Your Best Shot: Holistic Approach to GLP-1 Transcript

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Opening on GLP-1s and generational weight health

I think in that space, what we really have this opportunity to do is actually to use these medications as a moment. This is an inflection point. This is a time we could never, we could turn around and we could say, hey, James, and I know this resonates for you too, because we talk a lot about how do we help the children?

Like the children are, this is so problematic in children. And now these medications are being approved for age 10 and up, age 15 and up in a developmental time period.

If we use this medication correctly in any age group, we could create generational weight health by actually optimizing systems that were suboptimal. Hello and welcome to the podcast.

This week we feature Ashley Koff. She is a dietitian. She's been in the functional medicine space for decades. She has a book called Your Best Shot that's really helping both practitioners, patients and the whole ecosystem understand how to be healthy with these GLP agonists.

This is the biggest topic in medicine and I hope that whatever way that you've chosen to use or not use GLP ones in your practice, I think this will be really, really helpful to understand the playing field and the dysfunction that is caused by using any medication.

and how to rebuild that function in your practice. So we also talked about the role of the dietitian in the modern practice. There's a lot of good stuff in here.

Enjoy. So a warm welcome to the Evolution of Medicine podcast. I think maybe for the first time, it's Ashley Kauff. Welcome, Ashley. Thank you. So excited.

Hi, James. Hey, Ashley. So we've been on panels together about digital health.

Ashley Koffu2019s path into functional nutrition

You've been a leader in the nutrition space. We've known each other for more than a decade. And I guess the first question I have for you is out of all the things that in my judgment, you could have written a book about many things.

I'm just wondering why you chose to write a book about this thing. Yeah, this is my life purpose. So I think sometimes we don't necessarily see our life purpose standing in front of ourselves until pharma goes and figures out that a Gila monster has an interesting peptide hormone in its venom.

So I think for me, and I trace this through the book and we don't have to unpack it all in a short podcast, but I definitely was somebody who battled my weight as a kid.

That's what led me to my profession and to wanting to do it really differently than especially at the time. So when I became a dietitian around 2000, how I did nutrition was very different than dietitians at that time.

And that was all really based on an awakening that I actually didn't have a weight issue as a kid and I wasn't actually healthy. I had a health issue, really a digestive health issue.

I was being given antibiotics all the time to treat infections and later than birth control to help address hormonal issues and other things. And it really all came to a complete storm at about age 20 where I was crippled with panic attacks and had all these issues.

And I thought that my life plan was to be a stand-up comedian because I felt like I was really funny. And at that time, I was like, you know, kind of like, F it, I'm going to be fat and funny.

Like, I got this. And a doctor in a bar came up to me as I was recounting my story with a failed goat's milk cleanse and said, you know, shortly after I went to see him, It's never about your weight.

He's like, it's not about what you're eating or what you're not eating, but your body doesn't have what it needs to run better. That led me to become a dietitian.

And I really felt that at the core, pun intended, I could help everyone with any issue they had as long as I optimized their digestion. Along that way, I ended up in 2004 working with bariatric patients.

And I actually, with my ego, thought that they don't need bariatric surgery. They could just work with me. But what I saw in bariatric surgery was overnight diabetes reversed and overnight changes in not just what they consumed, how they thought about food and all these other pieces.

And a doctor kind of flippantly said to me, that's the incretin effect. These are these incretin hormones. So in 2004, to put in perspective, Facebook, YouTube coming on the market that year, that was the year that Janet Jackson had her wardrobe malfunction.

So we're going back, you know, on this part, right? I was just talking to a group of people who weren't born in 2004. So I'm like, okay, you know, so we're just letting you know kind of what was going on.

And that was the first year, well, 2005 was the year that Bietic, the first GLP-1 agonist came on the market. And at that moment, when I learned about GLP-1 and GIP, I just, my entire life flashed in front of me.

And I was like, wait a second, we make these hormones and they're deployed from the lining of our digestive tract. And everything about that and the system around them, vagus nerve, bloodstream, satiety in our mouth, receptor sites, signaling, like all of that, it just blew up for me.

So in 2005, I started helping people optimize their weight health. And I was not using biota. I was not later using liraglutide. But as I started to see patients on these medications, I realized that we were going to have another form of a weight loss or a weight versus health problem in a society that introduced these medications.

