Introduction to the podcast and guest

And they found that the more diversity of plant fibers that someone's consuming, the healthier their gut. So when they look at the actual science, that 30 is just a nice round number, but you don't have to hit perfectly 30. But across the week, think about how you can incorporate these different plants because each plant has different types of fibers and you have different So I'm like, you're looking at the rainbow, the types of plants, so you have your legumes and your veggies and fruits and whole grains and nuts and seeds.

They all offer a different array of nutrients and so that nutrient profile can affect you differently. So the 30 plants can also include herbs and spices.

Have you made it past menopause, or are you going through it now? I'm Dr. Pat McShane, and on the Women's Health Span Voices podcast, I'll guide you through the menoppausal transition and beyond.

Helping you to thrive in this powerful time of your womanhood. Hello, I'm Dr. Pat McShane and welcome to Women's Health Span Voices. I have the voice of a wonderful practitioner here with me today.

and lifestyle medicine as well. And she has been one of the founders of The Food as Medicine approach to holistic care and also based off of her organization called The Healing Kitchen.

So we will probably talk a little bit about those things. Thank you so much for being with us, Laurie. Thank you. The name of the Healing Kitchen otherwise changed to the Habit Healers, but it's the same concept.

Same as the Substack, yeah. Perfect, yes. And you do have a Substac account and a YouTube account, and couple others that will be in the show notes, so.

Thank You. We're going to do a little bit of arithmetic today. We are going talk about the 12 biological aging processes and 10 habits that match up with those biological ageing processes.

The 12 biological hallmarks of aging

So maybe you could start out with what science has shown us are the things that happen to us with aging and therefore the things we might do the best to support in our attempt to age as well and as healthily as we can.

Well, I think there's a few different things to understand. There was a really interesting revision of the International Classification of Diseases and they spoke about a different few things.

But when we get to aging, and I used to think about aging as just a process that we go through, but as I was listening more to like David Sinclair's work and everything, it's about ageing as a disease.

Really made me think of things differently on how we approach aging. And so, you know, I just thought that was an interesting thought process. So there's basically 12 processes.

There's, of course, big words that come along with these and you're like, well, what does all this mean? So I'll try to just kind of jump through them.

Got my list here real quick here. And so when you think about it, we have genomic instability, right? So basically that just means that your DNA carries instructions for every function in your body, but those instructions kind of take damage constantly.

You have things like ultraviolet light, oxidative stress, even that's distributed from your own metabolism. And

basically, your cells have repair systems that fix the damage, but those systems kind of slow down with age.

So the result is an accumulation of errors in the instruction manual of your cell. And so basically what this feels like is you may notice that you have an increased susceptibility to illness, you slow recovery, longer timeframes.

You also can have increased cancer risk because every cell that carries damaged DNA is a cell working from that corrupted blueprint. And then we have what we call telomere attrition.

So telomeers are these little protective caps on the ends of your chromosomes. They're similar to, you can think of them as like, if you see like your shoestrings and they have those little plastic tips on the end that keeps them from fraying.

That's kind of what telomeres do. So then every time your cell divides, those caps get a little bit shorter. And when they get too short, the cell can't divide safely any longer.

Then it either dies or it enters a state what they call senescence, and that's where it stops dividing but stays in the tissue and it can cause problems for its neighbors because it releases inflammatory markers.

And so really telomere length varies significantly between individuals of the same, what we call chronological age, like how many years have you actually lived on earth.

And that variation really correlates to health outcomes. So shorter telomeres are associated with higher risk of cardiovascular disease, a weakened immune function, and then the reduced ability to regenerate tissue and be regenerative.

Then we also have what we call epigenetic alterations. So this is what I would say is the most interesting one for me, and that's kind of where I entered into thinking about aging in a little bit different perspective.

And it's the one that makes what you may have heard of biological age testing possible. So your DNA sequence stays essentially the same throughout your life, right?

That's your chromosomes. But the chemical tags on the DNA, which tell each cell which genes to turn on and which ones to keep quiet, they change dramatically with age.

So, for example, your liver cell and a brain cell have identical DNA but they have completely different sets of active genes. And then as those chemical tags drift, the cells start losing their identity.

So a liver cell becomes a slightly worse liver cells, and a brain cell, becomes the slightly worst brain cells. And you multiply that across millions and trillions of cells dividing, you kind of gradually have a loss of function that you call aging.

That is what epigenetic clocks actually measure. It's very fascinating. The whole thing is fascinating to me. But anyway, when you also get what we call loss proteostasis.

So proteins do most of the actual work inside your cells, but the only work when they are folded into this really interesting, very correct three-dimensional shape, and they can be very complicated.

And your cells have quality control systems that detect the misfolded proteins and attempt to refold them. And if that fails and break them down, fails, it'll break it down for recycling.

