Introduction to Weight Health and the Guest

If we don't usher in a change in approach in healthcare to a weight health approach, we will have and I remember thinking this in 2000 I'm like, we're going to have you know an obesity rate that's over like 40 but you know over 35% right and now it's like, you know, about 40% etc.

The crazy thing that happened was the invention of the GLP-1 agonist now lets us have a conversation about and proves out that we are a weight health ecosystem designed with actually weight health hormones, which is why I ended up writing my book.

Welcome to the TBD Fit podcast on Dr. Talks. I'm your host, Daniel Keeley, and I will be guiding you through this wellness journey in terms of optimizing health and longevity, where we unpack the science, the do's, the don'ts, and everything in between.

Come join us. Look forward to seeing you inside. Your host, Daniel Keeley. I'm a functional medicine practitioner and my goal is simple. I want to find individuals who are doing the best in their category, bring those conversations to light so we can have actionable takeaways to optimize health and longevity.

We're diving to a powerful and timely topic today, weight health and hormone optimization. especially after the black box label that was recently lifted, with someone who has dedicated over 25 years to transforming how we think about nutrition, metabolism, and sustainable well-being.

Joining me today is the brilliant Ashley Koff, who is a registered dietitian, the founder of the Better Nutrition program, the nutrition course director for UC Irvine's integrative health Institute and a faculty member at the integrative and functional nutrition Academy.

She teaches an integrative and functional nutrition approach to obesity and weight management. And she's the author of an upcoming book. Your Best Shot, which releases around the corner here, January 6th, 2026, which we'll get into today's discussion.

Recognized as one of CNN's top 100 health makers. Featured in style as Hollywood's leading dietician and honored as the Western's global nutrition ambassador.

Ashley has helped redefine what it means to pursue health. not perfection through a philosophy rooted in better, not perfect, which I absolutely love.

Ashley, it's an honor to have you here today. Thank you. I actually have my better, not perfect sweater on for you. So yeah, we're going, we're doing it.

There you go. Yeah. I was also cool. I love opening each discussion with allowing our community to understand who the guest is, the impetus or the catalyst is to kind of what led you.

To where you are today. I mean, I've, I've heard you speak so many times and each time your story is just so captivating. So if you want to dive deep into kind of, kind of a brief foray into, into who you are and what led you to do what you're doing now.

Sure. Well, it goes all the way back, probably not in utero, but shortly thereafter. I show pictures sometimes where I have Shirley Temple and Spanky from The Little Rascals.

And I was like, I think I was a mix of the two.

Ashley Koffu2019s Personal Health Journey

I had the big curly hair and big personality. And I love to just lead with that energy. And it started off, I think, I was a very happy child. I say it started off there because I also had a belly.

And my belly was when I was younger, it was like, you're cute, you're chubby, like, you know, cute curly hair, etc. But then something sort of shifts, you know, around at that point in time, I would say in society, like maybe more around your preteen years.

And I became, you know, teased for being a fat kid, you know, and it was really like it was tough. I think I developed a pretty thick skin of being fun and smart and trying all the things and I was fortunate to be good at a lot of things.

But I had this constant reminder from society that I wasn't good, that this wasn't an issue. What was really interesting was I was on a parallel path that whole time where the medical world told me I was healthy.

I was the healthy one in my family. um I was you know never you know it was like oh Ashley's healthy she just needs to eat less like she's just you know gaining weight and uh she needs to eat less I have to say like a huge acknowledgement to my parents because they didn't treat me any differently I was had two brothers I was never treated differently like you know what I couldn't couldn't do on that part but I also wasn't treated you know at they didn't see me as having a problem on that part but I saw it And what's interesting underlying all of that was I was also on antibiotics from day one.

I was ear infections and throat infections and it got to the point where I was on them prophylactically. Like I was given them because I had ruined too many family vacations with trying to find an emergency room because I had a strep throat or an ear infection.

So, you know, that was sort of preventive medicine at that point. and you know when society tells you don't have a problem but also tells you you do have a problem and then especially when it's adults and when it's health care and things like that you you own that part of you so I really had this like sort of parallel you know sort of two sides of of my being.

And somewhere along the lines, I started watching a TV show called Who's the Boss? And I fell in love with Angela Bauer, Judith Light. She was tall, blonde, skinny.

She was nothing. There was literally not anything about me that was her. But I was like, that's who I'm going to be. She worked in advertising. I thought even when she fought with her mom, she was funny and won some of the arguments.

So they had a great dynamic. there was like hunky Tony Danza who was like at home doing everything like you know taking care of the kid like I was like this is great like you know I want to be her and so I tried things you know I sun in my hair to like turn it you know turned orange instead of turning blonde I tried straightening my hair I whatever all of these other things but I had this belly and the belly led me to at first try dieting and you know this was the diet era so it was you know Weight Watchers and Jenny Craig and like all these different things And then when I got to college, it got pretty unhealthy.

You know, I had, it was my first exposure to eating disorders. And so people who were using laxatives, people who were not eating, people who were purging and people who were exercising, you know, like all their waking hours.

And I tried all of those and none of those worked for my belly. And so then I like added to my list of where I'm a failure, like I'm a failure at eating disorders and.

It kind of all came to a head in when I went to become Angela Bauer. I took a job working in advertising. I sold sugared cereals and told everybody they were really good for them.

Best breakfast, you know, complete breakfast, way to start your day. And I was miserable. I was having panic attacks. I had such bad digestive issues at that point that even when I ate, I was either would look like nine months pregnant and be bloated or I'd have to like run and find a restroom and sometimes not make it.