And sure enough, we are having it where people think these medications are this magic, you know, this injection or this pill now. And they're actually hormone replacement therapy for our own hormones.

So if anyone is having any benefit from them, they proved my thesis that our own hormones are suboptimally functioning, the system around them. And we need to repair that whether we're on the shot or not.

And I was like, we need a playbook for that. We don't need more people telling us what a GLP-1 agonist is or more protein and more strength training.

Why weight health belongs in the dietitianu2019s lane

We really need a functional medicine approach to optimizing weight health hormones and the system around it, whether we ever use or have a relationship with one of these IDs, one of these hormone replacement therapies.

So that's the whole story. That's why I'm doing it. really cool. So before we get into some of the details, and I learned actually a lot from your talk last year at PLMI that I didn't know about the shot itself, but I guess before we get into it, I mean, if I look across the functional medicine ecosystem, right, you've got a lot of doctors that are sort of in the camp of Like I, I can support you in getting you back to health and I can help you with this balance and you don't, you don't need the shot.

This is a way to do it. And then you've got some that are like, okay, this is a really powerful tool and I'm going to

add it to my toolkit. And this is just part of what we do here.

Do you have any sort of particular feelings about which one of those is the right position or are they both right or are they both wrong? Sure. And I'm going to invoke my five-year-old nephew who, as I was explaining what I do, he said, but wait, aren't you a doctor?

And I said, no, I'm an RD. A doctor is DR. And he goes, oh, you're a backwards doctor. And I said, you know what? I am. And I realized I really am. because, and so I think one of the problems, doctors, my colleagues, who I revere and respect and love working with, you are not me and I am not you.

We both chose different paths and we need to work on this in a complimentary way. I truly believe that weight health lives and should live in the space of dietician led.

And I see that as a huge problem in how it's being executed. Now, I also want to share that I think certain types of dieticians, how we're trained, how we work are going to be different and more qualified in this space.

I also think that there is no question that any tool that exists today, like we don't get as a practitioner to be in a camp. That would be like me deciding to be in the camp of, I only think that you should eat plants.

Well, if that's the case, then I can never work with somebody who is going to consume anything animal and I should just be very clear about that, right?

But the issue is, is that most of your patients today are going to come in with curiosity and maybe a relationship with this medication. So I think really the question mark is to understand it.

And if it's not something you want to work with, totally fine, but then you should not be working with that patient. And I also think we have to understand that when the body makes something, we can't say that it is a problem.

So if we understand that these are biosimilar hormone replacement therapies, not bioidentical, but biosimilar, then what we can understand is that for some people, in order to get them on the path to optimization, they may need something beyond a protocol that tries to optimize their own and that needs to take them a little bit further.

Now, we might not use medication. Maybe we use a supplement like, you know, New Zealand hops or something like that to help us. But we really have to have a plan to maybe take them further, you know, to support them with more and then be able to help them optimize on the ongoing.

And the final piece is, none of us gets to wave a crystal ball for any of our patients. I have no idea what your life is going to unfold like. So I could think that I was going to help you, and this is what I thought with bariatric patients, before they had surgery, I thought I was gonna be able to help them and then life unfolded for them in a way that I wasn't able to help them, right?

And the surgery became a tool effective if used properly. So I think having a position, I'd prefer we were agnostic about the agonist and instead really focused on the quality, on the dosing and on the system that we put around it.

Thank you so much to all of our mission partners. We are really grateful for their support in bringing you the Evolution of Medicine podcast.

How GLP-1s change physiology and why repair matters

First of all, I want to say thanks to Fullscript coming up very soon, starting on the 23rd of February. We have the full script challenge, which is going to be a five day challenge to make it easier for you to run a successful practice, take advantage of all the awesome tools they have.

You have to have a full script account to take the most advantage of it. And if you don't have one, go to goevomed.com slash full script. Sign up and we'll get you ready for the 23rd.

Go evomed.com Get a demo. We have got an unbelievable group of practitioners starting to build this network of clinics that are reversing cognitive decline and we really want you to be part of it.

So go and visit us there. Big Boost Marketing is the place to go for practitioners who are looking to grow their practice, get new patients in, build new models of marketing systems.

And so go and have a call with Uli over there. We've been working together for more than a decade. And then our last mission partner is Freedom Practice Coaching.

