## Blood Glucose Dysregulation: How to Detect It Before It Destroys Your Health

Dr. Ritamarie Loscalzo



**Rebekah Kelley:** Welcome to the Humanized podcast, all about personalizing your health. I am your host, Rebekah Kelly, and we have a great guest today, Dr. Ritamarie Loscalzo, and we're going to be talking about the real global pandemic - blood glucose dysregulation, and how to detect it before it destroys your health. But before I introduce Dr. Loscalzo, I want to remind everyone to subscribe, to get all the variety of casts - in audio, video, and transcription, at humanizedhealth.com. I'd also like to thank our lead sponsor, Village Green Apothecary, and MyVillageGreen.

So, Dr. Loscalzo, thank you so much for being here. I'm just going to read your bio real quick. Our guest, Dr. Ritamarie Loscalzo, is a licensed Doctor of Chiropractic with certifications in acupuncture, nutrition, herbal medicine, and heart math. Her specialties include digestion, thyroid, adrenal, and insulin imbalances. Dr. Ritamarie is the founder of the Institute of Nutritional Endocrinology, best-selling author, speaker, and internationally recognized nutrition and women's health authority with over 28 years of clinical experience.

What a great bio. Thanks for being here.

**Dr. Ritamarie Loscalzo:** Thank you so much for inviting me. I'm excited. This is one of my favorite topics to talk about.

**Rebekah Kelley:** Awesome. Well, so I have to ask you, what is blood glucose dysregulation? Cause I don't think, I even know.

**Dr. Ritamarie Loscalzo:** Well, it's basically... glucose is in our blood and we know that people get diabetes when they have too much glucose in their blood. But what they don't realize is that the body needs to regulate that exact right amount to keep our brain energized, to keep our organs running and to keep us from getting overweight, actually. So, it's basically the regulation, the hormonal regulation of the hormone insulin, that keeps the glucose in the perfect range, the Goldilocks range.

**Rebekah Kelley:** So, why do you call it a pandemic? Like, I mean, obviously we're in the midst of a pandemic, but...

**Dr. Ritamarie Loscalzo:** So many people have blood glucose dysregulation, and that don't know it. I mean, it's worldwide. It's one of the leading causes of death. It's one of the leading causes of cardiovascular disease, cancer, and other things that are the leading causes of death. But people don't look at it. It's actually one of the leading causes of death in this pandemic. Right? Because when people's blood sugar is out of balance, viruses grow. The immune system is a wreck. So, I call it a pandemic because it is global, right? It's worldwide, and it's in such great numbers that it's killer. Like one in

four people have already been detected to have, or one in three, it might be, to detected to have some degree, using standard medical measures. But it's estimated that actually one in two, and some authors estimate that 88% of people have some degree of glucose dysregulation. And it's a precursor to diabetes. Even if it doesn't proceed all the way to diabetes, it's dangerous in and of itself.

## And speaking of dangers, what are they?

Yeah, so high levels of insulin cause the blood vessel linings to get stiff. So, think about your blood vessel linings. Sometimes you're just calm and there's a certain amount of blood coursing through. Then you have to run to catch the bus, right? And you need this big flow of blood. You need flexibility in your arterial system. What insulin, high levels of insulin do, is it causes them to stiffen. So, you can get into a lot of trouble if you try to run for the bus, if you're in that state. It also causes high levels of, well it causes the blood pressure to go up, as well.

Okay. It causes damage to various organs. It causes problems with the digestive track. It causes inflammation, and that's all insulin. Insulin is the hormone that helps us to keep the blood sugar regulated. When we're eating sweet food, starchy food, foods that have hydrogenated and other kinds of alternate unhealthy fats, we have a problem where we can't keep our sugars regulated. When the sugars go up higher than they need to be, a lot of insulin is produced by the pancreas to get it back down. After a while the cells, because they're protecting themselves from the dangers of insulin, they get resistant and we create a situation called insulin resistance.

