Doctor Talks Intro

And I think we forget that food is the most powerful drug behind we can, and we put all. We're really concerned about the kind of gas we put in our corn on this stuff, and we don't ever think about the food we're putting in our mouths, you know, all the additives and all the preservatives.

And I look at the shopping carts and let it go like that. And if we change that, it can change the trajectory of your life in a major way. Welcome to Doctor Talks, the podcast where every episode leads to a healthier you.

Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease. In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors.

If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place. Get ready to unlock the secrets of lifelong health and vitality.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Welcome back to this week's episode of back to the basics. I appreciate all the feedback I've gotten from you guys.

A lot of you have been writing in and saying you want more information on PCOS. If you want to information on insulin resistance things you can do more naturally to treat it.

So I have a treat for you today. So I have Marcelle Peck. She's an ObGyn nurse practitioner who's passionate about transforming the way women experience healthcare through an integrative approach.

She co-founded the world renowned Women to Women's Clinic in 1983 with the vision to not only treat illness, but also help support her patients and proactively making healthier choices to prevent disease.

She's successfully treated thousands of individuals through her unique approach to wellness. In 2001, Marcelle created Marcel Pick'em, which you should check out with a goal to be able to reach, inspire and educate more women worldwide.

Her website offers informative articles on women's health issues and at home solutions to some of the most troublesome symptoms women experienced today.

She discovered functional medicine early in her career, and was honored to be among the first to be certified as a functional medicine practitioner. In addition, she holds a B. S.

in nursing from the University of New Hampshire School of Nursing, a BA in psychology from the University of New Hampshire, and her M. S. in nursing from Boston College, Harvard Medical School.

She's assertive. She's certified as an ObGyn, nurse practitioner, and a pediatric nurse practitioner, and is a member of the American Nurses Association and the American Nurse Practitioner Association.

Marcel's currently a faculty member at the Institute of Functional Medicine, and has served as a medical advisor to Healthy Living magazine.

Introducing Marcelle Peck

She writes a weekly newsletter for Marcel Pittcon and lectures on a variety of topics including weight loss resistance, infertility, stress and illness, and adrenal dysfunction.

She's the author of The Cure Balanced Diet. Is it me or my adrenals? And is it me or my hormones? She's appeared on Doctor Oz, Fox and ABC and has been featured in Glamor Magazine, Elle magazine, and Women's World magazine.

Marcel's PBS show Is It Me or Is It My Hormones? Is a favorite among viewers. So please help me welcome Marcel to the back to the Basics podcast. Thank you.

Yeah. So just so everyone kind of knows, we met in, September, the end of September, we were at a mindshare conference and we were sitting next to each other.

So we were just there kind of trying to learn how to help make the world a better place, especially in medicine. And she graciously agreed to come on.

And since so many people have been asking about PCOS, you know, we talk about how it affects 6 to 12% of women in the United States, but insulin resistance is affecting, you know, millions and millions of people.

I would say over 90% of people have insulin resistance. And so I really wanted to get your expertise and have you come on and talk to the people that are struggling with hormone issues, not only fertility issues when they're younger, but as they transition into menopause and some of the natural things we can do to kind of help that.

Absolutely. So, you know, you and I talked about this a little while ago, and that is that I love working with people with PCOS. I know it sounds a little crazy, but if we are able to really help people change their lifestyle, change their diet, and understand that, PCOS is really a metabolic problem and we don't think of it that way, we think it's a hormone problem, but it really isn't.

And when we and unfortunately for some, because they're like they love their carbs, if we can cut back on carbohydrates and really have more protein in their diet, that in and of itself for some people can actually regulate their cycles.

So they're like, oh my God, I didn't need the birth control pill. I'm just making some changes and there's some supplements we can talk about a little bit later that can be incredibly effective at helping stabilize that blood sugar.

And when we stabilize the blood sugar, there's a consequence that occurs, which is that the normalization happens. Then for the pieces that really are associated with PCOS.

So the reason I love it so much is because it puts a lot of the, power back in your own hands instead of feeling like I'm out of control with my body, I don't know what to do.

And, you know, help me, help me, help me. It's like, well, let's start with some of the foundational pieces and look to see, can we get your carbs down very low?

How much of a difference does it make? What happens with your energy? What happens with your weight? What happens then with your cycles too? Because then in and of itself can make an enormous difference.

So people are so excited because it's like, oh my God, I feel normal again, because a lot of times when they have PCOS, they feel so out of control and they don't feel well at all.

Yeah, it's so true. Like, you know, carbs are good to a certain degree, and especially if you're trying to build muscle and lift weights. But it's when you eat the carbs.

What kind of carbs you eat and how much protein you eat with them. Right? And so it's all it's all a balance. And I think that's what's really hard with people with PCOS.

Like I have a lot of people reach out to me or even, you know, my providers that come to me and say, well, isn't there just like a protocol that we can use for PCOS people?

It's like, no, there's not really a protocol. All medicine is individualized and everyone is is different. And so I like your point of like, you know, you have to figure out what works for your body.

But in general, when we're talking in general, if you're struggling with PCOS, getting rid of some of those carbohydrates and increasing protein is what we want to look for.

Absolutely. And what I initially will start with, I will have them do very low carbs to begin with. And, I might even say, you know, let's do the carbs coming from vegetables and fruit.

Don't count those necessarily. And if you're going to do that, I'll do it in the morning as opposed to later in the day or at night. And if I put them on a protocol, I actually have a couple of books that, you know, is me or my adrenals, that they follow that protocol.

Even following the diet plan in there is extremely effective at getting things normalized. There's also a couple of supplements besides metformin that many people use.

There's something called my inositol that, if we look at any of the clinical studies, has been as effective as metformin with, you know, minimal side effects, because sometimes for some people metformin has some side effects.

So using that combination and then increasing kind of muscle and also being aware of the enormity of stress because unfortunately stress causes more cortisol production which causes more inflammation.

So that whole kind of rhythm happens and people don't feel well, which is not what we want. So the goal for us is to teach people for themselves, you know, what's their threshold of carbohydrates?

