

MERYL: Welcome back everybody to the Rebel Nutritionist podcast today. I am really excited to have on Hillary Meisner today because she and I are going to be talking about **all things diabetes, — insulin resistance, blood sugar dysregulation**. And so. That is a little teaser, like, pull up your chair, turn up the volume in your car, — you are going to want to hear this podcast.

So, Hillary, welcome, I'm so glad you are here today. —

HILLARY: Thank you, Meryl. I'm so excited to be here!

MERYL: So, let's dive in, because it was off the air, uh, we were just talking about kind of your favorite topics, and, um, You know, we're both on social media. And so one of the things that you had just said is right. You put up a recipe and you got slammed for it because one of the people who watch was like, how dare you put up a recipe with black beans, right? Like we have become so carb phobic in this culture. So I am really excited to set the record straight with you today. So. Tell us a little bit about who you are, what you do, and how you got into this.

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HILLARY: Okay. Um, well, my name is Hillary Meisner. I am a nutritional therapy practitioner and a certified health coach. Um, and you know, everybody's got a story. Everybody's got their journey. Mine really just began because I loved health and wellness and fitness, but that wasn't the path that I ended up taking through my life.

It just started later on in life. Um, I was diagnosed with gestational diabetes. I had two pregnancies, three kids. So clearly I have twins, um, with both pregnancies. So my older one, I had gestational, everything went back. My A1C was normal. All was great. With my twins, I wasn't as lucky. So I was actually considered an LADA diabetic, um, basically **late onset diabetes**.

So when I was 32, uh, my A1C started to climb and climb. And, you know, I thought, well, okay, I'll take off 10 pounds. I'll lose weight. I'll get metabolically better and healthier and I'll go back to being as I was. But no, my body was like. You're done. So — with LADA diabetes, it's, it's kind of like you go through a honeymoon phase and your body kind of acts like a type two, but then you end up being insulin resistant, which is where I am now. —

So throughout this entire journey, **one of my twins, my youngest, was diagnosed with food allergies to everything but wheat. So I really learned the importance of Food as medicine and food as being supportive for your body** and how one person's, you know, pleasure is another person's poison. And I made the decision to become certified in nutrition and wellness because there are so many people out there that don't realize how what we do as far as our, um, You know, the basic pillars of health, which nutrition, um, physical and mental, um, support, um, sleep, stress, movement, the whole package really affects how we live, how we live our lives and how we live our lives out.

And as a woman who is menopausal, as somebody who wants to be there when I have grandkids and with my kids, it's super important. And so that's actually how I got to where I am now. Um, And I love talking about blood sugar, weight management, and, and how we can all

just, you know, be better in our lives. So it's finding that sweet spot between what we want to do and eat, and what we need to do and eat.

MERYL: Right, **so let's dive into the CARB conundrum**, right, because people who are diagnosed are like, alright, well, and the doctors are, are, tell, the, their patients. All right, well, just pick up a book on keto and follow that and, you know, do that and stay away from every carb on the planet. And, you know, then what happens is, is these **people end up eating all the protein and all the fat and that ends up being worse.**

It ends up being worse for our liver to do all of that. — We need the nutrients in our vegetables in our root vegetables in our fruits. Yes. I said it fruit ————— To to really support our health overall, so yeah, let's you know, talk about that What's your experience with this whole carb dilemma and and as an expert in the field?

You know, how do you, um, treat your, your clients? —

HILLARY: Yeah, so, like, **a lot of people come to me and they're afraid. of carbs.** And my first question really is — what makes you think that where you're getting your information? Because like you said, on social media, **we're on social media and there is a bombardment of eat this, don't eat this, do this, don't do this.**

And there are a lot of great, um, you know, social media influencers. Who will explain and break down these videos that are, you know, carb fearing and carb mongering and like, you know, like we brought up in the beginning and you just said like **I put up a recipe for black bean brownies and I got — Slammed with comments about beans and yes beans in the diabetic world are a carb They can be a protein for the vegetarian world but It's quantity. It's quality. It's pairing. It's also the movement that you're doing, you know, if you're doing a Zumba class and then you're doing some strength training thereafter, those carbs are going to carry you through with your energy because your body's not storing it. Your body's using that immediate energy.**

So, you know, I think the conversation needs to be more about, you know, **portion control. Um, cause I feel like that gets people into a little bit of a pickle when it comes to their blood sugar management** and the right types of carbs. Cause you know, **although those fun foods, which are delicious and nutritious and they're fine at the right times, — they're not, they're the problem, not. the apple that you eat that's loaded with fiber and vitamins and minerals that your body craves** and needs. It's not the carrots that also are, you know, filled with fiber and the vitamins and the phytonutrients that your body needs, eating the rainbow is — cliche for kids, but it's so important for adults that we do this and get in.