Like I just, it was, my digestion was really bad. And again, doctors, everybody was like, you know, there's nothing wrong with you. You know, maybe you need a therapist.

I went to therapy. That was great. You know, I mean, like all of these proactive things. So I basically got to, I dove into food and I learned from Mishio Kushi and some others about macrobiotics.

And that got me, you know, I was like so, I mean, when we use the word clean today, my eating was so clean, you know, and I gave up alcohol and I started doing yoga and I was hanging upside down next to this woman who, I'd moved on from Angela Bauer.

I thought this woman was who I wanted to be. She had fiery red hair, curly, so I was leaning into that. She had no belly and she was super strong and I just thought so beautiful.

She told me how she had been unable to get any help for her issues and she became a healer and she was her own first patient. So I let her woo me and I went over to her house, paid her $300. It was a nasty apartment.

I think she was a hoarder, and she pricked my finger and took blood and stuck it under a Fisher Price microscope, looked at it, and it was the first person who had ever asked me a question about my life and especially my childhood.

She was like, did this kind of all happen around 12 or 13? And I'm like, yeah. yes you know and then she says like well and did it get worse like kind of like every and i'm like yes right and then she's like i know what's wrong like you have a worm like i see it in your blood and she's like this warrant like it's been there and it's now like it's growing and it's like this is what and you know it was so nice to like finally have something to blame because I had literally tried and blamed everything like what I was eating what I wasn't eating what I was doing like every and I'm like it's gotta be this worm and so she says to me like this poignant moment she goes do you want to kill the worm and it was like you know when you're in an exit row and they're like we need an affirmative from you and you and I was like yes I want to kill the worm like yes you know And she's like, Okay, like you just need to drink 40 ounces of goat's milk for seven days.

And this was 1996 1997. Like, I'm in Manhattan, there's no Whole Foods like finding goat's milk was not like an easy like, I went to this random like Lower East Side, you know, and I like health food store, you know, that kind of thing.

The guys like, wait, you're buying out our goat's milk supply. And I was like, yeah, you know, that kind of so anyway, I did it. And on goat's milk, I had never felt better.

She had told me it was the perfect food. So she's like, it's carbohydrate, protein and fat. It's alkaline forming. So she's like, that's going to kill the worm, you know, acid, alkaline balance, you're going to see the worm pass in your poop, like all this stuff.

And so I'm like, okay, I'm on this. And I will say like, I over the course of seven days, it was like, know how somebody like gets excited about Prolon these days it's like my belly got flat you know like it was like oh my gosh like I'm you know I'm seeing all of these benefits and I literally in my head was like maybe I just need to eat goat's milk for the rest of my life like I was like maybe like this is my thing you know and I'm like I got this the unfortunate part was like when the cleanse ended so did all of the benefits and after about four days I had regained the 10 pounds and then had gained one pound.

And I also was back to like all of my belly issues and you know, etc. over the course of a week. And so I remember that one pound was like the difference for me, you know, at the old time, like these weren't digital scales yet.

So I was like, kind of leaning and standing, but I was like, Oh my God, I really have like now gained weight. Like this is, and it was just, it hit me at my core.

And I, at that moment, I was a broken, like I just broke. This was my rock bottom. I still went to yoga. I'm in hot yoga. And I just am looking at myself and I was like, you know what?

I think you're going about this all wrong. Go drink alcohol. Go on with your life. Be a fat person. Your belly isn't such a big deal. People like you.

You're successful in your career. Just be done with this. And so I went to a bar. and I ended up like telling the story and I'm doing tequila shots it's like three o'clock in the afternoon and I literally had left hot yoga I was plastered like I'm hammered and this guy who was sitting in the bar eating a burger like not up at the bar with us like drinking he comes up to me and he's like listening kind of laughing as a smirk and he goes did you ever take antibiotics?

And I look at him and I was like, that is the craziest pickup line that I've like, literally, and I'm like, what? And I'm thinking now I'm like leaning into a career as a stand up comedian, because I'm like, I'm so funny.

And I was like, I can be fat, like, this would be great, you know, whatever. And I turned to him and I was like, Yeah, I was like, I free based them. And he goes, Okay.

And he's like, Well, I think I can help you. And I was like, dude, I'm done being healed. Like, I don't know what the story you caught, but like, nobody can fix me.

This is wrong. Like, my life purpose was to be a fat person. Like, that's the way like, you know, I was like, it's not going to change. Anyway, I kept his card and I randomly like I think because he said insurance would pay for it and I was broke.

I went and I was like, yeah, what do you got for me? And we spent about 30 minutes talking. He never asked me about my weight. He asked me about from antibiotics through to things like birth control and things like, you know, I'd had really bad periods and like all of a sudden he was like kind of connecting these dots, but I didn't see those dots connecting.

And then he said to me, and I'm sharing this with everyone listening here because this is the magic. He said, it's not what you're eating or what you're not eating, but your body doesn't have what it needs to run better.

And that moment broke me open. That moment liberated and put me on the path to fulfilling my life purpose. I realized that where medicine and where society had me was we were in this weight versus health or this weight or health approach.

you either have a weight issue or you have health issues. And nobody was gonna tell me that I had a weight health issue. And what I had identified at that moment in time, which I think first I thought was like, oh, thank God it's not my weight, it's actually my digestion.

But as I became a practitioner, I was able to put it together for people and say, at the end of the day, what we need to realize is that our weight, what type of fat, where we allocate fat, how much fat we have, same with muscle, same with bone, is a key performance indicator of our overall health.

