

# **Metabolic Health Crisis and How to Solve It**

**Ritamarie Loscalzo, DC**



## Metabolic Health Crisis and How to Solve It

**Rebekah Kelley:** Welcome to the Humanized podcast, all about personalizing your health. I'm your host, Rebekah Kelley, and today our topic will be "The Metabolic Health Crisis and How to Solve It" with Dr. Ritamarie Loscalzo. Before I introduce Dr. Ritamarie, I want to remind everyone to subscribe and get all the other variety of casts and audio, video, and transcription at [HumanizedHealth.com](http://HumanizedHealth.com). I'd also like to thank our lead sponsor, Village Green Apothecary, at [myvillagegreen.com](http://myvillagegreen.com).

A little bit about Dr. Ritamarie. She's a bestselling author, speaker, and internationally recognized nutrition and health authority, with over 25 years of clinical experience. Dr. Ritamarie specializes in using the wisdom of nature to restore balance to hormones with a special emphasis on thyroid, adrenal and insulin imbalances. She founded the Institute of Nutritional Endocrinology to empower health and nutrition practitioners to get to the root cause of health concerns by using functional assessments and natural therapeutics to balance the endocrine system, the body's master controller.

Dr. Ritamarie offers online programs, long distance coaching and counseling, and deeply empowering and informative life events. She's been a featured speaker for dozens of online summits, podcasts, and events, and her articles have appeared in many national magazines, as well as countless online publications.

So thank you so much for being with us today, Dr. Ritamarie.

**Dr. Ritamarie Loscalzo:** Thank you for having me, I really appreciate the opportunity to share with your audience and empower people to take charge of their own health.

**Rebekah Kelley:** I love that. I love that. So, you know, as we were, you know, looking at this topic, I was actually kind of realizing that even though I talk about and think about metabolic health, I'm not sure I exactly know when I'm saying that, what that exactly means. And we certainly hear it as a buzzword, right? Being out there and discussed as a global problem. So can you just kind of highlight for us what's going on?

**Dr. Ritamarie Loscalzo:** Yeah, absolutely. So, metabolic health – think about metabolism, right? Metabolism is the act of taking the outside and making it part to the inside, to make it real simple, right? The foods we eat, the air we breathe, it all becomes part of us. And metabolic health is the balance, right? We need to provide a balance between, you know, keeping the food that comes in and everything that comes in and being able to create energy, right, which is what everybody's life goes on.

And so it includes things like insulin resistance. It includes things like digestive balance. It includes things like thyroid balance and all the hormone balance it all goes into. And when we talk about metabolic health or metabolic disease, metabolic syndrome is a name for a condition that is imbalanced metabolic health. We look at blood sugar balance, insulin levels, we look at

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blood pressure, we look at lipid balance, and on and on. So those are— that's what makes up metabolic health. And if we don't have good metabolic health, we don't have good health. We just cannot be vibrant, energetic, happy, strong, and living our best life possible.

**Rebekah Kelley:** Which was going to be my next question, right? Why is it so important? And you basically just said why, right? It's kind of our reason for being. So what are some of the symptoms then, of poor metabolic health? And do you want to say anything else about why you think metabolic health is important to focus on?

**Dr. Ritamarie Loscalzo:** Well, here's the thing. The statistics show that 93 percent of the population is metabolically unwell. Right? 93 percent of the population. And it's very highly overlooked because most conventional medical practitioners aren't trained to be able to diagnose and detect it early on. They know how to detect it when somebody has got a blocked artery or has hypertension up the wazoo and or has diabetes. But there's all the early warning signs that are happening for decades before the disease, that are manageable and controllable by the individual, but it's just not being known. And nobody really goes: "Oh, yeah, I got to control my metabolic health. I didn't realize..."

Average person – think about it. Are they in the 7% of optimally well? Or, are they in the 93% of imbalanced? Right. So it's so important, and like I said, in addition to diabetes and heart disease and cancer is associated with poor metabolic health. Alzheimer's is associated with poor metabolic health. Autoimmune disease is associated with poor metabolic health. All of the major killer diseases or debilitating diseases that we see, are related to poor metabolic health.

Early symptoms are things like brain fog, fatigue, a little extra weight around the middle, can't get rid of it, right? Just not feeling quite right. Having, you know, hormonal imbalances like irregular periods, gaining weight, you know, constipation, depression, so many of those things that we just think are normal, and we just have a prescription medication for.

**Rebekah Kelley:** Well, it's actually sometimes what's just advertised constantly on television, right? So you don't even think about it. It's like...

**Dr. Ritamarie Loscalzo:** And you think everybody has that. Yes, everybody does! 93 percent!

**Rebekah Kelley:** It's normalizing.

**Dr. Ritamarie Loscalzo:** And you know, it means you're, you're putting yourself at risk. Yeah, we're normalizing disease. Exactly.

