

MERYL: Hey everybody. Oh, welcome back to the rebel nutritionist podcast today. Yes, you get me. Yours truly. Because today I am going into part two of the whole OSMB GLP one. Semiglutide I feel like at this point, I almost want to call it a debacle, but. I am not.

Uh, we're going to talk about all things that related to these, um, Drugs medications. And, um, no, I'm not going to get angry and yell. But I think it's important that we really have a discussion about it and that you, as our listener are well-armed with the information on both sides, I'm going to try and be as objective as possible. And, uh, really dive into the nitty gritty that you might not be hearing. Out there.

I mean, I know there was actually just a report this morning. Uh, oddly enough, I'm going to talk about the study about, uh, what do they call OSMB? Depression. I something, it was like called something. Attitude. I don't remember. Ozempic behavior, something like that.

So anyway, um, you know, and I also want to talk about this because I am getting a lot of questions. a lot of curiosity and it's of course, you know, Meryl, do you think I should take it? And then I have the other people who are on it and are afraid to tell me their. — So we've got both sides of the coin. But yeah, **I do think it's really, really important to address the shame issue.** First of all. — **I'm not a big fan of medications because medications of any kind have side effects period.**

End of story. They all do. And so, um, I think we have to be very careful and make our decisions carefully. I mean, we saw. The debacle that has happened with the vaccine. And the issues that have come out of that, and that was fast tracked and look what we're dealing with. So again, that is a whole other topic, but I feel like **the weight shame issue has to be addressed.** So, firstly, I understand why people are rushing to this.

It seems like a quick fix weight is coming off really quick. And for people who have been struggling for people who have chronic illnesses related to their weight, whether it's diabetes, whether it's cardiovascular disease, high blood pressure, you name it, arthritis, all of these medical conditions that are actually metabolic conditions, though.

They have been brought on by human behavior. Um, — They, they are. — Having some resolution with weight loss. And I think for people who have struggled. — To to lose weight. This can be part of a solution to get the weight off. In the way that they want to do that. But I also think **we have to be very careful not to shame people because people who were overweight or obese or obese. Are getting shame on both sides.**

They're being shamed for taking it yet. They're getting shamed because they're overweight or obese. So like, what does that even say about us? As a society, like how horribly judgemental are we that we make assumptions about people who are overweight. And then we're making assumptions about why they're taking this. You know, weight, loss, medication, like get. Over this we, yeah, I'm dumbfounded.

Um, by the suffering people who are overweight and obese suffer, people who are on the medications are now suffering because of that. And so. This, like I said, it illustrates the very issue that we have as a society in general. **And why is it that we have no tolerance for people who are outside of whatever we consider the norm?** It, it just incenses me.

So we have to stop hiding behind our screens. Stop dishing out these thoughtless hurtful. Ignorant comments. That have no bearing on your life. So stop doing it. If you are that person doing stop doing it. And maybe we should come together as a community and as a society, more and support people who are trying to make an effort to take care of their health. That I think is huge. And so, you know, again, we're all human. What gives anyone else the right to judge others? Enough already.

So clearly this is a polarizing discussion. So I've got notes here. So if I look down it's because I am referring to my notes, cause I got a lot to say, I don't want to miss the point and I have some quotes that I want to refer to from some studies. So yes, I am looking at. — But I do want to make sure that I am, um, I'm not missing what I want to say to all of you.

So, as I said, this is a really polarizing discussion. Um, and I'm going to say these drugs are like a downhill snowball. They are gaining more and more momentum and I don't see any sign of them stopping. And here's why. Um, **the drug is effective and, and we'll talk more about that later. But as effective as it is, it is a huge beyond huge moneymaker for the pharmaceutical industry.** And so from where I stand as a practitioner, I am going to tell you, the pharmaceutical industry will stop at nothing. To push this onto as many Americans as they can with their goal of getting children as young as 12. On this medication and their goal is for lifetime. Even though there is a cutoff time. I am telling you it is not far down the pike that we are going to see this promoted. Almost like a stat. Like it should be in the water pretty soon.

