Episode 133 - In Defense of Women - Amanda Archibald

MERYL: Welcome back everybody to the rebel nutritionist podcast. You're in for a treat today because Amanda and I are just going to talk. I am with Amanda Archibald my longtime friend and colleague and our conversations are always so robust. So we figured we'd actually just record it today, but today we're really and I, we're really talking about a topic a it's near and dear to both of our hearts, but that really needs to be brought out to the forefront.
And that is. Really women in crisis and, and how many women out there as Amanda just said, are in crisis that don't realize it. So I think this is gonna be a great conversation and a great listen for all of you out there. So welcome back, Amanda.

AMANDA: Well, thank you. Thank you. It's good to chat with my gene sister again.
always, always, always.

MERYL: So, you and I, of course, start these conversations and then we're like, Oh, we got to turn this into a podcast, but let's where, what's your thoughts on what's going on? Because I love your perspective on this.

AMANDA: Yeah, and I think so your listeners understand like we will chit chat and you know on a messaging app and I'll say, have you seen this or I've just identified that or, and I think one of the more recent ones was exactly the, what **we want to talk about this women in crisis** and what I'm seeing, cause most of my clients when I'm working in clinical practice are going to be midlife women.
Most are perio or post menopausal. That's just my space. And these women and I'm generalizing here, but **we're looking at trends classically have issues with weight loss, weight loss resistance, even if they're postmenopausal horrible issues with sleep, wake up fatigue, can't focus during the day. And guess what?**
They're trying to do the best with food for the kids who might be picky eaters themselves. So they've made about 20 arms to hold their family together, let alone what they're trying to do in their career. And their health is taking a back seat. And I think it's when I think of that, I think of plugging holes in a leaky roof, which is an idea from our colleague Dale Bridenstine, who said **in medicine, we keep trying to plug holes, right?**
Patch things up, but then there's another leak. And so what I'm seeing with women is that we're trying to be all things to everyone. The older we're getting, you would think it would get easier, but it seems to be getting harder and there, **we just have a leaky roof crisis in women's health** is, is, is a way I want to put it.

And in the end, what I'm seeing now is now w**e have women who are running around trying to do all these tests, going to multiple practitioners, classic, right. And to go to sleep, they're taking drugs.** Yes. That, that is what is happening. Yeah. Well,

MERYL: I, and you know, part of it is, and I think it's about rewinding this and saying, okay, well, where does it, I mean, look, it starts in a lot of places, but so many women are not feeling well.

Look, and I see this too. This is a big crux of the work that I do, which is why you and I go back and forth all the time, because we're like, wait, we see this, we see that how, how are we treating this? How are we handling it? And I think **part of the problem starts is when women are they confirm they're in perimenopause or menopause and they're at their physician's office and they're really left to their own devices or or nothing**, right?
It's not addressed. Oh, you're in menopause, live with it. Or, oh, yes, your hormones are out of whack. That's expected because you're perimenopausal. And. Oh, and then they're left to fend for themselves. And, and they're told, well, any other any of the symptoms are normal and it's in your head if you're not not well, and go on an anti anxiety medication or, or whatever.

So. I feel like the medical community is doing our women. Look, Aviva Rom talks about this all the time. Sarah Gottfried, right? Anna Kabeca. I mean, these people in this space are talking about all of this, how women are being served such an injustice in this space.

AMANDA: They are 100 percent and you know, you mentioned medical communities, certainly not all in everyone, right?
No, of course not. Of course not. But, but where I'm seeing this access to, and you probably will as well, is thyroid. **It's worse with thyroid. dysfunction meets perimenopause, right, because then we're not sure what is causing the thyroid dysfunction.** That's not even being addressed. So then the thyroid is being tinkered with, or worse still, what I keep seeing is the thyroid labs are borderline normal.
And so when we start playing with thyroid labs, but they're borderline normal, and we still haven't gotten to the etiology of what is causing the thyroid dysfunction. And then bam, we hit perimenopause. So then your hormones are all over the place. So that must be the reason why you have thyroid dysfunction.
And in the end, you have women who feel, I'm going to be honest, feel like crap. I, unfortunately, I never felt that way, but some women do. And they said, we know it's hormonal. And they're just like you said, they're like deer in a headlight and they're stuck and guess what? They can't shift the weight, which is the reason they're coming to you to start with.
And the weight is just an outcome of these imbalances, right? It's a reflection of it, or part of it.

MERYL: Absolutely. And so that's the thing. I always say, when people come in and say, well, I'm menopausal, perimenopausal, and I can't lose weight. I'm like, **okay, I know you want to lose weight, but we got to look way upstream first.**
Like, we can't address the weight issue until we look at these other imbalances, because it's these imbalances. That are causing the issue. So let me go back to thyroid for a second because I think this is so important to address part of what happens is. Most physicians are not even running full full panels.
Right? And so they're looking at TSH. **Well, thyroid stimulating hormone TSH is not even a thyroid hormone. It's a brain. It's a you know, it's in the hypothalamus. It's the pituitary. It's the thermostat of the system, right? It's not the actual where everything comes from**.