And how can they maintain that along with the exercise? As they start to feel better, they're more apt to want to go out and have exercise and do things to make them happy.

But it is I love PCOS. Now the bad news is so many people don't recognize it, so it takes years for people to actually get diagnosed. And that is a heartbreak to me because it's very simple to kind of look at the pieces that might be associated with that and then get people right very quickly on board with what could make an enormous difference for them, especially if they're younger.

So what are some like if somebody is listening, what are, you know, some symptoms that they could have or some like ways that they could know, hey, maybe I do have PCOS because I hear this all the time too.

PCOS as a Metabolic Condition

Like I see people who come to me and they're like, well, I think I have people as I thought I've had PCOS for, you know, ten years. And it's like, no, you, you definitely have PCOS.

So I won't tell people what, you know, what they're looking for. Sure. So one of the first things I think about when I see people that have very irregular cycles and, you know, 2 or 3 cycles a year or they've got a lot of and it's not always true for everyone.

That's what makes it so hard for both of us, because it doesn't always fit true for everyone. But if they've got an enormous amount of difficulty losing weight, they are trying to get pregnant and they can't get pregnant.

And, they haven't kind of begun that journey. And, and they've had irregular cycles off and on their entire kind of life. If they have cycles and they come every couple of months and they have very heavy bleeding, that sometimes doesn't stop.

That's another thing. I'm going to be suspicious of any unusual, significant hair growth. And it's not a familial thing so that they have a lot of, hirsute to it, you know, we call it around their face or even on their abdomen, and on their

arms.

Those are something that, again, piqued my interest to say, you know, is this something that is not familiar in, in terms of family history? And, PMS is not necessarily associated with it, but it can be because the hormone dysregulation is there.

If I see somebody that has and they've tried a lot of different things and they have very heavy periods that to kind of get under control might, you know, my intuition is kind of checking in and saying, you know, is this something that we need to look at?

And for the longest time they were just to an ultrasound to find out of that had multiple cysts on the ovaries. That's not enough for us to diagnose PCOS, as you well know.

And so it's putting all the pieces together, listening really intently to some of the things that are going on for them. And if somebody comes in and says, I wonder about it, I listen because we oftentimes know our bodies much better than anybody else.

So I'm always perked up when I'm hearing a patient's story, and I'll get it from, you know, when they started their cycles, how old were they when they started?

Sometimes they're also older when they start their menstrual cycle. And, then I'm going to be certainly looking at lab works and things like that to put the puzzle together.

But a very simple intervention that I might do immediately is let's cut back on carbs just until we get this all figured out. Let's see what happens when we are able to do that.

And I had so many grateful people in my practice that were like, nobody's listened to me. I can't believe the difference. Just my diet made. And I'm having, you know, normal cycles for the first time in my life.

It's like, you know, what a tragedy, that we're not doing this sooner. So what are some lab tests that, you know, you said you would look at labs. What are lab tests that people need to be looking at?

And what are you looking for in the lab? Tests. So I'm going to be looking at their hormone levels, you know, estrogen. I do it on, you know, if they have regular cycles, I'm going to try and do it on day about seven.

The rest are dial level and then progesterone on around the 22 of their cycle. I'm going to be looking at sex hormone binding Gaba and and free into total testosterone.

Oftentimes your testosterone levels are elevated as well. And I'm going to also be looking at perhaps I'll do an ultrasound to see if, you know, I see multiple cysts on the ultrasound as well.

And then putting the whole puzzle together gives me significant information about what I'm suspicious of. And for many of these women, you'll see that the estrogen levels are up and suggestions down, or even testosterone levels are very elevated, and you're just surprised by the numbers that you see.

So what? When you tell people to cut down on their carbs, how many carbs are we talking? Are you saying like go keto? You said that the vegetables don't count.

You know, fruit girl? Yeah, I hear you. So I generally will start them with about 20g per meal. And, if they can kind of do that. But that's really coming not from grains or sweet potatoes or all of the better carbs.

I'm going to cut them back to just vegetables and fruit initially when I'm starting to work with them, because that transition makes an enormous difference for them health wise.

And so how long are they doing this for? Yeah. So I'll have them do it for a couple of months. And, I probably will

come see them after a month and see how they're doing just to give them some support.

And then after that, and we have perhaps even if they did not had regular periods, they've got this cycle and they're so excited about it, I might add them.

I want our shuttle to really help kind of blood sugars. Or I'll add Allulose. Allulose is very, very effective. And I will have them use a scoop of valueless after every meal because that also stabilizes blood sugar.

It's a you know, it's not. It's a sugar alcohol. But has been the research on how it looks is pretty spectacular with regards to normalizing blood sugars.

Okay. So this is just something you can get anywhere. Yeah. You can you get it on is by our sugar is probably one my favorite. You can get on Amazon and start is very very sweet.

The the bad news is that for some people it causes, digestive upset. So that would be the thing that would be associated with it. Okay. So you're saying 20g of carbs permeable.

So just from fruits and vegetables, basically. So no sweet potatoes, no rice, no beans. And it's not initially. And then we see the threshold and then I'll start adding the carbs back to see where's that dance for them about what their metabolic system really is able to do.

And sometimes, if they've had problems for a long time, I'll be much more restrictive and just say, can you do this? You know, we'll see kind of what their buy in is.

Some of them are so I'll do anything you say. I don't, you know, I don't feel well. My energy's not great. And it comes with what we call metabolic inflexibility.

So when we think of PCOS, I'm thinking about blood sugars. I'm thinking about blood pressure. I'm thinking about the whole metabolic system, not metab ism.

And we we are at risk of having health problems later in life if we don't correct this issue. That's different than somebody that has, PMS that might have high levels of estrogen in comparison to the progesterone, and I might put them on progesterone.

That really helps that balance. And it also helps regulate their cycles. So PCOS from my perspective is more of a health condition in addition to hormonal issue.

And as we stabilize the blood sugar, as we stabilize their metabolic inflexibility, they feel a lot better. They have energy, their moods are more stable, their cycles come back.