But with age, the quality controls system becomes a little less efficient. And then the misfolded protein aggregates accumulate and then this is directly connected to things like neurodegenerative conditions where very specific mishold proteins build up in the brain.

So you might notice brain fog or slower thinking processing. You'll have reduced cellular efficiency basically in

general because the proteins aren't working well.

And you have what we call disabled macroatophagy. There's a framework on aging, but this one was more recently added because of how central it has become to the aging research.

So autophagy is your cell's recycling system, right? So it identifies damaged things like these little things inside the cells called organelles. They're broken down proteins, you have cellular debris, and what happens is it packages them up and breaks them down into raw materials the cell can reuse.

And when your system works well, It's not a problem, but when it slows down, again, which can occur with aging, cellular clutter accumulates and that can cause all sorts of problems with your energy production, slow recovery from illness, increased inflammation, things like that.

You also have what we call deregulated nutrient sensing. So this one has four interconnected molecular pathways that act as a body's kind of like a thermostat.

You have your insulin and IGF-1 signaling pathway, you have the mTOR, which basically senses amino acid availability and promotes growth. And then you have the opposite of that which is called the AMPK, which senses low energy and activates repair.

Then what we call the sirtuins, a very interesting group of proteins that regulate DNA repair and gene expression. So in a healthy young person, Those systems work well and they're well calibrated, but they shift in the body between growth mode when nutrients are abundant and repair mode, when they are scarce.

But with age, you kind of get this calibration drift. And so systems kind get stuck in either growth or repair. depends on where it gets stuck is what your body needs.

So, for example, like if you get stuck in growth mode, even when your needs to be in repair mode. Anyway, you can see this is like insulin resistance, weight that accumulates around your midsection, and things like that.

Maybe energy crashes after meals. impaired, impaired protein utilization as we get older. Yep. Yeah, exactly. And then you also have the mitochondrial dysfunction.

So I'm sure a lot of people have heard about mitochondria. There's like these little power plants in your cells and they convert food. Excuse me. that you eat into the energy currency called ATP that your cells use for everything.

So with age, two things really are important. One, that the number of functional mitochondria declines and then the remaining ones become a little less efficient and they don't produce as much energy as they used to and also have more oxidative waste.

And so that's really a big problem because your body runs on the And so when your production drops, every system in your body will feel it. So this can lead to fatigue, reduced endurance, exercise intolerance, and people say, oh, I'm just getting older when it's actually just your mitochondrial issue.

You have cellular senescence. This is when cells sustain enough damage, I kind of mentioned it before, that they can no longer safely divide and it enters that state called senescence.

And so in a young body, this is protective if you think about it, right? The cell stops dividing, it prevents potential cancer, and then signals the immune system to come and clean it away.

But the problem is that with age, theimmune system becomes less efficient at clearing out these cells, Senescent cells are sometimes called what we call zombie cells because they are not dead.

They're just not functioning very well. And worse, like I mentioned before, they kind of secrete this kind cocktail of inflammatory molecules. So that can be a problem for their neighbors, right?

Because you have this chronic inflammation going on in this tissue. You'll see maybe joint stiffness, baseline inflammation increasing, slower wound healing.

and just not feeling well. Then you also have what we call stem cell exhaustion. So your body maintains populations of stem cells, I would say, in most tissues.

And these are the, think of them as like repair crews. When your tissue is damaged, stem-cells divide and then differentiate into whatever cell type is needed to fix the problem.

With age, the stem's cell populations kind of decline in number and function. and then the repair crew is kind of thinned out and slowed down. And that's why you may see a cut heals faster at 25 than 65, why your muscle recovery takes a little longer, your skin thins, you hair grays, things like that.

You have altered intracellular connection, communication, sorry. So what you see here is that your cells do not First of all, work in isolation, right?

They are constantly sending and receiving chemical signals. So you have things like hormones, neurotransmitters, new molecules, growth factors, and they form like a communication network that coordinates the function of every organ system.

And with age, your signaling kind of degrades. You might see some hormonal balance shifts, in your immune signal, immune signaling becomes a little less precise, and that can lead to both underreaction, for example, an increase susceptibility to infection, in an overreactions, which leads to think about autoimmunity and chronic inflammation.

And then the coordination between organ systems that keeps everything working kind of smoothly kind starts to break down. Then you have chronic Again, very important when you look at aging research.

So chronic low-grade inflammation is sometimes called inflammation. And so it's different from the acute inflammation that heals a wound or fights an infection.

Inflammation is persistent, right? So it doesn't just come and fix the problem and go away, it just stays. Part of it is driven by that senescence cells.