So let's talk some facts. I have been doing research like many doctors out there combing through research, looking at the facts and, um, Really listening to hours upon hours of conversations about this topic.

Uh, and I have been following the work of **Kelly Means** who actually used to work for big pharma and big food and is now on a mission. So he did a really, he's done. Um, a lot of different interviews. He did one with Tucker Carlson. I want to say it was back in February. I urge you to go listen to that.

It was fascinating. And so to listen in his words about what's going on here. — Is truly fascinating. I mean, he's making the rounds, he's been on many different podcasts talk shows, and so, or mainly more podcasts, but here's what I want to say, what his mission is in his words. **He says my mission is to steer more healthcare dollars. To incentivize metabolic habits at the root of disease, healthy food. Exercise sleep, stress management. This is where the rubber hits the road to change our current trajectory.** So, like I said, he's been making the rounds to educate, educate people about what's going on. Um, behind the scenes in big food, when it comes to big food and big pharma, and please go watch his compelling Tucker Carlson interview.

It was amazing. And as he puts it instead about, uh, **instead of talking about root cause the industry's answer. Is to offer a weekly injection for life. That costs \$20,000 per patient.** That's their answer for obesity. And so as he puts it. Big pharma has B has started to change our reality. Reality. You know, the other thing to know is food stocks are actually going down of, uh, as a consequence of this drug and others.

Like it. And government funding is so huge for this, that their big push is that this is the most successful that this becomes the most successful drug in American history. Let that sink in for a

little bit. So we know here's the facts. We know that 50%. **50% of teens are considered overweight. That is huge.**

And that is a huge jump. From just 10. 15 years ago, and we know that **80% of adults are overweight.** That is like, and that statistic is just going to keep going up. It is, it is. Uh, the trajectory is that it goes up and not down. **So obesity is not a root cause. Root cause of illness is not obesity. It's one branch of this metabolic issue, right?**

We've got diabetes, we've got cardiovascular disease. You've got hypertension. We've got all of these chronic conditions now lumped into this, a metabolic disease category. That guess what? His lifestyle. A hundred percent lifestyle driven. — And so most adults, **more than half, most Americans, 60%. Of adults. Are considered, um, pre-diabetic. 33%. Of teenagers are considered pre-diabetic people.**

This is a huge problem. **So we know the root cause of disease is dysfunction in the body.** That's what we do. I do as a practitioner, every single day is figure out where is root cause. Hypertension is not root cause. Hypertension high blood pressure is a symptom. Of something else going on in the vasculature of the arteries and the veins. Why. His blood pumping. So fiercely through our arteries and veins, same thing with diabetes, it's blood sugar. Why is there. Why is our body having to deal with all of this sugar, cardiovascular disease? It's the same thing.

These are lifestyle driven. — And we also know that the cause of a lot of cellular dysfunction while it may be lifestyle driven. Um, is also driven by our environment. We are in the most toxic environment we have ever lived in. On this planet. — We know our food. Which is so ultra heavily processed is causing disease and our lifestyle. Stress lack of sleep. These are real. Concerns.

And these are real issues that we should be addressing. And **we also know that 25% of teens have fatty liver,** fatty liver that is caused by lifestyle, diet and so forth. Not caused by alcohol. I have to tell you that when I was training, I bear it. So 20, 30 years ago, Never even saw adults with fatty liver.

I mean maybe once in a blue moon, we would see not once a blue. If alcoholics have fatty liver disease, that's who we saw in the hospital. That's who I saw in the clinics. Very rarely saw an adult with fatty liver disease and it child teenager. Never. So as a practitioner, this is hugely concerning. —

And so our metabolic health crisis is really about bad decisions and I am not. Talking about only bad decisions from people. And I'm not saying that you, you know, this is not a target and saying, you're not smart. You're making bad decisions. We are set up. To make bad decisions. We are not set up for success. Just look at our food industry. — And so I'm talking about bad decisions from a food industry. I'm talking about. Bad decisions from big food, big pharma, big government that wants to keep us sick. Because a sick teen and a sick adult. Are on their medications for life. They do not have your best intentions at heart. Trust me. Just go listen to any pharmaceutical commercial and pay attention to the side effects when all those fun things are happening and they're trying to distract you.