So I think You know, so we're measuring TSH and we're thinking it's related to the thyroid hormones themselves and it's not.
So TSH is just one marker if we're not getting what is usable to the thyroid cells, meaning free T3 and free T4 and T3 uptake and reverse T3, and of course the antibodies, then we're missing You know, it's like trying to do a blood. It's like trying to figure out if you have diabetes and you're only running a glucose marker.
You're not doing the globe in a one seat. You're not you're missing half of the picture. And then the ranges. I think the other thing that people don't realize is the doctors will say, **Oh, well, you're in normal range. because all they're doing is looking at the sheet of paper and they're not seeing a flag, right?**
But they're not looking at the functional ranges functional ranges of thyroid, it's 1. 0 to 2. 5 period. And, and then T3 and T4 and so forth. So I think the other thing that, what I really want women to hear is, **You should and are allowed to advocate for yourself and if you are being dismissed by your physician, find another doctor who's willing to listen.**

AMANDA: Yeah, and that's I'm finding a lot of my time. I'm actually looking for those physicians who are able to practice telehealth or license in a state. Where they can't find the right doctor said because you've got to work with a physician that can overlook this entire picture You know because I know I'm I can't adjust hormones, but I can see the issues I know we know our scope of practice But yes, I think being heard is really important and when somebody keeps saying to look I I mean I have a close colleague who's a client who cannot get out of bed in the morning. Yeah, she can right But she said, I feel worse now than I did nine months ago. And we're still adjusting my hormone meds. She said, it's hormone. It's my hormones. It's my hormones, my hormones. I know it is. She can't be heard. You know, and yes, so a hundred percent you find a doctor listen to you. So you're not imagining things, I think that's what I say more than often because I we look at through the lens of genetics and functional nutrition, et cetera.

And I think first part of it is to validate, I hear you. We just, here's our scope. Here's what we can do. We're going to advocate and help you find, if we can the person who can listen to you.

MERYL: Absolutely. I mean, in that in that realm, that's, that's much of what I do in terms of just being able to organize and run quarterback for someone and say, yeah, let's do this.
Let's do that. You know, some of the work that I've actually, some of the advanced work I've actually done with Quicksilver in terms of really understanding Quicksilver Scientific is a supplement company, but they, do hormones and we're actually finding some good. Baselines to balance people because the other piece, so let's go back to the hormone piece.

And I think as women, we intuitively know, or we have the ability to be intuitive. It's do we choose to listen to it, but you know, **our body talks to us really, really does. We need to be paying attention to what our body is saying** and not allow someone else. I don't care who it I don't care if it's a friend, a partner, a colleague, a physician.
They can't say to us, well, no, you don't feel like that. Right. And then we then question our own like, wow, maybe I am crazy. Right. Like we are intuitive beings pay attention to that

because like you said, if this colleague of yours is thinking it's hormones and more than likely it's hormones, but yet she's being dismissed like it's not right.

And so, and there's all kinds of, there's a whole milieu of hormones in that, but. Correct. Yeah.

AMANDA: We're being very, very broad when we're talking about hormones. Exactly.

MERYL: But right. But knowing what to look for, I think that's the other thing is like, okay, **well we could say hormones, but this is why we go back and test to validate**, right? Validating what we're hearing and what what someone is thinking. Otherwise, we have no jumping off point, right? And I think the other part of that is. the hormone piece there's still so much confusion about hormones. And look, even though the hormone myth and I've had people on, I've had big time doctor, I mean, Anna Kabeca, Wendy Warner have both been on. **And we debunked the whole hormone myth that HRT back then was HRT was synthetic. It was bad, but hormone replacement in and of itself is safe and effective.** And it's it should be used as a treatment option
for women.

AMANDA: It's an option. Yes. But before prescribing it, right, I'm sure the physicians you, you talk with understand how the body's functioning, right?
What, what's the goals? Yes. You know, what's your baseline and can you detoxify these hormones, which we know with the right. testing, we can see that so it's a case of support.

Yeah, we could have a whole conversation about HRT and PCP because it's definitely yin and yang there. And there's definitely a lot of prescribing without understanding, well, can you, is this person nutritionally supported enough to tolerate, but there's, I'm with you, there's also a whole slew of women who've been put out to pasture who've never been offered the option and it's It's one of my doctors says, listen, women are living a lot longer. **So when you lose your estrogen, say at 48 or 80, that's 40 more years than we had like a thousand years ago**. So it's like, duh, that women might feel like they need that. I was going to add something else that went out in my mind, but yeah.

