MERYL: Welcome back everybody to the Rebel Nutritionist podcast. Today we are going to take a deep dive into, I'm going to call it Ozempic part four, maybe not. Um, but we are going to really talk about all things maintenance. I have The amazing Michelle Barron of our, uh, fabulous and so welcome Michelle.

MICHELE: Thank you. I'm happy to be here with you.

MERYL: So awesome. So, um, today, I mean, I always love doing the podcast with the coaches cause it's a great conversation. It's very introspective. And I think the, the, everybody listening, the audience gets a great. Um, conversation between the two of us, but more importantly, the information that we have to share, I think, is so is so useful and informative for them.

So let's dive in, uh, to, you know, we always have these side conversations, whether it's in our meetings or in our huddles and all kinds of things. And it comes back to, you know, the general topic of the day. And I think **the topic of the day lately has been. The rage of the GLP one, um, medications, whether it's Ozembek, Manjaro, you know, all of the other semi glutides that are now in the market.**

And now that we're seeing people who have been on them for quite a while, we're seeing people segue on and off of them. Um, people who are choosing to stay on and, you know, and what that looks like and, and, and the side effects that it potentially has, has for people down the road, but more importantly, also, **how do we really support people who are on these medications**, right?

No judgment or anything like that. Um, **and how can we help them integrate lifestyle changes? In a way that maybe they haven't been able to do before if they've done other kinds of fad Diets and programs** or or whatever is out there so What are your thoughts on that first michele in terms of you know what we're seeing and then we'll dive into What maintenance looks like for people

MICHELE: Yeah. So definitely it's all the rage for, you know, you always talked about if I could, you know, make that quick fix, then I'd be in an island in Fiji somewhere. So, um, this is what we are, you know, experiencing now in the world. And so, you know, Of course, **everybody is looking for that quick fix and then we're also seeing people trying to get off of it and then finding themselves getting back on or, um, needing some help finding lifestyle, um, help to see what they can do to create the habits that will allow them to enjoy the weight loss that they have**, you know, um, Gain through using these, uh, medications or GLP ones and then take it to the next level so that they can continue

feeling good. and wean themselves off. So yeah, like it's funny this morning, even there was a piece on the today show about it and **it always comes back to nutrition and exercise and creating the lifestyle piece and the habits.** So whatever you're doing, you know, that's okay. Like you said, of course, no judgment, but finding a way to then take it to the next level so that it can be longstanding.And this can be a lifestyle.

MERYL: and you know, it's funny. Unfortunately, I wasn't the one who developed this so i'm not sitting on an island in Fiji but I guarantee you those people at Novo Nordisk are sitting on an island in Fiji, right? But, uh, unfortunately, we didn't, we didn't come up with that. But I always say, you know, **as the pendulum swings one way, it is sure to swing back another way.**

And I'm not being, you know, the Debbie Downer or the naysayer in any of this by any means. **I do think that these medications have been groundbreaking for many people in many ways. I think The caveat to that is how do you maintain this without being on the medications?** And as much as these companies would like to keep you on these medications forever, and that is their intention, we still don't know the side effects.

We were talking about this yesterday in the meeting, in our meeting, that we really don't know. Yes, these, these medications have been out for, um, many, many years and have been available for diabetics. **But we have not tested it on, let's call it normal metabolic or slightly dysregulated metabolic, um, dysfunction.**

You know, full blown diabetes is a very different animal than is, uh, uh, you know, metabolic dysregulation. And most people are walking around with metabolic dysregulation. If you look at the numbers, It's staggering. It's like 70 to 80 percent, depending upon what, you know, statistics you're looking at, **70 to 80 percent of the population is walking around with some kind of metabolic imbalance, meaning blood sugar imbalance doesn't have to be full blown diabetes. Some kind of blood pressure imbalance does not have to be full blown hypertension some kind of cardiovascular imbalance and some kind of level of Obesity** and you know, and I don't even use the term obesity lightly anymore But you can you know walk around and just take a look at what the population has begun to look like and it's pretty scary So, yeah, so, um, we, so we don't know the long term effects of someone who is in those categories taking this medication.

Number one, um, **there's a lot of different now variables of how these things are being dosed**. Some are, you know, they're doing these micro dosing, they're dosing, dosing a few times a week. There, there's all sorts of deviations and permutations of that. And now

the other thing that we have to start to be careful about, which as you mentioned, right, this morning on the news, they're like, Oh, the Kardashians are getting into the GLP 1 semi glutide business.Of course they are.

