

EPISODE 24

[INTRODUCTION]

[0:00:01] AS: You know battling food and your body doesn't work. You want to love and accept yourself. And because you're insatiable, you want results too. And wouldn't you know, you bring the same intensity to your life, wanting to maximize your time, potential, and experiences you have here on this beautiful and wondrous planet Earth.

Fair warning, it will be a rollercoaster. But for those insatiable, that's your prime time to thrive. We're here to say "YES!" to the hunger of wanting it all. I'm your co-host, Ali Shapiro, a health coach who helps people end the losing battle of dieting and find a truce with food.

[0:00:44] JB: And I'm Juliet Burgh, nutritionist, fitness expert, and a co-owner of Unite Fitness Studio Franchise.

[EPISODE]

[0:00:51] JB: Welcome to episode 24 of The Insatiable Podcast and I am here with Dr. Heather Moday. She is an integrative physician and functional medicine specialist here in my home city right now Philadelphia, she is also the owner and medical director of the Moday Center for Functional medicine here in Philly.

Her focus is on empowering people through education and offering comprehensive lifestyle programs through her center which focuses on reversing chronic disease as well as creating optimum wellness. Dr. Moday found functional medicine after being increasingly frustrated by the way conventional medicine handled chronic diseases and preventative medicine in general.

She believes that everyone, if given the right education and tools, can live longer, healthier and more fulfilling lives. Dr. Moday received her MD from Tulane Medical University in New Orleans LA, I don't know why I said it like that? I'm just reading it.

[0:01:48.7] AS: New Orleans.

[0:01:50.6] JB: New Orleans, one of my favorite places. I think Jazz festival is going on there right now. She then completed a residency in internal medicine in New York City and a fellowship in allergy and immunology, she's board certified in both specialties. After years as working as an allergist and immunologist in private practice, she enrolled in the Arizona Center of Integrative Medicine's fellowship and Integrative Medicine led by the founder of integrative medicine Dr. Andrew Weil who I love dearly and that excites me a lot that you got to work with him.

Dr. Moday is now board certified at integrative and holistic medicine by the American board of integrative and holistic medicine. She has also completed training through the institute for functional medicine in the fields of cardio metabolic medicine, immunology, detoxification, GI medicine, hormones and others. She is also a graduate of Functional Medicine Mentorship with Dr. Dan Calish of the Calish institute. Holy Moly Heather.

[0:02:48.3] AS: I know, we have a lifelong learner here, that's what I... when I hear that I'm like, we have someone insatiably curious. I love this.

[0:02:55.3] HM: Yeah. I have a bit of a problem with that.

[0:02:59.9] JB: I don't think it's a problem!

[0:03:01.1] AS: Carlos and I always say, "Everyone has an addiction and ours is education. It's an expensive one."

[0:03:05.1] HM: Yeah, it's really expensive.

[0:03:09.4] AS: Thanks for being here. Are you in between other degrees? When you...

[0:03:14.9] HM: Oh gosh no. I'm taking a break. I actually haven't been to a conference in over a year and that's like, I feel like, "Oh my god, the craving is starting." I'm actually going to one, I'm doing one last functional medicine training in July and then I think I'm done for a while. But I do miss it but I had to start a business and that was enough work on its own.

[0:03:42.2] JB: Oh yeah, we can relate to that.

[0:03:43.2] HM: Yeah, absolutely.

[0:03:45.4] AS: So Heather, what I want to ask you to get things off before we — we're going to talk about adrenal fatigue today, for everyone listening, which is a hot topic. But I'm curious about — I mean you go to all of this schooling, this is one of the things I find really fascinating about doctors who embark on the functional medicine, integrative medicine is you go through all the schooling.

Going through med school is intense, it traumatic, you throw your health under the bus and then to be open to integrative medicine or functional medicine. I think it's really important for people to realize how special these doctors are because you have invested so much time, energy costs, sacrifices and then you're willing to question all of that investment. How did that happen for you?

[0:04:27.8] HM: It's interesting because I loved medical school and I always wanted to go to medical school. I remember, I went to school back in the mid to late 90's and my mother actually gave me Andrew Weil's first book right before I left. I always had this interest, I still have it too. I always had this tremendous interest in nutrition and holistic healing.

I guess I figured I could fit that in with conventional, regular medical school and there was a lot in medicine that I loved. You have to learn the science, in order to do what I do now. I really was very happy to have that really basic teaching's in like biochemistry and immunology, I got all the basics. I really had a great time in medical school. I loved it.

The problem is when you actually graduate. You know? Because then you go out, you have to work in hospitals and you're over worked, you work long hours and there's this whole terrible hierarchy of doctors and no one really — there's just not a lot of empathy and care and sort of holistic thought.

[0:05:31.4] JB: When you know that heather, 'cause I have had a lot of clients who are physicians who are in the residency and they're just going through the thick of it. When you know that, it kind of turned me off a lot to becoming confident with going to a hospital or having someone treat you. Like, "Have they slept or are they okay?"

[0:05:54.0] HM: It is a problem and they try to make changes but generally, the education of doctors in some ways is very good and some ways it's lacking. For example, you get absolutely no nutrition training but I think what happened is, you started getting to the thick of it, you're just determined to get out and get a job and make some money to pay back your tremendous debt, which I had.

So you really just get on this conveyor belt of, "Okay, I'm going to do my residency. I'm going to do what I'm told, I'm going to get a job and that's pretty much what I did. I landed here in Philadelphia which is funny, working as an allergist, I was in private practice for about 11 years with a large group and I was happy just to get a paycheck at that point because it was just — I spent so many years working like 70 hours a week and I was like, "Wow, I have weekends now and I can go buy a house."

