



Episode 246: What Women Need to Know About Heart Health With Dr. Mark Menolascino

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Katie: Hello and welcome to "The Wellness Mama Podcast." I'm Katie from wellnessmama.com and I'm here today with Dr. Mark Menolascino who has over 35 years of healthcare experience. He's one of very few physicians who is board-certified as an internal medicine specialist, board-certified in integrative and holistic medicine, and is a certified functional medicine practitioner, as well as board-certified in advanced hormone management and anti-aging medicine. So to say he's qualified would be a huge understatement. He additionally has a master's degree in pharmacology and immunology and was a doctoral candidate in the medical science program assisting with clinical trials of new medications, as well as part of the heart disease reversal team with Dr. Dean Ornish. His medical knowledge is complemented by his advanced training and clinical expertise in nutrition, naturopathic medicine, and other alternative modalities. So Dr. Mark, welcome and thanks for being here.

Mark: Thank you so much. I very appreciate your time.

Katie: I'm so glad to talk to you because I think, and I'm sure you know much more than I do, but that heart disease is an increasingly important issue for women. And I know I've heard stats that it actually kills more women than breast cancer, and there's a lot of just how this really does impact women, but it's not talked about very much like some things like breast cancer are. So I'm so glad to have you here to give us a deep dive on this topic and explain what we can all be doing to safeguard our heart health. And to start, I know that

you've written a lot about inflammation. So I'd love, if we can, to start there and have you explain why inflammation is a root cause when it comes to heart disease, and what that looks like on a physiological level.

Mark: Well, thank you, Katie. And you're absolutely right, it seems like inflammation is the root of all evil. When we start looking at most illnesses, even cancer, we see inflammation as just gas on the fire. So really this scourge of modern man and modern woman, and it's the gas on the fire for the chronic illnesses that is just such a burden for us. You mentioned the heart disease rate for women, more women die of heart disease than all cancers combined. So thank goodness we're shining a light in trying to find a better way to detect and treat breast cancer. But really heart disease is much more easily preventable, it's easy to find it, it's easy to reverse it, and it's just something that we are not putting enough attention on. And I appreciate your time today, it's time to do a better job for women, and we absolutely know how to.

Katie: Yeah, absolutely. And I feel like you have done an amazing job, you've written a whole book on this. But you've also written a lot online about really addressing this with the entirety of your background, from a holistic and conventional perspective, and I think that so much is gonna be the future of medicine in combining the best and all of these modalities to find a lasting solution. And so, I feel like there's a lot of factors that go into this. Can you start by walking us through what you see, in all of your research and clinical experience, as the factors that are contributing to inflammation and to heart disease in general?

Mark: Well, thank you, Katie. As a lot of your listeners know, it's about lifestyle medicine. And I saw, with Dean Ornish, 35 years ago, that, instead of having a bypass surgery where they open the chest and use the veins of a leg to replumb the heart, that if you adopted lifestyle medicine with nutrition, stress management, exercise, you're gonna do better than if you had the surgery. So there's so much information out there with what you're providing. And so many women are now empowered that they're actually able to make their own decisions. And if we can provide them with the right amount of information and start treating them as the unique individual they are... In medicine, we just kind of lump everybody together in the bell-shaped curve of average. And average just isn't good enough for women anymore, we want a personalized precision approach. And that's what I did in my training, I tried to grab all of the tools that I could find, from all of the different disciplines, to bring them together so that I have that toolbox to open for you when you come. What's your story? What's your answer? How do we develop a personalized plan for you? Some things are common, as far as just eating clean food, drinking clean water, having stress management coping strategies. But a lot of the things that you do to help your heart also reduce your inflammation, help you sleep better, clear up your skin. So it's really fun practicing this integrative functional approach because women come in with one concern, and then leave with a whole host of things that are better.