The side effects take as long to talk about as the drug itself. So. The other thing that I want you to know is that

I have food subsidies are going to processed food. And that the number one. Item sold on food stamps is soda. — Sugary. Soda. — And, um, you know, and, and, and we also have to be careful. About who we're listening to and who is talking about these GLP ones, these ozone. — in the way of just giving good information.

So again, this is not me bashing these drugs for what they do. It's bashing the people that are promoting them for nefarious reasons. Okay. So Dr. Tema Stanford at Harvard. —

Was paid directly tens of thousands of dollars. And cut. It herself and in contributions to Harvard. — And so not long ago, I don't remember what the date was.

She did an interview with 60 minutes. And she was trying to blame. The obesity epidemic on genetics. And we know that that is not solely the case. Look, I am certified double certified in nutritional genetics. Okay. Nutritional genomics. And I can tell you, one of the things that we say is **genetics loads, the gun and lifestyle pulls the trigger.**

Genetics is only responsible for, let's say, 20 to 30% of what actually is getting expressed. So guess what? 70 to 80%. Is in our control it's lifestyle. It's behavior, it's nutrition, it's movement. It's environment.

And we have so much science to debunk this genetic myth that she's talking about. She's not even talking about good science. Um, we know that \$8,000 of research grants were awarded to Harvard. That were in direct conflict of interest.

So our universities. Have sold out to big pharma. Because Harvard is not the only one. — And we know the NIH is a revolving door between government. And big pharmaceutical companies. We know the media is heavily, heavily funded by big pharma. So when you see those ads, remember. **The United States is the only country. In the world that is allowed direct market direct to consumer marketing,** meaning they are allowed to do those commercials here in the United States and nowhere else.

And so the other thing to think about is that the biggest line item in our budget is healthcare. It's not defense it's healthcare, the bulk of government spending. — Comes from. Or goes towards healthcare. And if the, as that happens, we become sicker at a more exponential rate because we're, band-aiding stuff with medications and not getting to the root cause. And this, my friends is going to destroy our budget.

We w like I said, **we spend more on healthcare and managing diabetes than we do on defense.** — And so the level of corruption is beyond and big pharma has gone into obesity research. A lot of the studies that I looked at, I had to throw out because guess who's funding them. Yep. Big pharma. — Um, and Novo Nordisk, which is the company that makes the pharmaceutical company that makes, these drugs is actually, um, paying the NAACP. To say that it's racist. To not offer Ozempic to people. Yet we also know that the NAACP. Is a registered lobbyist for OSMB. So we want to talk. About the divergence in classes. And. The race game here. Like this is pretty obvious. Um, we know that the American academy of pediatrics. — And the American diabetes association are also funded. By these pharmaceutical companies.

So I ask you, how can we trust what they are telling us? I mean, this is. It, you know, it's, if I sound a little. Annoyed. Um, it's because they're duping everybody, you know, you, we need to get the right information. We need to get the facts out. These are the facts. This is not one side. This is not pro. This is not con. Like I said, I think there can be a place for this. But it has to be done in the right way. Um, Doctors are being incentivized. To, to sell this to prescribe this Nova Nordisk has given \$30 million to obesity doctors. And they have, um, — On record donating consulting grants. So, yeah. Is it any wonder then we have the highest rates of metabolic diseases worldwide.