Also, the gut permeability, your visceral fat, which is a very inflammatory tissue, and then chronic stress. And it accelerates all those things that we've talked about already, which is virtually everything on this list.

Chronic inflammation damages DNA, it impairs your autophagy, cells communicating with each other. And next, the last thing is dysbiosis. So this is really fascinating because everyone's heard about the gut microbiome, but we should think about how does it shape your aging, right?

So your community of microorganisms and your gut changes with age. Typically, what they see is you'll lose diversity and you will be shifting towards species that promote more of that inflammation that we talked about.

And then the why does this matter is because the gut microbiome does far more than digest food, right? Because it's so much more then just digesting food.

It communicates directly through your immune system. A lot of your system actually resides in your gut. it influences your brain through the brain access.

Produces vitamins, short-chain fatty acids that support metabolic health. and it helps regulate inflammation really body-wide. So you may see this as things like digestive issues, like bloating, maybe you've noticed food sensitivities.

But again, the dysbiosis also has systemic effects that show up far from the gut, including mood changes, immune

dysfunction, metabolic disruption, things that.

Lots of things to think about when you're looking at the hallmarks of aging, and that would be the 12. That's a lot. You gave us about two college semesters of material there in about five minutes.

I tried. It wasn't a lot. You're like, you asked the 12, I'm like oh my, okay. Your ability to make it succinct and fair and interconnected with one another.

So that's fantastic. And of course, we know from our own experience that many of our lifestyle habits, and you touched on it on a couple of these, impact the aging process and how quickly or how well we age and long we survive.

The other mathematics here, the other arithmetic is 10 habits that impact aging. And we're going to chat about a couple of those today, at least, certainly food and activity.

And as you've studied the list of these ten habits, a few of them stood out for you, and one was really the one that was the basis of so many of the other aging phenomena.

So maybe you could give us the answer to that. Yeah. Many in our audience already know what I call the secret sauce. So I think when you think about aging, like we had mentioned, you want to think of the 10 habits that can really affect, but what are the ten habits can slow the aging?

That's how I would look at this. And it's really quite fascinating because remember, we talked about the 12 different things, what is the number one? Well, I think a lot of people would be, they'd probably go it's exercise, right?

Because it targets a variety of things. So you have mitochondrial dysfunction, it affects your telomeres, your cellular senescence, stem cell exhaustion.

epigenetic alterations, the cells, how they communicate, your inflammation. And so that would be the number one. I'm a big fan of helping people understand that you can start small.

You don't have to start with training for a marathon. Just walk for 10 minutes a day. That's really where you start. Then you could extend it as you go along.

It's just really important to understand you just get so many benefits to all of those different factors of aging when you just do exercise maybe 30 or more minutes, five days per week.

So that ends up being about 150 minutes. And if you can, you know, get your heart rate up to where you're a little bit more vigorous exercise. having a hard time finishing a sentence because a vigorous exercise would get you actually double what just kind of, you know, a relaxed pace exercise or a less, more or less of a moderate type of exercise.

So if you can get that vigrous exercise along with it, that's even better. I'm smiling in part because I just wrote a sub stack about exercise and cancer prevention.

There was a study out of Newcastle in England, I believe, looking at the impact of even 10 minutes of exercise on blood factors that impaired the growth of cancer cells in a laboratory.

And we think that. exercise or activity reduces cancer risk in our normal life. So this was just kind of examining the molecular mechanism a little bit of that.

Again, so critical as I call it, the secret sauce is movement, activity, or exercise if you prefer that term. Yeah. Just motion in general, right?

Exercise as the key aging intervention

You don't even have to class it as exercise if that gives you some kind of, you know, some people have a negative response to the word like, oh my gosh, I've never exercised.

I'm like do you walk? You've moved. It's just movement, right? So where can you move throughout your day? I write a lot about that on my sub stack. Different ways to sneak in like little exercise snacks and just really think about how you can generally live.

I have another article coming up and we're going to talk about just how you rest in your sitting can make a difference. I call it floor living. Living on the floor, I spend a lot of time on my floor.

studies with the Haatsa tribes because they actually, when they taped an accelerator, it's like a way of measuring movement. Accelerometer. Yeah, accelerometer, they found that they sit and rest about 9.8 hours a day, which is close to what we do in the Western world, but they're sitting as kneeling and deep squatting.

And so that activation of the muscles is much more than just sitting in a chair. So it was really interesting data to dive into. But yeah, so just even how you rest can make a difference.

I'm always talking about deep squatting and getting on the floor and moving your body in ways that it wasn't meant to move, not just you know, standing up or sitting down in this one, this forward up and down motion, like we're meant to twist and turn and jump and, yeah, well into old age.

So another one of the habits that impact our aging process so dramatically is the food choices that we make. And you have particular expertise in that arena, so I'm going to kind of ask you to go down that pathway a little bit.