MICHELE: Right. It's open for everyone.

MERYL: It's open for everyone. And so, **but it's not regulated. So how do you know? I mean, I've already heard about some clinics. that have been diluting the GLP ones with the semi glutides with things like vitamin B12, right? And they're charging a lot of money. So the bigger question now becomes, who can you trust?**

How do you know what's in your medication? And so that's a bit, and, and, you know, because it does get costly. I think, you know, **these medications become very, very expensive. So that's the other. barrier to the ability to use this long term is cost. It becomes cost prohibitive for people.** But all that aside, right, that's not part of our, uh, our conversation today, but it really suffice to say, uh, uh, okay, what is the longevity? I think the bigger issue that we're seeing, and of course this is no surprise, is that **as soon as people come off of these medications. What we are seeing is a rebound weight gain, not shocked there, but I think the degree to which we are seeing a rebound weight gain,** the, the appetite, you know, don't forget **these GLP ones work on the satiety center, center in the brain, the hypothalamus.So it works on telling your body you're not hungry, you're feeling full, the, the other mechanism of action is to slow gastric emptying, meaning it delays how quickly the food is coming through your stomach so you feel fuller longer**. **Now all of a sudden we take that away and people are left back to their own physiologic response to food and like the floodgates open**

MICHELE: Yeah, it's like it's coming back fast and the furious, right? **So people will say they're gaining more weight than ever before once they come off of it. And it's like everything's sort of out of balance at that point.**

MERYL: a hundred percent. Well, and I think part of that. And I don't, you know, the issue is you hear about it all over the place. **Everybody's like, you got to do weight resistance exercise. You got to add weights. And we'll talk about this in a second about the lifestyle piece, but it's not just exercise. I think people are getting confused with, I need to exercise while I am on these.**

It is very specifically we need to be doing, especially women need to be doing resistance. weight training exercises, **which means you need to be pushing at least your body weight or getting a pair of weights, you know, that is not three pounds or five**

pounds. You're talking about weights that you could do 15 repetitions on and that's it, right?

Like to failure kind of thing, 10 to 15 repetitions so that your body is increasing the muscle mass. **Why is this so crucial? Because muscle is the engine. Muscle is the locomotive of your system**. I've said this before. I will continue to say it is the only thing that is metabolically active in your body.

It is the only tissue that is metabolically active enough. to burn calories. So now what happens is let's just say for argument's sake, and this is not accurate. I'm not pulling accurate data because with everybody it's different, but I'm giving you the analogy. **Let's say one pound of muscle burns 500 calories. Okay. Now, if you're losing that one pound of muscle because you are not doing resistance work and you're on these GLP ones, and now you're always going to lose fat and muscle together unless you are going to do some resistance, right? So if you now have lost a pound of muscle, you've lost your body's ability to burn that extra 500 calories.**

And I want to be very clear on this because now, if you're, and it's, again, it's not exactly that way I'm explaining it, but **I want you to think about for every pound you lose, how much metabolic metabolic activity are you also losing? So that when you gain back the weight, now your metabolism, instead of being able to burn 1500 calories a day without doing anything, you're only able to burn a thousand.**

MICHELE: That's a huge difference. much harder to lose anything.

MERYL: Exactly. Exactly. And then you compound this time after time. And, you know, and **we know that after the age of 20, it is harder to gain muscle with every decade of life, we lose about 2. 5 percent of our muscle mass, just naturally. Now you go on these medications and now it's, you know, even, even greater.** So the compromise metabolically is, is huge.

MICHELE: Yep. And I don't I think **when people go into it, they just see like weight loss. And so none of these factors really play a role.**

MERYL: It's, it's, I just want to lose the weight, right? What are we here? I just want to lose the weight. I don't really care.

MICHELE: Yeah, I'll do anything.