But after a few years of working in it, you realized that conventional medicine is really lacking in that you're pretty much just handing out prescriptions and dealing with tons of insurance paperwork and I wasn't really sure if I was really getting anyone better than when they walked into my office. It was really just a band aid.

So I really started to get very frustrated and I realized also I was really bored. There was no creativity in what I was doing, I wasn't trying to figure out why people were sick or how I could really help them, it was like, let me just put them on this drug or do this and it was sort of soul sucking, quite honestly.

[0:07:24.7] AS: I think that's a really important point about no creativity because until many of us who go into integrative medicine or seek out those kind of practitioners, I remember, I used to think that every doctor would give you the same advice and it wasn't until much later that I realized, "Oh wow, there's an art to medicine," and I think that's such an important point to bring out.

[0:07:45.3] HM: I think that's something that's been lost because if you look back on medical history, there's all these great doctors that did all these crazy out of the box stuff like discovering penicillin and injecting people with stuff and coming up with crazy surgeries but we're so ridiculously regulated now and everyone is just — you have 15 minutes to make a medical decision and do something and then you got to finish your paperwork, right?

I think that actually doctors are just tired, they're sick, they're like, they don't really have time in their lives to think about, "How can I be creative in my job?" It's just totally not a creative job anymore, which I think is sad.

[0:08:25.6] AS: Yeah.

[0:08:26.8] JB: For sure, it's a big burn out for a lot of people.

[0:08:30.2] HM: Major burnout.

[0:08:32.0] AS: More creativity breeds creativity, there is like a whole lacking of innovation then as a result. There's so many cost, I think what hurts everyone is the cost we don't see more than, we see these certain problems but I always think, "Well what isn't being done as a result of this?"

[0:08:46.8] HM: Yeah, that's sort of where I was and a personal story but one of the guys I worked with, a mentor, sort of a mentor of mine, he was diagnosed with ALS probably when I was in like my eighth year of work and I was actually training for a triathlon and Iron Man at that time, call me crazy.

He had to actually leave work and he was around retirement age and he developed ALS and I think I just started to think about, "Oh my god, am I going to just wake up one day at the age of 63 and realize that I have stayed in this job that I hate, or not hate but dislike, and that I didn't really do what I wanted to do, I didn't really satisfy my need to really be a good physician?" I looked at him and thought, "God, he's worked this his whole life and now he can't go travel and

do the things that he loves to do,” and I just decided, “No, there’s no way. I need to do something different.”

[0:09:46.0] JB: What was the real turning point for you and where did you begin? I don’t want to do this anymore, where do you go from there?

[0:09:53.2] HM: I think part of it was I was getting bored. So I started looking around, what else can I do and I was always at home reading blogs, nutrition blogs and paleo blogs, and sports nutrition, whatever. I came across this conference in New York City, which they still have, it’s an integrative health conference and I decided, “I’m going to go to this. It gives me CME credit so I’ll go.”

I went up there and one of their speakers was actually Mark Hyman, this was just like around 2008 and I never heard of Mark Hyman before who is sort of the leader of the integrative medicine or functional medicine world, he’s the president of the Institute himself. I heard his story, tell us this great story about how he got really sick and how he brought himself back to health and I was sort of blown away. I was like, “Oh my god, this is great,” and then David Perlmutter was there, he’s another great functional medicine doctor.

I started walking around the expo and it’s all nutrition products and healthy living. I’m thinking, “This is my tribe, why am I not here? What am I doing?” I went back home and I thought to myself. I need to get there but not quite sure what to do. So at that time, I looked into doing the fellowship, Andrew Weil Fellowship, and applied and got in and I mean, at that point I was like, “I don’t even know what the heck I’m doing,” but I just did it.

I didn’t even tell anybody at work, it’s a two year fellowship and so here I am working and going to school and no one knows. I don’t even know what I’m going to do with it. I’m like, “I’m just going to do this,” and I think like you just get momentum, the more I did that, I met these incredibly awesome people from all over the country and all over the world, you meet Andrew Wyle, you meet all these really great healers and I started thinking to myself, “I think I can do this,” and then somewhere along the way I started doing functional medicine training, I was just crazy for a while, I was all over the planet.

[0:11:53.1] AS: I got that way too, actually Dr. Mark Hyman was who turned me on to it in nutrition school. Once you start learning it, just the relief and excitement.

[0:12:04.2] HM: It's like the gateway drug, you're like, "This is the best thing ever. How did I not know this existed?" So I guess what happened is all of a sudden I was like, "Well what am I going to do with this?" I had that sort of 'come to Jesus' of the realization that I could not integrate this into the environment that I was working in, it was just impossible.

[0:12:24.2] JB: You were still working as an allergist when you were learning all this? Was that changing the way that you were seeing your patients? Were you having a hard time just doing your traditional way?

[0:12:34.7] HM: Yeah, it was really hard. Of course I was always talking about inflammation and trying to get people off their steroids and talk about food and I was little limited and that's when I sort of realized...

[0:12:46.2] AS: You were in the closet of integrative medicine.

[0:12:47.9] HM: I was in the closet, I was totally in the closet. Yeah. So finally I got the cajones to...

[0:12:54.8] AS: "The ovaries" I would say.

[0:12:57.1] HM: The ovaries, I got the eggs to literally just go to an attorney and incorporate and I was like, "I have no idea what I'm doing, absolutely no idea, nothing about business, I know nothing." So I just started again trying to educate myself, reading things, watching videos, podcast, you name it about entrepreneurship.