One of the things that I've been thinking about more is the time-restricted eating and fasting, and not just for weight loss or weight maintenance, but in general.

Circadian rhythm, I did a podcast on that recently, drives our wellbeing so much, when and how we eat, how much we ate at different times. So maybe you could talk a little bit about time-restricted eating and grinding our eating with circadian patterns.

Yeah. Now there's so much to talk about when it talks about circadian rhythms. Interestingly enough, just speaking about circuit and rhythms, did you know the time of day that you exercise can actually drift your clock one way or the other?

Really? It's fast. It just, it's all fascinating how we're meant to work. We live in this world that's it's not our natural environment that we evolved to.

But anyway, Tom restricted eating. So what does that actually mean? Anyway, some people will refer to that as intermittent fasting. And so what we're doing is we just basically shrinking the window of the time that.

We consume food and then we are prolonging our fasted state, meaning that were not bringing any caloric beverages or items into the body that might disrupt that ability.

Because when you're in the fastest state that remember I was talking about. the mTOR and the AMPK, this is when you can see these systems, they're always kind of working at different times, but one's gonna be more pronounced than the other.

And we really wanna be able to provide that balance because now what we see in the modern world is that we're constantly eating, right? We never get this downtime.

I had a patient just a few days ago who said, her husband will bring chips into bed every night. why one and why? But anyway, but it's just like fascinating.

So you're literally eating as you drift off to sleep into bed. But with that time restricted eating, it is a really fascinating

thing. And what they find in the research is that earlier in day, so meaning that you consume your last meal earlier on the day and you, you know, your evenings are free of eating, that you tend to sleep better and you'll have less inflammation.

Your weight maintenance will be much easier because we're more insulin sensitive earlier in the day. So I tell, you know, I, You've probably have heard this saying, eat like a king for breakfast, a queen for lunch, and a pauper for dinner.

And you really can't go wrong with that. And so how much time, you know, I tell people, it depends on where you're sitting. You know different schedules, different days may require you to make some adjustments.

But if you can, if can do that eight hour window of consuming your food in 16 hours of a fasted state is fantastic. If that alters, that's okay, but just do the best that you can on most days of the week.

Now, there are other ways to do it. You certainly can see some benefit as like a 5-2 pattern where you will eat a much smaller amount of food and maybe have a window of eating one meal.

And then for two days, you eat like just a a very low calorie meal so like say 500 calories and then you're done for that day and you do it again the next day.

Some people do a prolonged 24 hour fast once a month or even once every few weeks and I think that's fine especially if you are on certain medications like insulin or oral hypoglycemics, you really should be under the care of a physician when you do extended fasting.

But for the majority, most people can do fine on that time-restricted eating. The really important caveat to that is that if you become more insulin-sensitive because you tend to eat less and you with the time-restricted eating and you tend to lose some weight, you may not need certain medications like hypopressure medications or diabetic medications.

So just keep that in mind as you're moving along.

Time-restricted eating and circadian rhythm

If anyone in your household is doing this with you and they're on those medications, speaking from experience having worked with patients, I call this positive collateral damage, not really damage but it is because they may be taking too much medications and that could be harmful and we don't want to do that.

And if you lose a few pounds, your need for a blood pressure or diabetes medicines may go down, dosing on some other things may down. Yeah. Sleep is impacted so much by how close our last meal is to when we try to go to sleep and reflux in our chest, influence there in out chest is critical also.

I know it's difficult, certainly in a working individual, to try to get that dinner done before it is too late and then try, on the other hand, be getting the seven, eight hours of sleep.

So a lot of things to juggle there. Yeah, absolutely. One of the other things that we've been chit-chatting about is the variety of foods that one eats.

Right. And one of your materials mentions 30 different types of plants, plant foods, vegetables, and fruits each week as a goal for us to be eating. Yeah.

Again, is there some science behind that? Yeah operational kind of thing that we could try to do. I think, you know, I want to hedge this with saying that, they found that the more diversity of plant fibers that someone's consuming, the healthier the gut.

When they look at the actual science, that 30 is just a nice round number, but you don't have to hit perfectly 30. But

across the week, think about how you can incorporate these different plants, because each plant has different types of fibers and you have different colors.

So you're looking at their rainbow, you are looking the types plants. You have your lagoons and your veggies and fruits and whole grains and nuts and seeds.

They all offer a different array of nutrients. And so that nutrient profile can affect you differently. So, the 30 plants can also include herbs and spices, which is cool, right?

So if you think, wow, that can add up pretty quickly. If you have a spice rack like I do downstairs, it's got many, many things. I don't always use them well, but I try.

And so, yeah, you know, of course, this is what we're talking about here is really improving the dysbiosis component, right, which will in turn lower inflammation.