When we're resistant, then the blood sugar keeps going up. So, what happens when the sugar keeps going up and insulin can't get it down - we get damage to the retinas in the eyes. We get damage to the little nerves, the peripheral nerves that supply the fingers and the toes. We get damage to the kidneys, we get damage to the cardiovascular system. So, all of these things can lead to all sorts of dangerous things. And everybody's like, oh, it's just a little sugar, it's just a little sugar. It doesn't really matter. I don't have diabetes. In reality, people can have this dysregulation decades before the diagnosis of diabetes, because I think that the methods that we use in Western medicine are primitive and archaic, and really don't detect things until it's too late.

**Rebekah Kelley:** Right. So, how do we know? How can we have this diagnosed or recognized, or take steps so that we don't have decades of this? Like, what does that detection look like? And how does someone who's just wondering, because they have something of what you've suggested, just as a list. How do we find this out?

**Dr. Ritamarie Loscalzo:** Yeah. So, there are some symptoms that you may be noticing, right? You may be noticing that you're not really gaining weight, but your belly's getting bigger. You ever notice people get skinny legs and big bellies? That's a sign of glucose insulin dysregulation.

Rebekah Kelley: Really!

Dr. Ritamarie Loscalzo: Absolutely. Right?

Rebekah Kelley: Yes, I see that all the time.

**Dr. Ritamarie Loscalzo:** You see it all the time. Right? And they're they want to say a little bit of it myself.

## Rebekah Kelley: Yes.

Dr. Ritamarie Loscalzo: Yeah. Well, yeah, it happens, right? And it doesn't just happen to older people. As you know, as we get older - and I'm not saying you're an older person, but like you're not a teenager anymore, right? But when I used to go to the swim meets - my son was on the swim team - and I would look at these kids, these teenagers who had these beautiful arms from swimming, and they had bellies hanging over their bathing suits, at age 16! Right? So, it's starting really young, because of the junk food that people are eating, because of the stress that people are under. Cortisol, the stress hormone, causes the release of sugars from storage, and then it causes that to be stored back again, because we don't have to run away from any tigers. We're just getting stressed at the psychological things in life. And so we don't burn up that sugar. So, that's what happens years before.

So, those are some of the symptoms. Brain fog, you know people who get brain fog, like, where are my keys? And what was your name anyway? What was that question you just asked me? Can you repeat that? Brain fog. You're not really all there. And exhaustion fatigue, and a lot of people experience that. And there's a lot of reasons for that, but this is one of the most common causes that people aren't recognizing. So, it's really important.

There are also lab tests that you can do that most doctors only run after you become diabetic. And I'm like, duh, do we want to know after we become diabetic? Or do we want to know before we become, right? Yeah. I want to know if I'm heading in that direction so I could change my course, and most people do. So, there's something called hemoglobin A1C. Usually doctors don't do it until somebody is diabetic and the numbers are really high, like seven, eight, nine. It should be around five, right? And if we start to

test that as part of the annual physical, and maybe you don't do it every year, but you at least get a baseline when somebody is like 19 or 20 or 25, then we see, whoa, that's a little higher than it should be. Let's test it again next year. If it's heading in that direction, we know we're heading towards somebody who's at risk for diabetes. So, that's one.

Another one is just testing the insulin in the blood. A lot of times, doctors don't even do that with diabetics sometimes, unless they're type 1, and then you have to do it. But insulin in the blood will give us an idea. Are we heading there? Fasting insulin should be low. It should be between, like, two and five on the standards that they measure, because we don't need insulin when we're not eating. Insulin is required when we've got food in the system and we're trying to get it in the bloodstream. Or out of the bloodstream and into the cells.

So, we can test that. And sometimes people, like, I'll test them and have somebody come in and their fasting insulin was in the twenties. People whose fasting insulin is much higher than that even, should be between two and five. Then we know that you're heading in this direction. You may not be there yet. The body's resilient. Bodies are resilient - until it breaks down.

So, those are some of the ways that we... Oh, the other way is to get a glucose meter.

