Women’s Health Isn’t One-Size-Fits-All: Precision Medicine for Female Hormones & Health Transcript

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Women's Wellness as a Separate Visit

I don't want to say overworked, but we're overworked. Like you have so many things just on, when I see a patient in the office, right, it's, I have to make sure their mammogram's up to date, their pap is up to date.

Do they have the right testing done? Do we get a urine dip, a urine culture? So you have to make sure you have these essential things. When you tap into the other part of it, like wellness, and that brings up a whole new kind of evaluation.

So I think it does have to be a separate kind, aside from your routine. I think it should be for all women and really for everyone, a separate visit that you follow up and it's just about wellness.

It's just about tailoring to all of the things that are very specific to you. You're listening to the Lifestyle Medicine podcast with Dr. Ivan Rusilko, brought to you by Access Lab, where we explore new perspectives at the forefront of personalized healthcare.

How's it going? It's Dr. Ivan Rosilko again here with the Lifestyle Medicine podcast sponsored by Access Medical Labs. If your doctor's not actually checking your labs, then they're not a doctor.

And do we have an amazing treat for you today? We have Dr. Maria G. Now, Dr. Maria G is a board certified OB-GYN doctor. She's worked on robotics. She has her own vitamin company coming out.

She's worked in North Shore Hospital in New York, which I love the transition of how she went from NYU into this new business. and this new way of practicing.

So I'm gonna let her go over all that. But it's one of those situations where I think women's health is at the forefront of what wellness medicine is today.

And I'm honored to have such an expert here with us.

Introducing Dr. Maria G and Women's Health

So Dr. G, pleasure to have you. Thank you so much. The pleasure is all mine. I'm really such a huge fan of all of your work. I love everything that you're doing for wellness.

It's super important. And honestly, I think very empowering for all doctors. But, you know, today I'm going to talk about women's health specifically, because that's what I do every single day.

And I think regarding diagnostics, like labs, imaging, whatever it may be, is so important for women because The one size fits all approach of medicine, when you apply that model to women, you really miss a lot of the nuances.

And those nuances are really the key to making women feel really good. So it's our health, women's health is linear. So throughout life, you're going to do so many transitions as a woman.

So from puberty to your reproductive years, and then you get into menopause, right? But between those reproductive years, going into menopause, there's this really horrible perimenopausal state.

that lasts for, like, a pretty substantial time of women's lives, you know? And it's not always all women present with different symptoms, although there is this, you know, overall theme of, yes, these symptoms are more typical of

someone who's in their reproductive years versus menopausal years.

A lot of them overlap, and that's why the diagnostic labs really help us hone in on exactly what that woman's problem is so we can really tailor their health.

I love that. I think the biggest thing, especially when it comes to women's health is like you said, it's kind of a one size fits all. Okay, puberty year, same thing, A, B, and C.

Once you get to perimenopause, A, B, C, menopause, A, B, C. And we're now learning that there's so much maneuverability when it comes to hormones, peptides, nutrition, detoxification, that so many different things can help women not only prolong their reproductive years, but make them much more quality.

When it comes to your patient demographic, which age range or would you say, I guess, overall demographic are you seeing the most of? So I honestly do see a huge variety.

Where I was previously practicing, I was seeing a lot of the younger patients and a lot of the OB patients. Now with my new practice, I definitely see a variety of, I would say my forte would be perimenopause.

I have a ton of OB patients, but because I'm a female, not just because I'm female, but yes, women do tend to feel more comfortable with females. big young girls because it's their first time going to a GYN and you know, it's really scary.

It doesn't seem that scary, but it's very intimidating. So you have to come in, you have to explain all of your most personal things, things that you don't want to tell your best friend, you don't want to tell your mom, you know, your own cool aunt, you know, so you form this really unique bond with your patient.

So a lot of the young ones too will come to see me and You know, I always mention my younger sisters when I'm talking to them and, like, tell their stories because there's literally nothing that I haven't seen.