All these foods because these foods, you know, they help, um, you know, **they help with whatever we're doing in our lives. They help us sleep better, better hydration.** That was, I think, another pillar that I forgot to mention hydration, even in the winter, like I'm in New York and. It's not something that's in the forefront in the winter, like hydrate, hydrate, but you're in hot air.

You need to hydrate. And the, all these factors, there's, they just play in. So, you know, when somebody comes to me and they've been on a keto protocol and they're exhausted and they're just tired and they're burnt out. And then they, sometimes they go overboard and then they eat too much and they eat too much of the bad things.

And then they start rolling back into, um, you know, all these bad habits per se. — And it's not so much that it's, it's, it's, um, ——— it's, well, what I'm trying to say is **it's more of deprivation**

that you're leading to an overconsumption later on. So when you learn how to factor in the foods you love, and like I said, find that sweet spot, you'll be much better off in the long run.

MERYL: Right. And, and that's such a great point. All of that. You know, we talk about the pillars of health as well and — same thing, right? You've got to have that foundation and, um, and I think that's where working with people, it is always about, like you said, it's individual. And anybody who thinks you can just pull a snippet off of TikTok and a snippet off of Instagram and come up with a, oh, this is my eating plan and have it be effective and have it really support their health — is, is completely fooling themselves.

And so, um. You know, looking at all those factors that come into play, like you said, I mean, we know that if you move your body after you eat and it doesn't have to be a lot of activity, it could be, I think that, you know, it's show like **5 to 10 minutes of moving after you eat helps disperse blood sugar.**

Is that true?

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HILLARY: Yeah. Like if you and — if you take a walk, if you're somebody that is either a biohacker, so you have a CGM or if **you have diabetes and you're wearing a CGM, take a walk after you eat and watch your blood sugar come down.** I mean, there are times where, um, you know, as a type one, I have to act as my own pancreas and I've, I've miscalculated and my blood sugar goes up.

I'll get on my treadmill and I'll go for a walk or I'll pick up the pace a little bit. And I don't have to give myself some more insulin because my body is using what that, you know, the glucose that's there for the energy and my blood sugar comes down naturally. So there are, you know, there are all these factors and yes, you don't have to do, um, you know, uh, an intense HIIT workout to get your blood sugar down, but **moving your body every day is so supportive.**

I mean, aside from blood sugar, but like heart health and everything else. weight management, um, brain health, getting out in nature, all these things, just completely supportive of health and wellness in general.

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MERYL: but I, right. And, and, and yeah, and we can address activity, but I'm just saying even. For a short, brief — stint, right? **You eat some lunch, go outside, move your body. You eat a dinner now that it's lighter later, go move your body a little bit. It will help, like you said, it'll help regulate that blood sugar without having to like go exercise.**

Right. And it'll, and without having to add more insulin into your body. Absolutely.

HILLARY: I've suggested to clients, you know, I'm like, if you're brushing your teeth, you don't have to exercise in one fell swoop. You know, if you're brushing your teeth, some people have, um, what's called Dawn syndrome and their blood sugar goes up automatically in the morning. By waking up your body, basically, your body is just getting you ready for the day, giving you some energy. So I'm like, **do some squats while you're brushing your teeth, just get your body moving. And before you know it, you have, you know, you have like 30 minutes of exercise done for the day.** You've done your squats.

You park your car a little bit further and all that helps your blood sugar throughout the day and you'll see a difference. It might not be like, you know, a huge difference to start, but you'll notice as you do it more and more, your blood sugar numbers will be more in range and you'll see more target numbers than if you don't.

MERYL: Right, right. And that's so true. And I think the other thing that we also really need to touch on, and I'm kind of back into this because I do want to go back to the food part, and that, you know, but I think one thing that people underestimate or don't consider enough is stress.