MERYL: And, and then they come back and go, Oh, gee, maybe I shouldn't have done that. It's the, uh, which, you know, shoulda, woulda, coulda. Um, but it becomes, it is, it is something that I think people really, really need to think about. It's like weighing that, you know, the check and balance it's the plus and the minus is what are the pros and the cons of doing this and if I am going to do it because I don't really care, kind of thing. I need to commit to doing some kind of resistance work, which is I look, **I love Pilates. I love yoga and I love, you know, the cardio stuff, but it is none of those. None of those things are enough consistently to preserve your muscle**. **You have got to be, you know, it could be a TRX. It could be your own body weight. You could be doing pushups and sit ups and tricep dips and those kinds of things. It is your own body weight, but you have to be doing something. And I think Far too many people are opting to do none of that.**

MICHELE: Right. Well, it's like, let's let it do its work and I'll sit back. And so that's why, you know, I think the food piece is so important also because everything is left by the wayside. Like, Oh, I don't have an appetite, but when you do eat, you have to make more bang for your buck. So just making sure that the foods that you do choose are highly nutritious. So it's, it's everything.

MERYL: Right. So what are you telling? I know. So I know we have, you know, **we're seeing more and more now of these clients who want to do maintenance, right? They're coming off. They're starting to recognize they're gaining some weight back. They don't want to put it all, all back on**. I'm happy they're being proactive. You know, I've spoken to many physicians who I'm like, send, send the people our way because this is what we're doing with them now. Really getting them into the lifestyle piece. And I think what's really important for people to listen to, and I'm going to encourage everybody listening, if you have not gone and listened to, I think it was an episode before this, uh, for our last release.

Uh, and I'll get the episode number, you know, in the show notes, but, um, **where you and Amanda were talking about the work that you do. I think everybody needs to go back and understand why coaching is so vital**. I just had a client say to me the other day, I was talking to her, she says, and she's been a client for many years already. She has been, my client has not done any coaching for many years and she finally has done her genetics and we were doing her blueprint and all that. And I said to her, you know, you really need to get into doing some of the coaching. Because I think we've got to really make a shift in your lifestyle. Finally, that you've got some account, you know, find them that you're ready to do it and make and take some accountability. And when I spoke to her the other day, she says, you know, I have to tell you, **the best thing I did was add in the coaching and I didn't realize what a difference it would make.**

MICHELE: Right. Well, having someone in your, sorry, having someone in your corner to help you along those tough spots. **Like a lot of times we have habits that we don't even know that we're doing. Like maybe you come home from work and at four o'clock and you dump your stuff down and you go straight to the pantry.**

You may not even really be hungry, but that may be a habit that you do. And maybe we can create some mindfulness into hunger cues. And. Maybe we can change what you're snacking on and, you know, create some awareness into nutrition. Like some people, **you know, there's so much information out there that it is confusing for any person. I thought this was healthy. I'm now I'm hearing this isn't. And so there's just so much noise that it's good to have someone to help hone in on what you need to hear.**

MERYL: Yes. Agreed. Agreed. So what are some of the things? Cause I know **appetite satiety, right? That hunger, that fullness. Um, we hear that all the time. People are just really hungry. And they don't know how to control that hunger and they don't really understand what lifestyle changes really look like in that.** Right. Because it's just such a visceral feeling for them. So what are some of the suggestions that you're giving the clients, your clients, um, in terms of like, right. We always, we say, Oh, we need to be more mindful. Okay. We hear mindful, mindful, mindful, but I feel like again, it's yeah. What does that mean?

MICHELE: right. So like for me, because I know like we always talk about this, that I struggle with all this. And when all this stuff came out, I'm like, Oh, yeah, you know, bring it on. But obviously, you know, here, knowing all the information, I'm not bringing it on. But of course, it's tempting. **So I really hone into my mindfulness.**

So for that, that means I'm constantly having a conversation with myself. Am I really hungry? Like really, do you, you know, do you want that because it's enticing or are you really actually hungry? If I'm hungry, let's see what a good option is that is nutritious instead of reaching for maybe something that I have in my pantry, I have kids here.

It's not all clean. I'm being honest. you know? So it really is being mindful. Everything is and **I say this to my clients, are you creating an obstacle for yourself or are you creating a path towards the goal that you want to reach? So that may mean every day I am planning my snack. I know that my apple is there waiting for me.**

I know that I have cinnamon if I want to put on it or a little bit of nut butter. I know. That when that feeling hits, I'm going to have that conversation. Do I really feel hungry or am I feeling emotional? Like recently I've been feeling emotional and that draws me to the

kitchen more often than not. So honing in on that and like talking to people who make me feel good about what I'm stuck in or **exercising.**