So many things occur when you have a healthy gut. Now, if someone's adding in fiber, this is why I like to say, you know, kind of start slow. You want to go low and start low because someone who's not been consuming large amounts of fiber may have gut that goes, well, hello, what is this?

So you might notice that you start getting a bit more bloating, uncomfortable, some gas. People might be making comments to you and it might, you know, being a little bit embarrassing experience sometimes.

But what I say is just think about it this way. The average American gets about 12 grams to 15 grams of fiber per day, which is really sad and pitiful.

They recommend that you consume around 25 grams for females, 35 grams or males, but I still think it's kind of anemic in the sense if you actually look at the actual populations who thrive, they're eating much more than that.

If you look in my own diet, because I only eat a plant-based diet. I've done that for about 14 years now. And at 55, I feel great, and my guts never rebelled against me.

We ate a lot of plants growing up, so I think that was helpful. I eat around 75 grams of fiber per day. And so with that, you're thinking, well, how can I do this?

We'll start with just adding one vegetable to what you are already eating. And so that can be very, very helpful. The other thing that's really, if you think about this, is when you add more vegetables or especially ones that have higher protein, things like tofu or legumes like soybeans or chickpeas or anything like that or whole grains, you're getting protein and the fiber.

And when you consume those things first, the veggies especially, what you'll notice is that your blood sugar improves. So then you don't get these spikes in your sugar, you're less likely to have afternoon crashes.

That postprandial or post-meal blood-sugar spikes is really the first signs of insulin resistance, which leads to diabetes and things. And if we can control that with putting something like a barrier to slow down the absorption of the glucose of our meal, we will have better health in general.

So then you're also getting the different polyphenols and the colors of the vegetables and fruits. All of these impact you differently. Again, just a handful of berries at breakfast, a vegetable on the side, maybe it's hummus and carrots for a snack, and maybe have an evening salad before your entree for the night.

There are some things you can do very, very simple that won't be too harsh on your gut if you just kind of wading into the water of increasing your fiber.

Those are all good thoughts, things to think about and try to practice. And we'll come back in a minute to habits, but I want to, while we're talking about the gut and the microbiome and gut behaviors, shall we say, let's talk a little bit

about visceral fat.

Again, one of the things that has kind of been going through the medical system is the BMI or body mass index. moving more and more towards the idea of measuring abdominal circumference in people as a measure of their health and their insulin resistance and so on.

So maybe you could tell us a little bit about visceral fat and why we should be measuring our waistline rather than the scale perhaps. Yeah, absolutely.

So another easy measurement is just measuring your waist and then if it's less than half of your height, that's a simple way to do it.

Plant diversity, fiber, and gut health

There's also the waist hip measure, you know, ratio you could do and depending on your male or female, what that should be. But just speaking very quickly about what visceral fat is, so let's think about fat as a living tissue.

And I think people don't quite think of it as an organ itself, an endocrine organ. It releases hormones, it releases, listens to hormones too. So if you think about it, you have your subcutaneous fat, right?

And that's the fat that you can pinch under your skin. It's meant to store fat as energy for a rainy day, which we never run into anymore. Yeah, back in the day, you know.

Hurricanes, yeah. Right, right. Within reason. Most people are not going to run into prolonged, but our body had this mechanism because that's the world that we evolved into.

When you think about it that way, this subcutaneous fat was there to help us survive. And so what happens now, we live in this abundance of calories, right?

And these are calorically dense, ultra-processed foods that we're consuming on a regular basis. We're no longer in touch with what hunger is, and so we are eating when we stress, eating more when bored, or eating them when lonely.

What happens is your body gets this excess caloric And they're like, what do I do with this? Well, you have a genetic capacity underneath this. Again, it's called a personal fat threshold.

And so when this capacity, You might have large sink or you might a bathtub of capacity. It just depends. But when it has been bypassed, the fat cells go, I'm done.

I am closed for business for the day. I know, I can't take any more. And what's interesting, insulin tells your body to store fat, right, to put it away.

Your fat cells become insulin resistant. So then what happens is you get the shuttling of the triglycerides, free fatty acids, and it all goes to the liver and the livers are like, hey, you got to do something with this.

You'll see a rise in your cholesterol and triglicerides and then the fat gets stored in things like around your organs. your liver and your pancreas and muscle fiber.

And this is a very inflammatory fat, right? It's different from your subcutaneous fat. What's interesting though, the visceral fat increases risk for insulin resistance.

It is there because of insulin resistant and then it dries more insulin resistances because it drives more inflammation. So let's get this really vicious cycle occurring.

But it responds really well to exercise, especially, you know, like we talked about the vigorous type exercise that

aerobic type of exercise. So that is one way to navigate that.