— Because stress, oh, I'm putting the thumbs up.

I had a, I'm supposed to turn off my, uh, My emojis. — Um, **stress will increase blood sugar because all of these chemicals, these adrenaline, cortisol, all of those things will affect blood sugar, correct?**

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HILLARY: Correct. Correct. When you don't sleep well, I mean, even for somebody that isn't, Diabetic or somebody that isn't thinking about their insulin resistance on a daily basis when you don't sleep. Well, — you feel lethargic And what does that lead to that doesn't lead to you cooking yourself a healthy meal?

It's like what can I grab and get — so having you know having in your arsenal? — ideas alike Grabbing a rotisserie chicken or pre chopped vegetables at the market on your way home from work is far better for your blood sugar than going and getting some fast food that has added sugars. And we as a society eat way too much added sugars in our diet.

And a lot of it's hidden, but we don't even realize it's there. Um, you know, dressings, sauces, foods are prepared with sugar because it just makes it taste better. And that's how, you know, we want to eat more. Restaurants will sell more of their food when it tastes better.

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MERYL: And it's not only does it have the sugar in it, it has the fats in it as well. All of those processed fats and those are so bad for us and bad for our gut and all of that. So, — you know, I think going back to the foundation for a second, we also have to make sure. So we want to make sure that we are looking at all those pillars.

We're looking at stress and how that implicates our blood sugar. We're looking at sleep and how that implicates. And then we're looking at movement. And one thing I want to mention about movement, That I think especially is so important for women and women as they age, right?

Because it doesn't matter at what age you have insulin resistance or diabetes or whatever it is.

You have to develop muscle, right? There's a lot of talk about women now and resistance training, Gabriella Lyons all over that, right. And JJ Virgin and all these people, which is great

because it's, it's, it's, you know, they're getting it out, but, you know. So by and large, I don't think most women are really in doing weights.

I was going to say in the gym, but you don't have to be in the gym, right? Or doing weights enough to create the muscle. **And what muscle does for us in, in, uh, blood sugar management is it helps absorb, if you will. I mean, that's not the right biochemistry, but for our intents and purposes, right? It helps bear the brunt of some of the sugar.**

It absorbs it and it holds it. And so how do you advise your clientele about exercise resistance exercise? I mean, I'm, I'm sure we're on the same page here, but what's that conversation you're having with them?

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HILLARY: Yeah. Um, ——— **I think it's one of the most important things that anyone can do for their body is incorporate strength training.** However you want to do it, you know, you could go onto youtube and google hotel workouts and it's people in their hotel rooms using just their body weight. Of course, you know, there are going to be people that have never worked out before.

And of course, course, you know, have to get clearance with their doctor as far as what they can do. **But there's a level for everybody. There's resistance bands that people can start with, which is just — even if you're immobile sitting in a chair, just pulling on the bands.** And the more, like you just said, **the more muscle mass we have, the more effective our glucose uptake will be.**

So one of the ways I kind of describe it — is like you, you build your muscle and your muscles kind of like that engine to move. some glucose where it's not going to sit and, and, and, and go into like, um, ——— it starts just going to, it's just not going to raise your blood sugar. Cause your muscle is going to be using it because as we use our muscles during the day, they're taking the energy.

So. All different levels of strength training from, you know, um, a body weight workout to lightweights and bands at home to, um, like a playground, going to a playground. There's equipment on a playground. There's just so many variables. I mean, I'm someone that — I used to go to a gym. I used to do the hardcore.

I was an orange theory devotee, but I was always, um, you know, I always did Beachbody at home because I liked the convenience of it. And — for me, that works. That is my routine. But I have a dog and I get out there and I, I go out with my dog and I go for an extra walk with him. It's good for him. It's good for me.

Um, You know, and let's say, you know, here's another example, like you're, you're walking your dog. You could do lunges as you're walking your dog. There's all different ways to incorporate it. But yeah, strength training is super important and it goes along with, you know, And here comes another thing. It goes back to the carbs because when you work out, you're going to need a level of carbs in your body and choosing the, you know, you've got your good, better, and best. So choose the best, have an apple, have some berries, um, you know, have some melons. We're in New York, we're coming into spring. So more and more fruits and vegetables are going to be coming. Pick what's at the farmer's market, go to the farmer's market, pick what's fresh and go from there. And — just the transition that your body has and how you feel overall.