So if your body is putting fat around organs or in organs or is depositing excess amount of fat, it's a signal that your operating system isn't working better.

And similarly, if you don't have enough muscle or you're struggling to build muscle or or your bone is breaking down or, you know, any of this, those are signals and they're a part of that.

And for anyone who's ever been told, you know, you just need to diet or you just need to extra, you just need to do this over here out of context from your overall health and not had a full health assessment, that that practitioner

hasn't or that, you know, whoever's doing the telling to you hasn't looked at you and understood that the human body is a weight health ecosystem.

So it's a long answer to a very specific story. That's what got me here. I really wanted to make sure that nobody ever does a goat's milk cleanse again.

I feel like it's disgusting and there are plenty of other things that I didn't try. But the other part of it is if we don't usher in a change in approach in healthcare to a weight health approach, we will have, and I remember thinking this in 2000, I'm like, we're going to have an obesity rate that's over 35%, and now it's above 40%, etc.

The crazy thing that happened was the invention of the GLP-1 agonist now lets us have a conversation about and proves out that we are a weight health ecosystem designed with actually weight health hormones, which is why I ended up writing my book.

A lot to digest there. First, I'll start at the beginning where you would appreciate this. My oldest, she was a carbon copy to Shirley Temple. So it's identical.

I love her. I love her. Yes. Second, how was the health of your mom? This was kind of congenital in some respects. Yeah, you know what's interesting is I think we've learned more about vaginal microbiome, digestive health.

You asked about the health of my mom, I would ask the same thing about my dad. You know, when we look at that and we understand that piece as well, we are a family that, and I share this very openly in my book as well, have battled probably two sides of the coin on digestion, like one slow motility and one too fast, you know, and that kind of thing.

But I think digestion, we're very fortunate in that Certain chronic diseases like cancer haven't been like our story, but digestive health has really been our story.

So I think I stand corrected actually. And I appreciate that because it's the better question was, how was the health of your parents? And it's interesting because my first fertility patient actually.

It was that the father was an issue and I'm proud to announce, I mean, they, they recently had a child, but so much is centered around the mom. And it doesn't mean that that's not accurate all the time.

Obviously we're all toxic. The question at this point is just what degree and how well is our body working to be able to reduce that toxic burden and kind of push things out as, as intended naturally, which kind of segues now into this whole.

GLP one vitamin G clip. Glip obsession. Let's discuss maybe then the, the hormone trifecta. So GLP-1, PYY, cholecysticonin, quinine. How does all of this kind of play into what's happening now?

Because a lot of this is released naturally and what's happening obviously is we're doing it in unfortunately such high doses that it holds into the body, maintains in the body so much longer.

And there's some adverse consequences that can appear. Not to say it's, it's without positive effect, but again, Talk to me about what's going on here.

GLP-1 Hormones and the Weight Health Ecosystem

Yeah, I think it's magical. I mean, I'm, I'm super excited because my first exposure to incretin hormones was not in medical school. It was not in any part of my training.

Like any of the, you know, as a dietitian, I, I wasn't like, Oh, learn about this. And this is how, this is what regulates leptin and ghrelin, or this is what tells insulin and glucagon to go to work.

But the fact of the matter is, you know, when I saw a bariatric patient and that overnight switch, right, that literally something switched on for them.

That was, you know, how I learned about this. So for many of you, you are learning about medications that are called a GLP-1 and you're not learning about until right this moment or maybe small moments before.

that our body is designed with weight health hormones. Our body is designed with GLP-1, PYY, CCK, GIP, amylin, like oxymodulin. There's so many of them.

But those four, it's really important to understand them because they regulate weight health. they do not regulate fat and cravings, which is what I think they've been minimized to be thinking about.

But when something is regulating it, if it is suboptimally functioning, then that system will have impairment to it. And when you override something or you replace it, which is what we're doing with the medication, then there will also be components of both optimization and also challenges and considerations.

So those hormones are made in the lining of the digestive tract and also in the stomach lining as well through the digestive tract. So that's important to note because when I was taking my antibiotics regularly, I was destroying them.

Like I was impairing their function slash rendering them dysfunctional. So when I then went on and added birth control, when I drank copious amounts of alcohol to be a fun person because I was socially embarrassed, that also was impairing their function.

So all of these different pieces are like key components for us to be looking at. When we carry our trauma, we carry it in our vagus nerve and our vagus nerve function is going to be important because that's where the signals are being sent and also received from.

So there's a whole system in our body. I call it an ecosystem because it's all interdependent. So what happened was, is I was looking at this and I'm in there, I'm there in practice and I'm in Hollywood repairing people's weight health and all these through helping them with their digestion and their food, et cetera.

Science had identified that a Gila monster, the venom of a Gila monster has a hormone that is very similar so we call it biosimilar biosimilar to our own glp and that actually starting in 2005 was able to launch a biosimilar hormone replacement so it is also a peptide hormone it is a chain of amino acids and the difference the dissimilarity is that it stays on for 24 hours for about seven days a week.

The first version stayed on for just 24 hours. So our own stay on for two to five minutes. So that is an exponential shift in the amount of time that it stays on.

That's advantageous for a couple of reasons and we'll talk about that. But we want to recognize that it also, when something stays on that much longer to your point, it is going to do two different things.

It's going to exacerbate any underlying challenges or create them, you know, if there was anything dysfunctional in the system. But it's also going to override your own system.

If you go in and you replace that and the receptor sites for a week don't have any reason to secrete that hormone, you're shifting the way that the body functions because you're circumventing that whole system.