But we do want to measure our belly because if people say, oh, I noticed my belly's getting bigger, my weight's not changing so much, because these hormones fluctuations have changed.

change how the fat is stored, you're like, oh my goodness, what's going here? Well, that's a visceral, it could be a visual fat issue, and that is a big fan of getting also a dexa body composition, so you can actually understand how much visual that you have.

And so with that in mind, honestly, your ultimate priority beyond what the scale says is important, but this is very, very important. The visual-fat piece is very, very important for decreasing risk for cardiovascular disease, diabetes, cancers, inflammation.

All of those things kind of go back to the visceral fat. It's a big system. We have to think of it in a dynamic system way. So yeah, but it all interrelates.

But I hope that helps because that capacity to store is Cool. Critical. Yeah. No, that's great information. Thank you. Let's switch gears and talk about habits.

A lot of we've been talking about today is having a salad before dinner, walk 10 minutes, maybe after dinner. If you're inactive, et cetera, think about more variety in your dietary choices and so on.

as a practicing physician supporting people through these life changes, what has been your experience in instilling new habits into our behaviors? Yeah, so this goes back a while, but I'll try to make it very succinct.

So I've been a physician for for well over two decades now in family medicine. And with that comes a variety of individuals that show up in front of you in your clinic.

When you're a young doctor, you know, I'm just going to be able to tell them what they need to do and they're going do it. We're very naive behind the ear.

I know what you should do. Yeah. Exactly. You're like, wait a minute, all that schooling and you are not going listen to me? How dare you, right? No, no.

But then we kind of go into the next phases where we try to use some kind scare attacks like, you know, your increased risk for diabetes and your heart attack and cancer and that works for maybe a second and then they're like yeah, now.

And so it's interesting. So why don't we have to really get into behavioral psychology and what is the behavior science, right? And so I've studied everything from habits to behavior economics to psychology to everything.

And I actually interviewed on my podcast. I had a podcast for Heavens since 2000. Let's see, my kid turned 18 about 10 years ago. He's 28 now, so it was on his 18th birthday.

What was interesting about that was I actually came across James Clear's book and I'd already read The Power of Habit, which was a fantastic book. But then I read James Cleary, kind of put it a little bit more what to do type of structure around habits.

And then, I became friends with BJ Fogg and read his, you know, with his tiny habits and then Jud Brewer and kind interesting thing around anxiety as habits and things.

And so a lot of things started coming to just kind of make sense. So there's some very basic things you need to understand. Habits are literally, when you look at like BJ Fogg's research, they require a few things to actually happen.

If you think of it, it's called what I call a B map. and it's a fog behavior model. So, for behavior to happen, you have to have motivation, the ability to do something, and a prompt.

And so, it also correlates with the habit loop, right? So you to a cue or prompt for the behavior and then you get some type of reward in your brain. There's lots of different ways to look at it, but just understanding that all of our behaviors have to be prompted, right?

So I would say, let's say that as simple as having to go to the bathroom, your bladder is like, hello, I gotta go. And so that's your prompt. Now, do you have the ability to do it?

Well, you better figure out a way to it. So maybe you a bathroom down there, it's like you the have ability and you motivation, so you're the motivation to empty the bladder because it is uncomfortable.

But you can think of it as anything. You're hungry, so your stomach growls at you and you have the ability because your refrigerator is there, you grab the food, and your motivation because you're hungry and tired and it tastes good, right?

So lots of different things you look at the behavior piece, but then the habits is really interesting because when we first learned how to drive, for example, we are looking at everything, it's really hard, and we're like, wait, was that up or down for the blinker to go right or left?

Visceral fat and waist measurement

Was the gas pedal on the right, or the middle? You know, if you have to do gear shifts. But before you know it, you're just cruising, right? It doesn't take too long, this has become a habit.

You may drive somewhere and actually not even remember how you got there. I mean, I've certainly done that post-call years ago. Don't do that now, of course, but those are things that have become habit.

These are like you instinctively do something like if it's bedtime, what do you do? I have a routine, my bed, like I will brush my teeth first and then I floss and I do this and that.

So you just have these habits that they've stacked upon each other. And so when I started looking back at patients, I was like, okay, we've got to figure out a way for them to understand they can become their habit architects, right?

So if they understand what a habit is and that it's not a judgment or failure against them personally, that they cannot make different decisions. then I think it helps for them to understand, oh, wow, my environment is driving the majority of my habits, right?

Because you have these prompts in your environment. So for, let's say you, have potato chips. Well, for me, I'll just come clean here. For me it's the Girl Scouts, you know, Thin Met Cookies.

Well, they're going to be in my mouth. And so that is the prompt, because they could be hiding in a cabinet, but then they just come speak to me in the brain.