## Rebekah Kelley: Okay.

**Dr. Ritamarie Loscalzo:** This is my favorite way. So, folks who have diabetes know about pricking their finger and testing their blood sugar. Average, normal, regular people can get a glucose meter at the pharmacy for \$15, test their sugars, test some before you eat, test them in the morning, test them at night test, test them after eating, and just see, is the blood sugar going up way high after you eat a meal? Sometimes, it's like, if you eat doughnuts and, yeah, it's going to go way high. But that's bad for you. Cause every time it goes high, it's damaging those vessels more. It's damaging the system more, and you're leading to these problems that are really the long-term complications of diabetes but can be prevented early on.

**Rebekah Kelley:** Those were very actionable. I mean, I can do those things right now, tomorrow, scheduled. So how do we prevent and reverse this, then? Besides obviously, diagnosing.

**Dr. Ritamarie Loscalzo:** Right. Knowing about it - but actually, eating as if taking care of yourself, as if you already have this problem. And it's just general good lifestyle habits, right? Stay away from sugar. For some people staying away from any kind of starches,

but not everybody. You know, some people, whole grains are fine and sweet potatoes are fine.

Other people who have specific genetic markers towards this may have to restrict or reduce the amount of any kinds of starchy foods. You see a big predominance, a lot of people are turning towards keto diets right now. Right? I'm not a big fan of the keto diet, with lots of butter and lard and all that kind of stuff, but we can do a keto type diet - low sugars, low starches, higher, good whole foods that are not oils and stuff like that, that's damaging.

So, the way that we prevent and reverse this is these good habits. And there's five areas that I think need to be addressed. One is the diet, obviously, right? And nutrients, specific nutrients that have been depleted over time, like chromium and magnesium and good fats.

The second one is exercise movement. And everybody says, oh god, you're going to make me exercise. Right? But you know what? The studies have shown that even the easy exercise, like 30 seconds of bursting, going as hard as you can for 30 seconds and then go do it later on, can be super helpful in keeping these levels under control.

Another one is stress. So, you know, okay, again - stress, yeah, yeah, yeah - but there are specific techniques that you can use. I like heart math, which is an amazing technique. There are little tapping types of things. Things that you can when you detect that you're heading into that sympathetic state. That's a part of the nervous system that's, you know, up here and we can pull it back down. And learning to do those things throughout the day - it doesn't mean you have to be a Buddha. It doesn't mean you have to meditate twice a day for 30 minutes or an hour. There are little things you can do throughout the day to reduce the stress.

And then there's sleep. Sleep is a biggie. A lot of people don't sleep well. Some don't sleep well because there's some metabolic imbalance that needs to be addressed. Some don't sleep well because they don't make it to the bedroom in time, or they get into bed and they're sitting with the cell phone, you know, on social media or looking at emails and they're preventing themselves from getting melatonin levels up because of the light is going into their eyes. So, sleep is super important.

And the last of all is how you time, all of those things. Like the spacing of your meals, how far apart are they? In the olden days, nutritionists were teaching people, oh, you have to eat every 2 hours to keep your blood sugar steady. That's the worst advice possible. You need to be eating two to three discreet meals that cover your bases, with space in between, so the insulin levels go back down to normal and then they respond when you eat again. You need to stay away from eating right at bedtime. Three hours is ideal. Five hours is even better. And now people are now talking about intermittent fasting. When I first started talking intermittent fasting, I don't know, 20 years ago, it was like, this is how you space your meals. Now, everybody's like, oh, do you intermittent fast? How long is your fasting window? But it's super good! It's so popular. Right? I should have coined it. I should've done something with it back then when I started using it. I would be in a different place.

So, that's basically it.

**Rebekah Kelley:** Thank you, Dr. Loscalzo. Those are really valuable insights. Now, you can be found at drritamarie.com, right? D-r-r-i-t-a-m-a-r-i-e-dot-com. Let me remind you to subscribe and get access to all Humanized videos, podcasts, and transcriptions from all of our thought leaders on personalized health at humanizedhealth.com.

Thank you so much for being on the show has been a complete pleasure.

Dr. Ritamarie Loscalzo: You're welcome, it was fun. Thank you.