I remember the day I went in and told my employers that I was leaving, it was April of 2014 and I was so scared but when I told them this relief just washed over me and I wanted to skip out of the office, I was so happy. Yeah, and I kept working for about another six months while I was trying to start my practice. But yeah, that's pretty much what happened, I just sort of jumped off the cliff.

[0:13:47.0] JB: Now you have your own, the Moday Center for Functional and integrative medicines, it's amazing.

[0:13:52.0] HM: We're still in baby mode. We just celebrated, actually I didn't even celebrate it, but my first year anniversary was like two weeks ago.

[0:14:00.8] AS: Congratulations, that's a huge milestone.

[0:14:03.8] HM: So yeah, we've been open a year and it's been great, we've been growing and coming up with all new sorts of things to do with our clients and we're evolving.

[0:14:16.0] AS: Yeah, so when people typically come to you, why are they coming to you? The environment has shifted so much. I always tell people when I first started out health coaching with functional medicine, I couldn't even talk about functional medicine, I had to talk about why nutrition even mattered. There was no health sections in the newspapers the way they are now. So I'm curious, what brings someone to you now that with the current climate?

[0:14:40.0] HM: I think there's a couple of different ways. As you know, functional medicine has this reputation that we're sort of these detective doctors and figure out why people are sick. I do tend to get a lot of people who find me who either have some sort of auto immune disorder or maybe they've been having some sort of problem that no one's really helped them with, conventional medicine doesn't really do a good job with.

For example, like IBS, things like that. So a lot of people find me and just Googling functional medicine, they may have read something by Mark Hyman or by somebody else in the field. I would say, that's probably my biggest sort of draw is people with these chronic issues. I do also get a lot of people from the paleo world I would say, the community because of course they tend to be a little bit more motivated in terms of health and nutrition.

There's a lot of sort of functional medicine in that world too, so I get that. I'm starting to see more people that are just interested mostly in preventative health and weight loss and that sort of thing as well.

[0:15:49.5] JB: I would think that the people in the paleo community, for example — that's also so interesting that we're putting them in their own space that...

[0:15:59.2] AS: They may be paleo by day though but they might be eating agave, almond brownies by night and outside of CrossFit.

[0:16:08.0] JB: I think that what heather is saying is definitely more of an attuned community of people who are questioning their health and are bio hackers basically I would say. The bio hacking community is how I think I would put it more.

[0:16:22.7] AS: You know what though? I hate the hacking concept of health. Because I don't think you can hack health, I think it's a long process.

[0:16:30.0] JB: I think then we'll have to come up with our own term but there's definitely like a new space, a new community, of people who are interested in finding out on a deeper level what's going on inside their body whether or not they're even sick. I think things that you offer Heather like micro nutrient testing, that's something that a lot of people want to know even if they're not symptomatic, they're just really curious about how their body is operating.

[0:16:53.0] HM: Yeah, and I think what I'm trying to do too is really bring functional medicine a little bit more to the general public. I think that sometimes it is more generalized into this. I had friends who say, "Why would I ever come to you? I don't have some weird exotic disease." And I'm like, "Well, I'm not the weird exotic disease doctor, I'm really not and I don't really want to be. How about you just want to know what's going on in your body like you want to," I can ask them and say, "Do you sleep well?" "No." "Do you have problem with your weight?" "Yes." "Are you fatigued?" "Yes." "Do you have a little bit of depression?" "Yes."

Okay, all those reasons would be to come and see me because I look into a lot of different body systems that we know are out of whack with most people and if you can get those back into balance, you're going to feel better. You don't have to have a chronic disorder, you could just be sort of your average, "Okay, I don't feel really great," person. I'm trying to bring functional

medicine more to the masses instead of saying, “You must have some terrible illness or some unsolved disease,” you know?

[0:17:57.6] AS: I think that’s what the biggest challenge is, we’ve normalized subpar health. I think that’s one of the things my clients are like, “Whoa, I realized I was actually feeling exhausted and I actually don’t love carbs, I was so fatigued that they were my quick energy source and if we make some tweaks.” That’s one of the things with adrenal fatigue, let’s define what it is for people and how it presents because I think it’s one of those general malaises that people — I feel, I mean Juliet and I were just talking about how lately we felt so exhausted. Adrenal fatigue but when is the point of — I think talking about adrenal fatigue and what is the point of...

[0:18:36.4] JB: When you can you label that and how would you label that?

[0:18:39.4] AS: Yeah, great question Juliet.

[0:18:41.8] HM: Obviously most people have never heard of it and they just, they’re tired. They’re exhausted. Now, some people do come to me and they’re like, “Okay. I am to the point that I can’t work and you have these extremes right? They’ve been to their doctor and they’re usually labeled as depressed, that’s usually the label that they get.

Then they start digging and they hear about this adrenal fatigue and they’re like, “Oh my god, this totally sounds like me.” What’s really interesting about adrenal fatigue though, it sneaks up on you because the whole reason why it occurs and adrenal fatigue just to be clear about it isn’t really a medical term, right? It’s just a way of getting the point across.

So when we are chronically stressed and it doesn’t mean you’re in pain or anything, it can be that you’re in pain but it could be, you just have a really hectic job and maybe you like to go out on the weekends a lot or maybe you’re training for a marathon. I see a lot of, and I’m sure you do as well Juliet, the overtraining syndromes that some people get themselves into.