So I will go find them. This is how you think about your environment. How can you set up your own environment to help you win? I keep them out of the house.

So the things that I don't want in my mouth, I will keep out of the environment. That's very quickly because now I've made my ability to actually go get the cookies much harder, right?

So that's the one thing you can look at when you look a BJ Fogg's behavior model is moving the ability. You can make it easier for things you want to do and make things harder that you don t want And one of them is proximity, so to make things harder.

So it was an interesting study on how far your gym was. People who signed up to go to a gym, the closer it is, more often people utilize it. This makes sense.

You know, if you only have to drive three minutes versus 20 minutes, you're more likely to utilize that. And again, this is how I started talking to patients, but then it just kind of evolved into what I call healing habits, because not all habits are going to be healing for everybody.

How do you determine which ones work for you? And then you're like, well, how do I make it easy enough that my brain is not going to go, oh my God, I have to do this again, right?

Because I'm not gonna say go walk 10 miles today. I want to say, go walking around the block. Because they had a patient, a perfect example of this, who reversed her type 2 diabetes by walking to the end of her driveway.

And when I hear people hear that, they're, like what in the world is she talking about? That's impossible. It's like actually, no, it's not. Let me walk you through it real quick.

60-some odd years old, type 2 diabetic, overweight, fatigued, raising her granddaughter by herself. I was talking to her about trying to get her to exercise.

She was, listen Dr. Marvis, I can barely make it through the day of my life. i don't have time to throw in exercise, so we're in this survival mode. she is not going to listen.

Just like a child, you're telling them to go clean up her room. They're not gonna listen, they're just like, i can't. And I was like, okay, well, when are you outside?

Let's switch the conversation. And she goes, Well, I'm outside when I get in my car to go to work, and I mean, my card, outside, When I come home, And as like Okay, what I want you to do, if you will, If you open the door, go to the end of the driveway and back.

That's all you have to do. And that will be count as exercise. She goes, are you serious? I was like, absolutely. I said, can you do that? She says, well, yeah.

We actually did a pinky promise in clinic, physical pinky promised. Well, where do you think happened? She did this for the first few days and she walked it in her drive.

She goes, this is silly. I can walk around the block because what's happened here? So first of all, one, she agreed to do it and the resistance was so low.

The barrier, the bar was low, so she could literally just step right over it and her brain didn't think anything about it. So now we voted for the person who exercises.

Every time she walked into the driveway, she's in her head going, I'm someone who can drive to the end of the drive way. I am someone you can walk to around the block.

Well, one block turns two to three to four turns into a mile to two miles. And before you know it, She's like, you don't have more energy. My blood sugar is improving.

You can add more vegetables to my plate. I can do this, I could do that. And guess what happens when she has more energy, she's eating better, She's sleeping better.

What happens with your relationships? What happened with you alertness? what happened to your productivity? And lo and behold, what was an amazing side effect was a 60 pound weight loss and reversal of type 2 diabetes.

So this is a type of thing that happens. I have so many of these stories when you shrink it to tiny, so the brain goes, I don't know what you're doing, but whatever.

Building tiny habits that stick

It's not that hard. And you attach it to something you already doing. Driving into your driveway, open the door, bam. You're just stacking it onto something that's already in your routine and it's so tiny your brain's like, yeah, whatever, and before you know it, it grows and expands and then other things.

That's what I call a healing flywheel. you have the flywheel and I have certain there's certain things like your exercise and your sleep blood sugar stability things, like that they start working right every little input you get more and more energy and that momentum just starts taking off that that stored energy just makes that wheel go faster and faster like the little snowball on the top of a mountain and it grows and grows, and as it rolls down the mountain.

And so that is that, is the power of habits when you think about them and structure them and actually be very intentional with what you're doing. And it doesn't have to be something massive.

It can be small to begin with. I like that you mentioned how she felt, and that's so important. One of the folks I interviewed recently said she always starts with, well, how are you feeling, whether it's with the current issues that have or with treatment or the changes that we suggested last time, because if people don't feel better, it is very difficult to get them to change.

And the other thing you mentioned is a mental framework. I'm the kind of person who gets movement into their life, you know, and that can be a little small thing.

But and then if one day you don't do it, it's like, well, that's okay, because I am still the kinda person that gets movements into my life. And then the next day, do a lot more.

So those are important things around habits, I think. Yeah. I don't have any degree in habit, but I will tell you, I've probably spent the last 15 years reading everything, diving the research, talking to people because I actually started my podcast.

And you want to know why was because. I wanted to interview people who were able to sustain change and I just couldn't figure it out. It was like, well, i'm just going to talk to the people have done it.

and i started seeing a pattern and then pattern led me down you know, down the little rabbit hole. And I just find it so fascinating. I tell them, like my daughter is a physician, and I was like, you have to have different conversations with your patients.