I have seven siblings, so across all ages. So, in the meantime..

Diagnosing Younger Women with Labs

. Awesome. So when it comes to seeing these patients who are on the younger side, are you looking for specific things in lab testing and intake forms and their lifestyles that kind of dictate how to kind of treat them the best?

Or since they're so young and new coming in, it's kind of almost like, you know, automatic for you. Yeah, so with younger women, a lot of them will complain of things like low libido where they're used to have a really great sex life with their boyfriend and they used to be, you know, into it and then all of a sudden something changes and nothing in their lifestyle is changing.

So there's no major life event. There's no stress. You know, nothing has changed in the dynamic of the relationship, but yet they're not feeling it anymore.

Primarily, low libido is thought to be something that only older women go through, but it's really, it's quite to the contrary. A lot of young women in their early 20s are experiencing low libido for a variety of reasons.

So doing something in these types of patients with lab work and assessment is really like, it's such a pivotal point in their care because it allows me, I always tell them to think of an upside down triangle and then we just kind of cross things off the list to hone in on like what it is.

So for them, doing a panel like a thyroid panel is huge. It's a very under diagnosed disease and a lot of them have low thyroid. So thyroid is interesting because for women, it affects everything.

It affects your mood, it affects your attitude, your appetite, your metabolism, weight gain, weight loss, fertility. the

regularity of your periods. If you can have, you know, painful intercourse versus enjoyable intercourse, you know, that is a huge thing.

And then also libido. So by doing a lab value, something as simple as blood work in these young patients, I can say, okay, you know, we checked everything, but your thyroid is slightly off.

Easily fixed you fix the thyroid and then all of a sudden she gets to feel like a sexual young woman again So it's it's huge for them, you know and other things.

Yeah. Yeah, it's a huge superpower I'm like the fatigue also is something that I think is so commonly brushed off, especially for women Everyone's just like oh you're tired.

That's normal, you know, no big deal, but it's not in women also It's typically a really it's your body telling you something else is wrong. Sure. Are we all tired and sometimes absolutely I mean, I feel tired all the time But some young girls, you know, who are like getting the eight to 10 hours of sleep at night, they're falling asleep in class and they have no energy to work out or to live normal lives.

So doing a panel on them with something like iron is huge. For sure. But it's always nice on the young patients because you're looking at them like, oh, these they're definitely not iron deficient.

Look at them. They're young. They're healthy. You know, they're they're eating red meat all the time. But a lot of times it's from simple things. It's not always, you know, that the giant glaring red light.

It's simple things like your iron stores. Where is your iron? If you're iron deficient, again, for women, super important effects all phases of your life.

so their iron is like really really huge and then vitamin d i know we're all deficient in vitamin d but a lot of times these young patients are really deficient why do you think that is because everyone's inside you know it's not like i see the same thing here and i live in the sunniest place in the world so i'm i'm curious to see in new york i know it's a little bit different so I think for sure.

So the weather obviously plays a role in it, but it's like across the United States universally. But I think now the culture has changed so much. Everyone is like so honed into their phones and their computers and TV and all that stuff.

There's less of like the walking outside and doing activities that involve the sunlight. I'm a huge, huge advocate of sunlight. We're very prone to getting seasonal affective disorder and it's totally a real thing.

So, you know, treatment modalities will do like light therapy in your house. Like it's literally a light that makes you feel better because the sun now makes you feel better.

So it restores those vitamin D levels. And then I would say the third biggest one would be B12. for sure yeah a lot of young patients are deficient in that and why do you think that nobody's eating meat anymore or malabsorption I think I think malabsorption plays a gigantic role not only vitamin B and vitamin B12 exactly that's what happens you know what I mean like it's not it's not as Totally.

Perimenopause, Menopause, and Tailored Testing

And that age group too, they're so self-conscious about their bodies. So they're watching every single calorie and every morsel of food that goes into their body.

And a lot of times they have a calorie expenditure that is far beyond what their calorie intake is. And that just leads to all sorts of problems for them as well.