So when we learn about the agonist today, like what I love about the agonist is every single time a research study comes out, I'm like kind of, I think people are probably tired of me, but I'm not tired of doing it.

Like every time a new study is released, especially like during obesity week, there was like new information, new information. I was like, okay, double click on that because every study is showing us how the body works.

And we are a society that has not understood that the body by design has a set of hormones that tells other hormones to go to work. And what they do when they're telling those other hormones to go to work is they're enabling ecosystem function.

So we can talk about some of the the pros and considerations, but to me, this is so exciting because we've been dealing with blood sugar issues around and focusing on insulin and glucagon, and we have been missing that there are a set of hormones that tell insulin and glucagon to go to work, right?

So, you know, that when you're missing, like, it's like trying to play dominoes, but not kicking down the first domino. It's no wonder all of these therapies have been suboptimal in terms of outcomes or have had additional consequences in the Blood sugar dysregulation.

Let's segue into that because that's kind of where you just prefaced. So to me, when we look at healing our patients, I start with, well, first that you can only heal the speed of your nervous system.

But beyond that, obviously you said, what is the ecosystem? What is the internal terrain? What is the external terrain? Certainly both play a huge factor.

When I look at healing, I look at it kind of in these phases. And to me, it starts with circulation, perfusion. Are you a bit, are you able to deliver oxygen to the periphery and centrally and nutrients?

And then what is your glucose or your fuel delivery look like? I mean, not necessarily going deep into ketosis or anything like that, but just in general, what is your ability to optimize blood sugar regulation?

Cause if we look at metabolic disease, that to me is, is target number one. And then what happens, how that affects other systemic issues. So when you mentioned hormones to regulate that, let's dive in deep into here, how you think about those things.

Sure. And I'm so glad that you took it to the larger ecosystem. When somebody says like, oh my gosh, look at this as it relates to Alzheimer's, you're like, no wonder, because if something helps optimize blood sugar regulation, it's optimizing brain health.

So we have to keep looking at the ecosystem from that standpoint. So we have insulin and glucagon, which The goal is to when the body is working properly, we take in nutrients, those nutrients get into the bloodstream.

And one of the things that happens is the pancreas will deploy the hormone insulin to go pick up carbohydrate sugar in the blood and take it to cells and drop it off there.

So sure, if we have too much sugar and we don't have enough insulin, that's going to be a problem. We may have delays where we may have that the actual insulin isn't getting deployed quickly enough or in a timely enough manner.

And then we can also have issues at the reception point where the cell doesn't necessarily have what it needs. I always say that insulin should come with the code, like the lock that lets the nutrients get into the cells.

But if we don't have the right amount of chromium and other things, that might not happen. So what's interesting is to now understand that these hormones, GLP-1, GIP in particular, they're telling, they're regulating insulin and glucagon and glucagon working in the opposite manner from insulin to liberate sugar and send it to the bloodstream.

So there, it's actually driving that. That's the mechanism by which the pancreas gets a message that says, hey, you should deploy this insulin. So with things like insulin resistance or suboptimal insulin production and deployment, one of the things we have to look at is how is our GLP-1 and how is our GIP functioning?

These are hormones that their sole job, they only go on for two to five minutes. Their job is to be like, let me just tell

this other hormone to go to work, right?

At the same time, it's also telling leptin and ghrelin how to work in the brain. And so that helps create this cycle where the brain also gets the message.

I'm optimally resourced, I don't need to now ask for more, right? So it's the dual cycle that's going on. So one of the things I think it's so important in that space is to then understand that when we have suboptimal production or deployment or there's a delay in um glp1 and gip getting to the receptor sites then they're going to facilitate a delay in the ecosystem where then the insulin and the glucagon don't work in the manner that they're supposed to work so you know we've had other drugs before um we've had we certainly have by the way a insulin is a bio-identical hormone replacement therapy.

So we have examples of this. So some people get insulin, but we have all these other classes of medications that have tried to address the problems of insufficient insulin throughout the body, like the resulting problems.

But nothing before was actually saying, what if we actually helped insulin get the message to go to work more effectively, and that is by coming in and having GLP-1 be able to do its job better.

And there's an argument that exists today, which is maybe they should stay on for longer than two to five minutes. Maybe our modern society and like maybe the our evolution hasn't caught up.

And so there were some medications that were on the market that actually tried to stop the enzyme that breaks down GLP-1, that breaks down your own hormone, and they were antagonizing, they were stopping that.

But what we didn't see from those was the resulting reduction in cravings, tremendous improvement in blood sugar, and we also, you know, some of these other pieces.

So it does help you, like, think about, like, it really is about this particular hormone or this set of hormones and how they're able to work. Now, if you take a GLP-1 agonist, then what it is doing, it's an agonist, so it is doing the same thing as your body.

Like, it is not working against it. It is working in the manner your body intended. But what it is doing is for 24 hours for about seven days, we know like declining impact, you know, it starts off at its highest and declines, but over the course of those seven days, it's sending out that message and telling insulin to go to work.

That does have a downside to it. It means it puts you in a metabolically active or encouraging metabolic activity state. And so one of the considerations of the medication is, and especially the dosage, as you mentioned, is also seeing that things like heart rate variability, the stuff that's supposed to happen, like when we're in a relaxed time period and a non-metabolically active time period, the space between those two to five minutes, you know, and our eating cycles, that we're not seeing that degree of relaxation.

We're seeing a, um, I'll see, you know, downward trends in heart rate variability.

Blood Sugar, Stress, and Hormonal Interactions

Which is indicative of stress management to some degree, obviously nervous system health, going back to that. So is there a time and a place? for GLPs or are you completely opposed?