I always say is the best answer for all of that. So maybe getting outside, changing. Changing the piece a little bit and, uh, taking my dog for a walk or going out for a run or just sitting outside and **sitting with it and then deciding, okay, this is how I feel. And it's actually not hunger. I'm really actually happy, upset. mad, whatever that is, and really taking care of those needs,** whether that means then journaling or, you know, having it out or whatever that is, Yeah. but, um, **dealing with the emotions is always a great way to start**. Right. And having the conversation, I feel like, like throughout the day, I'm having conversations with myself all the time. Are you hungry? Um, not yet. I think I can wait a little bit like, and then planning pre planning your meals really, really helps with, um, getting all the extras out. So like, if I know that I'm going to have a dinner that is. rich in vegetables, rich in fruit, rich in vitamins and lean protein. Then I know like, okay, I don't need all that extra stuff because I'm, I am satisfying myself.

So it is the constant conversation and checking in with yourself. And, and **that is the beauty of having a coach, like feeling like, Oh, at that moment I feel like I could teeter off and knowing I'm just a click away**. I see those messages and I know when it's like a help me, help me, I'm getting back right away. Right. Um, and the journaling too, that helps to see like, okay, these are my habits. Okay. Maybe you don't realize that when you come home or whatever time of day, like you sit down on the couch and you're finally ready to eat something, but you're sitting with a bag of chips and that's your level of comfort. Maybe a cup of tea would make you feel, you know, a little bit more soothed inside. Maybe a conversation with. A spouse or a friend will help film with me too.

MERYL: Right. Absolutely. And I think a lot of the times, like you said, we, we come in and just go directly to the pantry or the fridge. It's just, it's just rote. It's just our habit. And, and changing that habit is really the key. Um, and **I think that the key to habit change is to have accountability**. I mean, look, I do the same thing.

It's so funny. **I'm doing this cleanse now. And, um, you know, in the afternoon, like sometimes typically I would go for like a cracker and some hummus or something like that. I like the crunch and typically I am hungry, right? If I come home, like I'm hungry or I walk in and I'm hungry. I want that. And now I'm not having that.**

I'm like, okay, what can I have that's crunchy? All right. Well, I'm having my cucumber. I'm having an apple and, but I'm having the conversation of, well, is it hunger? And if it's hunger, okay, what is my better choice? And if it's not hunger, like you say, and **I think for**

a lot of people, nine times out of 10, it's not hunger. It's emotion. I, so many people, right? We were just talking to a woman earlier, you know, she comes home from a long day at work and what's the first thing she wants to do? Grab a glass of wine, right? And that's not atypical. And so what are, what are some suggestions? Like you said, what are the things that we can, **and everybody's different. I think the one question we get, you know, people ask us all the time. Oh, how bad am I? Right? Am I bad? Like relative? It doesn't matter how, what your habits are, where you are in your journey. It's only relative to you.**

MICHELE: **And sometimes just resetting. I have a client who was having a glass or two of wine almost every day and she did a cleanse and it reset her and she was like, wow, I didn't realize like what I was doing**. And you know, like we like we're saying, it becomes like a habit. **Habits can be great and habits can be, you know, obstacles.** And so, you know, that aha moment, it always starts with awareness.

MERYL: Right. Awareness is key is totally key. So if we're looking at, okay, so appetite is one looking at emotions is another,

MICHELE: say, no, sorry. I would also say like, **I had a client who kept a stash of snacks in their drawer at work. And so it was like, okay, let's take a look at our surroundings. Maybe we can take that out and then think of like whatever it is that you love. And for this person, it was like a snack. special candy bar. Okay, maybe I'm not going to take that away from you completely, but maybe instead of having it every day, you can say like on Thursday, I'm going to have that.** So it's like something to look forward to, but it's not all of those extras six days a week. So really like taking a look and evaluating, you know, **your surroundings, what you've placed in the way that, you know, could really compromise your goals**. Right.

MERYL: I think, you know, one of the other things that, that these GLP ones do for people is because **there's a lot of people who have noise in their head. because of past trauma around weight. How often do we see that, right? The stigma attached to,** and it could, it's, we see it with the women, we see it with the men, it doesn't matter, right?

The stigma attached to, oh, I was a chubby kid or my parents, you know, wanted me to lose weight, or I was made fun of very young because of my weight. And they're still hanging on, you know, they're still, that's still a conversation in their head, right? That they feel made to feel bad because of their weight.