We are not getting to the root we are. Band-aiding the problem. We are as sick. Depressed. Infertile. Oh, you heard me infertile population **sperm count in men is down more than 50%** and we are literally having problem reproducing. As a species, if I told you the number of women. Young women that I see who come in. Who are having all kinds of fertility issues? PCO S polycystic ovarian syndrome is on the rise. Like I have never seen. I mean, these metabolic disorders are just skyrocketing. And it is a lifestyle induced disorder.

If you can control for infections, infectious diseases. Life expectancy hasn't increased. It's actually decreased yet for a country that is so focused on technology and advancement. Why, why have we not putting, you know, we talk about longevity. Well, where is longevity in that? We're not seeing it. You know, you can take a supplement here. You can biohack there. If you do not. Tend to your foundation, your constitution. Your metabolic health. Doesn't matter. You can do all the biohacking you want. You are not going to live a long, healthy. Most importantly, healthy life

When we look at this health crisis, this metabolic health crisis, you know, the issue becomes, so let's talk about OSMB itself.

Let's talk about these GLP one. So I'm not necessarily talking just about Ozembic. I am talking about the semi-glue tides that are out there. I am talking about Manjaro, uh, would go V all of these, you know, subclasses and they're tries advertised. **So there's different forms of them. There's different doses of them. I do know that some of the lower dose ones, the Manjaro and some of the compounded semi glue tides. Um, have a slower weight loss effect because their dose has to be lower.**

So it's dose dependent. Uh, and maybe they're not experiencing as many gastrointestinal side effects. **But there are side effects, nonetheless, and we have to pay attention to how are we prescribing this? So again, OSMB manages obesity. It does not cure it. So that is the problem. This is not a cure, it's a management.**

And again, to get certain let's call them life-threatening issues under control someone who's got severe cardiovascular disease and diabetes. And, you know, **if you are. — Severely obese. It it'll give you a leg up. I agree. Right, but it has to be managed. Properly.**

So the true cure, you want to know what the true cure for metabolic diseases. — Lifestyle food environment. — That is the cure. And why are we not incentivizing, better eating?

Why are food stamps not going for farm to table foods? There's plenty of places we can grow gardens. There's plenty of opportunity to incentivize and educate people about eating real food.

But guess what? There's no money in that. And that's not going to happen. So at least it's not going to happen unless we start making some noise about it.

Farming is something also, I do want to talk about, I'm going to take a quick side note here. Because **I watched this amazing documentary. I'm going to encourage all of you to watch this. It's called kiss the ground. And it's about regenerative farming and how it can literally save our planet.** And yet the opportunity that was given to America to government. To be able to support this. Um, process to support the notion of regenerative farming and actually reduce CO2 emissions. Was left on the table in the Paris agreement in 2015. And agreement that literally, like I said, had the potential to save our planet and put perhaps our species. Wasn't even considered by the American government, like shame on us.

So. Coming back. Why is that happening? Because as I said, big food, big pharma. And the, um, the pesticide drug manufacturing companies subsidize. The poisons that are in our food. And that ruined our land. So if you find, if you follow the science lifestyle is the correct intervention. It really, it follow the science anywhere. But yet there is nothing more profitable. As I said, then for pharmaceutical companies, then a sick kid, and then who turns into a sick adult. And if you don't think we're on that trajectory. I invite you to come sit in my office any day of the week and watch these young adults. Who are now being diagnosed with these really serious metabolic disorders. So let's talk for a second about what we know about these GLP1 agonists.

Right. And I'm not going to go too much into the science about how they work. I'm happy to do so if you guys want to know how they work and the mechanism of action, happy to do that because you know, me, nothing makes me happier than to talk about the science. But as one of my really good friends says, when I start talking science, she's like, you're gone. so I promised myself I wouldn't do the science on this episode.