Well, the title of my book, it says the personalized system for optimal weight health, GLP-1 shot or not. So I hope it infers I'm good with either. I think there is an absolute time and place.

I think these medications, this particular type of medication is phenomenal. And the fact that we have it is addressing, it's kind of interesting that a prehistoric animals venom, the Gila monster, is actually helping us to address One of our largest modern health issues, you know, and that is metabolic dysfunction or what I refer to as a weight health crisis.

But I think it's a, the time and the place is, is person specific. The dose is going to be really important. And then the other piece is it is a tool.

In our weight health toolkit, it is not the solution. So in the medical community, especially like the obesity medicine and some others would have you believe that this medication is the solution, right?

And it doesn't, it does not make us weight healthy. It can be used as part of a personalized plan to make us be able to optimize our weight health on that.

So in terms of stress and cortisol, I know when you mentioned, you know, it'll drop HRV, which is kind of indicative of this more sympathetic driven state, uh, which is more kind of in this deteriorating capacity.

Again, going back to your initial story about your, your body's just not in a, in a state that's one a conducive to healing or repair. How does that then, I mean, Obviously GLP and otherwise, how does that kind of tie into this whole discussion for you and metabolic health issues?

I love that. Yeah, and I want to, I'm a very curious person. I think that's what makes us great practitioners. You know, I'm curious about how the body works.

I'm curious about the human. So for everyone that might be experiencing a reduction in heart rate variability, who is using the medication, they may also be experiencing an improvement in their stress response because for the first time in their life or in the time that they remember, they're not having obsessive thoughts about food, what they eat, what they don't eat.

Maybe they're reducing their alcohol consumption. Maybe they're not overwhelming their digestive system because they're able to be satisfied with a better for their body portion.

You know, maybe they're taking two exercising or they're increasing the intensity of their workouts, different things. And so it's not a. nothing about our body as black or white or this space, but we do have to monitor the person.

In my ideal world, which I never ever almost, especially in my patient world, exist in the ideal world, I would get to be working with someone, assessing this, optimizing digestive function, having clarity about where dysfunction might exist in the ecosystem.

you know having a plan for that having them start to implement some of that and then we started a low dose and then we see how it goes you know like all of that usually I'm getting people who are sent to me either feeling like the agonist is not working for them any longer like it started working and now it's not working or they're at the highest dose and something still isn't working or they're feeling like they have to come off of it because at the dose that they're at they haven't had a bowel movement in a week or they're um, you know, there are just other, you know, health factors and there's, there's, so in that space, the way we have to do is come back and unpack, like what, what is your body telling us?

And I think it reveals, it will often reveal things about how other hormones are not working optimally. And I think this is an important one because, um, a lot of people that I see are perimenopausal women who are using it, or men who are a little bit older, like I would say the perimenopausal woman I might be seeing is anywhere from like 40 to 55. A lot of the men that I'm seeing that I'm going to reference now are maybe like just sort of on the edge of turning 50 or maybe have an underlying like an autoimmune disease, et cetera.

But where testosterone has gone down and where they're noticing signs of like, I can't make muscle or I'm gaining fat or, you know, like, and And so as a result, they're turning to an agonist in this part.

And I really like to look at the interaction between what we've traditionally called our sex hormones, which we know have neuro implications and others, but things like testosterone, progesterone, estrogen, and our weight health hormones.

So they are inter, like it's an ecosystem, they're interdependent, they're integrally related, they're symbiotic in nature. And so when your sex hormones shift, they throw your digestion off course.

a part of their behavior. That's both intentional and also, you know, an outcome. And so as we're, you know, when we're seeing a decline in those hormones, either just because of aging and a decline and a decision of the body that it doesn't need them, or there's something that's going on that's suppressing them or is challenging their production, we then see part and parcel with that is we see the exacerbated or an initiation of dysfunction in our weight health hormones.

So, you know, your belly fat or your inability to make muscle or bone loss, and I don't think bone loss gets given enough attention in the conversation, that's going to be really important for us to look at, you know, in that way.

I think that you asked about cortisol, cortisol and sort of our body's stress hormone response I would say as pro is the third, you know, if we have a stool with three legs, it's going to be all three of those.

And if any of those are suboptimally, um, you know, if they're out of balance, uh, um, as a result of suboptimal or Frank dysfunction, it's going to play out with the hormones interconnected.

Absolutely. Yes. You hear this all the time. I'm stress eating the food makes me feel better. And it's not like we're reaching for the broccoli. So how do you coach or intervene when someone is suggestive of that?

Yeah, well, better not perfect. So number one, the fact of the matter is a lot of the manmade food that we are consuming today does make us feel better.

It just makes us feel better in the moment. It has been manipulated and designed to go into our brain and override satiety or to give us sugar and a variety of, you know, and certainly higher amounts of sugar does make us, it's excitatory.

It does make us, you know, feel better in that moment. coffee, caffeine, stimulant, it does give us quote unquote energy, you know, to go ahead and do something.

So I want to acknowledge somebody's experience with that. And we'll talk about it usually that, hey, there's a band-aid that's going on here. And like, I get that because I've band-aided my body for, you know, decades in terms of that.

The problem is that when with the band-aid, what's going on underneath is festering. And then at a certain point in time the band aid doesn't work right so like a common example is, I need alcohol at night to take the stress off like I like you know I hear that all the time right and I'm like okay but when we actually look at what the alcohol is doing for you.

actually longer term contributing to more of your stressors. So for someone who's trying to eat right and exercise and is still gaining weight, what's the role of the alcohol there?