**Rebekah Kelley:** So what are the specific, like, if there's a way for someone to say, you know what, I need to look at my metabolic health. I need to kind of understand what's going on. How do they do that? Like, is it a lab mark that, you know, like, if they go to their doctor that they

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look at, what is that thing? Maybe it's a waist circumference thing. Like, what are the things that, you know, you would say specifically, is going to make sense for someone that didn't understand? Obviously, you're coming from a doctor's perspective, so labs, but, maybe there are other factors also.

**Dr. Ritamarie Loscalzo:** No, but even like you just said, the waist circumference—waist hip ratio. If a woman has a waist above like 32, 34 inches, a man 36, I think it is—don't quote me on the exact numbers, but that's what the studies show. They're metabolically unhealthy. So if your waist hip ratio is off, like in women, it should be quite like 80 percent or less of the hip measurement should be the waist. In men, it's more like equal. Most people don't have that. And I can just see, I can walk down the street and say, you know, I can point out all these people.

Fasting blood sugar above, like above 100 is what the study shows. But in my opinion, in my experience over the last 30 plus years of practice, it's above 80, 85, right? Definitely above 90 is a problem, right? Four times increased risk of heart disease when your fasting blood sugar is above 90. They're only testing fasting blood sugar as far as that pattern and they're waiting for somebody to be, if you're over 100, between 100 and 120, and you have prediabetes, lose weight. That's basically the instructions that people get. And when you get over 120, we have medication for you.

Then we have things that they're not testing for, right? Insulin. Let me just say that. I was going to say something else first, but insulin, fasting insulin. Doctors don't test that unless you're type one diabetic for the most part, right? They're not trained that why should we measure insulin? You know, everybody's got good... it's only the ones that are type one diabetic that we're worried about. But it's high insulin, that's an early warning sign of metabolic imbalance and high insulin disrupts hormones, disrupts hormone receptors, increases blood pressure, increases glucose level. There's so many things that high insulin does and it leads to insulin resistance. Which is a key cornerstone piece. Insulin resistance and what I call pre-insulin resistance of metabolic imbalance that we can't take the sugar out of the blood, put it into the cells to make energy because the cells are going, eh, no, no, no, no, no, wait, stop too much insulin resistance.

The other measure that we miss is hemoglobin A1C. It's a simple test. It actually measures what percentage of your red blood cells are sugar coated. And you think, "Do I want sugar coated red blood cells? Why not?" Well, sugar coated red blood cells get stiff and sticky and they damage the lining of the blood vessels. They don't work properly. And if you've ever made, like, taffy out of molasses, you put it on the stove and you heat it up and you pull. There's these long threads and they're stiff, they stiffen up right away. That's what happens to your red blood cells, and then they damage your blood vessel linings.

So, really important not to have high hemoglobin A1C. Again, their ranges are a little off. They say if it's about 5.6, you're probably getting into insulin resistance prediabetes. In reality, we

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need to have it down in the 5.0, 5.2, 4.8 range. And once it starts to creep up, that's an early warning sign. And I see so many people have been told by their doctor, "Oh, you're fine." When they're not fine. And so those are some of the lab markers and the physical markers that we can use.

**Rebekah Kelley:** Do you think maybe some of the doctors might even be being influenced by the fact that they see so many people since you said the 93 percent versus the 7%? I mean, maybe we're all just kind of becoming a little bit, you know, used to it. Right. And so it's not as much of a flag where you're getting into almost like the counseling of, hey, if you do this, this is the effect, right? This is what's happening. And, once you go down that path, it's really hard to bring it back.

So, you know, we hear a lot about like, "Oh, you know, my genes affect me, you know, I can't really do that because of my genes." And I know like I've been tested and I have the "fat gene" which is, you know, a multiple factor issue, right? Then you talk about diet, right? People are like, what diet should I be on? Then lifestyle factors. Like I hear a lot of like, you know, what did they say? Sitting's the new smoking now, right? Like, stand up, right? So, can you explain, like, how these things do affect our metabolic function, and is there anything that we should kind of be thinking about as we look at those factors? Like I, I mean, I love that, you know, I have a watch that tells me whenever I do 10, 000 steps, right, that helps keep me a little bit more alert, right, that I'm actually moving a little bit.

So what are some things along that factor?

**Dr. Ritamarie Loscalzo:** Yeah, so genes are the blueprint. And it doesn't mean that you're going to live out all those genes. We all have all kinds of genes, you know, we have genes that just don't ever manifest. It's the triggering and the turning on of those genes that makes a difference.