But what I do want to tell you is that again, — All for it when it's indicated for a short time. Because here's what I'm going to also say is that the companies that prescribe these in. The inserts, the minute amounts of education that the doctors and these prescribing physicians are provided is. **It's suggested that diet and lifestyle. Modifications go along with prescribing this. — I can't tell you the number of people that I have met that have gotten zero. — Zero instruction on diet. Lifestyle environmental, any of it.**

And so I'm not saying that physicians are all bad because they're not doing this look. I always say. **Nutrition is not in a physician's wheelhouse lifestyle change is not in a physician's wheelhouse. They are not taught this. They're not taught nutrition in school.** They get maybe one course when I hear, you know, people talk about, well, go check with your doctor. If you should start on this diet, like what they have no clue. About the diet. They have no clue about supplements. I have a few physicians that I work with. That are humble enough to admit that they know diddly squat about nutrition, which is why they send their patients to me. Because they can't advise them. They really can't. Their hands are tied.

They're running these factory offices. You know, it you've been in them. It takes months to get appointments with these doctors and they are just handing this stuff out because they don't have the time, the inclination or the wherewithal to be able to discuss this with you. This is why we do this. Okay.

And or anybody in, you know, it doesn't have to be me. Look, I'd love for you to come see me, but you know, **find someone who knows what they're talking about when it comes to lifestyle intervention. And shifts that you can start to make when you start on these GOPs.** Right?

So we know that 30% of people go off of the drug because of these GI issues.

What am I talking about? I'm talking about. **The gastro-paresis fancy name for gas. Fancy name for slowing of digestion.** That is one of the mechanism of action is to slow digestion. So food hangs around longer. So the body has to. Process it longer. — **And you don't feel hungry, but when you're slowing digestion, guess what food is, putrefying in your gut.**

Food is not moving along as it should. And there's all kinds of problems. That happened with that, **including diarrhea and stomach aches and bloating and nausea, and for some people vomiting.** So, you know, there are actually lawsuits being filed because of these GI issues and stomach paralysis. Now they say stomach paralysis is short term. That's what's been. Quoted out there, but I'm going to tell you, there are people who have been suffering with this stomach paralysis issue.

Long-term. — And so, And what we're seeing. So here is the down and dirty we are seeing, and the studies prove this, that two thirds of the people, excuse me. **That most people. We'll gain back two thirds of the weight that they lost within a year to two years of being off some are six months. Some are two years.**

I think it's still too early to see. I can tell you personally, that **I have had no less than a dozen clients. Who have come to me who have gone off of it. And within a month to two months, Are dealing with voracious appetites. They don't know what to do. They don't know how to eat.** And now they're much further behind the April because the weight is coming on quickly. So here's what I want to tell you in one study.

And if you want the references, I am happy to give you the references and I can put them in the show notes if you want. **But in one study, six months after semaglutide discontinuation. — Patients were diagnosed with small intestinal, bacterial overgrowth, possibly worsen by semaglutide.** — Factors potentially supporting weight maintenance were early drug treatment for new onset diabetes.

Excuse me. New onset obesity, strength, training, and diet modification. This case highlights, tailoring approaches to maintain weight loss without the GLP ones. Yet trials are needed to optimize weight maintenance strategies. So here's the thing.

They're throwing this stuff out and they're not even offering a weight maintenance strategy. — So they're setting you up for failure from the get-go, because the idea is that you go off, you start regaining the weight and you have no choice, but to go back on. — There was another study. 327 participants that after one year after withdrawal of a once-weekly semi subcutaneous, semaglutide 2.4 milligrams. — And lifestyle intervention.

So this had lifestyle intervention participants regained two thirds of their prior weight loss. With similar changes in cardio-metabolic variables. Uh, findings confirm the chronicity. Uh, obesity

and suggest ongoing treatment is required to maintain improvements in weight and health. So, what is that telling us? — That.

Yeah, I was limbic and these GOP ones are the quick fix. If we don't work on lifestyle adjustments. And the positive results that initial weight loss. Uh, excuse me. If we don't work on lifestyle adjustments, the positive results that the initial weight loss suggest are not able to be maintained for more than two years. — So, I don't know, that kind of sounds like a quick fix to me. ——— So additionally, and like I said, there was a report out this morning.