So I see this a lot just with young professionals, you work a 50 hour work week, you’re training for a half marathon, you’re still going out during the week, drinking a bunch of martinis. You’re

trying to do everything and for a while, actually, you feel pretty good because your cortisol is surging. Your cortisol is your stress hormone and it actually allows you to do all that. It's the thing that actually keeps you sort of alive, right?

The problem is that if you do that for too long and you don't get restorative sleep and you're constantly at this cortisol high, after a while, we can't keep up with the need for that. We get in to this crash. Our cortisol actually starts to dip and with it, some other hormones because it starts affecting, people don't realize it starts affecting your sex hormones like testosterone and estrogen and progesterone.

So it can affect fertility and libido and mood and even muscle strength and weight and body composition. It sort of hits people after they've felt sort of good for a long period of time. I think that's what I have to always tell them, "This has probably been going on for a long time."

[0:20:58.5] JB: So there's like a tipping point for people with this.

[0:21:01.1] HM: Yeah, it's hard to say, for some people, they can actually live at that level for 10 years.

[0:21:06.8] JB: Oh I've seen it. Yeah, I have plenty of friends and colleagues where I'm like, "Oh my god, you are just like an energizer bunny."

[0:21:16.9] HM: Right, some people, it's like two years. For some people who could be like they all of a sudden have a trauma or they get sick and they never really recover. It can be something that really tips them over.

[0:21:28.0] AS: Heather, have you seen that it's not just from working a lot and training a lot but also from I think over caffeinating and then even, you make it into this HPA axis strain, but from bingeing and restricting, bingeing and restricting weight loss diets. Even just restarting and then not restricting or yo-yo weight gain, that is also a strain the adrenaline-cortisol.

[0:21:52.2] HM: Yeah, absolutely. What people don't realize is starvation, it's funny and I don't want to get into the whole ketogenic diet thing but...

[0:21:59.7] JB: I do.

[0:22:02.2] AS: We'll have another episode on that.

[0:22:02.7] JB: We'll have you back on because so many people are really interested in that right now and ask me about it all the time and I'm by no means an expert on it, but I have a colleague of mine who has been experimenting with that. There's always a new wave of something like paleo, now it's like let's take paleo to that next level, it's the ketogenic thing.

[0:22:23.5] HM: The thing is, ketogenesis basically comes from, I mean it's starvation essentially. I know a lot of it's adding fat in too. So starvation, let's just say like say you're binging starving yourself. That's extremely stressful.

[0:22:35.8] AS: Will you define starvation, because I think when people hear that, they think, "Oh that's not me."

[0:22:38.9] JB: Meaning no eating. Yeah, they also think they're not eating.

[0:22:41.6] HM: So if you're used to eating carbs and getting that very frequent glucose, simple sugars, feeding your blood sugar right? You're used to that level and all of a sudden you don't have it. That's actually really stressful on our adrenals because cortisol helps regulate your blood glucose. What happens is when we go into those hypoglycemic or low blood sugar dips, we actually cause problems, we want to mobilize more sugar? So what happens? Our cortisol actually shoots up.

One of the problems I see majorly with adrenal problems is major issues with blood glucose metabolism. People are all over the place, and that contributes a lot to fatigue, it contributes to weight gain, it also contributes to anxiety, which is a big, big problem. So yeah, it's stressful not to eat, especially if you're not used to it. The people who are doing ketogenesis or like these paleo, intermittent fasting things, most of the time, if they're successful with it, it's because they're in really great shape, they're getting nine hours of sleep a night. They're not like, their adrenals are not unhealthy.

[0:23:58.5] AS: I love that you bring that up because I think so many times, I know when I used to diet, I didn't think about the rest of my life in context to these drastic changes I was making. I think so many people especially if you have been dieting and struggling with your weight, there's probably some other — you're not on that strong resilient end of the spectrum, it doesn't mean that you're in the infirmary either and usually, if you're struggling with your weight, I found that there's also other physiological imbalances.

[0:24:26.6] HM: Oh absolutely.

[0:24:27.1] JB: Yeah, it's interesting that you say that Ally because often times I'll ask clients, "What has worked for you in the past?" And a lot of times they will connect their ability to lose weight and have the best body and feel the best at a time where they had really little stress in their life and they were just like feeling great and everything was so relaxed and they're like, "I'm trying that same diet now but it's not working, and I can't stick to it." It is because of there's a different stressor in their life.

[0:24:54.6] HM: Yeah, absolutely. We know that cortisol definitely — it's funny, a lot of times I see people low cortisol which is I think more problematic than high cortisol but definitely, even just having high cortisol can cause people to keep weight on.

[0:25:11.5] AS: I'm glad you brought that up Heather, I don't know if you had a chance but Chris Kresser just presented on the Functional Forum on Monday night, I don't know if you saw it but...

[0:25:18.6] HM: I didn't. I mean I do listen to his podcast, but I didn't see that particular one.

[0:25:22.4] AS: Yeah, he was talking about adrenal fatigue and he was saying that a lot of times, we test in saliva to see the free ranging cortisol that he was saying. But he basically presented his case that adrenal fatigue isn't quite what we think in that the free cortisol in the saliva is really only about 15% and that actually I think, forget the exact percentages but more people who we think have adrenal fatigue actually have high cortisol levels because of that long term stress that they've been under rather than these short burst. He just presented it on

Monday so I don't feel like it's fair to ask, but it's just interesting to think about how cortisol is measured also matters

[0:26:00.7] HM: I think it does and I think it's questionable. It's impossible. Cortisol because it's a circadian rhythm hormone and it changes throughout the day, it's almost impossible to track of course with the blood test unless you're going in to get your blood drawn four or five times in one day. I think that Chris Kresser uses a urinary 24 hour urine test of some sort. I'm not sure how he extrapolates that but the easiest way is to do saliva tests, at least for the patient, and you do it over a period of — the 24 hour period when you're testing different time points.