MERYL: Yeah. And that's the truth, right? We're almost living longer without hormones than we were with hormones. If you think about it.

AMANDA: I know the other thing I was going to mention about that is cause I'm thinking again with the range of women I'm working with, as some may be in their sixties, they have osteopenia, osteoporosis.
They were not offered the opportunities in their fifties to consider hormone replacement therapy. So now they're 10 years post. with osteoporosis. And that piece is not being allowed. Now, of course, it's way outside of my scope of practice, but I think it brings me to women who maybe had a sister or a sibling or an aunt who had cancer, breast cancer, whatever.
Oh, that's in your family. This is not an option, option for you . And I think that is just, a discredit to to be able to say, well, you're not allowed. Therefore, we, you can't be considered.

And that's just so not true because **our genes, even among siblings overlap, but with detoxification or tolerance can be completely different.**
So it's unfair.

MERYL: It is totally unfair. And I hear you. And a lot of people come to me and say that, right. I have a history of this, right. I have a history of that family history, not even their own personal history, right. They're not being offered it again. I think. There's just a really skewed conversation around hormones, and **it's really skewed based on fear without substance.**
Right here without real substance, because again, as you've mentioned, and you and I both know when we're taking a deep dive and looking at how somebody detoxifies and breaks down hormones, like, so for those of you that are listening, understand that when we, **whether we're exposed to hormones from the outside world, whether hormones are produced in our own bodies, our bodies have to go through a process of detoxification.**
Our bodies have to break down these. Hormones to be dealt with so that they can go where they need to go to be used, and then they get excreted out of the body when they're not used. Where the problem comes in with some hormone replacement therapy or where the question comes in about cancer risk is if those hormones are not being properly detoxified and removed out of the system, well, then they're recirculating in the system and they are then prone to, to maybe tumor cell growth or formation, right?
So it's not that you're necessarily predisposed to the cancer. Why are you predisposed to cancer? What in your own biochemistry?
Exactly. Right. And

AMANDA: That we can see,

MERYL: yes, that we can see. And I think that's the big part for people is that. We can measure this and we can look at this, and this is how we support you.
You know, I have a really, really good friend of mine, one of my closest friends, who has a really strong family history, the BRCA gene, and, family members have passed from breast cancer, or had breast cancer and then subsequently passed, whatever. And, and thank God she's never been diagnosed with cancer, and that's the whole we're doing all this work preventatively.
And I had said to her, but, why are you not being offered the option of a hormone replacement? Because she is suffering terribly now with certain results of not being offered. And she's a, well, because of my risk, I'm like, but it's just, your risk is no different now and she had the surgeries and all that kind of stuff.
And but they're not even putting it on the table because of the BRCA gene. And I'm like, please advocate for yourself, please advocate for yourself. You know, and and it's a shame, but it is. It's a frustrating place to be **because so many women can be supported with the right kinds of treatment. And it just means replacement. It doesn't mean that we're giving people crazy amounts of estrogen and progesterone.**

AMANDA: It's No, it and yeah, it's and it's titrated and you work very closely with your physician and you do go through changes. I mean, I take hormone replacement therapy and we adjust it and I can tell when it may be off.

That's when you have a conversation with your physician. You may go through some white changes. Okay. Let's take a look. Is it thyroid? What's changed? But I will share as you know, Meryl, with your listeners that my mom has pretty severe osteoporosis. She, she's turning 95 she's done pretty good.
She lives on the Mediterranean. So that's a whole other story. But me too. And so we started hormone replacement therapy in my early fifties. And I had the misfortune to have to relocate to a part of the country where I could not find a doctor who will continue to prescribe it for me. They just pulled out the framing answer, whatever the women's health study said, we don't recommend this.
And do you know, within two and a half years, because I could not get that replaced, I lost a good percentage of 10%. Reduction in the bone dense or the density of my, my spine. So what was the, the, the lower spine, fortunately we were able to benchmark that and get me back on HRT and we can replete it it's a process.
And a lot of it, everyone is functional movement. You know, you have to stimulate your bones, but that was really devastating to me and I'm like, you've got to be kidding me. So we were able to rebuild it fortunately, but. I'm just a huge advocate is this as being an option. Of course, I try and prevent it to start with, which is early measuring, like it's early prevention.
And in what I've seen in my work now, not to sway off here, but you know, **hormone, hormones are critical for bone balance. They're just estrogen is enough, right? And testosterone for bone, for strength and flexibility, but estrogen is really integral. to inducing osteoblast so bone cell growth and helping create that balance.**
I mean, you do have turnover, but what I'm seeing Meryl even more is homocysteine. So many people have issues with methylation. It's a process in the body. **Homocysteine is inflammatory. marker is very clear to me now looking at genetics and working with, with like midlife women. that homocysteine, which is very B vitamin B dependent, is directly, there's a huge correlation between bone matrix and bone density and methylation.**
And bam, when I looked at my labs, like, look at that, where did that homocysteine come from? Correct that. And dyslipidemia as well. So, so what we're seeing now, **it's not just about vitamin D and calcium. It absolutely is about movement and strength and resistance work**, period. I mean, it's just not negotiable.