The one thing I see my clients go from when they go from A to B is not only, you know, a better blood sugar, A1C, um, but it's also, they say, I'm sleeping better. I'm feeling better. And you, they didn't realize that they weren't feeling great before because now they're feeling amazing. — Right. And I'm sure you've seen this

MERYL: Oh, Oh, a hundred percent. I have, uh, I have a, a woman, she's a little older. I would say she's in her seventies. Right. So, um, not old, just a little older and, uh, she's been on medications and she is diabetic and you know, her, her hemoglobin A1C started, I want to say it was like six, seven. Um, we've now got her down to six. —

So it's amazing. Um, Okay. And, and I want to say in, you know, eight weeks, I mean, she's made a huge shift, right? She is exercising and so it's never, you know, never say never, you're never too old to make these changes. I think that's, you know, part of the conversation is that people just write themselves off as they get older.

Like, oh, there's nothing I can do. Well, there's a ton you can do. Number one, and number two, just to kind of tag on to the. What you said about the muscle. **So I want to say muscle acts like a sponge for sugar ——— for the glue — is like the more muscle you have, the more your body is going to utilize in the right way.**

And that's what I think people really need to understand is that muscle is so vital to our metabolism. And so, you know, you said it, I'm just tagging onto that. So let's talk a little bit then about. When you're because what people really want is some takeaway, right? We're saying, okay, well, let's not demonize carbs.

Let's not go into the keto. Well, give us and again, this is sort of just an example because everybody's situation is different, but give us an example of like, what, when you said good, better, best, right? Give us an example of that. And kind of what do people want to look at when you're, you know, talking to them?

Okay. — about doing some of the meal planning. You know, I always say to people, people say to me, well, what do you eat? And I'm like, I eat a banana in the morning and they look at me like a banana. Like you eat a banana. Oh my God. ——— You know, I'm like, bananas never, you know, made anyone fat, right? That is not the reason our blood sugars are off. That is not the reason you can't lose weight. It is not. From the banana people, right? So let's, — let's talk about, you know, how, when you're meeting with someone and let's say they're really just lost and you know, what, what take us through kind of that process of how are you talking to them?
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HILLARY: Okay. So the first step is I, **I ask for a food and mood journal, like just three days.** It could be a bombardment of texts. **Just get me what you're eating and the time. And how are you feeling when you're eating? Because blood sugar, you know, when somebody is like focused on blood sugar, they're not thinking about digestion.**

And. Our bodily systems are all connected. We are all connected. And if you think of it like a, a, a sailboat where if one bodily system is off, it's going to lean on another. So let's try and figure out where we are and what needs to be worked on. But 99 percent of the time, somebody is coming to me. It's because of the blood sugar.

So we'll start with the blood sugar. I look at what they're eating and I'm looking. **What I'm looking for is gaps. Are you getting enough omega threes, which are, you know, your olive oil, your salmon, your, um, your nuts, or are you eating too much of the omega sixes, which is more of the other oils. And we need a combination of both.**

But people don't get enough of the omega three. So I look for that, like, can we add in a little more olive oil into what we're cooking with? How are we cooking? Um, — I look at their moods because a lot of times when, like I was saying, **like when you're tired or you're crabby, you're looking for that afternoon pick me up and you're going to, you know, your favorite coffee shop and you're getting that latte, which is, you know, 30 carbs and 250 calories.**

And you're like, I don't know why the scale's not moving. I don't know why my blood sugar is so high. Well, here could be one of the reasons. So I look for those little things. Then I'll ask my clients, well, where, **where are you willing to start? What are you willing to give to me? Where, where can we start pulling from?**

Because change happens when change happens. And if you stay stagnant, you will stay stagnant. And that's a concept that I feel people are so, um, — that it's hard for them to let go of something.

MERYL: there's a lot of, yeah, not to interrupt you, but I think this is a good segue to, there's a lot of resistance, — right? I mean, **people get stuck in their belief system. People get stuck in their stories. I find half the time it's breaking that. It's getting people to get out of their own way** and What they were told, you know, science and um, and technology has evolved so quickly that we really know so much more than we did in the nineties.