You know, for somebody who then has suboptimal sleep or has immune or autoimmune issues, it's exacerbating those challenges. And so the conversation that I'll have is So if we recognize that that is kind of like washing your floor with dirty shoes, like you're just never going to get the clean floor.

So if we go in there, what I'm not going to do is come in and just be like, get rid of it. You know, and that's what everybody does in January, we do dry January, right?

What does that solve for? If we, if we use dry January to identify what are new ways of coping with our stress and we now replace them with alcohol so that come February, we're still, we're in drier February or, you know, we're in, you know, like a dry light February or whatever, but we've reduced our alcohol consumption and we found new coping mechanisms or even it gave us aha moments to understand why we're experiencing elevated stress or a reduction of joy and, you know, something negatively impacted our joy, and we're able to work on those, amazing.

Then we're going to find new solution. We're going to be able to do that. But most of the time, what happens is we go through this cycle of doing it or not doing it.

So I have patients who have consistently cycled through eating sugar, not eating sugar, drinking alcohol, not drinking alcohol, eating animal proteins, not eating animal, you know, like on and on on that part.

And usually, I can just ask the question, are you tired of that cycle? You're paying me money. At the end of the day, you're here. I think there's a reason that you're here.

And so what we will do in that space is we will look at what can we experiment with? I am not sitting here as somebody who is so sage because you come to me and I have a crystal ball and I know exactly what the right answer is for you.

I am someone who has a lot of experience with strategies and recommendations, and I'm going to give us a couple of experiments. We're going to do those experiments, and we're going to see what's doable, and we're going to see what actually moves the needle for you and your body.

So what might move the needle for you and your body might be that using a GLP-1 agonist is helping a lot of my patients address their challenges with alcohol.

Like it is happening all the time, you know, where they're kind of getting to a place like on their own now where they're like, I really, I realized I was using alcohol.

I wasn't like, like I could say maybe I was enjoying it here or there, but I was using it for this reason, right? In the same way I might be using caffeine for this reason.

And, you know, what's, what does that look like? And we're able to work on that. Something else that could happen is, as an example, I have a client that was eating blueberries, one of my patients, she was eating blueberries every night after dinner.

And she's like, blueberries, like they're okay. Like sometimes they're delicious, sometimes they're not. I had her do the delicious to me test and she was scoring like somewhere about a four out of five on a scale of one to 10, a four or five with the blueberries most of the time.

On occasion, she'd have like a seven or eight. But what we found was they weren't delicious to her. So what they actually weren't doing was they weren't telling the body to be satisfied and to be enjoyed from that.

And she said most of the time she was eating the blueberries, everyone else in her house was having some version of a dessert.

Food Cravings, Satisfaction, and the Delicious Test

But she was doing it as a way to be healthy because it was lower in sugar and it was better for her and her doctor or previous dietitian or somebody had said this is a good choice.

And I was like, that's a really crappy choice for you. So first of all, I love blueberries. And if you like blueberries, like, let's go ahead and if they're delicious, great.

But if they're not delicious, and we kind of MacGyvered up this like chocolate, like a hot cocoa version of something that she has at night that gives her some magnesium and know, etc.

And she really enjoys it. And, you know, she'll sip on that. And then she also was finding that what was really the issue was she was exhausted and not really wanting to show up for anyone, not for her dog, not for her partner, not for her kids.

And, you know, for anyone who's a parent, I'm an aunt and a dog owner. And those night times, like sometimes I'm looking at my watch, like 545, if I've got the kids and I'm like, How can we be in bed by 6 15? You know, I'm like, how do I just end it?

Like the next two hours are going to be so rough, right? And she was finding that she was really like turning to it would start with the berries and then it would turn into like an hour and a half later.

She was either having alcohol or she was having something to eat because she was just like miserable, you know? So what we found was she was backloading on calories, like, and everybody had told her just stop that.

Like that had been the answer. Like, let's just stop that. Just stop that is never a human like that's just not what somebody is going to action off of you know ongoing.

So when we were ultimately able to identify that on the nights where she wanted her like chocolate, you know hot cocoa. That worked well. We also had times where.

She would have a dessert in the middle of the afternoon and it was nutrient balanced and she really enjoyed it. And that like kind of gave her something sweet and delicious, you know, and she loved it.

And then she also found that 90% of the time the berries were like just added calories at that point. She was just having them to have something and so we didn't have that.

And she loved a magnesium bath. And her favorite part about the magnesium bath is when the door is closed and she was in her bath, nobody was allowed to come in there.

Her dog didn't come in, her partner didn't come in, and the kids didn't come in. And that 30 minutes allowed her to then pivot over and be the person that she wanted to be for all of them before going to bed and sleeping better.

So when we say how I will just, it's a process of experimentation. Like I could not have come to, you know, wave a wand and say like, magnesium bath, no berries, eat chocolate.

Like we figure that out per person, but I think there are some key things in there. We did the delicious to me test. I asked the question, like, why are you having berries?

Like a lot of people were high-fiving her and giving her credit for having berries after dinner, right? So I think in that regard, like we have to start to unpack that piece and get into how do we personalize, you know, what's gonna work better for you on that part.

What is exactly the delicious or me test for you? Yeah, delicious to me. I call it the delicious better be delicious to me right now test. So what you do is you create your own scale on a scale of one to 10 where one is it's the worst thing you've ever put in your mouth.

Hopefully you never have to have that again and a 10 is like so delicious. I could write a sonnet about it. So for me, I always come back to gnocchi sardines and stracciatella gelato that I had in Venice like could have had it again and again and again, and I did.