They're so excited that they're normal again, and they're able to go on with their lives. They don't necessarily have to go on the birth control pill to be able to get this normalized, which is so exciting for them because they feel like I've got control.

And also it certainly increases pregnancy rates as well. You like what you've heard so far? If so, modern endocrine is now able to provide telehealth services in eight states including Arizona, Nevada, Oklahoma, Texas, Ohio, Illinois, Michigan and Georgia.

If you would like to become a patient, visit our website at Dot modern endocrine.com backslash contact. You can also email us at hello@modern-endocrine.com, or call our office at 405 286 1571 to schedule an appointment.

Please note we no longer accept insurance for new patients. However, we do have customizable membership programs available. Your first visit will include a detailed intake, and lab orders will be provided to further assist us in developing your ten stages.

The Ultimate Health Plan we do offer discounted lab rates with a nationwide lab service. And now back to the show. Yeah, so another question I have about this.

So you're cutting their carbs like 20g per meal. You allow them to have fruits. You allow them to have vegetables. So like salads things like that. So they're really focusing on protein mostly.

What about fat like are you restricting their fat or are you saying not at all it yeah.

Symptoms and Diagnosis of PCOS

Great question Tom. No, not at all. But at the same time, we're not talking about fried foods. We're not talking about those we're using not not using seed oils, but we're using good quality oils like avocado oil.

If you're going to be, you know, stir frying products or, even olive oil can be really helpful. Avocados are really important as well. And nuts and seeds, no question about that.

But I'm talking about more of the balance with the with the protein. Every single meal they have protein. And if they have enormous amount of stress, I might even say, look, you might need a, a protein in between meals to keep those cortisol levels a little bit more stable.

So just protein between meal. If you're definitely not if they want to have, some vegetables with it, I'd be mindful of the kind of, fruits that they have, like pineapples much higher in sugar.

And so it's going to destabilize the blood sugar levels. And again, everybody's so different in terms of how they respond. So I'm much more restrictive initially.

Then I start adding things back as I start to see how they're responding to it. Some people have a threshold that they can have more and others not, but, you know, like peach cobbler or something like that and probably stay away from those things because they're so high in sugar.

And that's going to really shift that blood sugar again. And then we're going to be back into that same quandary that we're in before. So you're doing this for like a couple months and then you what are you looking for before you say, okay, you can have more carbs.

Like what are you trying to figure out. Not now. Yeah. I'm looking at how stable their blood sugars are, and I might even have them, use a, continuous glucose monitor for a month to see what's happening with their blood sugars.

Because we're all different. If I don't sleep, my blood sugar goes up. So it's really looking at all those parameters that help us stay healthier. And then I will also have them kind of track what they're doing, what's happening with their cycles, what's happening with their moods, what's happening with their energy, how what's happening with their body fat and they starting to lose weight around the abdomen, because that's oftentimes where you'll see that, body composition change around their, you know, their, their middles as well.

And then we will gradually add back in as much as they're able to tolerate, because they'll have a different threshold. I might then start saying, well, let's do sweet potatoes, perhaps brown rice.

It's a little bit more tricky than some of the other slower burning carbs, but I don't have them do carbs in the afternoon or evening. It seems like that's the place in which people have more destabilization of their blood sugars.

So what about so PCOS? Now you know what used to be this disease of overweight people. But there's a lot of people that aren't overweight anymore that have PCOS.

So I wonder if you're somebody who has PCOS and you're not underweight or you're not overweight. Maybe you're even underweight and then also you're exercising.

Are you still telling them like no carbs if they're, you know, lifting heavy weights and they're not overweight? No way. The problem is that we need carbs if we're doing weight training, but it's finding that threshold for them.

You know, maybe they're the people that do 30g of carbs per meal, or maybe it was at 40 and looking at their blood sugars, as well as looking at their stamina, their energy, and seeing then also what's happening with with hormones.

Amazing question. Because you're absolutely right. The first time I saw somebody that was underweight, I was like, wow, you know, this is very early on in my career.

I was like, no, it's not. Generally it's more so that people are. But you absolutely see people that are underweight that are also have PCOS. So it's finding that threshold for them about where's that metabolic inflexibility coming from.

And we may need to do some other kind of what I call adjunct testing, adrenal testing for one, to look at their cortisol production and possibly even looking at the gut microbiome to see, does that play a piece in all of this?

And that's always true for me. Anyway. I'm going to be looking at adrenals and adrenals trump hormones and adrenals trump thyroid. So we always have to be mindful that the enormity of the cortisol and that cortisol regulation plays into all these things.

Yeah, I would agree. I'm glad you brought that up. So adrenals I agree I agree it's Trump hormones and they trump thyroid because your adrenal gland makes your hormones.

But I would agree that your gut trumps at all. And so I think that gut testing is very helpful in people. And most people, if you're walking around in this country and you have GI symptoms.

So if you have acid reflux, if you have diarrhea, if you have constipation, if you're bloated, you have gas, you need a a gi mouth, in my opinion. But then the other thing is Dutch.

Dutch testing, right? Like so. Not everyone absorbs their hormones the same way or metabolizes them the same way. And so I think sometimes, you know, that's helpful as well.

And in addition to the continuous glucose monitor. And so I think there's going to be a lot of questions around the thing that we were just talking about as far as like exercise and PCOS, because I get a lot of questions too, like, well, can I exercise if I have PCOS?

Am I set, you know, I'm not supposed to run, can I walk? Can I lift weights? Because a lot of these people with PCOS do have adrenal glands that are, you know, their cortisol is very high.

So let's kind of focus on that because I have a lot of thoughts about that too. So I guess we can start with if you are going to exercise with PCOS and you should, by the way, when you start exercising, what kind of exercise are we doing?

Are we walking? Are we running? Are we stair climbing? Are we lifting weights? Are we lifting heavy weights? We're lifting light weights. Are we doing it every day? What are we doing?

So the place that I start is looking at adrenal function. I can't just make an assessment listening to somebody's story. So I'm going to want to know what their cortisol levels are.