We know that your cortisol should be at its highest in the morning and then sort of go down throughout the day and then go up while we sleep at night which is to restore itself. Yeah, I think that, I would say more often than not, I see people with lower cortisol levels but then again, like I said, the people coming to me generally are not like super, super high end, have ton of energy. They're usually like, "I can't get out of bed, I can't go to work, I'm depressed, I'm anxious, I have no libido." That's more of what I say.

[0:27:09.2] JB: Can we talk about this "wired but tired" thing because this comes up a lot with clients of mine where they're feeling fatigued during the day, they have a hard time, they're always like, "I'm not a morning person, it's really hard for me to feel awake in the morning," and then in the afternoon they're crashing and then they get home from work and at night they have this huge energy spike and they can stay up all night and they can't go to sleep.

[0:27:34.5] HM: Right, that sort of is this whole idea of dis-regulation of the adrenal gland and the brain, the pituitary gland, this whole HPA axis that we're supposed to be high in the morning and we're supposed to go down throughout the day and then our cortisol is supposed to be at its lowest at bed time but for some people, because they're just dis-regulated, it's almost like their brain is not talking or taking commands from the adrenal glands anymore. The adrenal gland may say, "Okay, I need to make more cortisol," but the brain is like, "I'm not listening to you anymore because..."

[0:28:07.7] AS: You're full of shit.

[0:28:08.5] HM: Yeah, pretty much. “You’re the boy who cried wolf,” that’s sort of the way I like to say it. “You’ve been talking, you were saying you want this and I can’t give you anymore so I’m just like shutting you down.”

[0:28:18.9] JB: You’re so hard to please.

[0:28:18.6] HM: I see that definitely that people will have this really high surge at night and they get this feeling of being very wired. I do think also that we always forget the other adrenal hormones, things like epinephrine and more adrenaline. A lot of the stimulants that we use during the day to keep us up.

For example, a lot of people crash in the afternoon as you know because of poor choices at lunch and a lot of carbs and then they’re like, “Okay, I need some sugar and I need some caffeine,” and then we’re like racy at night. Our body is tired but our mind is sort of racy and we can’t calm down. Don’t even get me started on what people do at night before they go to bed because it’s sort of ridiculous how we expect to drop in to bed after watching some of the shows and being on their computer, it just doesn’t work.

[0:29:13.4] JB: A lot of excess night time eating for people too.

[0:29:16.3] HM: Excess night time eating, a lot of people work out right before bed too, which for me, never worked out I used to try to do that when I was younger and I was completely wide awake at 12 o’clock.

[0:29:26.9] JB: I have an embarrassing story but two weeks ago, I worked out at night and I’m a morning workout person but I worked out at night and I always teach a class at 6:30 in the morning on Thursdays and I didn’t wake up for it the next day.

[0:29:44.3] HM: You were hung over.

[0:29:45.5] JB: I was from working out because I didn’t, I couldn’t go to sleep and I didn’t get to bed until really late. So I didn’t hear my alarms, I got up 30 minutes into my class time and I was

like, “Holy shit, I’m so embarrassed right now, I can’t believe I did this”. It’s not like I was out late, I did a workout.

[0:30:06.7] HM: It’s crazy.

[0:30:06.9] AS: Heather, circling back to what we were just talking about, the night time eating and everything. I think part of that is because people basically don’t eat a lot during the day. I remember when I struggled with emotional eating I was like, “No, I need to save everything at night because I don’t trust myself,” and this also gets to adrenal fatigue caused by starvation.

I know I’m not a big calorie counter but I’m thinking for our listeners, just so that they can get a ballpark, what do you think is that threshold for the average female and male of not to dip below calorically and then to prevent themselves in that starvation mode and then kind of talking about what happens I guess from a stress response when you don’t eat in rhythm with those digestive circadian rhythms that your body needs to be aligned with?

[0:30:56.9] HM: I think most people who aren’t — none of us are made really to go through intermittent fasting like right now in our modern world. Okay? Generally, there’s this whole movement of, “Oh just have bullet proof coffee and you’re going to be fine until two in the afternoon.”

It’s hard to say calorically. I would say, for women, you could probably answer this better than I could but I would say that if women are pretty much going below 1,300 calories a day is probably not good. For men I would say, probably like around 17 maybe 18 depending I think that that’s a threshold. I think again, it depends on their body, habits, their composition.

[0:31:44.0] JB: If they’re working out all that.

[0:31:45.5] HM: Yeah, if they’re working out and the types of foods they’re eating too. As you know, you’re going to feel fuller if you have more fiber, more protein, a good amount of good fat, healthy fats to keep you satiated. So I think that unfortunately, many of us were eating a lot of simple carbs and you’d have these up down, up downs because their insulin was like going up, shooting our glucose down, we were like hungry going up, getting headaches, getting irritable.

Making sure during the day that they're getting plenty of those things so that they don't feel at night that they have to binge on mostly carbohydrate and sugar.

[0:32:23.9] JB: Yeah, Ally and I we talk a lot about you know, healing people's blood sugar because it's kind of so damaged from years of having a lot of processed refined carbohydrates and yo-yo dieting or skipping meals all that. Is that something that you tend to focus a lot on with your parents is trying to heal their metabolism and their blood sugar?

