonin. And right. Those are the the the hormones of craving. So looking at it from that perspective, like, why do I want this?

It's like, do I want this? Do I need this? And then why do I want this? And why do I need this? So that's hunger and craving. And then the third is wanting.

And this blew my mind when I learned about hedonist hunger. Have you heard of it? Oh yeah. I had not heard of it until like four years ago, but it totally makes sense because that's my family.

I come from a family of foodies and foodies are also usually foodie and whiny, right? Like food, the wine, the pairing, the experience of it. But it really is like frequent exposure to highly palatable foods creates that hedonist hunger signaling for like opulent meals and things that taste spectacular.

And every meal is like entertainment. And so when we're dealing with he Dominick hunger, the coaching that I give my clients and at first they don't love it, but then they kind of become relieved because the coaching that I give them is like, take the entertainment out of your food for a little bit and train yourself to be satisfied with less spicy, more bland, more basic foods for a little while so that you're not triggering that hedonistic desire for, like, all the things.

Right. So that's the difference between on the surface level, that's the difference between hunger, craving and wanting and all of its food noise. But it's it's perpetuated by our physiology, right?

Not by a lack of character or laziness or, Oh, I don't know. You know, entitled personalities. Like, it's just not about any of that. Yeah. You know, so powerful and I agree, I always talk about how it is.

It's really like physiology. And some people are more susceptible to, like, one of those than another. Right. Like not everyone has that hedonist or pleasure from food right there.

Some people like I don't really care what I eat, you know, and the people who have a lot of that hedonist are wanting, like, they can't imagine not feeling like they're like, what do you mean you don't get excited about, like, a cheeseburger?

You don't like excited? Thinking about creme brulée. Like you're not thinking about what you're eating for your next meal. You're not looking forward to it.

You're not looking at the menu at the restaurant. Right? Like they really do have so much food noise. It really is very exciting and pleasurable to their brain.

And sometimes recognizing even just that right, that you're experiencing the world a little differently, your body responds more dramatically to that food than than other people's is is powerful to to realize you're you're living on a unlevel playing field there.

If that's how your brain responds 100%. I mean, I grew up in a family with six kids, and my mom was a hedonist eater. Like full on. She was everything you just described, right?

She looked at the menu ahead of time. If we went on vacation, it was around like, where are we going for breakfast? Where are we going for lunch? Where are we going for dinner?

My dad was the opposite and my mom's name was Jean and I just remember him going, Jenny is the only reason you go on vacation to eat. And she she's kind of like, yeah, I with her.

Like, that's kind of a big part of why I travel is because I'm like, I want to try all the new stuff and I could care less. I'm like, if you can, if I can automate my food as much as possible, like, I would do that where I think I leaned more when I went through my own weight gain and weight release journey, which, I mean, you know, it doesn't matter.

A pound, 5 pounds for me is 100 pounds for someone else.

Changing Food Culture and Normalizing Healthier Choices

It doesn't matter. It's just a number. For me, it was like 25 pounds. Both of my parents died in a very short period of time and within two years of each other.

And so I was just grieving like crazy. But I was working in my chiropractic practice. I was raising our daughter, being a wife, being all the things. And I was really craving for a lot.

And one of the things that tends to go with craving, food. If you find that you also crave other things like alcohol. Right? So the same pathways. And so it was food and wine and I finally learned, and this is one of the things I share with my clients is like for each of these different experiences, find something to replace it.

So I started running. I started making sure I saw the sunset every night and the sunrise every single morning for like 60 days. That's not extreme. None of that's extreme.

I ran an ultramarathon on my 50th birthday to prove to myself that I could overcome all of that stuff, and I remember people saying, my brother in law in particular, he's like, you know, that's really extreme, that you would, you know, and I wasn't running to lose weight, by the way.

Like, we don't run to lose weight. Not great to run, not lose weight. Yeah, you don't really you don't need me to to explain any of that. But the thing about being extreme is this we have normalized what is really extreme, like having legs amputated from type two diabetes.