I was like, and I'm lactose intolerant, and I was like, great, it'll just go through me and then I'll have it again. I was like, this is great, I love it.

So that I measure, and I remember the specific, it's just like, there's a feeling of, I remember how delicious that was. So you go through and you have a bite or a sip, whatever you're eating or drinking, and you stop and you ask yourself on a scale of one to 10, where is it?

And if it's a seven or greater, then it's worthy on that part. If it's a four, five, or six, proceed with caution. The proceed with caution is that you are going to eat, but you are likely to not hit the satisfaction point, especially with

the amount that's going to be better for you.

That leads to looking for something else, like at the end of the meal on that part, or looking for something else another hour or two later. or just existing in a sub-satisfied state on that part.

And then if it's a one, two, or three, I'm hoping that there's another option or there's a way to make it more enjoyable. And it doesn't mean that just because it's delicious, I always get this pushback, just because it's delicious means proceed and have as much of it and you don't have to pay attention to any other pillars of nutrition.

That's not the case. The argument that I'm making here is deliciousness needs to be a part of your better nutrition decision making. But somebody said to me, well, if that was the case, I would just be eating ice cream all the time.

And I said, I don't think you would. If I told you right now to take a pint of your favorite ice cream and start with a spoon, and after every spoonful that you ate, do the better be delicious to me test.

I can tell you, I've done this, I've done it myself, done it with enough clients, by about spoonful number five, six, seven, depending on how quickly you're eating, it goes under a seven.

You're now in the mode of just eating, right? And we like you're not having it be that delicious. Same with the French fries, the best French fries ever, wherever you're eating.

If you take them home to keep eating, they're gonna get warm, they're not gonna be crispy, like, they're not going to be a seven. So it does actually help us.

And, you know, I originally created this quiz to help people through the holidays because I was just finding that so many of my clients would say to me like, meh, like what I'm having is like, you know, I was like, we're getting, you know, we gain holiday weight over the four fives and sixes, you know?

So if there's candy that's around, if there's a piece of candy that's truly delicious to you, I love good and plentees. There is not a redeeming quality in them at all, but they're delicious.

When I want them, if I try to eat my way through like good for you candy, like it's a waste. I'm still going to come back to wanting the good and plentees.

If I have a couple of good and plentees, you know, even a small container of good and plentees, whatever, then I'm done with it. Like I had that, that was that experience and I can move on from it.

And I think that we're trying again to pretend that our body is designed with this willpower muscle that we really have to strengthen when in fact the body is actually designed with a satiety mechanism beginning with weight health hormones that have receptor sites in our brain.

And the job of those weight health hormones is to tell other hormones to go to work that tell the brain, that tell the body that it's full and also that tell the body that it should be satisfied.

Let's actually work with our body's biology as always. We don't live in conjunction with our evolutionary biology. There's so many directions I want to go there, but for the first, in terms of your blueberry gal, I mean, right away I think of anyone that's craving sugars.

Again, I am biased because my patients come to me, usually there's GI issues. There are a whole slew of issues, but my focus has been kind of all things GI, microbial medicine for the past decade.

I look at a, I do a lot of in-depth testing with my, with looking at microbiome analysis and bacteria again, that feed on sugar is not the same as perhaps some other bitter foods that could be better for us.

And the emotional component, and when you said, you know, she's just eating blueberries. is certainly interesting

because what you have underscored, your philosophy is intent.

Helping someone understand why they're doing what they're doing. So your delicious test is interesting because after seven bites, all of a sudden there's probably an exponential depreciation of kind of how something is affecting you.

We don't think in terms of that anymore. We're just putting food in our faces. because we know we have to do that it's society cues rather than our own internal hunger cues and most of us are probably not even that hungry it's just well it's lunch hour so we're all going out to lunch and what's on the menu well whatever else my peers are doing we've lost this kind of innate nature to discern what is my body telling me so if someone craves chocolate to me i think okay there's probably a magnesium deficiency which is what i want to underscore maybe next in terms of nutritional um insufficiencies you find and foundationally where you start with patients but in general to me The bacteria is really kind of what dictates a lot of the signals that we ignore and the bacteria that feed on sugar or the yeast overgrowth or some of the bad players like maybe Klebsiella or some more proteobacteria or bifidobacteria, ideally better still, but needless to say is there's also bacteria that have a higher propensity to promote weight gain.

And so we have to understand this interplay, I think as well, that's often overlooked just on a, on a very microbial level and how that's affecting now decision-making because I do not believe in willpower.

If it's there, we're going to do it. Right. The question is just what environment again, have we set up that's promoting success or unfortunately setting us up for failure and definitely incongruent with our In a biology in terms of the, the micronutrient insufficiencies, is there like a foundational where you suggest, okay, here's my foundation of five.

If you are that we see across the board, this is the problem in our modern society. Yeah. I would say no in terms of, I think micronutrients is a big problem.

For a variety of different reasons, whether it's food processing, food choice, soil quality, all sorts of different things, and also exponential needs.

Micronutrients, Bone Health, and Closing Thoughts

I think one of the things that I invite people to do and break up with a lot of stuff in my book, I'm like, you're going to lose weight right off the bat with my book because the first actual chapter after we go through stories is, shit to unlearn.

So I'm like, all right, like, there's a lot that we got to, like, just jump in there. And when you unlearn that, you're like, oh, wow, like, I mean, it's hard, like, it can be really hard, because we love to glom on to, like, total calories in the day matter, total amount of water matters, total cholesterol tells us about our health total, you know, blood, our A1C tells us what our, you know, our blood sugar risk is, like, we got to break up with these.