[0:32:44.7] HM: Absolutely. It's interesting because I do this one test, it's called an organic acids test, it's actually pretty amazing test, it looks at a lot of different metabolic pathways in the body but I always tell people it's not always — it's not necessarily what you eat, it's what you digest. Because some people have such bad gut health that they don't digest well.

[0:33:03.6] JB: It's what you're absorbing, that's what we always say.

[0:33:05.3] HM: Even after that, how you're assimilating. The first block is how you digest, right? Some people cannot digest their food at all because they don't have enough acid in their stomach and their enzymes are messed up and then maybe they have leaky gut. Then, even on the cellular level, when I look at these organic acid test, we'll look to see if you remember biology, right? There was this crazy thing called the Krebs's cycle which we basically take protein, fats, carbohydrates that we've absorbed and then we create energy out of them right?

Some people literally cannot make energy out of the food that they have digested because of nutrient deficiencies and because of what I call oxidative stress or damage to the cells and chronic inflammation. Looking at these pathways and looking at these labs, we can sort of say, "How can we heal this person's ability to actually create energy out of the food that they're eating?" A lot of people end up getting over fed but they're really — they don't get the nutrients they need, therefore they don't get the energy they need.

[0:34:08.9] JB: So all their kale smoothies and their — even though they're trying and make these attempts, they might not actually be providing them with the nutrients because they're not able to absorb it.

[0:34:20.1] HM: Exactly.

[0:34:21.0] JB: So where do you begin with something like that? I know we can't get too much into detail.

[0:34:24.5] AS: We should probably stick with adrenal fatigue just so we're not too all over the place. We can have her back but I just think for the people who are listening, because I think what happens is, I get overwhelmed often with all the testing and how much I'm going to have to spend and all the stuff. I think that it's really important for listeners to realize though, no matter what people are testing you for, you're still going to have to do the basics.

[0:34:46.8] HM: You have just like said what — “I have to say this before I get off this podcast.” This is my bone of contention, but people come in and they like have all these problems. So we do saliva tests for cortisol and I do look at some other hormones too like female hormones and testosterone and stuff to see how that's been affected.

We can manipulate the HPA axis a little bit with some pre-hormones and we can use herbs and things like that. I always tell people, “It does not matter what I give you, I can give you any vitamin in the world. If you do not change your behavior, you will not get better. Period. You will not get better. You have to heal yourself, the reason why you got sick in the first place was because of lifestyle or something that happened to you, okay? But it can take a very long time to actually repair that system but you need to sleep, you need to eat well, you need to have like a healing diet, you need to keep your blood sugar stable and you need to manage stress. You have to make it your job to manage stress or else you won't get better.”

[0:35:55.5] AS: I love that you say that. I have a program called Curb Your Afternoon Cravings, that is all based on blood sugar regulation but it gives people experiments because I think people often think that their weight or lab numbers motivate them. But I'm like, “You actually have to see how different foods make you feel.”

That can be hard to do if you don't have a guide but really connecting the motivation to feeling better rather than running from fear because the lab tells you that you're “borderline on your death bed”. That can be motivating too for a while but...

[0:36:28.2] JB: I think that it's all just so overwhelming for people. You might find that when you give people this advice saying you have to regulate your stress, your sleep, your diet, all of those things, each one of them is so big.

[0:36:44.7] AS: There's also a belief that healthy habits mean that you're going to be boring and deprived. If you actually connect them to — all these patterns have been going on so long that people think that they just love carbs, they just love bad food, that they don't have control around food.

They have all these beliefs about who they are rather than all of those are symptoms. Until you can see that, this does all feel very overwhelming but if you connected to starting to feel better immediately and you're able to see the difference and un-normalize your current existence, I think it becomes a lot less overwhelming.

[0:37:19.8] JB: Heather, I guess for the purposes of adrenal fatigue and we're telling people that they need to correct these lifestyle habits, would you start with sleep or would you start with stress? Which one, you know?

[0:37:34.4] HM: This is why now, obviously I'm a holistic practitioner, right? It's a lot to take on and I think that education and mentoring is like very important. That's why when I work with people, it's not like this one shot deal, you're going to come in and see me and you're going to leave. I work with people for long periods of time because you have to sort of break this down. It's not going to get better overnight, it's not. But it will get better.

Sometimes it depends on the person, some people are like, gung ho, they want to do everything, they want to clean out their refrigerator. They want to do everything. You're right, are totally overwhelmed, you have to give them structure, you have to say, "Okay, baby steps, let's work on this one thing, let's work on your sleep hygiene, okay?" Really break it down, not just like give them a list of things to do, really go through, "What is your sleep like? What's holding you back, what are your barriers, what are the things that's preventing you from getting a good night's sleep?" That can take like a month, right? Just to work through that.

[0:38:39.6] JB: You're coaching people is what you're doing.

[0:38:41.2] HM: Absolutely. Some people like I know from my perspective, when I was sort of running around and being crazy, my issue is my sleep. I was trying to get everything done so I was trying to work out and get like six hours of sleep at night and it actually made me pretty sick. That was my big hang up. For some people it may be their food, for some people it may be their stress management. It differs. So you have to identify, "Listen, where are you really struggling? Where do we really need to make changes, and what are those baby steps that we're going to take to make those changes?"

[0:39:16.6] AS: I love that you said that it's going to take time, it just made me think about how we talked about how there's all these hackers. If someone's giving you a hack, they're probably a hack. That's what I'm starting to think. It's a big clue for everyone out there in the land of, this can be done in 30 days or...

[0:39:34.3] HM: Funny thing about bio hacking, I'm interested in my interpretation of bio hacking is doing things that make our bodies work better, okay? But Tim Ferriss' idea of bio hacking is how can I get four hours of sleep a day, which I'm like, I think that's.