Are they flat lined? Are they the racehorse I call it in my book that is all the time. Where are they? And if they have adrenal, you know, they're really flatlined.

I don't want their heart rate over 90. So whatever it takes for them to not get over 90 until they heal their adrenals, then I'm going to be much more apt to say, look, we know that interval training is probably the most powerful

training.

You know, going to the gym for two hours is probably not very healthy for any of us. And we're looking at what's happening in terms of oxidative stress for these people.

If they're pushing and pushing and pushing and they're doing a marathon every other day, I'm not really, but you know what I mean? That we we don't know that that's helpful.

Do I think that weight training is incredibly important? Absolutely. And in fact, most of us would agree as we get older, heavier weights are better. But you can also do it in combination with some of the yoga exercises.

So it's finding for me what my patients love to do. If I say to them, go to the gym and they'll like, they will never do it. It will never happen. What is the formula that they're going to do on a consistent, regular basis?

So it's the it's the weights. It's the aerobics, you know, using interval training and also then finding out what is shifting their body the most and also finding out how much muscle mass they have versus fat mass.

That's also very important and very helpful because if we're if you're a skinny fat person, that's not good for you either. So it's, you know, whatever you like doing, perhaps getting a trainer, perhaps going to the gym, perhaps having your own home gym and doing some kind of aerobic exercise in addition to the weights is what seems to be the sweet spot for many people.

And if you have PCOS, absolutely you need to exercise unless you're a flatliner for adrenal function. In my opinion.

Carb Reduction and Blood Sugar Support

So if you're when you say a flatliner for adrenal function, you're talking about salivary cortisol. Are you talking about salivary? Yeah. So I'm not talking about people with Addison's disease.

That's a whole different scenario. Or Cushing's, which you probably see in your business. But in practice I'm talking about people that do cortisol levels.

And we see they're almost staged for adrenal dysfunction so that their adrenals have really probably been taxed for years, and they haven't done what they needed to do this to support it.

And I'm not just talking about supplements, because that is a piece to the puzzle that is finding out where that stressors coming from. Do they have, you know, Lyme disease?

Do they have Epstein-Barr disease? Do they have something else? Or is it chronic stress that's gotten them to where they need, you know, need to kind of do something about it, but also get up and go is get up and gone.

And I start paying attention more to what else is going on, irrespective of their age. Yeah. And you can do that with Dutch testing too, right? So salivary.

Absolutely. Yes. Yeah I think that's true. Like figuring out, you know if you've hit this wall then how so. So if somebody has hit this wall then how do they fix their adrenals.

That's a good point. So so back up for a second. If you have PCOS your cortisol matters, your adrenal function matters. And if your adrenal function yeah, your gut matters.

And if all those are okay, then yes, you can lift weights and you should and you should be doing some sort of cardiovascular activity. And I'm fine with level two cardio, you know, just walking.

But if you are in really bad shape and your adrenals are completely, you know, done, then we might even have to start with just yoga, like Marcel said, just very calming things.

And we have to work on fixing your adrenals. So if you are somebody with PCOS who can't exercise though, and maybe you're not super overweight and you are doing some heavy weight training, is that okay with PCOS?

If your adrenal gland is good? Absolutely. As long as the adrenals aligned. Yeah, absolutely. It's also paying attention to how you feel. If you start to exercise and you do heavy weights and you feel like you have to sit down or pass out afterwards, probably the wrong thing for you at that time.

So it's learning to listen to your body. And unfortunately, so many women are. So I got to do this is going to happen. And it's really more about how do we teach you how to listen to your body.

What works for you might not work for me, so it's tuning in to knowing what you need to do, which is some form of weight training, aerobic exercise interval perhaps, and the quality of the food that you're eating because that makes a difference as well.

And then finding out for yourself what that balance is. How often do you do it? I like to see people do, you know, aerobic exercise, you know, five times a week and weight training certainly three times a week.

And you know, resting the muscles in between times, but finding out what what's going to work for you. Yeah. And if you are somebody who's doing a lot of weight training, especially on the days you do weight training, if you're not, you know, morbidly obese, that would be the time to do your carbs, like maybe before.

And then right after you exercise and make sure you're doing that because you also don't want to go in and destroy the muscle that you're trying to make either.

So I think that's important. You know, a lot of women, you know, reach out to me and say, well, I do fasted exercise because I'm supposed to do fasted cardio, right?

Well, it kind of depends on what you're trying to do. If you're trying to lose 100 pounds. Yes. But if you're trying to make muscle and tone up, not necessarily.

Right. Because we know if you do exercise in a fasted state, you'll start gearing down your muscle or you'll start breaking down your muscle. So it just kind of depends too.

And I think that's important for people to understand. And if you are somebody with PCOS who loves her carbs, then, you know, give yourself some of those carbs, but do it right before you exercise and right after, because your muscle will take that in and your body will be able to process those carbs, right?

So then you're not, like, necessarily starving or you know, not allowing yourself to have the carbs. It's just you do it. The timing is important, right? Right.

And also it doesn't have to be a huge amount of carbohydrates, but it can be, you know, something that will sustain you and then it can eat a little bit later as well.

So important. And I think unfortunately carbs have gotten a really bad rap for a while. You know, it was keto and you don't touch them. And you know what I see, because I do genetic testing on my patients is there's a lot of people that, this they're not all paleo, you know, there's a lot of Mediterranean ins and low fat is out there and balanced out there.

So, you know, no carbs is probably, really, really problematic. Plus, we need it for our brain. We need carbohydrates for our brain as well. Yeah. And that was one of my questions, too.

If you have this PCOS person or somebody with insulin resistance and you start cutting their carbs back to 20g per meal, are they going to have side effects?

Are they going to have headaches? Are they going to have, you know, withdrawal cravings? Are they going to feel

bad? What do they do when that happens?

Great question. So if they have cravings and I might add back in some carbohydrates for them. And what's interesting is that sometimes the cravings are for foods that they are for to have a reaction to.

For example, you know, I can't wait. I gotta have some chips or I gotta have some bread. Red, red, red red gluten. And as they three days in, they feel so much better.