But it's, It's even more about hormones, it's homocysteine, B vitamin, methylation, which we'll talk about. But what I'm seeing is cholesterol. **When there's disruption to cholesterol, oxidized cholesterol is very caustic to bone health**. So it's amazing to see this. And I had all those things.
I'm like, Oh, wait, let me get in and correct and rebalance that. Which is an estrogen is wonders. And to activate those sensitize the LDL receptors and boy within three months, you could see your LDL like drop like a rock. So anyway, I digress, but we're pretty passionate about this, but no, but,

MERYL: you know, but it's really not digressing because it kind of goes back to when we talk about everything being connected in the body and why.
You know, I was talking to a gal who was in my office the other day, and she's like, well, I don't really want to do my genetics because I'm nervous. And then we ended up doing a whole

podcast with my staff about DNA and why you should not be nervous about testing your DNA. You know, we're not going to diagnose you, but, but having all of the information at our fingertips, be able to look back.
And that's why I say the work that we do and like, especially **being able to step back and go, Oh, wait a minute. Yeah. Homocysteine is connected to this and it's connected to that. And, oh, well, it's all connected in the body because part of, of what we look at is we know when women go through menopause, Cholesterol goes up because those receptors on the liver for estrogen are not there.**

AMANDA: Correct. Or they're totally desensitized, right? It's like, well, I don't need to show up anymore. Right. And that's, and then you denied hormone replacement therapy because you have a family history of heart disease and look at your cholesterol, look at your LDL, right? And it's just Right. I mean, obviously you have to manage risk.

MERYL: I mean but **well,you have to manage risk. But again, if you're looking at this in the context of where is the risk coming from**, again, if you have someone's DNA and you're looking at that and going, okay, well, I'm organizing it here. So then I'm looking here, right? **It's like putting a puzzle together, and I guess where women are so, left in the dark is that they're not working with a practitioner who is looking at all of these pieces.**
And it isn't really. knowledgeable about how to organize these pieces. And so they're sort of left to flounder. And this is why we're seeing this, right? Women who, yes, estrogen and testosterone, so important for bone health and, and, and all of this connected, but You know, we could say all this and women's heads are spinning like, oh my God, then where do I start?

Well, we start at the beginning. We got to look at your lab. We've got to validate, right? Like we start looking and this is why we look at DNA. We're not looking at DNA to diagnose you with cancer. We're looking at DNA to understand what are the underpinnings of how your body functions. How do we get the labs to support and look at that and then make recommendations?

AMANDA: Exactly. And I always say when we're able to look at this big picture, the issue blueprint. **Biochemistry and getting you to, well, it's a lot of work, but it's a tiny, it's like a quarter turn of a screw. That's, that's my idea that your biochemistry, sometimes it's just like gears. Something's just off the teeth aren't connecting.**
And it's not like you need gobs of supplements or whatever, or physiologically incompatible levels of choline or something, but that's the last thing you need. **So DNA is the roadmap. Like we start to see where the inefficiencies are, the labs validate it, and then we know what to do**. Right. I mean, that's it. It's brilliant. And it's very empowering,

but you know, there's something else I think about midlife going back to estrogen. So we're looking at DNA every day. And one of the genes that comes up a lot, it doesn't matter whether you're male or female, is called PEMT, right? Oh, yeah. It's got a real long name, phosphatidylethanolamine methyltransferase.

How about that? We call it P E M T. And this is quite an interesting gene for us to look at, particularly, and some of you listening, you're going to identify. you go to your doctor, all of a sudden your liver function tests are off, right? Oh, what's going on with your liver? As I'm you drinking too much, you've eaten too much fat.
Now you need to go on a low fat diet. So **PEMT is integral to the body producing choline.** So phosphatidylcholine, what does that do? Well, it's, it's really important for your cell membranes to keep them flexible. It's also part of like acetylcholine, right? Which fires your vagus nerve, keeps your gut moving, but it also protects your neurons and it helps facilitate that communication, right?
Between, so thoughts. So how many women, how many of like,
what is wrong with me? Like, and like between one and two in the afternoon, we can't think straight. Well, it's brilliant that that gene, what fires that gene, what kicks it into action is estrogen. Right? And so what we see quite often is that gene will come into form with a little bit of a slack, a slacker, right?
So it needs a little bit of a kick. Well, if you don't have any estrogen. Guess what? You're like zero for two because the gene is awoken, not producing choline, which has a lot of needs in it. Yes. A lot of directions in the body. So no wonder you can't think straight because you know, there's nothing, there's no gas in the car.
Well, there is. And then your body is brilliant. **But how many times do we see in this mix of women who are in crisis? Brain fog. I'm just, I'm not on time. It must be because I'm not sleeping. Right. It's not. It's something you're losing a part that you've been given to you that you just need some support with.**

MERYL: Yeah, and that's true, right? So that's one of the things women say, my memory, my brain fog. Yes, all day long. You know we, we, we do hear that. And it's not just, oh, okay, well throw phosphatidylcholine in as a supplement, right? Because people would be like, all right, well, I got to go get phosphatidylcholine.
Well, you might need it, right? You're calling it.