So there are genes that will make you more sensitive to blood sugar imbalances, thyroid imbalances, more prone to inflammation and autoimmune conditions. The lifestyle is what either sends you in the direction of not going to live that out or yes, I'm going to live that out. So somebody with a bunch of markers that they've considered the "fat genes", right? FTO is one of them, there's a bunch of others. You can't just be like your friend who goes out and eats anything they want, whenever they want, at whatever time they want, in whatever quantity they want, and they never gain an ounce. That's not you. They have a different blueprint, right? So you have to just be more careful.

I have a lot of those genes that predispose me to insulin resistance and diabetes. I have family history of heart disease and diabetes. So, I have to be more careful about what I eat. But I can control it. I keep my blood sugar in a beautiful range. My last hemoglobin A1C was 5.2, right? It was fine. My fasting insulin was 85. Everything looks good. My insulin was under 5, which is

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where we want to keep it – in spite of my genes. Because I'm careful about what I put in my body, how I treat my body, my meditation, my exercise, you mentioned is so important. You know, the timing of what I do, my sleep, I'm careful about that because I know my genes.

So I think it's valuable for people to learn what their genes are because it teaches them where they need to be more careful. For me personally, I made the decision long before the gene project came out, I was probably, you know, 29 years old and I went, "There's no old people in my family." I'm already feeling, you know, lifestyle stress, extra weight, all this stuff. I need to do something now. I'm going to pretend that I know that all my genes are bad, bad is relative, we don't call them bad, but they're going to predispose me to disease, and I'm going to just take care of myself. I'm going to have clean food, clean environment, clean water, I'm going to exercise, I'm going to pay attention to sleep. Sleep was my lagger, that was the hardest one to do, but now I'm like, "Oh, no, I didn't make eight hours tonight. I have to, you know, make it up. What am I going to do?" Go to bed earlier tomorrow.

So all of those things are critical and stress management, right? All of that stuff is important for maintaining good metabolic health and you can do it in spite of your genes. I always call it "outsmarting your genes." You get to outsmart your genes. But if you live the standard American lifestyle, if you're a couch potato, if you eat processed foods and ultra-processed foods, if you don't eat according to your unique needs, you're going to have diseases. That's the way it works. If you have those genes.

**Rebekah Kelley:** Right. I love that you brought sleep in there, because I do think that that's one where I feel like more and more people are aware of it. And I think as we get older, especially like, boy, there's something about a really good night's sleep that sets you beautifully for the next day. But I remember when I was younger, we proudly, at work, used to say, "I'll sleep when I'm dead." You know, I'm working however many hours, like we were proud of that. Now I look back and I kind of cringe. So I love that you brought out how important sleep is.

So can you also talk to us about, you know, cause we hear a lot about the gut microbiome and like, you know, what you need to do for your gut, like how does the gut influence our metabolic health?

**Dr. Ritamarie Loscalzo:** Well, what does the gut do, right? The gut absorbs the food. So if... and it's supposed to be able to filter toxins, but usually we exceed the toxic... the load of its ability. So when the microbiome changes, it changes the way that our body processes sugars, the way that our body processes oxygen. When the gut is out of balance and we can't absorb all the nutrients from the food, assuming the food is pristine and it has the nutrients because a lot of food doesn't, but assuming you're eating really good food, you need a good gut to be able to absorb the nutrients from that, get them into the bloodstream, and then we need the mechanisms, the hormones, and all the immune mechanisms to be able to filter that, get rid of the bad stuff, and then make new cells, provide the glucose and the oxygen to the

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mitochondria to make energy. So all of those things are important. So if the gut microbiome is off, we're screwed. We just can't have good metabolic health.

**Rebekah Kelley:** So what then would be, like, if you were going to give us some, like, you know, top, you know, couple of tips, I don't know, four, five, ten, however many you have, for improving and optimizing our metabolic health, what would those be? What did they look like, just so we can kind of, like, be able to be, like, looking at those different areas and almost, like, counting them and, and evaluating how we're doing in those areas to make our metabolic health better.

**Dr. Ritamarie Loscalzo:** I'll give you them in five categories. How's that?

**Rebekah Kelley:** Perfect. I love it. I love a category.

**Dr. Ritamarie Loscalzo:** Because then you can take a hundred things and bring it down to five.

**Rebekah Kelley:** Right!

**Dr. Ritamarie Loscalzo:** In the nutrition area, get rid of the processed and ultra-processed foods. Get rid of the foods that are anti-nutrients that are not food, their food products or food-like products. And that's all the ultra-palatable things that the food companies know how to make us crave. You got to get rid of those.