Which is scary too. I think so many people on on GLP ones now too. And the amount of when your stomach starts

to slow down, the absorption slows down and all the good stuff that you need vitamins, minerals, amino acids, you name it.

You really aren't getting it anymore. So you've seen people are perfectly inducing caloric deficits that have also nutrient deficits in it. It's, it's terrifying in a way.

Totally. And then to kind of segue into the perimenopause years, are you seeing the same kind of lapse to actually correlate? Like women coming in, low thyroid, iron, vitamin D, B12s in the same way?

yeah totally just kind of on a different spectrum so it's like a 180 the other way you know they're thinking that all these are symptoms are normal because they're like oh this is what i'm supposed to feel i'm post menopause or i'm perimenopausal i'm gonna feel tired i'm gonna have brain fog i'm gonna have irregular periods so they're the ones who are less likely to always kind of act on it because they think it's it's more normal, if that makes sense.

So when they come into the office, it's their opportunity when you speak with your provider, like a woman's OB-GYN, you know, I double as a therapist, you know, an endocrinologist, a cardiologist.

Everything, life friend, you name it. Everything. I know about their mom's sex life, their neighbor's sex life, like everything they tell you. So it's a really good opportunity for me to kind of ask questions specifically relating to, are you still sexually active?

How are your periods? Are you having painful intercourse? all of those things will help me kind of tailor okay well maybe this woman I'll do baseline labs on everyone at the age of 45 anyway but the average age of menopause is 51 and a half you know so some women are getting it early in their 40s some women are getting it at 58 so that's like a 20 year gap really so um there's so many different things that will affect them but yes I will run the same labs I would on a 25 year old on you know a 48 year old but the interpretation of them is different so It's kind of like, you know, the storytelling is a really huge part of my job, listening to the patient and listening to their symptoms.

It's a huge part for me. And then the labs allow me just to hone in on really what the problem could be. No, that's great. Again, like I said, I love that you're using labs like that.

I mean, my biggest thing in Miami is just lab, lab, lab, lab, because it takes the amount of medicines and peptides and IVs that you need and just kind of funnels it down to exactly what they need, which I think precision medicine is the future of what the wellness industry is and can be.

Totally. I totally agree. Yeah. I love that. Ideally with like, you know, my vitamin line moving forward, that's really what I'd like to do is to do like a full baseline panel on all my patients based on what they're deficient in curing a vitamin just for them.

You know, so. I love that idea. What's the name of your vitamins company? It's called Matriel. Matriel. And what does that mean? I'm curious now. I actually made it up.

So. Even better. You got the IP all day with it. So I couldn't think of what I wanted to name my company. You know, I was really going back and forth.

I didn't want it to sound generic. I wanted it to be something that was like very unique in me. So obviously my name is Maria, but like I like the whole idea of like matriarch.

So, and then L means woman in French. So I was just kind of toying with all these words. I was like, Oh, matriarch. I was like, that sounds elegant. Yes.

Very elegant. It's like you need white gloves just to take them. That's amazing. Exactly. Totally. So, so I'm curious, we, we touched on the young years, the perimenopausal years.

What about when it comes to menopause? Same panel, different idea, different, a different approach? Yeah, same

panel for sure, but a much different approach.

So with these women who are already in menopause, I'm already expecting certain values to be very low and other values to be very high. But what's new in the menopausal population that is really important is their cardio metabolic health, because as they get older, their risk for heart disease increases.

So heart disease is the number one killer of women. You know, it kills more women than all female cancers combined. So having that appropriate testing for women in menopause is really, really important as their risk goes up.

Same thing with bone density. This is a population that you add the bone density scan in because they're at a higher risk of having fractures. So those are things that in the menopausal patient are not of no utility in a younger patient, but nonetheless super important.

But yeah, women in menopausal years can still have thyroid dysfunction and low iron and lower 12 and all of those things. supplementing and correcting those deficiencies are of huge importance in their lives.