AMANDA: Yeah. Some people do help some get over the gap until we can like backfill, if you will, nutritionally.

MERYL: Right. Right. You know, but it is also going back and saying, okay, well, we talk a little bit about supplements, but even. You know, the food part of, okay, **how do we also support estrogen through food?**
And everybody's afraid of these foods, especially women who have had maybe about cancer and then they were told, oh so they're on their road. Soy soy. No, edamame. Absolutely not. Right. Right. That's that. Right. Right. So and again, that's a misnomer as well. And that has been debunked for many, many years.
And yet so many in the oncology world, so many docs are not with that they haven't, **they have not up to date on the research. It's like soy actually is protective. Soy is protective against these bad estrogen molecules.**

AMANDA: And why is that? Because it contains what Genine and diad sign, which are INE

molecules.
Exactly. Bad ine. Yeah. Yep.

MERYL: So, and those are important estrogen producing molecules in a safe way. Right. It produces safe.

AMANDA: They're, and you know, it makes me think too, that one of the other reasons they're safe, so we talked about those molecules so that they can kind of bind to the estrogen receptors, but.
They're also another way. So soy or edamame we're talking about whole soy whole soybeans ate a mommy and traditionally produce saw at soy tofu, right? Press tofu. **So soybeans are probably one of the most nutritionally dense foods you can, you can eat along with seaweed.** Actually, it's probably why we associate health with Japan, differentiators there, but **soybeans themselves also.**
Can help the body methylate right as well. So when the body, so what does that mean when **the body can't go through the traditional route of producing these important methyl groups, which are very important for detoxification, sex hormone detoxification, soy and egg yolks themselves, sunflower seeds are kind of provide a detour route for methylation**. So that also is a connection. It's a real need to really understand why we might put that in your diet because you're helping your body produce these methyl groups that work with a very specific enzymes that is integral to how you detoxify any sex hormone. So that's another explanation.

MERYL: Yeah, right. But that's why we always, that's why again, as practitioners, you know what we do, we're looking, **we always say, okay, food first, but this is really how it supports it. So then to have a doctor come around and say, well, no, you can't have that. You know, fly a flies in the face of good validated science and it it really is to the detriment of someone's health.**
And, and I this is why I think you and I get so passionate about it because we're like, Oh, no, no, we know, really, we know the answer. We know the answer.

AMANDA: We do, we do. And you know, I'm
thinking like I gave this recipe out yesterday. So like, right. switch to the culinary side. So here's a recipe. Get a bag of frozen edamame and defrost it.
Normally it's cooked, right, Meryl? I think sometimes you have to cook it, cook it, defrost it, the nipple, y**ou shove those in a blender. You want, get a half a pack of green peas. Green peas actually have a lot of value, people. They're actually a really good source of folate, believe it or not. So those are two inexpensive foods.**
Shove them in a blender. A glug, maybe like a quarter cup of olive oil, some sea salt, mint. You put cilantro in there. Whizz that up. Right. What? I said
you could throw some garlic in there. Yeah.
Oh yeah. You got to put the garlic in there. You want onion in there, whatever. You want some heat. You can put a little bit of hot red peppers or whatever.

Whirl that up. Give it a taste. Oh, and then yeah, some lime zest. Like the zest of a lime. It tastes that if it still need, if it stays a little flat, then just squeeze half a line. And there you have like **your hormone supportive, methylase supportive, everyone to eat it in the family. They don't know it's because soybeans.**
Rad. You can put it on your omelette, right? Or whatever in the morning, but there you go. Your snack dip, right? Oh yeah, it's your snack dip.
Edamame hummus. Yeah.
Edamame hummus. Like your, your estrogen soother but, but that's an example in tons of fiber too. So I had to throw that in because it came up yesterday.

MERYL: Absolutely. I mean, and, and that's the beauty of being able to put all this together and, and share this with people and say, okay, well. You know, do some of these things and then see how you feel, right? Exactly. And then that's kind of circle back around. But I think in, in coming back full circle to, to where we started these women who are just not feeling well, yes.
So we say, okay, well they have to sleep. Well, if their hormones are low and their progesterone is low, guess what? You're not sleeping well.