The EU just launched a probe into suicidal ideation because of OSMB. And because of such large increases in depression. — So here's the title quote of a, of a recent study glucagon like peptide one receptor agonist, GLP one receptor agonists. And suicidal ideation analysis of real world data collected in the European pharmaco vigilance database. Quote. Suicidal events were mostly reported with semaglutide. — And liraglutide, which were also associated with significantly higher reporting probabilities. Compared to the other GLP ones. Although this study provides the reporting frequencies of suicide related events with GLP ones. Establishing cause causality requires further investigation. Which will probably be addressed by the pharmaco Villa vigilant risk assessment committee of the European medicine agency in the future. So, yes, we are seeing a connection between these GLP ones.

I know Ozempic. I do believe it's dose-related so Zembic is one of the higher doses, right? That gets dosed higher and higher, but Manjaro is the same. And some of these compounded ones are also the same. They are getting dosed up and down. And so, you know, here's the thing we know **serotonin is found in the gut. Right.**

Most of our serotonin 80, you know, there's different, right? At least 80% we can agree on is made in the gut. — And so if we're dealing with shifting gut balance, gut. — Gut dysbiosis, right? Imbalance in the gut as a result of these. Medications. And where affecting how serotonin is made. It's no wonder we're seeing these, these issues with mental health disorders. Um, I guess what. Mental health disorders.

One of the biggest targets in history. — Right. And, and so what we're seeing is that the American academy of pediatrics is recommending first-line therapy. Means the first option given to teens. For depression, anxiety and so forth is medication. But let's talk about depression, not anxiety, but they're saying take medication first.

Let's not work on lifestyle. Let's not work on diet. Oh. And by the way, we know sugar and processed foods has a direct connection to our behavior.

So like this vicious cycle of where are we getting our information from? Right. So, — Here's what I want you to start thinking about. 94% of our population is metabolically unstable. Most of you walking around and I'm going to say you, because I know I'm metabolically stable because I do my tests. Um, but **94% of the population is metabolically unstable.**

So. — Suffering from. Cardiovascular illness of some point, some kind of blood sugar dysregulation, some kind of BMI rate, like overweight obesity. Like. — And we're poisoning our children. We're poisoning ourselves. We're poisoning our food. We're poisoning our environment. — And we know food has been weaponized against us.

So what is the salt like what do we do to solve this? So I'm going to say, **I do think our doctors need to incentivize. Yeah, they need to follow the science and incentivize better eating.**

We need to incentivize movement. You cannot take this drug. — And not embark on some kind of exercise routine. — Impossible.

If you want to have any kind of metabolic maintenance, here's why. And I know there's the. Has been talking about, you know, how, why do we need to do resistance? I can tell you. **Nine out of 10 people that I know who are on this medication. Are not doing enough resistance exercise.** What does resistance mean?

It means using weight. Whether it's your own body weight against gravity, whether you're lifting weights, you need to put on muscle. And you need to do it young. We need to get our young kids exercising and not just running, like doing things with their own body weight. Like what happened to that physician? Without it, we did it in high school.

Right. We had to do the physicians that presidential, um, fitness test. Right. You had to do push-ups and sit-ups like, yeah, that doesn't exist anymore. Like **we're not encouraging kids to be active. They're behind screens. They're behind phones. They're behind. — There are games. And they are sedentary adults.**

Same thing right. Sitting is now like akin to smoking. It's it's that detrimental, but we have got to get. Into some kind of routine where we are putting on muscle, because guess what muscle? And I know I said this in my first, uh, talk. **Muscle is the engine of our system. Muscle is the only thing that burns calories fat does not burn calories you can eat.**

And it just sits there. Muscle uses that uses those calories. And so. Muscle is metabolically active. **If you are losing weight and you are not doing resistance exercise. You are losing muscle. And then what happens when you go off of this and you don't have that muscle to act as that metabolic booster. — Your metabolism just completely crashes. And that's why people are a regaining the weight so fast. And they can't even eat the same because they eat the same amount of calories, but there's no muscle to use it.** I mean that's the long and the short, it's a much more complicated, scientific biochemical process, but you guys want the quick and the short and the down in the dirty that's the down in the dirty.