We have be really good salesmen, right? It's considered, let's say that you had the habit of walking after dinner. Well, it's a VW bug, that walking habit.

Let's just represent it as a vw bug. Well, grandma is going to have to be sold the VW bug differently. You're going have use a different sales ad copy than you are for the teenager or the mom who's 35 with three little kids in tow versus CEO working.

All of them would benefit from walking after dinner, but how you sell it is gonna be different for each one. And so that's the really important piece.

It's kind of like teaching the old parable that you teach a person to fish and you're going to feed them much longer than just handing them some fish, right?

And so that's how I consider when I talk to patients about understanding habits and habit formation and walk them through the process of building their own tiny habit.

Because once you learn that skill, That skill can be translated to any aspect of your life, not just health. It could be finances, it could relationships, anything.

Yeah, grandparents. Exactly. Its a beautiful thing to be able to teach someone and just watch them flourish and you don't have to part of the equation anymore.

You just go fly now. This is fantastic. What a fun thing. So do you have a place where you would advocate someone start to change things? Maybe we go…

Yeah. So I think there's, you know, if we stay in the health realm, there are five things that I feel, and they're pretty similar to the American College of Lifestyle Medicine's pillars, but I really, when you think about the majority of Americans have some form of insulin resistance.

I talk a lot about blood sugar stability. One of those habits, one of the bigger ones is that post meal, the largest post-meal walk, immediately after walking.

Because what we're doing is we are ramping down that glucose spike. And that's such an important piece. They feel better. So they have more energy and they typically will sleep better, which really just snowballs.

It's that snowball effect. But the other things I talk often about are restorative sleep. Not only the duration of sleep, but your The one is your sleep regularity.

Like we talk about your sleeping time and when you wake up, that's actually been shown to be more important than duration of sleep. What are you doing during the day, starting in the morning light to set yourself up for sleep, right?

Because sleep is an all-day affair, you're preparing for that nighttime sleep with what you are doing in your day. It's not just the dark room, the temperature drop, all those things we've heard about, which are all great.

What are we doing all day to increase that sleep drive? Then the other thing is I talk about, you know, nourishing movement, movement that's not a torture, right?

Not a punishment, but something that nourishes you and something you enjoy that you'll come back tomorrow and say, I want to do that again and not be so sore that can't move for two weeks, so that what I call nourish movement.

And then, of course, your stress regulation. And then that we all understand is so important, but I feel like if you control your blood sugar and you're doing movement, you are focusing on sleep, your stress gets a lot easier to dial in.

So that's one of the last things that will address unless it's of course much more apparent. But the other really important one that I think people understand I think intuitively, but they don't really know what to do, is community and connection.

And what are you doing in your life to connect with real people? Not just someone through a screen, But what can you do to connected with people in real life on a regular basis?

And that could be a family, it could one or two good friends. Is it a hobby group? Is a running club? Whatever, doesn't matter. But just being able to be with other human beings who ask how you're doing and actually mean it.

and know about your life is so important. And the data around longevity and community is quite robust. So I think that's really important factor that people just don't quite really understand the importance of.

I did a podcast on loneliness and social isolation and impact, especially on older people as we become less mobile. Maybe nighttime driving is a problem.

Our partners or friends die off or become ill and more limited. So it's a real, real issue for older women, especially. And I'm an advocate of making younger friends.

Yeah. I am dead serious about this. When we go visit our daughter, she lives in Boston, I make friends with all her

friends because honestly, they just keep me younger.

And so, and yeah, you're actually right because as, as we get older, our cohort will begin to pass. If you are a healthier person, You may live longer than a lot of your friends and family.

So this is why I'm like, be very particular about like Get in there and go dancing if you need to. Go find out what the young people are doing. I'm not saying you to go bar hopping at midnight, but at least get out there, and see what other people were doing, make yourself available.

It can be hard, especially if your more introverted, that maybe it's a book club, or journal club or something. There's all sorts of things you can do.

This world is just full of opportunities. You just got to look for them. I've, I just started going to an aqua therapy pool and it was very nice and they're open and friendly and warm.

And I'm like, well, maybe I could do this more regularly or start to have lunch with some of these people. So yeah. Fantastic. Yeah. Well, this has been fabulous.

Lots and lots of good practical information and a lot of a good background as well. It's a hard combination to pull off, but you did a wonderful job for us and for our listeners.

And for our audience, if you like this kind of information and value these podcasts, please like and subscribe and tell your friends. And thank you so much, Laurie.

We'll talk again soon, I hope. Yes. Thank you for having me. I appreciate it. Okay. If this episode spoke to you, Please share it with a friend ready to take charge of her health.

and please leave a review. It helps more people to find us.