AMANDA: You're not. I just wanted to talk about progesterone a hundred percent. Yeah. Yeah. What is it when your progesterone is the first one to drop often, right? And then it sort of, sort of goes undetected, like wait, and you know, **I'm sitting half the time saying you just need a little bit of progesterone.**
Like I really feel that I can't, it's it's outside of our scope of practice to really discuss, but we can show you and yeah, you need some support. Right. You'll feel better. . Go ahead, .

MERYL: Yeah, I mean, I would actually argue whether, I mean, in the functional realm, it is within the scope, you know? I mean, I'm very within the functional, yes, it's, yeah.
You know, I am very comfortable talking about progesterone. I mean and especially like if women notice as they. Sometimes so I have women who have had migraines associated with their periods and whatever, right? And then they sometimes do better when estrogen is down, of course, depending on that.
Yes, depending upon what's flaring that right? But progesterone will also drive that right low progesterone will bring back as they dip down, right? Low progesterone. **So if you're a woman out there and then all of a sudden the headaches are coming back or you're suffering from those headaches, it could be then related back to the progesterone.**

AMANDA: Yeah. And if they're coming on a midlife you're going to start to lose that. So it is a conversation. Yeah. But how then. So how will we differentiate with our women between fatigue? Like lack of interest, like feeling overwhelmed and like dopamine, like that, the whole dopamine pathway and or adrenal.
So sometimes all of 'em are at play, but you know, there's some people can kind of go through menopause, but, and I'm seeing this too. **But they can't get off the couch they're just feeling so unmotivated and lost feeling like they've lost their luster for life. So how do we know if**

that's brain hormone versus adrenals, adrenal totally tap their adrenals and how are you looking at that?
Because that's very common too.

MERYL: It is very common and it goes back to what we opened with, with women who are trying to do it all and have it all and be it all. And you know, how do we have, I think we still have to come back to what is my work life balance, right? Is there a work life balance? **And we really do have to look at lifestyle and we really do have to look at where is the sleep and the stress component.**
We can't just say, all right, well we'll test here and do this and do that without really. Understanding that part of the picture because if they have been under a lot of stress and they are in that go go go and especially women in midlife because not only are they dealing with children, perhaps, but now they're dealing with their aging parents.
Right. And so you kind of, it really is that sandwich and where in that. Is there time for themselves and oftentimes when I have a woman sitting in front of me, they look at themselves and they're like I'm the last one on the totem pole,

AMANDA: which is the point I wanted to get to. That's exactly what I'm saying.
I'm holding everything up.

MERYL: Right, right. And so, so we have to address that because at some point. We need to then talk to these women and say, where are your boundaries? **And this is the beauty of what we're doing in the rebrand you program. You know, having these women kind of come to the table and go, wow what is my belief around my own health and what is my resistance to my own taking care of myself** and what is.
You know, my, the barriers that I've thrown in front of myself because of that, right? So the mental emotional aspect of this, and don't forget, right? They've been living this way. **We've been living this way for half of our lives, turning and pivoting on that is challenging because we're, we're almost fighting upstream the very beliefs and the very thoughts and the very premise of what got us here in the first place.**

AMANDA: No, it's.
It's so true. And I think that's why this came up because I was working with a client. It doesn't matter where they are, but **it was so obvious to me that it, it doesn't matter what we do with food or supplements or whatever medication you're taking to sleep. Unless you have a family meeting and say, look, everyone, I've got to look after myself and how you navigate to that.**
There's nothing we can do to plug your leaky roof. You know, that's what I thought about. Oh my gosh this rebrand new program is critical because the majority of it has to be about you stopping and looking at your boundaries. Because until you do that. There's nothing we can really do. I mean, there is, right?
But you're plugging a leaky roof.

MERYL: You are. And you know, and I've had women who've sat here, I have a recent client who she needed to do that. She was, talk about needing 20 arms, man, she was just, and she was, But her body was, was depleted, beyond depleted. Right. And I looked at her and I said, you're gonna really need a shift.
You know, and I'm pretty blunt with people. I'm like, this, this is how it is, right? I'm not the soft one here. Everybody knows I'm not the soft one. My kids are the soft one. It's br in you from Jersey or New York. It's like there, it's,
I'm gonna tell you how it's, and I, and I do it gently and I'm not right, but I'm like, this is what it is. I'm gonna tell you the truth. And I said to her, look, here's what we've got to do. And she really took it to heart and she's been shifting a lot of things in her life. And I will tell you, she has gotten pushback from her family, even though she's had a meeting. So, so what I'm, and **finally they're coming around and they are supporting her and it's been a beautiful thing to see. What I want people to hear is it is a process. Hey, it's not easy to advocate for ourselves if we haven't. done it our whole lives.** You know, I always joke. I'm like, I was 50 before I understood what a boundary meant. I'm like boundaries. I could do that. Like, wow. Right.