In the eighties, right? In the eighties. I mean, remember it was all that

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there's a little fat. Everything was low and, and it messed everybody up and now, right? So I feel like. You've got to get out of your own way to some degree and yes, defer to the experts because we're doing the work. We're doing the research.

We're doing the right research. Also, you've got to be so careful. I mean, there, you know, research. I was just listening to a. — An amazing, um, uh, video, whatever podcast, uh, Tucker Carlson did about research. It was fascinating. Anyway, don't want to divert that, but, um, so you have to be careful on what research you're paying attention to, but, but those of us that are doing the work, like we've got to get our clients out of their own way, shift the belief system, start to make these slow changes.

So sorry. I just kind of wanted to tag that on there. So go

HILLARY: No, but it's so important because you know, when you get hit, like let's say you get hit with, — and I know this annoys you too, when doctors say, let's watch it because — I know that could be a whole nother podcast. But when, — you know, somebody comes to me and they've already been diagnosed with diabetes that watching a period is over.

So anybody listening, please just most doctors don't look at, um, you know, uh, levels of insulin resistance. They factor things on their a one C again, another podcast, but **for purposes of your A1C. If your doctor is saying watch it, now is the time to make the change. Don't wait, because when you wait, once a diabetic, always a diabetic.**

The metabolic, the metabolic damage is already being done, and it doesn't start when you start watching it. It starts beyond that. So, adding in, you know, these good healthy foods are so helpful. So, — okay, I'm getting off on a tangent. So we start with a food and mood journal where you're willing to give a little, and it's, it's me giving you recipes that, you know, — diabetic food is not diabetic food.

I mean, I eat everything. It's how I've adapted it. I host holidays. I have friends come over and they're like, this is delicious. You can eat this. I'm like, yes, because food doesn't have to be bland food. Good food is fabulous. And we it's — so much of our life centers around food and going out to dinner. And that's another thing we talk about, like **how to navigate a menu**.

Um, how restaurants use menu psychology on you when you're ordering and like looking at all these different foods and how to like enjoy yourself and enjoy the people you're with because isn't that important to like enjoying the people you're with? And then it's, you know, **how do we tweak what you love?**

And when it goes back to, I love chocolate, I will never give up chocolate. But **I went eating, you know, the high sugar chocolate with no, um, dark chocolate in it to like 80 percent chocolate**, which if you went from a Hershey bar to what I eat, you would be like, this is so bitter and gross. But when you do it in, in stages, you realize it's delicious and it has a bit of a sweetness to it.

And I put some peanut butter on it and it's. Fabulous. It's a sweet treat. Um, — chia seed pudding is one of, you know, one of my, you know, one of my best tricks. Like I, again with my chocolate, but I have other recipes for like, um, uh, like a chai or a strawberry, you know, other things, but **people that like their overnight oats and need to get out of the, their house in the morning, but need something to eat for breakfast.** —

Well, why not a chia seed pudding? Let's, let's talk about how to make that. blood sugar friendly and Getting your back to the omega 3s. You're gonna get some omega 3s in there. You can use seed basil seeds or something like that ——— You know, it's just ——— the good of what you're eating Too, how do we make it a little bit better and then get it to the best level?

It could be for your diet and lifestyle because at the end of the day and I'm sure you experience this with your clients If you're not gonna do it, it's not gonna work

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MERYL: Right. Right. I mean, there's no, be a level

right. There's no snapping your fingers and oh, well, guess what? It's going to change. And we talk about change, you know, change is hard for people. And I think what happens is, is, uh, at least what we see, and I'm sure you see this, right? But maybe it's, it's a little different with diabetes.