No, for sure. So when it comes to sexual health in the actual menopause years as well, surprisingly here, I do a bunch of that stuff here when it comes to the testing and you know, sexual health, I think is the root, the root of a lot of health, you know, I mean, like, why do you be better looking this that there's that prime primal need.

So it's very unique to see that the the women who come here, who are in their postmenopausal years are still so focused on the sexuality, libido performance in bed.

Are you seeing the same thing up there in a in a cold New York to as well? Or is this a Miami thing? No, listen, New Yorkers are definitely sexual beings as well, you know, surprisingly enough.

It's always the ones that are like the quiet ones that surprise you with the, they hit you with the questions. Okay. All right, Kathy, I see. But no, there's a lot of, you know, it's God's little trick.

Women's sexual peaks are in different decades than men's. So when women, it's true. It's a hell of a trick. Yeah. So when women are sexually peaking, you know, quite often, their husbands at that point are suffering from erectile dysfunction or, you know, don't have that same libido or don't have that same drive.

Or I'll see the opposite end of it. Women who do have a very strong libido, but they have painful intercourse, right? From vaginal narrowing, you don't have any estrogen, so there's not as much elasticity.

So it can make intercourse really painful. which is another like opportunity for an OBGYN to address those issues, right? Because we have lots of really great treatments.

You have both non hormonal treatments like hyaluronic acid, there's vaginal inserts that you can use a couple of times a week, and it really helps increase if you're, if sex is painful or really painful, you know, it's going to make it really hard to be able to enjoy it.

So by rebuilding those hyaluronic acid stores for them, it helps. And if that doesn't cut it, which most of the time it will, you can do things like vaginal estrogen therapy, local therapy, lubrication, just like regular KY jelly really does help.

But yeah, they're totally, they want to fix their sex life for sure. This is not something they're slipping under the rug. Definitely not. That's great.

Again, I think, yeah. You know, owning that vibrance today at an advanced age, I think is probably the best part of life. If you take a look at it. Well, that's cool, though.

So you're seeing the gamut of everything right now. What would you say the number one concern for women of

any age right now is when it comes to just being out there?

What are you seeing most of chronic fatigue, problem sleeping, sexual dysfunction, weight gain? Like, what are you seeing across the board at your practice?

across the board, it's a very simple statement. Everyone says, I don't feel like myself. That has been like a really, really huge like theme in all of my patients.

And it has to do with a lot of things you just mentioned. So fatigue is a huge one, like very, very big right now. So and it's all encourages women who are both, you know, actively working out, who have super active lifestyles, and also women who have sedentary lifestyles, you know, the fatigue, it's not really correlating to the amount of sleep that they're getting.

So there is definitely something else going on.

Sexual Health and Hormone Therapy

And I agree with you about I think a lot of it has to do with what we eat, actually, I'm like, that's a whole nother podcast for us, you know, but I think it's a huge impact, especially for women, because like you said, as we get older, the way we metabolize food and what our body is actually absorbing drastically changes.

So yeah, I think fatigue is huge. And weight gain right now, I think it has a lot to do with the GLP. Women are really, really self-conscious about, you know, I'm not losing weight or how come it's so hard for me to lose weight and what's changing.

A lot of, I think that's a huge, huge thing for women. And then the other thing that now with the GLP-1s, right, you have this rapid weight loss that you're seeing in a lot of women and you don't feel the effects of it at first, but I see them, you know, six months later, a year later.

and they're not feeling great anymore you know you lost the weight but as soon as you you know start feeling that fatigue the nausea kicks in and it totally affects her sleep pattern i think it's really really affected it and then when you stop they're having these issues with metabolism afterwards you know you write periods things like that so for women rapid anything is not good like you know rapid weight gain, rapid weight loss, all of those things are going to like throw you off.

So those I think are definitely like the most pressing issues now. You know, you'd be surprised, a lot of my patients ask me if I'll prescribe it for them.