You know, we don't kind of talk about that for a lot of people. But a lot of times the foods that we crave are really foods that really don't do well by us.

And so it's finding out that sweet spot for ourselves. And people are so confused about what they're supposed to eat. Is it low fat, low carb, Mediterranean?

You know, I don't know. Is it, you know, this is bad for you, that's bad for you. And and the noise that I hear from my patients about food is I don't know what to eat anymore.

I, you know, I don't even know where to start. So it's it's getting back to the basics, which is really healthy quality foods and protein really, really important.

A lot of people ask me, should they be vegetarian and they absolutely will not eat meat? Well, the problem with that is that there's not a lot of protein in some of the other foods that they're getting, and I have never found here.

People do really, really well with vegetarian for a long, long term. I just haven't seen it. Yeah, I would agree. It's hard. Like pescatarian. Maybe if you'll eat some fish and some eggs.

But we have so much processed bad food in this country that it just I feel like most people that are vegetarian or vegan end up eating a bunch of crap.

And so then they're not healthy. They just aren't, know. So it is hard, unfortunately. And I would agree with you with the food noise. I think one of the things that's really important too is like like you said, going back to the basics, eating whole single ingredient, nutritious foods, sleep is another thing that kills people's metabolism though.

And their stress and their PCOS. Sleep, exercise and food. And then just listening to yourself like to your point, you know, women are were so like go, go go go go.

We've got kids. We've got to take care of everyone. We never actually listen to ourselves.

Exercise, Adrenals, and PCOS

And so some of the most amazing transformations with my weightlifting, my body, my self in the last year have happened when I got a trainer who every day is like, how do you feel?

You know, like when we're lifting, how did that feel like? And it's and you know, you're used to like it's and he's like, no I need words Cassie. Like how do you feel.

Do you feel strong? Do you feel tired? Do you feel and and then depending on how I feel, he changes things. And it's actually pretty cool because, you know, this morning we were doing legs and he had this big heavy leg day planned and we started and I was like two sets in.

And he's like, you don't feel good. I can tell you don't feel good. And so we just changed and we went light and we went more reps. And I felt great when we were done, you know.

And so just knowing that and then knowing that last night I probably like I didn't need a lot of carbs at dinner. I didn't sleep great last night because we've had storms and so like all that plays into it. Right.

And so just adjusting that, it's okay to do that, but you have to listen to yourself and know to do that, right? Oh, I love that point because we do well by that.

You know, we kind of look at the criteria outside of ourselves, you know, the Hollywood movie stars or whatever. And instead of really going inside and seeing what, what works for me, what is my body need today.

Yeah. And oftentimes as women we're so busy, you know, we got practice. We've got patients, we've got kids, we've got parents, we've got jobs, we've got we're CEOs of companies.

And it's like, whoa. But bottom line is if you don't take care of yourself, you're not going to be there to help with anything else. Yeah. And I do think like listening to yourself sometimes is hard as a woman.

But it's it's pretty powerful when you do it. You know, you think like, well, I'm at the gym like me today. Like, you know, we started off doing, what's it Culver you're setting in your quad lit, like, you know, doing quad raises or whatever where you kick the bar out.

And, you know, I'm used to doing like 100, 120 pounds. We'll do like 12 on. I was like four in and I was like, it is not happening today. And he could just tell, you know, like he's a good trainer.

He's like, what's wrong? Like, I don't know, it just feels heavy. And he's like, okay, well then we'll just do 60 and we'll do 20 of them, you know? And so we did 60 and we did 20 of them.

And then at the end I held and like we did some isometric stuff. And so it was still really hard. But I didn't feel like I was dying when I was done. And so I think that's a lot like a lot of times women just have to listen to themselves.

And it's hard sometimes, you know? But if you don't and you keep pushing yourself, then it you're not doing yourself any favors for sure. Yeah, it's interesting because it's really the opposite of, no pain, no gain.

You know, it's really the opposite of that. So it's, it's really kind of interesting in that regard. Yeah. And, you know, if you are working with somebody, you're working with a trainer, even yourself, and you go to the gym and you have something planned, I would just say be flexible with yourself because you never know, like Saturday night here. So it's Monday today, Saturday night here.

We were in the tornado shelter at 2 a.m., so I put it on social media. My sleep score was terrible on Saturday because I got woken up at 3 a.m. right when my growth hormone was being made.

You know, I'm awake for an hour. And then last night, same things. We had storms. And so my sleep score is normally 89 to 94 like I my sleep is very important.

Saturday I got like a 70 and last night I got like a 72. So this morning at the gym, my legs were just like, I'm not doing it, you know, like, I'm sorry I be so, so yeah.

But you know, you just kind of. But I still was tired when we were done. We just did something different, you know? So. And actually, while we were working out at the gym this morning, the tornado sirens went off again.

And so we actually got to end a little early. So that was good. I was like, I love that. It's great. So I do think it's important to listen to your body and to your point, you know, there's so much noise with all sorts of stuff, with food, with, you know, what you should be doing, how you should be exercising, what.

But you need to find somebody that will work with you, a provider, a trainer like you need people on in your court, you know, and individualizing things for you in particular.

And so I think that's the huge problem with health care right now. Right? It is that we don't do anything individualized. Or if we do insurance doesn't like that or doesn't pay for it or it doesn't.

I mean, health care is good. Health care is looking at the whole person, everything that's going on, including their gut, their sleep, their diet, their hormones, and then figuring out how do you fix it for this person as it's not just this big like box that we stick people in?

And I think that's why a lot of, you know, PCOS and hormones and thyroid and like it all sometimes gets this really bad rap and really bad, like people are like, why I'm not going to doctors and I don't blame you if you're going to a doctor that just does everything for the, you know, the same people over and over and over, you really got to find somebody who will help you figure out how to fix your body individually, especially with something like PCOS.

There's a lot of things going on, but then you also have to listen to yourself too, right? You have to be able to listen to your body. And some people are.

So you know, what's crazy is like, some people are so just in the thick of it and like just, you know, boom. Then them that they've never really sat down and actually, like stretched or listened to their body.