[0:39:52.5] AS: We'll check in with you in 20 years.

[0:39:55.5] JB: He's appealing to the people though who are like, "I want to have it all," you know what I mean? Having it all, people have a skewed perception of what having it all is.

[0:40:07.0] HM: Yeah, they end up in my office later after they've adhered to his protocols for a while. But I think — I know, right? I think it's important to understand that you also don't need to lose the pleasure in life so to your comment Juliet about people being, "Oh my god, I'm going to be so boring," and I have to give up everything. You don't have to give up everything, you don't, it doesn't mean you can't go out with your friends or you can't exercise.

You just have to take like a 360 view at your life and go, "Okay, where are some areas that I could improve and make some small shifts so that I'm more like in a normal healthy range versus doing things to the extreme or not doing things to the extreme?"

[0:40:51.8] AS: Looking at the mono continuum, that's what's always helped me. Okay, if someone's having sleep trouble, "If I'm getting six, how can I get seven next week?" The body doesn't like drastic changes anyway.

[0:41:04.2] HM: No, it don't, it doesn't.

[0:41:05.7] AS: What do you think about supplements for adrenal fatigue because I see a lot of — I'm not going to name any names but I see a lot of people in the functional medicine community All of a sudden branding their own supplements and that's fine, whatever. What do you think about all these supplements for something like adrenal fatigue? There is a lot of supplements out there for adrenal fatigue.

[0:41:25.6] HM: Yeah, interesting, there are a lot of herbs that have been around for like 2,000 years, right? A lot of the herbal combinations that they use for adrenal fatigue are these, they call them adaptogens right? Adaptogenic herbs, they don't even know how they work. They pretty much sort of regulate, they've been shown to regulate cortisol in a way that it doesn't shoot it up, it doesn't bring it down.

It gives — for some people who need a little bit more energy. It helps them in that way and for some people who need to be brought down a little bit, there are adaptogenic herbs that help in that way. Just to give an example, rodiola or say ginseng, those would be like more energizing adaptogenic herbs, things like holy basil or marigold or something like that, those are more things that would maybe calm people down.

You can use them, they've been safe, they're safe, they've been used for thousands of years. In terms of actual purity and effectiveness, it's all over the map as you know about supplements. I stick to third party tested. It's really important to get your supplements from a reputable place. You can be taken a lot of garbage. I have to say I don't find that people have these radical changes on them, I think they're definitely subtle, they can be helpful.

[0:42:51.4] JB: Well you can't expect to have a radical change on these supplements if you're not changing anything with your lifestyle behavior.

[0:42:57.7] HM: That's pretty much what I was saying. I have people come in, "I've been on ashwagandha for four months," and I'm like, "Well, ashwagandha is not going to cure your adrenal fatigue. It may help you but..."

[0:43:11.8] AS: What supplement brands do you like? Or are they at your office?

[0:43:16.4] HM: Yeah so I use, just over the years of going to meetings and expos and learning what other people use and really having relationships with some of the supplement companies and talking to them and finding out what's in their supplement. I use a lot of Pure Encapsulations just because they're free of so many fillers and allergens, they're third party tested, I really like that brand a lot, Designed for Health is another one, that's actually quite good.

I use some Metagenics, Douglas Labs. I would say a lot of them. There are some stuff too that is easy to find that for certain reasons I use are pretty cheap that you can get at whole foods, I think Gaia is actually a very reputable company for herbs. You can actually trace the herbs back, there is a number on every jar. You can trace it back to the field it was grown in North Carolina. It's actually really a pretty good company.

So you just have to be really careful, you can get your supplements from a practitioner. There's also an online service called Consumer Labs that consumers can actually — I think there's a small fee but you can actually look up your supplements and see if they've rated it. They do some third party testing to see, "Does it actually contain what it's supposed to contain? Does it have any fillers, does it have any toxins?" That kind of thing.

[0:44:36.8] JB: Found a lot of scary stuff on there when I was researching protein powders.

[0:44:40.8] HM: Yeah. Recently, New York state just did a whole recall of target and Walmart and they found carpet fibers in vitamins and this is a billion dollar industry and I always tell people. I know good supplements are expensive but you get what you pay for in the supplement industry, you really, really do.

[0:45:02.3] **JB:** And a lot of, to go back to protein powder supplements, they were finding high amounts of mercury and lead in them. Especially ones that were coming from China.

[0:45:10.8] **AS:** Yeah, I think it's good for listeners to know the supplement industry isn't regulated.

[0:45:15.5] **HM:** It's not at all. It's really up to you.

[0:45:19.4] **AS:** So that's really important for people to understand that that's happening.

[0:45:24.5] **HM:** Yep, it's true.

[0:45:26.4] **AS:** *Yeah. So we* do have to wrap up, we're going to definitely have to have you back. Sleep is very important for adrenal fatigue, supplements aren't going to necessarily hack it. Are there any other things that you think for people who — I think we talked about, it's that tired but wired feeling, we discussed a lot of the ways it presents but is there anything else that you would recommend? I know it's hard to. I always give the answer "it depends", but anything you've seen to be really effective and for people to start to consider?

[0:45:56.7] **HM:** I do think that having some sort of a serious stress reducing program in your life. It's not a one size fits all, for example, usually when people are a little hyper, they're not very good meditators. A lot of people are just think, "Oh my god, I have to do meditation." Not everybody can do meditation, it's not very effective for some people. Although I think doing guided meditation is actually very helpful because you're just listening to something.