And they almost throw up their hands like, Oh, I can't do anything about it anyway. I just keep gaining the weight back. I've been on and off every diet. So **I feel like these medications can give people a little bit of a headstart in terms of really understanding if nothing else, it takes away that pressure around food for a little while. But if you're going to take that pressure away from food, then how do you reframe that? So when you come off of it, your mindset around food is very different.**

MICHELE: **And this may be the first time for some people that they have success losing weight.** Like I was in one of the gyms that I go to a few weeks ago and I saw someone, I was like, you look amazing. What are you doing? And she's like, she like mentioned, like she motions with the shot, like I'm doing what everybody else is doing. And I said, okay, that's good. You know, whatever she said. But I still come here and I'm still doing this. And that's why she's successful because she and she has a goal date in mind when she's planning on stopping. But she, which may have already passed, but she is also doing all the things to help her continue this.When she's finished and there's a way to do it. There's a way to enjoy success like that.

MERYL: A hundred percent. Right. But I think that's what I'm saying. So we use, you know, **let's use the medications to the advantage of getting people the support they need while they're on it. I think that's a big takeaway here yeah, give yourself a head start. Like if you are investing in this medication, then you should be investing in yourself. To be shifting your habits before you come off of it**, because I am telling you people you will start to put on the weight, you know, we're seeing the results come in from the studies. We don't need studies. I don't need studies, right? It's to tell you that this is what's happening because we're seeing it in real time and **we're seeing it with, you know, nine out of 10 people**, right?

Maybe this woman that you're talking about. is that, you know, is that one person who's not seeing such a quick rebound, but the other nine are walking around going, well, what did I do wrong? Or what, what's, why can't I keep this off? And so the maintenance part of, all right, how do I get myself together while I'm on this medication? And. Because one of the other things they say to us is, well, I'm not really hungry now, right? Their appetite is so, so diminished. How are you walking people through that?

MICHELE: Well, I mean, **I still want them to be making sure that they're nourishing themselves, even if it's like small meals. And so that they know how to prepare meals that are nutritious, because once they come off that, that feeling of hunger comes on fast and strong. And so. teaching them how to create healthy meal options, even if they're only having small portions for now,** is so important so that they can carry that

over for when they're moving on to life without it. So that they're like, okay, I already feel comfortable in the kitchen. Oh, I already have two or three meals that I feel comfortable making. And like I always say, cook once, eat twice, making, Extras so that they can continue to enjoy it and not feel the pressure of, Oh no, now I really have to cook and prepare like, you know, the small changes that go a real long way.

MERYL: And, and what are you saying to people? Because Lord knows we have enough of these. That, you know, and we just heard it from someone today. You know, I don't love to be in the kitchen, although she was willing, right? So I don't love being in. I think, I think **people don't love being in the kitchen because they think they're not good at it,** right? We hear that all the time. Like, oh, I'm not really a good cook. Well, right. If you, you know, look, **cooking like anything else requires practice and requires honing skills, no different than any other kind of, um, task or project or whatever it is, passion that you have** and, you know, in terms of. Practice. You want to play the piano?

You got to practice, right? So, um, you want to be a good gymnast? You got to practice, right? So cooking is no different, but what are you, how are you, you know, how do you coach people when they say, I don't really want to be in the kitchen? I'm not really good in the kitchen because I'm sure this is resonating with quite a few people because I think people think when they embark on a journey like this, Hey, I think they think it's all or nothing that they're going to come to a nutritionist that they're going to do this and we're going to completely change everything they're doing.

We're going to take away all the things they love. It's all about deprivation and starvation because that's been every experience that they've had up till now. So speak to that because I think that's really important. People want to know they're not going to be deprived and starved and how do I get into the kitchen?And it's overwhelming and it's inundating and you know, that intimidating, right?

MICHELE: Yep. So w**hat I usually say is start small. You don't have to be too creative with this. Like you people cooking fancy, or you can cook simple**. And if you're nervous to be in the kitchen, find three ingredients. chicken maybe or a fish rice maybe or a sweet potato and like broccoli or a vegetable. Find three things that you like.Start there. You can have a great meal that just has three ingredients. You add some spices to it as you go. **Using an air fryer, using a crockpot sheet pan dinners. They're all fair game, especially for beginners.** I mean, and even for people who have been cooking for a long time. It's so easy to just cut up some food, stick it on in a pan, And go from there, add your favorite spices.