And that's wild to me, you know, like when I have this routine where whenever I get in my head and things are like crazy, I will lay on a mat and I will literally still like my finger, my finger, my finger, my like, every single finger, like, work up my arm.

How is my shoulder feeling? How's my back feeling? How's my, you know, how's my pinky finger feeling. And you'd be surprised at what you actually realize.

You're like, oh, my right shoulder is really bothering me. All my left like, people just don't don't do that because we're just go go go go go, you know? No, absolutely.

It's exactly what happens. And, you know, for so many people, they they haven't been taught how to pay attention. And women have been really pushed to, you know, do all the things that you were talking about and they don't even know how to slow down, you know.

And it's so sad because now our medical system is really it's kind of a little crazy, actually. So the more you can learn about yourself, the more you start to understand what your needs are, the better you're going to be long term and it's going to help with your health and longevity long term.

I mean, that's the whole goal for us here is to keep you as healthy as we can. Yeah. And I think, you know, with PCOS, with adrenal issues, with hormone issues, any of this in general, when you do do something and you try it, the other thing I would say is like, like you said, you probably need to try it for at least a month.

Like you can't try something for 5 or 6 days and then be like, oh, that's not working and do something else. And I think that's what a lot of people do, too.

And I think that's why there's a lot of confusion and noise. You do something for five days, you don't get the result. You think that you want. You do something else for five days, like Americans.

And I mean, this with the most love. We are the most impatient humans in the world. Like we're just like, oh, I gained 30 pounds in a year. I want to lose it in a month.

Like it doesn't happen like that's the goal for men, isn't it? It's like, oh my goodness, it doesn't happen. Yeah, it doesn't happen like that. Like it's you've got to be patient.

You've got to be realistic and you've got to stick to the plan. You know, you just do like there's a plan. You stick to it. And so it's it's just wild how people will do something for a week and then come to me or two weeks like, well, that's not working.

What's the next plan? Well, the plan is to stick to the damn plan. Like there's a plan. We're going to do it for a month or two. The about at the more cortisol go up, the more it makes less likely that you're going to have those

changes that you want to begin with.

So it's like a catch 22. Sure. Yeah. Yeah. And I'm sure anyway. Right. Like I've been I've been with this trainer I'm with now for two months. And I told him last week I'm like me and Deontay like you told me my quads are going to be, you know like better shape and he's like sister we're sticking to the plan.

Like they're coming along I can see it. You know like I'm the same way sometimes like you have to put me in my place. But I in the mirror, it's an American thing.

But like, you stick to the plan and you listen to your body, and then you find somebody that you know will help you do these things. That's. I mean, my plan.

I have to do more. Absolutely. So, so we kind of talked about exercise. We talked about food. Tell me about supplements. Besides the two that you recommended.

Is there anything else you recommend the, we talked about earlier? Yeah, I lost, my one other tall, using also vitamin D, you know, as you know, and I know it's incredibly important making sure you're on a really good multivitamin and also fish oil.

Those are kind of my my essentials for people. And also oftentimes a probiotic because our gut microbiome is established by age two. And if we had lots of antibiotics in between times it really upsets the flora.

And if you're a C-section baby, it does as well. So, those are the basics. And then I kind of work around other things. If they do an adrenal test and the adrenals are really in bad shape, that I'm going to be, someone that's going to be looking at that, treating that, and also the gut microbiome, as you said, crucially important for everybody to really look at that piece.

Yeah, we can have people better. We can have people feel amazing. And the more the more I do gut health, the more sad I am for this country. Like I do.

You know, I do all these stool studies and I, I batch read them and so I'll read I'll read some more today. But I read like 20 of them yesterday. And it's just like, oh my God.

Like nobody has Sacramento and nobody has the Cali bacterium. Nobody's eating fiber. Everyone, you know, a lot of people have H. Pylori. Their digestive enzymes are bad, their staff and strap are overgrown because we're eating a bunch of sugar.

They've got, you know, klebsiella and pseudomonas. So they've got all this histamine production in Morgan Ella. Then they wonder why they have rashes and they don't feel good so much.

Candida do like these people that eat all the sugar. Oh my god. Yeah. If you need a ton of sugar and you crave a ton of sugar, you probably have yeast in your gut.

And when you take it off, it's, but it's life changing, right? Like I went to dinner with my good friend last night, and I've been treating we've been treating her gut for two months. She's been doing it.

I'm doing it. She's been treating her gut, obviously, like I told her what to do, but she's putting in the work. And she said, you know that H. Pylori diet is no joke.

For the first 30 days, like, I was so mad and my stomach hurt so bad and things were dying. But she's like, I feel so good now. Like she's almost two months done.

I've never felt so good in my life. And like, she's thinking about reintroducing food and like, it's just crazy. What just. And that's what she said to me.

Like, I thought you were nuts when you told me that changing my diet would change all these symptoms. But she's like, I feel so good. And she was like, I it's just shocking what Americans could feel like if they would actually do it.

You know, God, I know it's so true. And I think we forget that food is the most powerful drug we have. We can we put all we're really concerned about the kind of gas we put in there, corn, all this stuff.

And we don't ever think about the food we're putting in our mouths. You know, all the additives and all the preservatives.

Supplements, Gut Health, and Hydration

I look at the shopping carts online like, oh my God, and if we change that, it can change the trajectory of your life in a major way for sure. And you know, I get it. Like you're busy.

You don't have time a lot, a lot, you know, blah blah, blah. But there's so many like, I did some filming yesterday with Johnny Haddock. He's a medical student that's hanging out with me.

He does all these nutritious recipes for people and has this cookbook, and he was showing me because I don't cook either. He was showing me like how you can make these things in less than ten minutes.

We made all this stuff yesterday. High protein snacks. It was awesome. I have a fridge full like high protein snacks right now. And so it's just we have this generation of people that don't even know how to cook, right?

I'm one of them. Like, it's true. It's really sad. And so then we're just reliant on what you pick up at the grocery store or wherever. And I think that's a lot of the problem too, right?