And Freedom Practice Coaching is really making it easy for practitioners to build strong, sustainable practices. We've got a great partnership going with True Neuro where we have about a dozen clinicians that are working together to build these brain health practices and doing it really successfully so go to goevomed.com slash fpc and uh check in with one of the team there and um you know see if it might be a fit for you all right back to the podcast yeah so look i i what i really wanted to get into here which i think is is really helpful is some of what you shared last year at the plmi because i'm sitting there and i What I got from it, and tell me if I'm wrong, because I'm a lay person anyway, but what I got from it was that there is, when you're on a GLP-1 agonist, there is a change in physiology that is happening during it that needs to be repaired afterwards.

Otherwise it will never be sustainable. Am I right? Am I sort of saying that right? Sure. And I think we could say that is true for any medication. So if we just explain that, and especially for an agonist versus an antagonist medication, but yes.

So could you just share how you see that in this particular drug class and then what is the repair that needs to be built and can it be done simultaneously?

The answer to the last one is absolutely and not canopy, but it should be. It has to be done in a complimentary way. So the only time they're right if they're saying you have to be on this medication for forever, this would be pharma or whoever, is if you don't do anything to fix, to do the repair work.

Remember, diet and exercise don't fix dysfunction or suboptimal function of weight health hormones and the ecosystem. As an example, you wouldn't say diet and exercise alone can fix the endothelial lining of your arteries and can solve any issues so that you have good blood flow.

Are they part of the parcel? Absolutely. But we use a lot of things, medications or not, to optimize if we know there's endothelial lining damage. Same thing for the lining of the mucosal layer of the digestive tract.

So if a patient has any suboptimal function, and one of the things I did was I created a way for us to assess weight health hormones and the system. So it's a five part and it's a clinical assessment.

So it's really only for clinicians or a person who's going to use it with their clinician. So when we come in and we look at that assessment, what we can understand is the medication is going to completely circumvent your system.

Working as intended, it's going to go to the receptor sites that we know now to be all throughout the body, and it's going to trigger them on, right? So receptor sites switched on, activity forward can happen, but it hasn't actually done anything for activity behind that.

It hasn't repaired if there's dysfunction in the vagus nerve. It hasn't repaired the oral microbiome or the entire digestive tract lining tube, what's going on inside the tube, et cetera.

It hasn't repaired the blood flow, which is another way that these hormones pass. And it certainly hasn't repaired the system in the lining of the digestive tract that might be impaired suboptimally functioning where the signal isn't occurring in a timely manner, or even where there's a sufficient or even an optimal amount of the hormone in the L cells, the K cells, et cetera.

So when we look at all of that, we turn around and we say, number one, assessment is gonna tell us where to look,

right? And number two, the question mark of whether to use an agonist or not is how much of the repair can we do?

Can that person actualize without the medication? And if they can't actualize it, then we know the medication is going to have benefit. A great example could just exist in, if I looked at a hemoglobin A1C, which I'm like, whatever, but if it's elevated, that helps me with some information.

If I take more of the approach of more of a functional medicine approach, so if I look at uric acid, if I look at ferritin, HOCRP, if I look at fasting insulin, if I look at C-peptide, if I have a continuous glucose monitor, yay.

And I actually see that your choices are negatively impacting your blood sugar response. And we want to lean into how do we optimize those. And some of those choices are how much you eat and maybe the timing that you're eating at and also the balance of what you're having.

And we go through that and we're like, okay, this is what would actually help your body work better. But now we have you take that out into the real world, right?

And you go to do that and it's just not lining up because you're like my 42 year old patient who does that until about three o'clock when her kids come home, she's got four kids under the age of 10, when she stops working, but her boss is still sending her stuff to work on, when her partner comes home, when her dog needs her, and when she quite frankly needs her.

And she's like, it literally goes off the rails at that time period. Now she said to me, I don't want to be on an agonist, but we leaned in and we said, all right, here's some of the things you can do from a food standpoint.

There were a couple of tweaks nutritionally. Here's what we have to do from a gut repair standpoint. So that's, you know, five R, I can expand upon that.

I need you to come off of daily NSAIDs for your back pain and let's try Pro Resolving Meat Aiders and see if we can use that because otherwise we're kind of washing our floor with dirty shoes.

And if you don't want, if you're adamant you don't want the agonist, which she was, I want us to then lean into this New Zealand hops and I want us to try it around one o'clock before you're having your meal.