And it's not because I believe in them or if I don't believe in them. I'm just, I don't feel like I'm well versed enough, you know, in the GLP ones to actually be prescribing them for patients.

I think it's a little out of the scope of my practice. Um, and I always just tell them, you know, go to their primary care doctor, but remind them that, you know, nothing is free.

So if they're, if they're getting this kind of rapid weight loss out of nowhere, you know, your body's going to feel it in someplace else. No, for sure.

I think we're gonna see a lot of class action suits against the GLP industry coming up here very soon. Cause nobody, you know what I mean? Like. Don't eat, do this.

And all of a sudden people are losing bone. I mean, the bone mineral density that we've seen in certain people, insane. Like I do prescribe them here, but there's so many different things that they have to make sure.

They have to make sure their testosterone is correct. Their adrenals are correct. Their thyroid is correct. Making sure their IGF-1 levels are correct.

To make sure we actually maintain bone and cartilage and muscle and things like that. Cause you see women walking around like. I'm not going to say the celebrities, but you know exactly, or they, they literally like skeleton, like skeletons walking around.

And when people don't understand how, how, how your BMR is all about, you know, having muscle on you. And the fact that these things eat through your muscle, if you do them in properly, it's just, it's sad to sit there and see, like you said, nothing's for free.

And, you know, unfortunately us as humans love easy, convenient things. And you're going to see a lot of that medicine coming up here very soon, I think.

But yeah, no, I'm glad that you're saying like, you know, if it's out of your scope of practice, not many physicians would say that they just, they would just do it anyway.

So kudos for you, because there's so much money to be made, but it's bad money, I think, I really do. Yeah, it's just like not, and okay, everyone wants the rapid results, like you said, but it's just, you know, it's too, I don't know, there's too many vague things that I don't understand the answers to.

So I don't know, maybe we'll find out sooner rather than later, but you know, for my patient population now, if it's working for them, great, but they just have to be mindful that these results don't last forever.

That's true. That's very true. So back to your actual supplement line. Are you prescribing it frequently to everybody? Do you base it off of the blood work or is it kind of like they come in, they have a certain symptom, you have a specific vitamin for that?

So I started this prenatal, it started as a prenatal vitamin line because all the prenatal vitamins out there are horrible. So if you look at what the American College of Obstetrics and Gynecology actually recommends for their daily recommended amounts of choline, folic acid, folate, whatever it may be, if you look at the leading brands, they have, for example, choline, you should have about 450 milligrams a day.

It's essential for babies' brain development, neurological, snapsies, their memory, every, it's huge. Most of them will have about a fourth of that. They'll have between like 55 milligrams, maybe at the most, 100 milligrams of choline.

Now, choline is not a hot topic the way like methylated folate is, right? So everyone's talking about methylated folate. And yes, methylated folate is great.

Yes, I think it's good. But I mean folic acid is still good. But things like choline, they get swept under the rug. It's just not a hot topic. So these are things that I wanted to fix because women deserve better, you know, and prenatal vitamins are not just for when you're pregnant.

I advise all my patients, they should be taking them three months before pregnancy, during pregnancy, and for the first year postpartum, especially if they're breastfeeding.

So that's kind of where it all started, just like being able to give women what they actually need. And I wanted to make it in a higher bioavailable form.

So I created it in a powder to a liquid. So you do one scoop of powder, you mix it and then it's liquid. So women get a higher bioavailability of all like the essential vitamins and nutrients.

And then I'm a huge advocate of like DHA and choline. I think all people on earth. taking, you know, fish oil every single day, but especially, you know, women.

So I supplemented it with a choline and a DHA supplement.

Fatigue, Weight Gain, and GLP-1 Concerns

So that is like the basic package that I have now for women. And then, yeah, and then we'll also, we're in the works of winking women's daily multivitamin with the same concept of mine, just essential, all the things that women should be getting in daily recommended amounts, but it doesn't exist out there.

for no matter how many vitamins are on the shelves in Walgreens or CVS. If you look at that label, it's horrifying. I'm like, who makes these, you know, nobody, nobody regulates it.