Because we get this, all this negative talk and noise from advertising about, like, you know, these hyper palatable foods and it's just easy. But there really is easy alternatives.

It's just, you know, knowing what to eat. Yep. Hands down. And I oftentimes will have people get a glass air fryer because you can cook a steak, you can cut, you know, all kinds of things in there in ten minutes.

Okay. Something with some spices on it. My chicken in 12 minutes. So it takes no time at all. And they're glass and they're not dangerous in terms of health concerns that you worry about the Teflon coming on and they have recipe books for them.

So you can cook so many things in that. And also, you know, an all day, you know, cooker that you can use to you can just literally throw things. Yesterday I made a soup and I threw all my vegetables that I had a refrigerator because I was going to go shopping, and I put frozen chicken in there with some spices for ten minutes, maybe five.

Just had to cut them out. So there's a lot of different things that you can do that make an enormous difference. It don't take long at all. Yeah. And just getting that sugar and the the processed stuff out of your diet, it's it's shocking what it does.

Yeah. And and just tracking that data to, you know, like how you're sleeping if you're moving. Because I think the other thing people think no matter what disease process you're dealing with, but especially when it's a metabolic process like PCOS and insulin resistance is like people forget that we actually eat to live.

We don't live to eat, so you actually eat so that you can live. It is how you actually fuel your body. And so, so many people just forget that. And you know, like you said, we we care about the kind of gas we put in our car.

We care about the products we put on our skin. A lot of us care a lot about what our kids are exposed to and not exposed to. Yet here we are, just shoveling garbage in our mouth and it's like, that's your fuel source.

Like, hey, you know, you literally are what you eat and what you eat eats. So like literally like and the other part is, please don't misunderstand how much money they put into finding out what foods and what additives they need to put in those foods to make sure we don't eat just one.

You know, eating one Oreo. Unlikely. Eating one potato chip. Unlikely. Eating one nacho. Unlikely. And they spent millions of dollars to find out what emulsifiers they can add the food to really enhance that desire to have more.

So just getting away from those things will make an enormous difference for your health as well. Yeah. Single ingredient. So I tell my patients single ingredient whole foods.

You can mix them together and make a soup. You can mix them together and make an omelet. You can mix them together and make a salad. But you need to know every food that's going into your mouth, like every ingredient.

What is it? So you'd be a lot better off. Oh my God. Yeah. And look better. And it actually affects your skin in a really healthy way as well. So all that makes an enormous difference.

Yeah. Yeah. So with PCOS is do you feel is hydration important? Is salt important? That's another question I get a lot lately. Yeah. Because well especially if you have adrenal dysfunction and it's salt.

And I think we've we've really downplayed salt a lot in our culture is, you know, don't have salt, don't have salt, but we really need it, especially, when people have adrenal issues and water's really important.

You know, we don't hydrate often enough. And if you have, especially if you're working at the gym or you doing any of those activities, absolutely. Water is incredibly important.

But the kind of water you have also matters. So if you're just using tap water and you've got chlorine and fluoride in it, probably not the best option to make sure you've got filtered water.

And also if you have a shower and we're showering, we're so hot and it's so exciting. We've got chlorine in the shower, it's probably not the best for us to find a filter then for your showers would be helpful and you can get them in Amazon.

Yeah. So we live in Oklahoma and we had our water tested at our house. And what Oklahoma considers is safe water. I do not consider a safe water. So we had our water tested and I was like, yeah, no.

So we have a filter system on our house. So all the water that comes in is filtered. And then I even put a reverse osmosis filter in the kitchen water even after it's filtered, because when I saw the test of what my water looks like from Oklahoma City public water, I was appalled.

And then we also have a filter system at the office that staff drink out of because I was like, I'm not. No, no, no. So yeah, so hydration is very important.

What about caffeine? I get that question a lot too. If you have PCOS, can you have caffeine. Is there too much. Like is there amount that's too much. Yeah.

You know is there a definite that we know about PCOS? Probably not if you have adrenal issues. I'm not a fan of caffeine for you because you're going to really rely on it.

But I'm fine with a cup of coffee in the morning or a cup, you know, some caffeine in the morning. I don't have a problem with that all day long. No, I would recommend that for people.

What about decaf? Is that okay? Yeah, decaf is fine. What about iced tea? Because we're in Oklahoma and everyone loves ice. And even a cup of iced tea is fine.

It's when we get into too much that we really have a problem. That's the issue, you know, is really having too much

of that for sure. And if it's sweet tea, that's a problem.

If it's from H2O to, oh, tea or whatever, all that sweet tea, like maybe a cup. But again, I'm not a big proponent of of sugar sweetened beverages, but you definitely should not be drinking a gallon of iced tea a day, right?

Right, right. Absolutely. I mean, I think anything in moderation is fine is when we start having five cups of tea, that is probably not the best option for us.

So I think it's really finding that solution for you that really works. Well, that is probably just, you know, a cup in the morning, not relying on it all day long.

If you have adrenal issues, that's what's going to happen, is you're going to want more and more and more of it. What about, energy drinks? I have a lot of people who say, well, can I have energy drinks?

You know, these energy drinks have 2000 or 200 or 300mg of caffeine. What is your take on that? I'm not a big fan of it. If you look at the other ingredients in them, you really not.

I mean, if you need an energy drink, why do you need an energy drink? What's happening to not sleep well the night before? Are you not, you know, do you have to stress going on in your life?

What's your diet like? Are you relying on too many carbs and you know you don't have enough protein? I'm not a big fan. I'm not either of any of them.

You know, have people that say, oh, there's nothing in this, there's no sugar. There's no I'm wary of, like, why do you need an energy drink? Drink some water with some salt?

No, but if you're craving energy drinks too, I'm also thinking, what's going on with your gut? Right. Like, do you have some out of balance something?

So I'm with you. Like the people that drink 5 or 6 energy drinks a day. You guys have no idea not only what you're doing to your gut microbiome. How many calories you're consuming, if it's not diet, and then if it is diet, you're still just destroying your gut microbiome and all that caffeine and wrecking your adrenal glands, right?