AMANDA: You know, you balanced it all for so long.
You were all people. Yeah.

MERYL: Right. It wasn't until I got divorced. I'm like boundaries. Wow. I wish I would have known about that. Right. But so, so I women need to be gentle and kind to themselves to understand that, like, this is a process, this is not a one month, two-month thing that, oh, I'm going to start working on this and I'm going to see these huge shifts it's an ebb and a flow of, of all of that.
So give yourself the grace to be able to start to approach these conversations, to have these hard conversations with yourself. And with other people and it is, it is, and like, that's why we do the work that we do and that's why we have coaches and we have different kinds of Shari, who I'm doing the rebrand you program is a different kind of coach and she's brilliant at doing that.
And my other coaches are brilliant at supporting, you know what I mean? Like, It's important. It always, it does take a village. It takes a village and I 100% and so so there's that part of it, but I do want to address like what you said, well, **how do we know if it's adrenals or this or that and that's where really running the lab work is so vital.**
I know we often try and say, well, can I get away with just doing a chem profile and not having people spend money on the tests and not having, and I understand that part of it. I really do. **I am very sensitive to people's budget and price point. And look, these tests are not inexpensive, but at the end of the day if we're investing in our health, then we've real, there's so many parameters now to look at, right.**
You're looking at the nutritional biochemistry. You're looking at the hormones. You've got to look at. Where is the balance of what my neuro endocrine system, my, my brain, my, my adrenal glands, like all of that, all of that runs together. So if you're not looking at blood sugar values, but then you're not looking at cortisol and you're not looking at all of these pieces, how are we connecting the dots in this puzzle?
Exactly.

And so I always say, look, **I am not a big fan of over testing, but I believe we need to do the right test at the right time for the right reasons.** And, and then we can create a picture because look, if we don't test and we're throwing a supplement at someone that gets expensive and that gets time-consuming too.

AMANDA: And it's frustrating.

MERYL: And it's frustrating. Right. And you don't have, I would say like how many things can you throw at a wall and then people are not compliant. You know, I have people coming in from other physicians and other practitioners who literally walk in. And this one woman the other day was like taking 40 supplements in the morning.
Just in the morning. And I'm like, Oh my God, stop. Yeah.

Well, right. Exactly. Well, because it was through adrenals and it was the thyroid and it was the vitamins and it was this and it was that. And I'm like, this is, this is not good. I'm like we want to supplement to, to supplement the diet and we want to supplement to create, to rebalance the inefficiencies or the imbalances, but I'm like, let's get in rebalance and get out.

AMANDA: You know, a hundred percent. And I think too. Men and women, **they're so desperate to feel better that then, of course, we're going to listen to our favorite podcasts and whatever is going to be advocated for longevity or what have you. And I think part of it is individuals like, I just want to feel better.**
I'll try this, try this, try this, try this. And in the end, it's. **We don't even know how those molecules are working together. Your body's designed, right, to balance these co factors, vitamins and minerals**, and not to have these weird kind of extracts or whatever, which it, usually we can get from food. It's in its natural matrix.
So yes, there's a lot of money being spent on fixes because we just don't feel well. Right.

MERYL: We don't feel well. And you know, most of, look, most of the products those sponsored ads out there, it's good marketing I have people coming in all the time. Oh, what do you think about this? And what do you think about that?
And I'm like, Oh my God, do you need it? Do you know if you need it if you need it, right. Right. Do you know if you need it? Like, do you need this? And, and is it the right form and blah, blah, blah. And the whole thing, and then we can probably end on this, but like, yeah, this whole now thing with longevity kills me, right?
Like it's just killing me because people are like, well, I'm going to do this and this and this for longevity. And I'm like, are you even exercising? Like you're taking all of these supplements and you're trying to biohack your way into this stuff. But. Guess what? If you're not sleeping and you're not exercising, that's half your longevity formula right there.

AMANDA: Right there. It's called VO2 max. People know your baseline and start with it high, right?

MERYL: It's fascinating. And you know, and I, and I love those conversations, but again Yeah, yeah I mean, look, yeah, you could and the other thing I do want to the last thing I want to kind of circle back on because one of the things that also gets is **one of my pet peeves is are all of these direct to consumer tests that are out there.**

Right. The people who are saying, Oh, I got my biome tests, microbiome tests, and I'm doing that on my own. And, and where I did my genetic test and I got back and I look at them and I'm like, **did you get back usable data or you got back recommendations for a supplement?** What are your thoughts on that genetic
queen?