And then let's see if we can use that twice for the next, you know, eight hours. And that was a game changer for her. So we don't necessarily need the shot, but we need to be able to implement, or the oral at this point, we don't necessarily need the GLP-1 agonist, but we do need to be able to have somebody be able to enact the choices that we're talking about.

Using GLP-1s as a tool within a broader care plan

In a different situation, I have some individuals where their choices, the body is actually so You know, we've got autoimmune disease, we've got other things going on and the food noise and just the ability to actually implement choices, but even the functional impact of what's going on in the body.

I put them on a low dose of the agonist and I use a very similar protocol to the one we're talking about here. and they've been able to use it and they've been able to use that, you know, to come off the medication.

So I think it really, you know, I think we put, we almost put too much emphasis on the medication. You know, yes, it is a game changer, but I think it's also born out of a system.

I think this is where James, you will really like the light bulb moment. We can look at obesity rates and see that they're 40%, you know, and whether they're increasing or staying the same or maybe coming down a little bit.

But when we look at suboptimal metabolic function, that's 93% of our adult population. So I'm not targeting 40%

here. I actually think obesity is a dumb statistic when you use weight for height.

It doesn't tell me anything about it. But if I fix obesity and I don't fix metabolic function, I haven't improved things. So this to me is about the 93% that I'm really trying to support in that part.

Wonderful. Yeah. I love the way you're thinking about it. And look, we do have to pay attention because I think, you know, maybe if we had been on a panel 10 years ago, we might be able to think about, okay, well, in 10 years, functional medicine will have grown and scaled and maybe we'll see like a dip in the rate of obesity.

But it wasn't functional medicine that did that. It was GLP-1. It is a phenomenon. It is something that has created companies like Hers and Hims and Roe.

I remember when Hers and Hims and those came out, I was like, this isn't going to work. People won't want this. People want to have a doctor and they want to deal with their stuff.

And I completely misjudged the industry in that way because I know what I know about what we're doing here. But most people don't want that. They want to just get on with their life and lose the weight.

So I guess, what is your thoughts now on how the functional medicine movement can be in reality about the state of the world today, and how can we use this moment to actually achieve what I think most of us want to see, which is the return to a much healthier America.

Yeah, I think we should probably wake up and realize that the two things that people do care about, three maybe, sex and their ability to have sex, hair and their ability to retain it, or dryness or skin or that kind of thing.

And this is still unfortunate, the body size, right? So the total number on the scale. What we can do is we can lean into that and understand that. When I see people, I'm going to be very clear.

That's many of us and our colleagues. I'll put myself right in there. I don't want to lose hair. I don't want to have my belly. I don't want to have dryness and these other issues.

So the fact that people are turning to things like testosterone or estrogen or GLP-1 or other peptides, and this is what they're looking for, we can turn around and say, hey, I see you.

I am meeting you right there. And I'm curious if I could show you that as we do that, there is a better way to do that that is going to help you avoid the downsides because there are real downsides to all the things I just mentioned.

And then also to help you optimize the remainder of your health, which I do know is like a goal for you. When I said to this woman, the 42-year-old, I said, look, it's interesting to me.

I think you are on medication for acne. And she goes, oh, yeah. I didn't even think I could put that on the list. I had so many things I was telling you were problems for me.

And so I sort of laughed with her. And I said, but actually, your acne medication is a huge problem right now. And I said, but she's like, but we can't get rid of that because it's helping my skin.

I said, all right. Let's just see if we can like, let's get where we're going on this part, but you know, somewhere along the lines and now she's off acne medication, she's off pain medication.

So I think we have to change our marketing a little bit, right? And I don't know that anyone really wants root cause medicine. I think what they want is they want the optimal way to do what it is.

Like if I want to, it's a great way to communicate it. If I am a male and I want to protect my heart and I also want to protect my ability to have erections, I want to help somebody understand that those two are tied together and they also relate to your ability to have cognitive function later in life.

So when we do all of that, I think that's what's going to be important. The second thing we want to point out is And I think this is really getting missed in the peptide and in the hormone conversation, hormone replacement therapy.

We have to help people understand when these things work as intended. They also have the unintended consequences that we as functional medicine practitioners understand.