Hands down, I completely agree with you. With everything we've talked about today, actually. Yeah. And a lot of people, you know, it's funny. I'll have people I can't sleep I can't sleep well, how many?

You know, I drink soda and energy drinks all day long, but I can't sleep. I'm like, you don't say because caffeine takes like 24 hours to get there. So, like me or, you know, I can't sleep, but I drink wine or I drink and it's like.

It's like, it's not going to work. Yeah. It all goes together, you know? And the answer is not to drug you to sleep either. Like, you know, I have this and I it's like, no, you know, it's I don't know, it's just wild how people, you know, want that pill for something like sleep.

And it's like, if you have a good sleep routine, then you should be able to just go to sleep. And I struggled with sleep for a really long time. It used to frustrate me.

My husband would lay down and fall asleep like that.

Food, Lifestyle, and Final Takeaways

I'm like, what the heck? But now, like in the last two years, I have this routine I go through every night. I'm in bed at the same time, and I mean, my ordering says my latency is usually around five minutes or less, like I'm asleep and I stay asleep and it's, it's it's right and I'm not medicated.

I take a little bit of magnesium, I take Legos and I'll track soon and that's it. I mean, it's it's amazing. So okay, so

note of the energy drinks, coffees.

Okay. In the morning, if you have one cup, you can do decaf throughout the day. You have one glass of tea. You should not be drinking tea all day long.

What about cold plunges and hot like sun is red light. If you have PCOS. I get a lot of questions like that too. Can I get in a cold plunge via PCOS? Absolutely.

There's no reason not to. And also, you know, saunas are incredibly helpful and red light therapy, any of those things to really help kind of the overall kind of composition of the body is going to be really, really important.

So yeah, I'm a big fan of that. Unless you have adrenal issues, the sauna may not be the best for you. And also cold plunges may not be your best because your body's already under so much stress is just trying to compensate for things.

So yes, I think you have to know what your adrenal gland is doing. But even if you have severe adrenal issues, I mean, a cold plunge for, you know, 30s 60s might be okay if it's not something you want to do every day because we want to try to kind of heal that in cold.

Plunge in saunas are great. So that's what I tell people all the time too. I completely agree. And so so yeah, yeah. Okay. So I guess like three takeaway points about PCOS that you want people to understand.

One of them that I want people to understand is not just a hormone issue. Hormones do play a part. But like we talked about, a lot of it is insulin and just that it's a metabolic issue.

And fixing the metabolic part of it is what fixes the hormone part of it. So I think that's something that people really need to understand is like, I think we completely a lot of people are completely lost with PCOS.

They're like, well, I have you know, I don't have normal menstrual cycles. So therefore I have PCOS and it's like, yeah, but that's like that's way down the line, right?

It's because you have specific exactly. Like yeah. Yes. But you missed the whole for a sister like that came that came after years of metabolic. Right.

And I think it's hard to because people don't want to think like I did this to myself, but you kind of did. Is part of it genetic? Yes. But, you know, maybe you didn't do it all to yourself, but society helped you, right?

But it is lack of sleep, lack of being nice to yourself, lack to listening to yourself and dietary issues. There's a genetic component. But, I mean, so I really want people to understand that, like, is this a hormone issue? Yes.

But it was a metabolic issue for years or years before it became a hormone issue. Yeah. Yeah, I agree completely. Everything. I mean, also listening to yourself, you know, knowing that you can change this, that's the most powerful thing that we can tell people is this is changeable and we can do something about it, but it is absolutely a metabolic issue.

And that's why I, I love working with it so much, because you can see such changes really relatively quickly when we kind of look at the food first and then sleep and, you know, having good quality amounts of water, filtering your water, decreasing the detoxification kind of, worries that we have in our system because we've got a shower that's got chlorine in it, we've got mercury in our mouths, all kinds of other things.

But that all of that goes together and also the gut microbiome, adrenal function and then hormones or later. Yep. Okay. Perfect. So I have three questions that I, I end every podcast with.

Yes. Love this. So I'm going to ask you the question. So don't overthink them. But what is one food that's the most beneficial and why. One food. One food that's the most beneficial and why probably protein because it really helps

your appetite control.

It also helps with building muscle. And it also really helps with brain function. I mean, there's many other things we can do. And vegetables are really important too.

But you really need to sustain your health long term with protein whatever that one protein pick one one protein. Oh my goodness. Probably it would be organic red meat.

Okay. Now twice a week, three times a week. Okay. What is one thing that anyone can do that would benefit their health? That is 100% free? Five minutes of meditation a day, whatever that is for you, whether I'm a barroom dancer.

So I dance a lot. That's my meditation. Just being quiet, doing the mat thing that you talked about. Any of those things? Just for five minutes a day?

Yep, I completely agree. And the last question is, what is one thing you wish you would have known about your health 10 or 15 years ago that you would have done differently?

Wow, that's a hard one because I've been in functional medicine for 40 years. Okay. And what is one thing you wish you had known about your health 45 years ago? The.

Oh yeah, how important food is because I had I had endometriosis, and if I'd known that, it would have changed the trajectory of many things for me. Yeah. So food.

Okay. So yeah. So thank you so much, Marcella, for coming on and helping me educate people with PCOS. I appreciate it. I know there's a lot of misinformation out there.

So if you enjoyed this, if you know anyone that has PCOS, if you know anyone that would just benefit from this information, which is probably most people, then please do us a favor and like it.

Share it, with with everyone. And then before we go, tell people how they can find you. Sure. Of course that's easy. Marcel pic and the RCL epic. Com I have all my, you know, information.

I've got probably about 2000 blogs on there by now. So lots of information for people to look at as well as a weight loss program they can check out to.

So lots of good stuff on her site. So make sure you check that out as well. And then join us next week on back to the basics. Have a good week. Thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

For more insights and strategies, subscribe to our podcast and visit our website here WW di doctor Talksport.com. Stay connected, stay healthy and join us next time on Doctor Talks.

Real talks from real doctors on the issues that matter to you most.