You know, it's not like, oh, I'm going to go on a four week plan and I'm going to lose weight. Like diabetes is okay. This is a lifelong thing. You've got to start making these changes. Because otherwise it will impact your health sooner rather than later. And, um, you know, and **ignoring it isn't going to make it go away.**

And living in denial isn't going to make it go away. And like you said, making the changes. I think that's what I really want people to hear is. It doesn't have to be in one fall swoop, right? Like, Oh my God, we're going to do this. And I got to redo my entire life today. **It really can be incremental and done deliberately and intentionally, and it should be collaboratively.**

It's not do this because I say you need to do this. It's do this because you want to make an impact in your health. —

a thousand percent and it's like, you know, people will say just tell me what to do

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Oh yeah. I love that one. —

HILLARY: Okay, and like you said, well, what do you eat in a day? And I actually did on my Instagram of **what I eat in the day, but I put a disclaimer This is what I eat. It doesn't mean it's right for you** — But I don't like doing that. You know, it's what do you eat in a day? And **how are we going to tweak that so we can lower your a1c so we can get rid of the menopausal middle** so we can get you back into feeling good in your clothes because it's not about, you know, your gene size.

It's not about the number on the scale. It's about how you feel mentally. And yes, — **putting on the pair of jeans that you had from 10 years ago might feel great. But if you're starving yourself to get there and you feel physically miserable and you're not sleeping well, what, what is it worth?** It's having glowing skin.

It's, it's, you know, all about figuring out that lifestyle and going back to those pillars time and time again.

Oh, yeah.

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And it's not doing it all at once because if you look at it all at once you get this giant mountain and you'll never get to the top. **But where are you willing to start? Are you willing to start with food?**

Are you willing to start with hydration? Are you willing to start with exercise? You know, because if you come to, to me and you were like, okay, let's get the A1C down. **It could be just something simple as going back to working out and building muscle and not even touching your diet yet.** If that's not where you're willing to go, because again, if you're not willing to make those changes, — nothing that we talk about is going to resonate or you're going to implement.

And I'm not the one at the end of the call, who is going to be having to figure out those changes in my day. I'm going to help you map it out, — but I'm. I'm not, I'm doing it already. You have to do it and you have to be willing to figure out how to get it in

MERYL: Right. And you have to commit to yourself. So I'm going to open up a total can of worms right now.

Oh no, it's

Let's talk about all the GLP ones, right? People want, right, the semi glutides, the azumbic, the wagobe, blah, blah, blah. Like people want the quick fix. I get that. Right, but you can't stay on these things forever, or at least that's not the intention.

And so what is the, what are you seeing on your end? Because I know what we see here, right? But I mean, how are you dealing with this? —

HILLARY: So, you know, I think, **I think it's twofold on the GLP ones. I really do. I think that there's. a huge benefit for the community that needs it. — And I think that the community that is buying it for the quick fix is hurting the community that needs it.** Because when a type two diabetic cannot get the Ozempic that they need, because people are buying up Ozempic and, um, Manguino, what, what have you, because they're buying it, you know, cash out of pocket because they can afford it, which is great. —

But when you have a diabetic who's. Now stressing, which is elevating their blood sugar because they cannot get their medication because these pens come in, um, certain levels of doses and you don't just start at like the highest dose you have to titrate up because you would, I mean, not getting into the science behind it, but it would really throw your body into a big tizzy. So you've got to type it up. — But when, yeah.

I hear people getting so frustrated that they can't get their medication. It really, it saddens me and it hurts me for these people because it's, it's very unfortunate. And like you said, you know, I do know people that have been on these medications for well over a year. Without medical conditions. **They're doing it for weight loss. — So that that Pandora's box of okay. So now you've got the weight off. — What happens now when you come off the medication and this goes for both sides.** This

Oh, yeah.

the, the, the people that need it and the people that want it. — If you're not going to a dietitian, a nutritionist, a nutritional therapy practitioner, somebody who has skills in helping you eat, **because you are going to gain weight when you go off the medication, your body is going to start, your digestion is going to start, I guess the best way to say it would be rev up again.**

And you're going to get hungry again. And it's okay to put on a little weight. Again, but how do you eat now for the, the, the new you or now your a one C is in range and you're off the medication. How do you eat for the new you? So if there's not a nutritional or end or lifestyle component to your team, — I think you're missing out.

And I think you're going to go backwards and, you know, where these, um, these, uh, peptide medications have been around for a long time, and I know there's a lot of clinical studies on them, — but — the blow up of the GLP ones and the blow up of the weight loss and what people are seeing, we don't know. — What's going to happen down the road, but the 1 thing from a nutrition standpoint that I can see — among my friends and clients is that they're not getting that nutritional support. —

They're not getting, um. — You know, it's like, oh, I'm not hungry, but if you're still eating, you know, still ordering the giant thing of mashed potatoes with the cheesy burger on the bun, and you're not, you know, not saying that it's bad to have fries and burgers on a bun. It's just — how are you going to incorporate having some salad with that?