So when you add sex hormones, any of them, they're steroid hormones. So when you increase that amount, your detoxification system and your digestive system elimination have to work, otherwise you have circulating used hormones, right?

And then when we look at if a semi-glutide or a GLP-1 agonist works, and if your goal was to shrink fat cells, or if that's why you are using testosterone or estrogen, when you shrink fat cells, you're liberating toxins.

Once again, if we don't have optimized detoxification, that's going to be an issue. I was talking to David Perlmutter about this because that's a brain health issue, too, when we look at detoxification in the brain and the glymphatic system.

So that's our PLMI this spring on that part. So when we look at all of this, I think for functional medicine, what we need to do is we have to recognize that, yes, you can be very concerned that somebody is going to go from two to five minutes of a hormone being turned on or even not turned on in the case where there's suboptimal function to it on for a day or it on for seven days, right?

And if somebody is going to use that as a tool or you decide to use that as a tool, we want to manage what else is happening, the unattended consequences of it working exactly how it's supposed to work.

It's going to impact heart rate variability. It's going to impact time and rest and digest. It's going to impact digestive pacing and delay certain things.

It's going to impact hydration. So we have to make sure we're optimizing that. And that doesn't mean throwing in another peptide and it doesn't mean telling somebody to strength train more.

It means developing a personalized plan, you know, around that, which is truly where I feel like the dietician comes into the spot and shines. But I, you know, I leave that.

And so I think in that space, what we really have this opportunity to do is actually to use these medications as a moment. This is an inflection point.

This is a time we could never, we could turn around and we could say, Hey, James, And I know this resonates for you too, because we talk a lot about how do we help the children?

Like the children are, this is so problematic in children, and now these medications are being approved for age 10 and up, age 15 and up.

Functional medicine, metabolic health, and the opportunity ahead

You know, in a developmental time period, if we use this medication correctly in any age group, we could create generational weight health by actually optimizing systems that were suboptimal.

And the final thing is I'll leave us with a thesis. The thesis that I have is I know the body's unique design is brilliant and it's designed for a switch, for these to go on like a motion detector, two to five minutes and then they're gone.

Two to five minutes to get around town in Nashville in let's call it 1995 versus to get around town today in 2025, if you've recently been back to Nashville, is a horse of a different color.

And I think we have to acknowledge that. And that might be why we need to provide some ongoing support for

these hormones. And that may be, you know, sort of how the evolution of functional medicine can meet the moment with this.

Yeah, that's really interesting. And that's a good analogy, actually, because ultimately, you know, we are in a different age and we've had, you know, transgenerational effects, you know, that have been happening, you know, for now, as many years as we've been poisoning ourselves, right, metabolically or otherwise.

You mentioned the conference coming up in PLMI in the spring. You know, if you look at the lineup and I'm intending to be there again, it looks like a brain health conference, but it sounds like there's some connection here to symbolic health that you're excited about and that you're going to be leading that conversation.

You want to share a little bit more about that? Sure. Well, I'm old school in the hip bones connected to the thigh bone. And, you know, we have fashion cartilage and other things that are connecting it.

So, you know, we're truly an ecosystem. And I think that one of the things that we've done, and I understand why we might do it, is the theme of a conference, you know, or any of these others.

When we look at personalized lifestyle medicine, we have to respect the ecosystem. You cannot talk about the brain without the gut. That's what some of the people are focusing on there.

You cannot talk about brain health without a conversation of weight health. Because we have not only receptor sites for these in our brain, but also neurotransmitters behind the blood brain barrier where GLP-1 is made and stays there and functions in a different way as a neurotransmitter.

So I think that's what got me a seat at the table, to have that conversation and to talk about it and also to talk about how nutrition really comes in and is an adjunct in here.

And so I think for like really the key takeaway for me is you cannot be a functional medicine practitioner without helping someone take and I'll be like your best shot whether that's a peptide whether that's not a peptide or any of those pieces but we at minimum have to assess weight health hormone function and help people identify that when that is suboptimal it is going to impact every aspect of ourselves most certainly our brain health.

Yeah. Beautiful. Well, look, I've seen over the last 10 years since we started the functional forum, one of the efforts that we wanted to do was to sort of popularize this sort of doctor health coach dyad because we realized that that was a critical role that was being missed by most doctors and was critical to the healing process and getting people engaged.