I always tell people, "You don't have to do this 30 minute meditation. Just download some tracks from the internet. Like 10 minute body scans and do a body scan every night before you go to bed which is basically a progressive relaxation in breathing." I'm a huge fan of self-hypnosis which I actually learned when I was at the Andrew Weil program, which is actually very similar too bad in meditation, it's really getting into a relaxed sort of trance state, you do it yourself. You can download tracks from the internet again and very relaxing. I found that very healing for me.

[0:46:56.0] **AS:** What would you Google to download that? What would you Google?

[0:46:59.7] HM: There's actually one company that I like a lot and I don't get paid or work for them. It's called Selfhypnosisdownloads.com. I know that sounds crazy, but a bunch of psychologist out of the UK, they all have this awesome British, Scottish accents too.

For \$10 bucks you can download this 20 minute track and they have different themes, everything from anxiety, to phobias to getting past behaviors because self-hypnosis obviously has been used tremendously for changing behavior. I like that, I do like guided meditation but even things like journaling is really, really effective for people or restorative exercise.

Or restorative yoga or Tai Chi or something like that. Some sort of practice that you do every day, it could be just breathing but just make it like a priority and that I think is so key and people overlook that. They always think, "I don't have time, I don't have time." But if you start putting it into your day, it really start to look forward to it. It makes you feel great. I would say that's key.

[0:48:06.4] AS: It's a good return on investment.

[0:48:07.5] HM: It's like a present to yourself.

[0:48:10.6] JB: I was going to say. Just being in the fitness world that so many people, they're like, "My stress relief is working out," but exercise can induce stress for people.

[0:48:25.0] HM: I know stress makes you feel good, you have those endorphins, it can be very stressful.

[0:48:28.9] JB: I think a lot, we were talking about the over training thing but even those people who might not even think they're over training, they're just — they're going to a workout class, four to five times per week but that might be depending on what their adrenals are up to, that might be even too much for them. They might need just different kind of exercise.

[0:48:46.7] HM: Yeah, absolutely. That's probably like the thing I see is the most effective and I think it's the thing that people ignore the most. They put it on the back burner. I think between that and sleeping and then of course, having a healing diet, having a diet that's not sending their

blood sugar all over the place and getting a ton of good nutrients and again, a lot of that depends on the gut health, which we won't get in to but I think even just making a few small priorities goes a long way.

[0:49:16.7] JB: Yeah. Well thank you so much Heather, this was really interesting and amazing and I could probably talk to you all day and I know Ali could as well.

[0:49:27.4] AS: Do you take clients virtually? Because we have listeners all over.

[0:49:31.7] HM: I do see people, unfortunately because I'm an MD, there are laws that mean I have to actually see them once in person but after that no, I can see them virtually and I do have people who have driven to see me once and we just do everything on Skype.

Yeah, as of now, I'm a little bit limited by those types of laws but it does give me some flexibility to see clients that are in the area but can only make it here once.

[0:49:58.9] JB: Where can people find you? Where can they follow you?

[0:50:02.0] HM: They can go to my website, which is basically just www.modaycenter.com. I do have a blog and a Facebook page but my blog is woefully behind right now.

[0:50:16.4] AS: So you're seeing patients?

[0:50:18.6] HM: Yeah, we're growing and I just hired a new room actually, a registered dietician as well who has worked in the functional medicine practice. So we're trying to grow some more wellness programs because, like I said, I'm really trying to push this out to the people who think that I'm not their doctor but I want them to know that everyone should shoot for the stars and try to really dig deep and sort of live optimally.

[0:50:45.2] AS: Yeah, let's un-normalize general malaise.

[0:50:49.6] HM: General malaise, being on three medications, that's not normal at all.

[0:50:55.9] AS: Thank you, especially for bringing a doctor's perspective, I always love when we can have people who do have, to your point, the traditional medical training, there's a lot of value in it and especially to be able to pivot and say, if we're going to ask about wellness rather than disease, what does that look like from a very biological, physiological...?

[0:51:12.3] HM: Sure, absolutely, I always tell people, I'm not anti-modern medicine or conventional medicine, there's some great miracles out there but we've really left people behind in terms of chronic disease and why we're a very sick country and that's sort of where we need to do to do the work.

[0:51:30.3] AS: It just made me think of — 'cause I think often people hear chronic disease, I don't have something serious but disease is also dis-ease. Think about that, it's about chronic dis-ease.

[0:51:44.0] HM: If you have high cholesterol and acid reflex, guess what? You've got a chronic problem.

[0:51:48.9] JB: Yeah, for sure. Thank you so much for listening everybody and thank you Heather. Just as a reminder everyone, we now have a Google voice number. So if you ever want to call in and just ask a question or leave a comment, you can call us, we have a Philly number, which I love which is 267-702-5899 and don't forget to leave your review on iTunes because it really is helpful for us and we're going to be picking somebody who leaves a review and Ally and I will be doing a one hour coaching call with that person. So if you leave a review, we will pick lucky winner.

[0:52:22.7] AS: Yeah. Thank you everyone for tuning in and thanks again Heather for being here.

[0:52:26.8] HM: Sure, take care.

[END OF INTERVIEW]

[0:56:00] JB: Thank you so much for listening to the Insatiable Podcast. We hope you enjoy today's episode. You can connect with us on social media. Follow me on Twitter and Instagram @julietunite and Ali @alimshapiro, M stand for Marie. Please feel free to also e-mail us any questions. We would love to hear from all of our listeners. You can reach us on ali@alishapiro.com and juliet@unitefitness.com. We'll see you next time.

[END]