You got to increase the amount of high antioxidant rich vegetables, fruits, nuts, seeds, things like that that loaded with real nutrition. You've got to sleep. Even one night of bad sleep will cause insulin resistance, temporary, in a person who is metabolically healthy otherwise, just one night. Now it accumulates and it's better if you only do it once every now and then, but most people are having that every night. So, the metabolic health is going down, down, down, down, down.

Don't overeat. Don't eat too frequently. So that's meal timing, you know, and what you're putting in. But you don't want to overeat. You don't want to undereat, right? Unless you're trying to lose weight and then there's specific ways that you can do it, but severe calorie restriction actually works against you. But, you know, really looking at the timing. We don't need to eat six small meals a day. Sorry, that's old, old, old stuff. And I was going to say old science, but it wasn't even science, it was just hearsay. Can't do that. Eat three or less distinct meals throughout the day. Stop eating three hours before bedtime. Probably heard this over and over again. That'll help you get a good night's sleep, and it'll also help to keep insulin levels down and growth hormone up, which we want to have go up overnight because growth hormone helps us with repair and laying down lean muscle and burning fat.

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So, and then movement – and everybody's in a different place. I like to stand during the day. So I stand and I move around. Sometimes it's distracting if I'm on a podcast, so I hold myself back. At home I have a treadmill under my desk that I can stand. I don't usually do that when I'm recording podcasts, but I'll do that when I'm listening to things or on my computer working, keeping moving, right?

And then, stress management, right? Whether it's you're a meditator, you go to yoga class, or you just do what you just did. You just breathe. You take breathing moments throughout the day. You feel yourself. Everybody knows when they're starting to get stressed. You feel your shoulders, you feel your chest, wherever it happens for you. That 30 seconds is so rejuvenating.

And here's the thing I talk about with stress. I call, cortisol, the hormone that gets secreted. Cortisol goes up with stress, and what cortisol does is it causes your body to release stored glucose, not stored fat. It usually takes it from either glycogen from the liver or from amino acids, which is part of your protein, muscle, etc. So it wants the sugar to go up so you can run away from tigers. So, when you eat a candy bar, same thing, the sugar goes way up. So I call that raising cortisol – I call it the “candy bar eating effects of stress.” And if you were to monitor your glucose, if you were to get a me glucose meter and finger prick or get a CGM, which I wear most all the time to keep myself in order, if you were to look at that and you have this really stressful outburst and you look at what happens to your sugar – it'll come down. But if you do that all day long, because you have a stressful job, a stressful kid, a stressful dog, whatever, you're going to have this constant thing and it's going to, it's going to imbalance you metabolically. So, if you're going to eat the candy bar, eat the candy bar, don't get stressed. Better off not eating the candy bar.

So that's all I have.

**Rebekah Kelley:** I love that. I love how you brought stress in because we actually didn't talk about that until just towards the end and I personally have decided to give myself a little news fast for February because I will say like I get up in the morning and I just look at the headlines and I start feeling– I think anybody with a heart these days, right? And you care, it's very hard to keep your stress levels down. And it's a good thing to remember that it's actually affecting you like a candy bar. I didn't even think about that. I love that.

**Dr. Ritamarie Loscalzo:** And you don't get the pleasure of eating the candy bar! You just get the stress.

**Rebekah Kelley:** There's no pleasure in the stress.

**Dr. Ritamarie Loscalzo:** No pleasure in the stress. Yeah. And let me throw you one more thing. Can I throw you one more thing?

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**Rebekah Kelley:** Yes, please.

**Dr. Ritamarie Loscalzo:** Mind you that that happens. You just got really excited and you yelled and screamed at somebody and your stress levels are high or you read the newspaper and your stress levels are high, move. Breathe and move. Two different things you can do, try them out and see. But taking some breaths, but moving, just get up...

**Rebekah Kelley:** I didn't realize moving helped after stress, I knew it helped after like a meal, to like help with the blood sugar.

**Dr. Ritamarie Loscalzo:** Because the blood sugar is up and you burn that, do something to burn that blood sugar.

**Rebekah Kelley:** Beautiful. So, take a walk.

**Dr. Ritamarie Loscalzo:** Take a walk. Yeah.

**Rebekah Kelley:** Dance a little bit.

**Dr. Ritamarie Loscalzo:** Dance. Move. Whatever. Yeah.

**Rebekah Kelley:** Thank you so much, Dr. Ritamarie. It's fun. It's always a joy to have you. And Dr. Ritamarie Loscalzo can be found at, [www.DrRitamarie.com](http://www.DrRitamarie.com). Let me remind you to subscribe, and get access to all Humanized videos, podcasts, and transcriptions from all of our thought leaders, like Dr. Ritamarie on personalized health at [HumanizedHealth.com](http://HumanizedHealth.com). Thanks so much.