What I see at the most sophisticated levels, whether that be you know, the Cleveland Clinic program or whether that be clinics around that are doing the toughest work is actually that sort of dietitian, health coach, physician, or provider triad.

And it sounds like, you know, that's something that you would argue for given the role of that. I'm just wondering, you know, with the training that you mentioned at the beginning, what do you think is the right training for dietitians and what do they add to that existing diet that you think, you know, creates a full support system?

Yeah, I mean, I'm pretty bullish on it. I started the Better Nutrition program because I kind of threw my hands up in the air and said, like, I've brought doctors and health coaches together and this isn't happening.

And I realized, okay, we've got to have dieticians. So I want to expand that though, because I absolutely love CNSs. And I think So it's not to cough about CNSs.

I had something in my throat. I think they're so foundational. And quite frankly, if I was going back, I would become a CNS. Like I think that that probably more aligns with my training or with my goals.

So I think, and that's the same to say for doctors, there's naturopaths and DOs and all sorts of in that space. But

when we leapfrog over a dietician and like, I think what has happened historically was the hierarchy of medicine was there's a doctor at the top and everybody else then is working beneath them to go and implement what it is that the doctor and it kind of made a doctor seem like and put them in a really unfair position of I have all the solutions for you and my job is to put a plan together and when you leave me, you're going to have that plan that works, like I know that.

And that's not the case. Like we, any of us, whether you're a doctor or a dietician, whatever kind of practitioner you are, not a coach, because coaches don't create recommendations.

But if you're in that space, you're going to come in and you're gonna say, here, I'm curious about your body. Okay, I have this information from my training.

And now I think this plan that I'm putting together is going to be what's going to help your body, but I'm not gonna know until you implement it. And I'm also not gonna know important information, which is, are you able to implement it?

So I think that's where coaching can come in so amazingly in that part. But the deficit for a doctor, and even this is for all my colleagues as doctors who've done IFM training and other training, you may learn about nutrition, but you don't know how to personalize a nutrition plan for someone.

And it's a total nutrition. It's food and supplements, noting the context of medication. And so, and by the way, even if you do know how to do that, if you've gone on to study how to do that, how much time do you have and what's your zone of genius?

Brain health, personalized lifestyle medicine, and the dietitian triad

So I think as the business person, James, we would also come back and ask that question. So I think when we reimagine healthcare and we look at this, there are times where the best thing that can happen is someone can see a dietician before seeing a doctor.

And that's what we've set up at the Better Nutrition Program. We come in and we partner with physicians to say, You may have the coaches, you may not have the coaches, but if you don't have the clinical nutritionist, let's do that.

And maybe in some instances, we should see your patients first so you're more efficient and effective. Maybe you see the patient, you recommend labs, you recommend other stuff.

Now they're going to come work with us and we're going to optimize that plan. And we collaborate, or as I learned from my naval friends, cooperate to graduate on that part.

So where the rubber meets the road is, depending on a doctor's training and depending on a dietician's training, we have to have somebody that can look at the body as an ecosystem, and really more importantly, as an operating system, and can assess function and identify suboptimal function, and can also say, here are your choices, here's what the body needs, where are the gaps, and how do we want to go about trying to address those?

And that's where I think that dieticians need to be trained differently. And I know, you know, that they need to be trained differently or train the way that I've been trained or the way I see like a, you know, a good, a good portion of the newer generation, you know, if none, some of these others.

And then there's the other side of it where if a doctor has training in nutrition. and is comfortable coming in and saying, really, and not an eat this, not that, avoid seed oils, have omega-3s, not that, but really can get into the nuances, then they may be able to work with a dietician who can help really look at and help somebody put together what that would look like.

But more often than not, that's really something that's still better for a dietician or a CNS to be doing. Yeah. Well,

look, I mean, over the years we've recommended, we've had people who've had books and generally I like to stay away from books that are written for the general public because, you know, mostly practitioners that are speaking here, but it seems to me that this book might be a good addition to a library and a practice until, you know, you get the dietician on board.

Just give us a quick overview. I know the book just came out and what your hopes and dreams are for it and how you think it could fit into the library of a practice.

Yeah, so my b-hag, right, the big hairy audacious goal out there is to move us from a weight loss society to a weight health society. I truly think that that will remedy this significant amount of metabolic dysfunction that we see or suboptimal function.