So we have got to recognize that food is medicine. We have got to work with practitioners. You know, it saddens me. It makes me angry too, but it saddens me that I have so many clients coming in who say, My doctor doesn't believe in nutrition. My doctor doesn't believe in food is medicine. My doctor doesn't believe that I can get off my diabetes medication with just diet.

My doctor doesn't believe I don't need a Statin. — And yes, we have proven them wrong. Time and time again, we have so many clients. Who have come in. With type two diabetes. Look, I'm working on the type ones. That's going to take a little longer, but type two diabetes because I can, I do believe it can be done, but give me a little more time on that. But they've had type two diabetes and blood pressure issues and cholesterol issues.

And they're on many medications. And guess what? We've gotten them off of them. Not because I'm so great. But because this is a no brainer people. **It is a no brainer that we need to use food as medicine that we need to start addressing that stress will kill us.** If we don't start. — Bringing that back. — The days of the harder we work and just keep going and I'll sleep when I'm dead.

Like, I don't know who said that, but you're going to be dead way too fast. If you are not sleeping. Everything health backs into sleep sleep was when we recover sleep is when we

regenerate. If you are not sleeping. If you are not getting a good night's rest and earlier is better because we know melatonin is produced earlier in the night. Um, then, you know, then where is the foundation for your health? Yeah.

Like I said, if you're not moving. **You know, one of the things that we, the elephant in the room on, on all of these GLP ones is why are we not addressing the mental emotional?** Because if, if all of these things are a lifestyle, it's not just food. — We know, wait, I've been doing this for more than 25 years. **Weight issues are very, very, very rarely just, uh, food in food out. It has more to do with we eat when we're happy we eat when we're sad. We eat when we got into a fight we eat when we make we eat. Socially when we get together with people, food is constantly available constantly around us.**

If we don't learn how to control. Our ability to gauge when and how should we put food in our mouth? You, I was talking to an adorable nine-year-old girl last week. — And she re she had her parents reach out because she wants to start to get healthier. She wants to take charge of her health. And I asked her, I said, do you know the difference of when you're actually hungry? Like when your belly says, oh, please feed me. And when your mouth just goes, Ooh, that smells good in that tastes good. And she said, you know, I don't, I don't know when to stop eating. And this is from a nine-year-old. So imagine if those behaviors continue throughout life. Where you end up. — So, this is not a blame game.

Like you're lazy or you can't control your food or whatever that blame and shame is going on out there. It is about, and this is why we did a program that we are going to bring back. It was called rebrand. You last year, I did it with an amazing coach Sherry Coltune. And we go through, what are your beliefs? Y, where is your boundary system? What are your obstacles?

Right. And, and what's that self-talk how mean are we to ourselves? Right? I mean, I've done it. I know it. — Right. Like what you say your body hears. I really am working on that is something my kids challenged me on all the time. Right? Say something nice about yourself. But we have got to. — Encourage our practitioners to be talking about this. — You know, nutritionists and coaches who can help support people on these medications to make lasting changes.

So, so you don't fall prey. To regaining the weight that you have lost because here's the thing, the cards that deck is stacked against you in every way, shape or form. And so what can you do? Whether you're on it. And you and you, you know, I had someone say to me, oh, well, you know, I'm doing really well because I can go to a restaurant and order fettuccine, Alfredo, and only eat that much of it.

Okay, so we're missing the point here.

Fettuccine, Alfredo has never been deemed a health risk It is not something that is going to, once you get off this medication, if you go back to eating that is going to support that weight loss. But we're not talking about deprivation and we're not talking about starvation. **We are talking about how do we help you?**

Reclaim your metabolic health, the metabolic health, that was not in great shape when you started the medication.