So you don't have to be a big chef to get in the kitchen. And the more you get in there, the easier it is, right? I mean, and maybe a spouse who is giving lots of compliments, even if it's not fantastic to keep them going. But **we also have, you know, great options for recipes that we share with our clients, especially the beginners, right?**

Like a smoothie can be super, super simple, just a few ingredients in there. And it's like, wow, I made something that tastes great. Having that feeling of success only motivates you to keep going.

Absolutely. Absolutely.

Yeah. So I say start small, find, you know, one or two recipes and don't make them, uh, complex.

Right. Well, and that's what you're doing, right? When you're with someone, you're basically feeling them out. Like, okay, how comfortable do you feel in the kitchen? Right. That's part of your work.

Right. Absolutely. And it also is like, listen, there are some people who are not going to cook at all and then helping them find meal deliveries, uh, programs that work for them. We want to be, we want to be realistic so that their goals can be met. Right. So we are going to meet each client where they're at.

So whether that's someone who refuses to cook or someone who's ready to start small, we're meeting them where they're at.

MERYL: Yes. Yes, exactly. And then I think that's the big, that's a huge thing that we are meeting them where they're at. And I always say anything we do with a client needs to be realistic, realistic and sustainable in their world, right? It's not what's realistic and sustainable for us. It's really for them. All right.

Uh, yeah, absolutely. Those are. I mean, I think that's, you know, that's the foundation right for where we are with the clients.

So let's get into, um, a couple other things that I want to address in in when we're looking at maintenance, right? **Because it's not just about the food. It's not just about the exercise. The other piece of this is how well are you sleeping?**

MICHELE: huge that **I feel like it's looked over so much because without adequate sleep, our hunger cues are off. Our mood is off. You don't have the energy to exercise. Or maybe even cook if you are cooking, it just throws everything off.**

MERYL: right. So what are some of the things, because I know sleep is so evasive for so many people, right? They have that monkey mind going, they have the, you know, I don't know. Some people who are going through, you know, menopause, perimenopause, they have. They're having hormonal shifts or yeah. So, so what is part of creating if you're, again, everybody's individual and they get their own, right.

It's all, it's all based on that for people, but what are some things that you're, if you're going to give someone a recommendation of how am I, how are we looking at sleep because I always say, right, my famous line is **everything backs into sleep if you are not sleeping. You are not recovering. Your metabolism is not recovering. Your body is not recovering from an immune perspective. Like that's when the good stuff happens. And if you're not sleeping, I would say melatonin is produced between 10 p. m. and 2 a. m. That's the window. You're not sleeping in that window. Then you're missing out on the opportunity to really regenerate and recover the way our bodies should.**

And, you know, people can say, well, I sleep eight hours. Well, I'm telling you, it's a very different kind of sleep. if you're going to sleep for 12 midnight till eight in the morning, then you are from 10, you know, till six in the morning or whatever, if 10 at night till six in the morning. So what are some of the things that you're talking about when it comes to sleep?

MICHELE: Yeah, we definitely talk about that. And I'm, I'm like giggling here listening to you say that because of late, I've been like racing to bed by like nine 30 and everyone's like, what's going on here? And I'm like, well, you know, you should be in bed too, but like. It really makes a difference. **So creating a bedtime routine, which means backing into it. So like if you know it takes you a half hour to do your routine, whether that is like putting your kids to bed, walking the dog, washing your face, you know, count backwards so that you can get in bed and get that time in**. **Meditation is also a great way to relax. Um, listening to calming music instead of scrolling on your phone**, which is going to be, you know, something that excites your brain instead of relaxing and, you know, stimulates you. Um, **reading a book or just finding, you know, what calms you,** maybe it's just sitting in quiet. Um, but creating that routine is really, really important. And then, you know, maybe for, maybe for some people it's taking a bath. into bed to unwind. Um, w **drinking tea a few hours hours before so that your on resting and relaxing i on digestion** because it d working when it's digesti few hours before you get in bed, you're

doing your body, you know, a good service. So **just creating those routines and really trying to work through whatever emotions are going on during the day, because once you sit down and relax, they all come flooding back. So paying attention to your emotions is and your mental health is always a good place to be at.** You know, throughout the day so that it doesn't come back when it's time to go to bed that like you're waking up in the middle of the night.

A lot of people say they fall asleep easily, but they, you know, they wake up during the night. And a lot of times that is because of the stress and the anxiety that's going on inside. So really finding, you know, peace with that. However, you're working through it, whether with the therapist, journaling, talking, you know, to whoever is so important.