You know, young people dying of cardiovascular disease, walking around America, going to airports, going to amusement parks, and having it be normal that obese people need to have wheelchairs to move around the world.

Like, that's extreme. But going out to watch a sunset every night for 60 days, to experience pleasure through your senses, that doesn't include food or alcohol.

That is not extreme, right? So can we just normalize dieting? Right. Which is a healthy lifestyle. Like let's just normalize that instead. Like when you order a side of vegetables at a restaurant instead of maybe the potatoes or something, and people, you know, act like that's like a weird thing to do.

You're like that, that shouldn't be weird, right? Like that should be that should be perfectly acceptable. Should have been the option to begin with. Yeah, yeah.

Well, there's I just got back from, spending, six months, five months in Baja California, not Baja Mexico. It's owned by Mexico. It's not California. And, you know, I, I have the screenshots on my phone.

I won't show you them, obviously, but, you know, the breakfast cereals that we have in the aisle at Children's eye

level with all the characters, like the rabbit and the two can and that this character in Mexico, they federally banned all of those characters on children's cereal.

They literally have white circles where their faces are. Why there is there are no characters on breakfast cereal boxes. Not only that, but they have big stickers that say Accessible as Azucar, which means excess amount of pronounced wrong.

Excessive sugar, excessive calories. Excessive sodium. Excessive. Yeah. Instead of whole grain. Yeah. And so when you walk down the aisle with all the kids cereals and the crackers and the cookies without the characters and all that, you just look.

And then then the big sticker or the warning stickers, you're like, that does not look very attractive or appealing. And as a parent who would be buying that for your kids, you would notice that.

So my, you know, all right, politics aside, but it's like our government's not doing that for us. So like we parents need to be the ones to to regulate what happens in our families.

Yeah. And I think we were kind of on this because you were talking about how we need to shift what normal is, right. Like instead of being like, that's normal to have this super sugary cereal, like, no, let's look at cues from other places in the world where they're like, this isn't a health food, this is not this should not necessarily be your breakfast.

Like what makes more sense for your family. So we have to shift that normal conversation.

Ketosis, Protein, and Safe Fat Loss Basics

And you're right, no one's going to do it for us. I don't think the government is going to step in and do that for us anytime soon in our country. So we have to use these resources like this summit and take charge of our health, ourselves, and figure out what works for our bodies.

What are some of your like, big tents or like, what should people do? Right away if they're trying to lose body fat? Yeah. I mean, it's it's so simple that it's almost boring, boringly simple.

And our brains like novelty. That's why we seek out wild food experiences and drink and all that is because our human brains seek novelty. So unfortunately, there's not a lot of novelty in what I'm going to share with you.

I completely believe that people should absolutely learn how to get their bodies into the state of ketosis. By the way, that does not mean ketoacidosis.

That's a type one diabetic problem. It's not the same thing. Do not fear being in ketosis. It just means you're in the physiology of fat burning and fat metabolism.

Because as I mentioned, the client that I was sharing with you earlier, she lost 50 pounds, but she wasn't testing to see. Was she even metabolizing fat?

It could have been that there was a good amount of lean mass that she lost, which would explain the depression and fatigue. Right? And we can't afford to lose our mitochondria.

We can't afford to lose our muscle mass. So getting into ketosis is really important. The you know, I'll just, you know, not going to like, what do you call it?

There is no veil between, you know, us and the information. I mean, 50g of carbohydrate per day is not too low. It's not too low. It's not dangerous. I mean, obviously be monitored by a medical doctor such as doctor Frank Avila.

Because it's important, especially if you have type one diabetes or any other medical condition, you don't want to

just freewheel it and do it on your own.

And make sure that you're getting an adequate amount of protein every day, three times a day. One, for every pound of body weight, you should be getting one gram of protein, right?

So even at least a half a gram. Right. So take your body weight. I always say for women between 70 and 90 nutritional grams of protein, not grams on the scale.

But big takeaway on what I just said. Make sure you're doing this with a qualified professional, because there are a lot of little conditions out there that can flare up and be problematic if you just try to do it on your own.