So when we look at that, I would be flawed if I said, then, like, oh, this micronutrient, right, but we do have to recognize that micronutrients, our body is an operating system.

We like to think about it in all of these different ways and deviate away from a conversation where it really is an operating system that needs to be optimally resourced.

We've had really dumb amounts, those are the RDAs and they moved them to DRIs that were these levels that they set across the country for women and men like an example in like 1997 is still the one the dietary recommended intake for magnesium is still from 1997. And it's for a 135 pound woman and 166 pound man.

I haven't weighed 135. I will never weigh 135 like I hope in my life because you know I'm strong and I'm like whatever but I definitely weighed more than that most of my adult life.

And like, so that number has never been right for me. And then it also dictates, it says based on that weight

number, that men and women, that men have a 20% higher need for magnesium.

And when we look at what magnesium does in the human body, including in times of stress and physiologic stress and cramping, relaxing our muscles, like, you know, men don't have monthly menstrual cramps, you know, and I was like, so women, like, like, we just need that, you know, on that part.

So I'm not saying women need more than men or men need more than women. I'm just saying it's dumb, like, the amounts that we have set are dumb. And so, you know, for me, what I will do is like, when somebody comes in, the conversation is going to be like, first of all, I think, like you, I've been doing this for a really long time, and When somebody tells me what they are taking in or they aren't taking in or historically what they have and haven't gotten in.

And we started to have some conversations about that. My Spidey sense goes off and I'm like, Oh, okay. Like I think we might need to look at some of the nutrients, you know, specifically.

It might be that you're over dominant on calcium. Like you've been paying so much attention because of bone health to calcium. and you haven't paid attention to magnesium or vitamin K, right?

You might have been getting vitamin D in, but maybe if we're worried about arterial plaque, we should be thinking about your calcium intake and your vitamin K because calcium loves to go rogue.

It doesn't love to go to bone. It loves to go to arterial plaque and other places where it doesn't belong. So let's make sure that we have the nutrients to guide it and kind of tell it where to go.

And with blood sugar, I always come back to things like B vitamins and chromium, because I almost always see people who are trying to optimize their blood sugar getting rid of carbohydrates.

Well, like the sources of carbohydrate that are better for us are very micronutrient dense. And if you decide to never have carbohydrates, it doesn't matter to me, but we still have to get those nutrients in.

So where are you getting your B vitamins? Where are you getting your magnesium? Where are you getting Things like silicon and boron and I'm like super interested in lithium.

I think small amount like lithium orotate I use and I've seen it really help with the vitamin absorption. Well, aha, look at what used to be in the soil together.

You know, look at what we used to get from our carbohydrates. So I think it's really important, you know, for us to hone in on those micronutrients and that that space of nutrient optimization as opposed to sort of nutrient sufficiency and certainly to move on from what have been insufficient levels.

We just scratched the surface on bone degradation, bone loss, calcium. I think that to me was a huge problem. To me, it's usually not insufficient calcium.

It's a balance between magnesium, potassium, sodium ratios, and then calcium plays a role, but just taking exogenous calcium all the time to theoretically rebuild bone to me is a disservice more often than not.

I mean, bone. We're going to have to do a part two on bone, right? Like just a whole, let's do that. Cause yeah, there's a lot that we could dive into there.

Cause I have 32 more questions and now your time is up. So this has been absolutely remarkable. I love everything that you shared. I love the, the, um, to me, I call it progress over perfection.

So it's similar when, uh, in terms of your t-shirt that you're wearing or your sweater. Um, so. I love it. This has been absolutely inspirational. We're definitely doing a part two in the year.

I want to plug your book because let's highlight that too in the new year as well. So anything you kind of want to wrap up with our list. You know, I'm just really excited for everybody to have this resource.

The book delivers the first ever weight health hormone assessment. it's not a lab test, spoiler alert. It is a five-stage process that we have to assess a variety of different things.

But I hope that between that and also the online resources and access to our coaches, that you will feel that you have the support to actually evaluate, to assess your own body, whether you're working with your own clinician or whether you need to identify one and there is like never a better time because this really allows you to use your resources more efficiently.

For me I know everybody is focused on budget. I think that that is an important thing for us too and obviously like I understand all of the challenges around our finances but I also look at our time is so precious as a resource and then I also feel like hope is so precious.

I mean it really was the thing for me that When I lost hope, I was on the path to becoming a person that I didn't want to be. So, you know, if anyone feels that they're at that place, this is, I hope, an opportunity for you to get a renewed sense of, Hey, my body is actually brilliant, unique, and now I just need to tap into what it is trying to tell me and be able to optimize.

I love speaking with individuals who focus on natural medicine, lifestyle medicine. You're brilliant. Thank you again. Tell your gal also blueberries don't grow all year round, by the way.

Now, also, last final question I end up every episode. If you could have one superpower, what would it be? I have a superpower and my superpower is that I'm what I call a better mirror.

And so when people, when I see people, I shine back on them, their potential, their value. And, you know, I just, I see the best in people. So I really believe that that is my superpower and it's just very fun to be able to use it in this life.

This has been incredible. Thank you everyone for tuning in to the TBD Fit Show here. Stay healthy, stay consistent, and stay curious. So Ashley, definitely round two.

Any, or can people find you? I'm, I'm at Ashley Cough everywhere and at the better. Cliffhanger for the next one. We've got 32 more questions to discuss.

You're awesome. Thank you for tuning in. into the TBD Fit podcast on Dr. Talks, where we unpack all things health and longevity. If you enjoy the show, like, review, and subscribe.

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