I also think that we can really address so much of the access related issue if we really understand that in weight health, we're using the tools that are available to us to help somebody optimize their weight health.

We're not sitting there saying like, you don't have access to this or you do, you know, that kind of thing. So with my book, what I want to do is I wanted to help people understand that upfront.

There is a chapter five shit to unlearn. And I think that's going to be a really helpful one for, I think a lot of practitioners have said to me, I think this is why my book in week two was USA bestseller.

And I'm excited. And a lot of that was driven by practitioners who said to me, Oh my gosh, you're, you're like articulating and giving my patients the tools of the stuff that I'm just telling them.

And we all know that telling people doesn't work like we've got to help show them and we've got to help them assess it. So in here, a lot of easy tools, easy assessments.

There's also a QR code that sends people over to they do have to go in. It's our HIPAA compliant practice management tool. But our coaches are in there for free to answer questions, not to tell people what to do.

but to make sure that they're going in the right direction, to connect the dots with their practitioner and go back and say, hey, it is important you get that APOB, or hey, tell your practitioner you did the sweet taste bud test and you failed it, and here's what this means, and be able to talk about that.

So we have that in there. And I think for clinicians, number one, doing this for yourself, going through the clinical assessment, many of you are already doing weight health hormone assessment.

You just haven't packaged it that way. So now you can package it that way. If we go back and we say, hey, we're not going to just put you on a medication, we do assessment first, that automatically means you're different than hims and hers and Ro and anything else like that.

Ashley Koffu2019s book, certification, and closing thoughts

So I think there's a lot that will help you from a marketing standpoint. I do have a certification for the GLP-1 certification to learn the weight health approach.

So if that's of interest, I think for practitioners. But really what I think a book can best do is, especially a book about personalization, is it can give you an extended voice for somebody to be able to go home or to go to a chapter and be like, hey, you know how I was talking to you about your digestion and your motility?

Just check out this chapter. Like, I think this is going to help you. And somebody then goes home and they're like, I didn't think about it. I've strength trained.

I've walked and got in my 10,000 steps. I even have a standing desk. But I haven't done midsection movement today. Or for someone else, it might actually help them to realize that while they're working on all of this and

working with someone, their joy is not where they want their joy to be in life.

And that joy isn't the outcome of getting healthy, but joy is actually a tool to become healthy. So I think it really helps with the nutrition and lifestyle approach.

I felt there was nothing like this. Otherwise, James, you know, I had completely taken myself out of the speaker circuit. I was hiding in a beautiful town in Maine, just like I'll jump on Zoom when I have to, as long as it's before 3 PM.

And I was climbing mountains. And all of a sudden, I'm like, oh my gosh. Number one, this is the chance because I tried this in the, you know, in around 2010 when I was in DC and I was like, I tried this and I thought we would have the opportunity to change, you know, really change healthcare at that time.

I'm so bullish right now. I believe we have that. And I really think that's the credit to the GLP-1 agonist for conversations like this and for books like mine and spoiler alert, the book that's coming next to the one that I'm working on right now.

Yeah. Well, thanks for coming back in the game. I really appreciate, you know, our relationship over the years and your leadership here on this topic.

I know, you know, there's a lot of noise in this space and I feel like, you know, that there's always a sort of a situation where, when something's hot, you know, you get a lot of people sort of coming into it.

But when I listened to your take early in the year, I was like, I think this is, this is going to resonate with practitioners. And I think, you know, you shared a lot of.

Great wisdom today. So thanks so much for being on the front end and I look forward to seeing you in April. I'll put all the details about the conference coming up.

I think it might already be sold out because they got a stellar lineup. They got Bellmutters and Bredesen and obviously Dr. Bland and yourself and a number of other.

amazing speakers and I'll be there. It's the 17th and 18th of April in Chicago. But everyone else, thanks so much for tuning in. Check out Your Best Shot by Ashley Koff.

Check out, we'll have some of the details as well for what Ashley's up to and how you can get involved. Thanks so much for tuning in. This has been the Evolution of Medicine podcast.

We've been talking about GLP-1s and great to have you here, Ashley. Thanks for tuning in and we'll see you next time. forward for the reversal of Alzheimer's and cognitive decline.

Thank you so much for tuning in to the Evolution of Medicine podcast. We'll be back again next week and thanks so much for tuning in and we'll see you next time.