MERYL: Right. Yes. And, uh, so important. I always say, you know, and it's funny, I'm like you early to bed, you know, nine 30, I'm like, I'm going to bed. And so it's so funny because Howie he is with me. And so he's, he, Never went to bed there early. You know, the other night he's like, okay, let's watch another episode of, I don't know, whatever we were watching.I'm like, no, I'm going to bed. He's like, what do you mean? I'm like, I'm going to bed. That's what I mean. You know, it's nine o'clock. I'm like, yes, I'm starting my routine so that I can be in bed at nine 30 and, you know, and I get up early, right? Like you five 35, 45, I'm out of bed. I, I think, you know, getting people say I'm not a morning person when you're not a morning person, cause you're not sleeping the way you should be sleeping.

Right. But. **Really your body's circadian rhythm is that if you look at the circadian rhythm, we should be up in the morning early and we should be going to bed as the sun starts to set. That's just how our bodies. are made to work in nature,** right? And so if you're, if you're bucking against that, then, then your body is, is, is feeling the result of that.

It does feel it a hundred percent. And so people say, well, I don't feel it. I'm like, well, do it long enough. So I said to how he's like, well, wait a minute. And I can't get up that early. I said, well, there's a reason then. That I go to bed that early. And so we've been having this conversation and I told him yesterday, uh, I like, look, I can't get up late.

I can't go to bed late. Like I need to start my day. I want, I have things, you know, I want to meditate. I want to journal. I want to do this. I said, so either you're going to get up with me or you're not. And I'm going to do these things without you, you know? And I said, that's fine. But if you have FOMO, then you got to figure out your whole routine.

Right. So he is trying to do that. Like he got up with me early this morning and we got out early and walked in. I said, don't you feel good? You know, and I think he was still thinking about it cause he's still tired. But, and then it's,

MICHELE: once he adjusts to it, I guarantee he will be like, wow, my day is like, I'm really using those hours.

And by the time he goes to bed, he will get that pull. Like I know for me, like, as it gets late, if I'm still up, I'm, I'm like feeling it like, oh my God, I don't think I'm going to get to bed when I want to, like, this is starting to stress me out. But yeah, like **once you start doing it, it's like your body adjusts. Like this is when I wake up. And a lot of times I don't even have to set my alarm in the morning**. I'm up like, a few minutes before it goes off. Like, okay, this is what I do. And so naturally my body feels like it's ready to get to bed nice and early because I'm up early and making, you know, I have one of my kids who's in college who mistakenly took an 8 30 a.m. class, and I'm nervous that he's not getting up for it and finding myself. You know, calling and, oh, this is a perfect time to FaceTime, but I'm really checking to make sure that he's, but he actually admitted to me last week, like, I actually like think that this is good because now I'm able to do more things and he's like, it's good that you wake up early, maybe not as early as you wake up, but you know, there it's all positive that comes out of that.

MERYL: it totally does. You know, and he laid down and he's like, ah, it's going to take me so long to fall asleep. I'm like, I guarantee you, it takes you less than 10 minutes, you know, within five minutes he was out. So yeah, we're working on that. Um, but, but you did say something in the beginning, you know, another pillar that we talk about that I think is huge. And I am going through all these pillars, right? The pillars of just to kind of recap, those of you that, that are not familiar with, when we talk about **the pillars of health, it's nutrition, it's movement, right? Exercise. We talk about stress. We talk about sleep. We talk about that mental, emotional, and we talk about the environment because all of these things impact.what is going on in our life.** So, you know, let's take a minute to talk about stress. I know you just mentioned it, but I, again, **I don't know that we can ever emphasize enough how impactful stress is**. And I feel like, again, most people are like, oh yeah, well this is my life is stressful and that's just what it's going to be.

And I don't know that we realize what an impact, what a detrimental impact stress has in our system and on our bodies.

MICHELE: Absolutely. I mean, and it shows up, it shows up everywhere. Right. So like focusing, right. **If you're stressed out, it's hard to focus on anything**. It's hard to, um, like

really realize like the hunger. We're talking about that too with stress. Right. **So sometimes you stress and then you just sit and you find yourself like eating things and you don't even realize what you've done**. Um, It creates, you know, your mood balancing. It's everything and your health. When you're stressed out, you're reducing your immune system. So, you know, then everything falls apart. We always say, if you don't have your health, you have nothing. And stress is really a huge part of creating health. So finding ways to hone in your stress, whatever that is for you, whether it's exercise, like I keep saying, exercise, talking to someone, getting outside, you know, journaling, whatever that is. You need to pay attention to it.