Right? If your liver is overburdened with toxins because of the environment, because of the food you eat, because of the heavy metals you're exposed to. If your gut is imbalanced, then your brain's going to be imbalanced, right. Brain fog and memory loss and all. Of those things. Those are not does things that happen, conditions that happen

because we get older. We those happen because we are in a metabolically unstable on well body. And so I always say, you know, these are symptoms.

We don't want to mask the symptoms, high blood pressure, cardiovascular disease, diabetes auto-immune conditions, PCO S these are symptoms of an underlying condition that you have yet to get to the root cause of. If you don't deal with it at some point sooner than later, guess what they are going to rear their ugly heads.

So. I want to let you know that we can support you. If you are taking those medications, that we are not passing judgment on you. If you are taking those medications and we fully support you for why you have decided to go on them. ———

But we want to be able to help you come out the other side and be just as successful. In maintaining that weight loss. — And so. — I don't want you to be that person. Who's embarrassed to tell me. — That you're on the medications. Cause guess what? I know if you're on them anyway. I always say, look, our space is a nonjudgmental, welcoming community space. That we want to support you getting to your goals and this work hasn't changed.

This is what I have been doing for 25 years. I've always spoken out about the quick fix, because it's just that it's a short term solution. To a very long-term problem. And so. Let's take the elephant out of the room. — Let's call it for what it is. If you want to be on the medications, because you need that support. I will support you on that. **But allow us to teach you how to use food as medicine. How to use food as nourishment. How to create a lifestyle that is realistic and sustainable for you. — How to get through the stress and deal with stress.** Stress is a huge issue in this country and everybody is so stressed. Like we talk about it, like it's a badge of honor. No. Stress is really, really, really bad for you. And it will kill you. Ultimately it will lead to diseases that will kill you. — No doubt. It can lead to all these metabolic diseases. It will disrupt everything in your body because if your body is always in fight or flight, And it is always struggling for survival, which is what that stress mode is.

It can never be in repair and recovery and regeneration. So you can talk about the biohacking all you want, but if your stress is in, if your body is always in fight or flight and you are not focusing on rest and recovery and how you balance this, then you will be a sick adult for a very well, a long time or a short time.

Like I said, we offer 15 minute consultations for anybody that wants to talk about this. I'm happy to support you in any way I can.

I'm also really excited to be offering our membership. You have asked, we have finally listened. And we are launching our membership program. It is going to be a three tier program. Price point is like, — I mean, it doesn't get better than this. It is so doable. For spore you, I don't care who you are.

It is doable. We have made three price points. That are doable. You can engage in a way that allows you to work with us. Yes, one-on-one. Uh, get the foundation in terms of meal planning that you want get guidelines and support in real time with a real person. And we're going to be doing a Facebook group.

I'm so excited. As a matter of fact, our first Facebook group, and it will be closed. It's only going to be for membership is going to be talking about these GLP ones. And we're going to invite the community to talk about that. And, and we address, you know, more deep dive questions. So

every month we're going to be doing a Facebook live and there's going to be new. Recipes and eBooks based on like, we've got one on gut health, we've got one on auto-immunity these topics, PCOS menopause, like these topics that are relevant now for you guys.

And so I'm super excited. We'll have the link for the landing page. Go check that out. Uh, we are offering for the first month, a 20% discount. There's a discount if you pay for the year in full. So I mean, but really the prices are just. — So reasonable. We did that intentionally. If you've never worked with us and you want to engage, this is a great way to do it.

If you've already worked with us and don't want to sign on for a big package. Another super way to re up. Uh, the work that you've done and kind of. — Get back on track if you've lost your way a little bit. So, uh, I hope this has been helpful. Let us know what you think. And I look forward to the ongoing discussion about all things related to your health, your wellbeing, and, um,

In health. Always. Make it a great day. This is your rebel nutritionist signing off.