How are you going to incorporate having some greens with that? How are you going to incorporate adding in some fruit with that? Like the balance. — And I guess the, the, the, what I'm trying to say is just learn if, if you're going on a medication without learning how to eat, you're going to end up back where you started.

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MERYL: But bingo. Poof. That was, that was it. Right. I mean, so, uh, yeah, this is not, and, and, and look, there is appropriate, uh, reasons to be on it. I'm not saying that we shouldn't have people on it and exactly like you said, you know, the people that should be on it and can't get it. That's a shame. Um, And that, you know, yes, these things can help with inflammation that can help with the comorbidities of what goes on in the world of, you know, what, you know, diabetes or whatever that is, but, um, or insulin resistance, right?

But again, to lean on this as the crutch and not change your lifestyle that. Is the travesty here is that we are just leaning into diet culture and going on another roller coaster quick fad thing and and you know, then — people who want to have longevity people who want to live a long, healthy life just because you are thin doesn't mean that that is the association that there's that.

That it is going to, you know, cause you to be, to have a long life. And so, I think we, **we really misconstrue thinness for health. And nothing could be farther from the truth. Cause I know we both know people who have lost weight yet are so unhealthy.**

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HILLARY: Yeah. And I think there, I can't remember her name. Maybe you know her name. There was a grant, a grandma on Instagram that she's a bodybuilder and she started bodybuilding in her late sixties. She is a rock star.

MERYL: Oh, is she African American? Is she, uh, or is she? Oh, cause there's a, there is someone who I, I can't remember her name, but okay.

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HILLARY: These ladies, they're inspirations to show that you can start at any time. And — **being thin is not the same as being strong and being strong is what's going to take you longer in life.** It's what's going to help Dave off any, you know, or, or help you should you. be diagnosed with something that is serious, your strength, physical, mental, emotional strength, the whole big, you know, the big ball of it is what's going to help you through it. And it's, it, I, you know, it, it's all, it's all woven together in this tapestry that looking at just diet and looking at how do I get thinner. And with these drugs, like there's, there's um, **ozempic face because people, they're losing their muscle and you know, you've got to keep, especially if you're on these drugs, working out and building your body and strengthening your body** in, in always.

MERYL: Yes. Yeah, and I love that, right? Yeah, women need to be strong. I think part of that is that belief system of, uh, women who grew up in the 80s and the 70s of that, like, twiggy

mentality, the thinner we are. I mean, I'm so happy to see girls in the gym, these young girls who are, like, pushing weight, and they've got, you know, legs, and they've got a butt, like, yes, you go, right?

I mean, first of all, women can't get big anyway. I think, you know, we, we all think, like, Oh, I'm going to put on a little bit of muscle and I look bad. I mean, to me, muscle hangs way better on clothes than it, than, than just, you know, that the minute than a bean pole. Right. You look definitely better, but, but **forget about how, how you look, how you feel in your own skin.**

I always say, you know, the fact that I am strong and I can go into the gym and, and hold my own and feel good about how I finally feel in my skin is priceless. — And, — you know, and that is the key. It's being strong. It's being able to hold your own weight. **It's being able to, to withstand your own body weight so you don't fall and break a bone.**

Like all of these things that are so important that go beyond just the aesthetics. It's just beyond the, how do I look? It's what is my body doing on the inside? Because you know, I, yeah, I want to be that bodybuilder when I'm 80, you know, — so, um, Yeah, great, great conversation. And I think again, the moral of the story is, you know, we both preach the same thing in terms of you've got to address everything.

It's never, I think, again, we, we tend to think it's nutrition plus exercise equals X — and it's not.
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HILLARY: It's not, you're missing, you're missing sleep. You're missing stress. Um, you know, you're missing and the nuances that come with it all. And that, — that whole picture, once all those little puzzle pieces and that's our job, right, it's the client's job to come to us and say, — This is what I want to work on. And it's our job to say, okay, I see your puzzle and I'm going to help you put it back together.