AMANDA: So you know, I, **I call it line item nutrition** and I mean, I don't even know the half of all the tests out there, but here's the thing. **If you look at a genetic test and it says it gives you a genetic result, like a ledger, like thing without it, kind of ledger, you've got this gene, therefore do this, that is monogenic thinking.**
Your body doesn't work like a ledger. It works by like all the money that's in your bank account. So it consolidates or assimilates all these genes, it puts them in and they work in different pathways. And those tests are not available over the counter. They're just not because they require a clinician at this point in time to be able to interpret that.

So if it looks like you're going to get a report, like, **This gene, therefore you need this, this gene, therefore you need that. They're pretty inefficient. They don't reflect how your body works.** Like, they would almost reflect a lab test on a given day. Almost. That's my, and I think with AI or whatever, that may change, but it, the amount of data that it's going to require to understand, like, I don't know, hundreds of millions of sets of data to understand.

Nope. I'm going to pull that back. I'm thinking in a different vein here, something completely different, but to answer your question, very hard to use those tests. Even if they look pretty to say, this is how you need to formulate, this is how you can get well. If you don't feel well, that's not a useful investment of your time or money.

Yeah. Yeah. Absolutely. It's not easy to do genetics. It's not easy to read DNA, right? But boy, once it's read correctly, it never lies. I've never had one individual that I've sat with who hasn't said, Oh my gosh, that's incredible. That's me. Like, yeah, it is. No, we're not reading cards here it's, we're not fortune tellers.
It's like, no, this is actually you. Right. And that's the brilliance to this work, so.

MERYL: Absolutely. Yeah. And and I, and, and the people that do it appreciate it and then they come back and they look and they're like, oh yeah, so I just have to, yeah, it is. I**t's about always what are the tweaking?**
What are the nuances? And just it's, yeah, we could talk about that for hours, but I think just to circle back and kind of give women a sense of hope that. You know, i**f you're not getting the answers that you want, and if you're not feeling the way you want to feel, don't allow anyone, I don't care who it is, don't allow anyone to dismiss it as just nonsense.**

Would you? That's true. You know, and be your own best advocate and just be careful. You know, I think there's a lot of desperate women out there who are scrolling on Instagram, scrolling on tic tok, for the for the answers. And that you have to be careful, right?

There's no, t**here's no one size fits all approach to balancing your own body. And, and we know from the DNA work that we do, and we know from the testing that we do, no one, one body works the same as someone else's.** I love it when people come in and they go, well, how does this compare to other people that you see?

And I'm like, it doesn't matter. Because you're, right? You're your own unique you. It's relative to you. It doesn't matter what someone else tests show so **I think we have to be very in this age of I just want all of the information at once and, and, and understand it all. We really do have to go back and say we are individuals.**
We need to use this information in that way and support my own health in the best way possible.

AMANDA: Right. And I want to ask that because I'm thinking we're, we're seeing individuals, men and women who have gone through a lot in life even with DNA and the advanced testing or even routine testing, we can do, **there's no one meal, there's no one week, there's no one supplement that's going to get you to stand up and feel better within a day.**
Now, some people, we do see amazing turnaround, **but it took a long time to get into the hole. It takes a while to get out. So you have to have some patience and the communication you and I talk about between yourself and your practitioner and your health coach or the team is critical.** There's a reason we work with health coaches.
You have 24 seven or you have touch because we need to jump in when you're not. You took the wrong turn right when your body doesn't work well with this or you don't feel well, don't come in and think after a week you're going to feel amazing, or you're not feeling any difference therefore this doesn't work so I'm going to go find another practitioner.

Don't do that because unless you're really having a hard time but in other words it takes a while to take your body out and get it get that biochemistry to flow again so yeah patience

MERYL: Yes, patience for sure. I think what again, part of what the appeal is out in the public space is here's the quick fix.
Here's the quick fix. And, and your body just does not work like that. I say to people, look, this is a minimum when you're starting with me. **It is a minimum of a three, four month process**. Right. And, **and for some people who are really imbalanced, it's six months, it's,**
or, or, or longer.

AMANDA: Because some things have been shut down in your body for a long time, like receptors or whether they don't just wake up and say, Oh, here's the fix, you know?
And like you always say, a lot of it is, **a lot of it is having to shift the mind or your lifestyle or what's going on around you before your receptors are willing to wake up.** Yep. So, yeah. Awesome.

MERYL: Great conversation. As always. I am. I'm excited to put this out there. I think there's so many people who, who need to hear this women obviously, but you know, men too, the guys out there, yeah, we did a podcast last week or that aired last week with Paul Goodkin about testosterone and all that.
So hopefully if you guys have not listened to that, go back and listen to that one too. But as always great conversation.

AMANDA: Always my friend.

MERYL: Thank you for being on. And we'll continue to dive into topics that are of interest or that come up across our desks. And we're like, we need to talk about this.
Cool.
Oh, pleasure. Thank you. All right, everybody hope you enjoy this. This is your Rebel Nutritionist signing off, make it a great day.