They I think it is studying was 2018 that they went to a GNC and they pulled off every single every single they bought up one one bottle of everything.

I think it came back at 30% was actually what what was actually publicized. It's insane. It really really is. Crazy on the other thing people don't check to see if it's third-party tested I explain to my patients like if it's not third-party tested Whatever is on the label is whatever they say is on the label doesn't mean it's actually what's in there You know, but it's deeper and it's easier and just like what is wrong with you?

You know, I mean And it's, it's the, everyone's duped, you know, so that is, that was like a huge stride for me with Matt Rial is just kind of educating women to know what they should be taking, how they should be taking it every single day.

And I think women do not take daily multivitamins, especially in the young population. And that's a huge mistake. All from age, from as soon as you're hit puberty, you should be taking a daily multivitamin.

Before that, you should be taking a child's daily multivitamin every single day. You know, it's really, really important. So yeah, that will be where we start.

And then I'm simultaneously building The material is a wellness line. So that way women can individually have all of their blood work done. So we'll test heavy metals, iron, all of their hormone panels, vitamins, nutrients, all of that.

So it'll be specifically tailored to each and every single woman for exactly what she's deficient in. And then we're going to be offering up, you know, three months, six months, nine months, 12 months follow-ups, and then, you know, formulating something for their maintenance.

So they're only going to be getting exactly what they need and nothing that they don't. No, I love that. And so I'm curious to see it because I love how like, I love how you, you went down that path of kind of customization, heavy metals, this, that, and the other.

How many of your colleagues that you went to medical school with are, do they have the same kind of overall perspective of wellness or integrative as you do now?

Because again, I, I, when I graduated top of my class, this, that, and the other, none of them, you know what I mean? I'm the black sheep of everybody.

So I'm curious with you. It's the same thing over here. You know, I think as physicians, we are, I don't want to say overworked, but we're overworked.

You know, like you have so many things just on when I see a patient in the office, right? It's, I have to make sure their mammogram is up to date. Their pap is up to date.

Do they have the right testing done? Do we get urine dip, urine culture? So you have to make sure you have these essential things. When you tap into the other part of it, like wellness, like how are you doing?

And that like brings up a whole new kind of evaluation. So I think it does have to be a separate kind, aside from your routine exams. I think it should be for all women and really for everyone, a separate visit that you follow up.

And it's just about wellness. It's just about tailoring to all of the things that are very specific to you, right? So you

have like that blanket, everyone needs the pad mammo.

Dexa, that's the blanket for everyone. But then the other part, the wellness part is just honing in on what is specific to each woman. But as far as colleagues and other people that I work with, I don't know anyone else that's doing it because it's time consuming and the job that we already have is also very time consuming.

You know, between a doctor, a mom, a wife, you know, all these things and a human being, it's like there's not much time left in the day. Yep. for the wellness stuff, but I hope that I feel like this is going to be a very positive trend in medicine.

No, it seems like, and again, it's one of those situations where it's too big to fail now. I mean, like, I think this has been suppressed by big pharma and lobbyists for a very long time.

Custom Vitamins and Personalized Wellness

You know what I mean? Like, I started this industry in 2010. And I was considered a pariah for, I think, 10 years, up until COVID. They were like, well, maybe what he's doing might be okay.

And then just all of a sudden sit there and see, like, now it's snapped like this. And again, I'm curious to see, again, where I know we're getting close to our time here, but what was your thoughts on removing the black box label when it comes to hormone revitalization for women at a certain age?

That was huge, I think, for a lot of different reasons. Huge game changer for life. You know, I'll never forget when I was a resident, we would go to ground rounds all the time, which was not really like my favorite thing.

But you would often get these speakers that were so good and like just spoke to you like in the way that made sense as a clinician. So there was one speaker, I was in my second year of residency and he came in to talk about hormone replacement therapy in menopausal women and how so many doctors are so terrified to prescribe it because of the black box warning.