MERYL: Right. Well, and I **think that's one of the beautiful things that you do as a coach. I, for a lot of people, they don't know what to do, right? Well, one of the questions that we ask them on our questionnaire is, is stress impacting your life? And a lot of people say, yes, it's impacting my, my life, but I don't know what to do about it.**

And because I have to work this job, I have to do this, I have to do that. And so there are all these reasons and maybe they're valid reasons and maybe some are excuses. But I think **the beauty of the coaching is that you get in the nuance of, okay, how do we meet you where you're at? So you can have this life that you need to do, right?**

Maybe people are looking to change jobs, but they can't. And they're in a super stressful job. I think the beauty of what you do as a coach is really. Finding a way to, um, to, to do some stress relief within the context of what their life is right now.

MERYL: Right. So it's funny you say that. I'm like, in my head, thinking of a specific client that I'm working with and trying to give her resources and tools. And I've connected her with other clients as well to help also. And there's resistance because And she'll say, this isn't an excuse, but, and so sometimes you just have to wait until they're ready.

Right. But just keep, keep showing up for them and making them aware. This is what's happening and this is what's here for you. And this could make it better. And maybe this time, maybe then, but like, keep saying the same things, just like, keep trying the same food over and over.

Sometimes you can really, you know, find that when they're ready, you know, huge breakthroughs are waiting.

MERYL: So, so true. I mean, I think this is all such great advice and people really, you know, need to be heeding it in terms of **how can I manage these medications? How can I**

manage my life in the context of I can do both. It's not an either or. Right. I think that's the problem. People go on these, you know, whether it's a diet, whether it's the pills, whether it's the powders, whether it's the shots, and they say, Oh, this is going to be it. And, you know, and I'm going to have success. I think that's a very unrealistic, uh, expectation and, you know, that's not how life works. And so it does, you do have to learn how to bring in all these habits. In a way that is sustainable and realistic and that you can be consistent with.

MICHELE: **And it's doable. We've seen it. So the positive side is that you could do this. Like you're in control of your life and having help to do this can bring you to the finish line.** Like you could do

MERYL: Absolutely. And you know, I was talking to this one physician in OBGYN that we work with, um, pretty often. And she said, Oh, wow, you do this maintenance stuff for clients. You know, who are on these meds. And I'm like, absolutely. She's like, great. I'm sending everybody to you, you know, because I think she is also seeing this struggle, uh, right. She, she gives, she gives out the meds. Great. But she's now seeing the struggle with that people are having after they're trying to segue off of them. So I think it's

MICHELE: part too. Sorry. Is that like **they're getting the drugs, but there's so much in between that goes on. That help is needed. And there's no shame in that.**

MERYL: no, there's no shame in that. And I wish the doctors were doing more of that. they should be doing that, right? I mean, the medication says you should be doing this with the diet, with the lifestyle, yet, you know, it's getting handed out like candy with just the caveat, change your diet, change your lifestyle. Here's a book.

Okay, well, we know how that how effective that is, right? Or I had a client say to me yesterday, you know, I really do need some support because I just can't keep listening to tiktok and instagram because they're just not helping. But yeah, as it ever, Right. right?

So, yeah, so, um, great conversation.Anything you want to finish off with any last words of advice?

MICHELE: No, I think that's great to say that, like, really, you know, **when you're given this, you know, the medical or the support from, you know, the medical side, having the other support to have the day to day. nuances can really, really help you bring you to where you want to be in a way that eventually you can get off of them and lead the life**

that you want to lead and have these habits that are sustainable. So it is doable. Um, and help is there, you know,

MERYL: Absolutely. Uh, I couldn't have said it better myself. Well, thank you for this podcast.

MICHELE: my pleasure. It's always great.

MERYL: Always, always we always, uh, you know, learn from each other and help our clients. So I love, love the synergy, love the teamwork. Uh, I think that's a wrap. So share this, like it, subscribe, share it with someone who you know could benefit from this information. Leave comments as always. We love to hear your feedback and this is your Rebel Nutritionist signing off. Make it a great day, everybody.