You are going to do the puzzle. I'm just your guide to get you there. And that, you know, and it's our job to see those loopholes and that I think, um. — You know, the more people realize the holistic look of nutrition and wellness and the more the medical community comes over to the holistic side of looking at the person as a whole, I think the better we're going to be as a society.

We will see this is obviously opinion, but I see, I think we'll see, you know, diseases come down. We'll see obesity come down. We have an obesity epidemic. We have a — epidemic. so the obesity, yeah, we are in a horrific obesity epidemic. It is just getting worse. And you know, look, I always say it's big pharma, big food, big government.

I mean, that's just the reality. None of those big three are on your side, whether you want to hear it or not. That is the reality of this. And so they want to keep you sick so that they can keep prescribing medications. They want to keep you fat. So you keep eating, eating their crappy food and the government is not. Looking out for your best interest.

They're just not and so part of the you know, like when you said well, it's you know How do we collaborate with physicians? I mean physicians are sort of get the rough end of the stick in a way because they're under the gun to see more people And so they're not taking time to really Invest in your health.

They're just not it's easier for them to give a medication and say here and read a book maybe and go on a ketogenic diet and that'll be, you know, that's your diabetes. Right? So, I mean, what's your, so I feel like, yes, **we need to be a loud voice to be able to help these people navigate and, and heal through this.**

Yeah, I, you know, physicians don't have a box to check for nutrition, so they don't have the time to talk to you because they're not going to be able to reimbursed by insurance for it. Cause you know, you get that form and that's what they're doing. They're saying, this is why I was seeing this person. They can send you to someone,

um, **But it's unfortunate that their toolbox ends with a pill. Their toolbox ends with starting on metformin because that's the first medication that they typically prescribe.** And then they'll add on another medication, but it goes back to, if you're not meeting with someone about nutrition, then You're going to need another medication on top of that because your cholesterol is still going to climb your triglycerides are still going to climb your a1c may come down because now you're on these medications, but **it's the medications that are working hard for you instead of you again, making some changes. So the medications can work smarter, not harder.**

And and having to up the dose and up the dose.

Yeah. And then eventually metformin stops working and then you're on to the next one. **But if a doctor says to you, we're going to start you on metformin, what can you do as far as your food? What can you do as far as your hydration? What can you do as far as your movement? Like, how can you now make changes? And that should be part of the conversation that physicians can have.**

Go talk to somebody and make changes, make changes in the food you're eating, make changes in your lifestyle, however you want to start. Here's some pillars of health, pick one and go for it because that's going to help.

That's going to help because medications, look, if I was not on insulin, I wouldn't be here.

Medications are important. Bye. In some cases, they're band aids, so let's get to that root of why, why are you becoming insulin resistant, you know? As we age, and I know people don't like hearing this, **as we age, insulin resistance does climb naturally. So, how do you combat that?** What are the signs that you're seeing in your body? What are the changes that your body is sending you? So you can, you know, figure out what's going to be best as far as a mental and physical shift.

MERYL: Absolutely. And it is, **it's those small shifts one at a time. And I think that is the message. Empower yourself to make this change, the changes slowly and deliberately at your pace.** And you'll start to really see the changes. This is not about. Doing it all at once. And I, and I really want people to understand that, that this is not a race.

This is the longevity of it is the marathon and it's the journey. And each, each small step is a step in a positive direction. So thank you for your knowledge, your, um, input, you know, just, I, I, I love these conversations and, uh, and appreciate your, uh, insight into all of it. So, Thank you.

HILLARY: Well, thanks for having me on. Loved it.

MERYL: Awesome. Awesome.

All right. So, um, any last words that you want to leave us with?

HILLARY: Just, you know, that **people should just take that five minute look introspectively into their lives and look at the symptoms that they have, the signals that their body is sending them, because this is your body communicating with you.** And at the end of the day, you know, you best. So figure out how to live your best life by using that as your guide.

MERYL: Amen. Amen. Thank you, Hillary. This was great. And I look forward to more engaging discussions with you.

We'd love that.

Yes. All right, everyone. This is your Rebel Nutritionist signing off. We'll have Hillary's contact information. Also. We will do for anybody that has any questions about any of this remember we do a complimentary 15 minute consultation I'm, sure Hillary offers something similar and Anybody who wants to pick her brain as well.

And we look forward to connecting with you make it a great day