And you always hear, oh, increases breast cancer, endometrial cancer, this, that, and really none of it was validated. You know, none of it was true. It was, and all the things that weren't born were not being brought up anyway, you know, so women have been suffering with, you know, painful intercourse, low libido, half lashes, night sweats.

The lack of sleep from the half lashes, the night sweats is extremely debilitating to women. It affects your entire life and you're not going through this for a month of your life.

Sometimes it's 10 years, you know, so. them being able to remove that black box and now women doctors are not going to be as apprehensive or as afraid women are not going to be so afraid to take hormones.

I think it was a huge barrier to healthcare it was huge you know and yeah and the speaker spoke to that he said you know don't be afraid to treat your patients like hormones are okay like you have to treat your patient you have to look at Your patient not just has like a liability and risk in this, but like look at your patient and say, what is their day-to-day life like?

And when you look at these women who are suffering from half lashes, night sweats, it's a game changer when you're able to properly, you know, uh replaced or hormones so that stuck in my head forever like wow it's so true like what is their day-to-day life like it's just not as as simple as like oh you know we have to worry about a theoretical risk of point zero zero one two percent you know it's uh it's their day-to-day life so i think that was a game changer it was huge you can't practice scare you know i mean like so many doctors practice scared because it's such a soo happy you know nation we live in yeah But no, yeah, I'm glad you the same record.

I mean, everybody I spoke to is just like, this is phenomenal. Of course, there's always some doctors like this is terrible. You're gonna see cancers tick up right now.

Yeah, exactly. It's like go read a book. Exactly. Exactly. Well, I would say it's been a delight and I always ask all of my guests two questions. Okay.

Are you ready for this one? I'm ready. Okay. So for any patient looking to come into this industry for the first time from traditional medicine, that's now migrating over into the wellness field, you know, hormone and all that kind of stuff.

What's one piece of advice you would give them when they're looking for a practitioner or what to expect when they get here? So I would tell them if they're looking for something, a practitioner is someone that listens.

And if you have an issue, do not be afraid to talk about it. And if you feel like you're not getting the answers that you want, don't be afraid to keep asking because the answers are there.

Sometimes maybe your doctor's just not listening the way you need them to. And if all else fails, always get a second opinion. I'm a huge fan of that.

I love that. Okay, cool.

Why Wellness Medicine Matters

Very good answer, by the way. The second was for all of your colleagues who don't do any of this, if you're a physician now, looking to migrate over into this evil empire of wellness and true medicine, what is something you can tell to some physician who's so indoctrinated in traditional medicine, but is looking to kind of either go full fledged into wellness or kind of just, you know, kind of start to bring into their practice now?

What's some advice you would give them since you've done it so well? tell them they should have started yesterday. It's so important. And if they really love medicine, they really love what they do.

I don't think it's appropriate for a patient to be evaluated without looking at the full assessment from head to toe of all the things that could be correlating to the symptom that they're coming to you with.

So I think it is our job, not just as it's an amazing trend. And I'm so happy this is where medicine is going. But I really think it's our obligation to patients to do more, not just brush everything off, we need to do more.

I always sit there and say complacency sometimes worse than doing something that might actually hurt them. You know what I mean? Like, not that they're going to hurt them.

I'm saying it's like not doing anything is just as bad as doing too much, I think, in a way. Completely. But I must say, Dr. G, it's been amazing. I thank you so much for being here.

I know you're very busy coming out of, you know, surgery and everything. So I appreciate you coming here. Hopefully, we'll get you back on soon. Yeah.

Thank you so much for having me. My goodness, again, so just to recap, this is Dr. Ivan's SoCal Lifestyle Medicine Podcast powered by Access Medical Labs.

And this is Dr. G, a rock star in the OB-GYN community. So thank you so much again, darling. Thank you so much, Ivan. I'll talk to you soon. Bye. Cool.

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