Again, if you have diabetes, like you said, you're on medicine that's allowing you to eat sugar and carbohydrates. Now you don't eat those. You often need a lot, a lot, lot, lot, lot less medicine.

If you have type one or type two diabetes and you start keto. So definitely would want to make sure whoever's prescribing those medicines, as it's helping you navigate that sort of diet and high blood pressure medication.

Like we see that a lot like people go and say they release a lot of water right in the beginning because carbohydrates carry a lot of water. So they dump water the first couple of days and they're like, oh my God, I'm so dizzy.

This must be bad for me. Come to find out, if you're not working with a professional, your diet coach may not know that you're even on a blood pressure medication.

That might be potassium sparing. And electrolytes are important, like all the things. So you know an experience like this for your audience. Doctor Frank Avila is such a gift.

And this is access to information that people did not have ten years ago. So I acknowledge you for doing this. Can you tell me how the keto diet can help with hungers, craving and wanting?

Yeah. So simple. And I try to really make sure that when I say ketogenic diet, I mean a properly formulated ketogenic diet, not the keto. Keto is just high fat, very low carb with no discrepancy around what type of fat you're having.

So saturated fat, healthy fat, unhealthy fat doesn't matter on the keto diet. So on a properly formulated ketogenic diet, some of the huge benefits around hunger, craving and wanting is, first of all, stabilization of blood sugar, stabilization of, of insulin, right?

Stabilization of leptin and ghrelin, which creates hunger. And when your body adapts and starts to actually use those little ketones, not only the fat itself, but uses those ketones for fuel that is like high octane brain fuel, it is rocket fuel.

How Keto Helps Appetite and Energy

So, I mean, I don't know, you may I don't know what what your position is on all this, but I mean, people ask me all the time, they're like, how do you do all the stuff you do?

Like you never get tired. And I'm like, because I'm using fat for fuel. I know it sounds really weird, but it's like, this is my drug. It's like people feel great in ketosis.

Like it takes a week ish, depending on the person, sometimes sooner to get there. And then people feel fantastic when they're in ketosis again, unless they have a medicine that needs to be adjusted or something else that you know that they weren't doing in a supervised manner.

But yeah, people feel great on it. Our our brain is mostly fat, right? It's it's it responds well. It's designed to be able

to run on ketones. Yeah. Yeah, it definitely can be a fantastic solution.

Yeah. And again, it's a tool, right. Just like the weight loss drugs are a tool. And if that approach to eating doesn't work for you, then you're provider or your practitioner.

Whoever you're working with should have another food plan for you. Right. So I have a plant centric food plan that I offer. It's not, vegan protocol, but it's a plant centric food plan.

We have our ketogenic core plan. We have lots of different food strategies. And sometimes the food strategy is also, designed to accommodate a person's food preferences.

Right. Because if you've got a client or a patient who's like the the thought of eating meat makes me gag, right? You can't be like, well, too bad each year, lam, you know, thank you.

You've got to, like, meet people where they are and be respectful of food preferences. Absolutely, Ali. Well, Doctor Ali, this was such a great conversation.

Food Strategies and Closing Resources

And if people would like to learn more from you, how can they connect? What can they find from you? Great. Go to my website. It's just very basic. It's Kelly rutley.com and on my website there is a free gift for you.

It's called Eat Your Way Happy, and it's a five day challenge that you do at your own pace and on your own. And Scott recipes and videos and a food, a shopping list and a food strategy that works wonders for five days to help you get into ketosis and start experiencing the benefits of losing inches and pounds and feeling happier because that's really the destination, right?

It's like the complaint is, I don't want to be fat and sick and but the destination is, don't we? We just want to be happy. Yeah. So you can eat your way fat and sick, or you can eat your way happy.

What a great way to end. Eat your way. Happy. Who doesn't want to do that? I do well, thank you so much. Thank you, doctor Carolyn Franken Avila. So nice to meet you. Thank you for having me.