Katie: That's awesome. And I'd also love to establish... Because, at least based on what I've seen of the data, women seem to have a lower risk, in general, of heart disease for a lot of life, and then, at menopause, that switches, or it tends to equalize closer to the level of men. Am I reading the statistics right? And if so, why is that?

Mark: Well, the hormone contributor has always been a little bit of a conundrum. For a while, hormones were good, then hormones were evil, now hormones seem to be good again. And I think it's because we were using the wrong kind of hormone. We were using horse estrogen, in an oral form, which just is not the best way to

use hormones for women. We really wanna adopt, ideally, the transdermal bioidenticals. Give a woman the same one that she makes, much lower amounts, and do it through the skin, instead of orally, and it bypasses the liver metabolism.

The scary numbers, Katie, is that, of three of your friends, two of them have heart disease. Two of three of your friends have heart disease already. And the first warning sign for half of those women is sudden death. You don't get a second shot. You don't get, "Oh, I have chest pain. I'll go to the emergency room tomorrow," it's your first episode. And, in women, it shows up as nausea, abdominal pain, dizziness, anxiety. And, a lot of times, not to give the doctors a bad rep, but it's hard to discern those sometimes. So, for women, you just have to think differently and you have to be open to the fact that the symptoms that a woman comes to you with may actually be her heart and not just be a need for an anxiety pill or for an antidepressant or for heartburn medicine. Katie, if you and I go out to dinner and we get chest pain, we go to the hospital, it's highly likely I'll get admitted for testing, you'll be sent home with an anxiety pill or heartburn medicine. We just don't do a great job listening to women and knowing that they do show up differently. And we have to treat them uniquely.

Katie: Yeah, I think that's a huge important component of the work that you're doing, obviously, specialized to the heart, but I know that this is a rising thing that we've heard in medicine as well, just this emerging research showing that women's pain, for instance, is not taken as seriously across the board or that women are not like always heard in the same way in medical settings. And so, I love that that's something that you speak so openly about and about finding that personalization and actually listening. I hear that from so many of my readers and listeners who feel like they're not being heard by their doctor or that their doctor is downplaying their symptoms, whether it be something, you know, very serious like heart-related or even just if woman says she's feeling depressed or if she feels like her thyroid may be sluggish or something's wrong. I feel like so often I hear from people who are not feeling listened to. So I love that you are really pioneering a personalized way to meet women wherever they are. I think that's so incredibly important. And you've also written about and you talk in your book about trauma and how that can actually be a contributor to heart disease. And I'd love to go deep here because I think we're only starting to really understand this whole mind-body connection and just how important it is. But can you walk us through how trauma, especially childhood trauma, can affect us in our health and heart disease risk even many, many years later?

Mark: Well, Katie, it started with the study of the adverse childhood events. And what we have learned is that events that happen in your childhood do affect your health as an adult, and the data is very, very clear on this. And so, there's really, whether it's a cellular memory, whether it's a pattern that develops, there's so much physical, mental, emotional trauma that happens to women at a young age of all kinds. And it really does affect their health later on in life. The Centers for Disease Control really started the data collection, there's a new database that's being started again for this to confirm, but it's been linked from everything from mood disorders to heart disease to liver disease. And so, it really seems like what happens to us, as we grow up, really does set the physiology for later. You talked about listening to patients and, if there's any physicians listening or you have a friend that is, the average time a doctor interrupts a woman is 11 seconds in the visit. And so, when we start our visits, I just ask, "Tell me the story," and they can go on for half an hour. And the thing I universally hear is that no one's ever listened to their story because everyone has a unique one. As a physician, until you know that person's story in front of you, including these things that happened as a child and these early childhood experiences and events, you really can't understand what they're coping with in their current health situation. There's definitely a tie to past experience and current health. It's amazing.

Katie: Wow, that's really dramatic. Eleven seconds before... I know I've had that experience often, you know, with OBs or in medical settings but I had no idea that that was the average. That's really, really drastic. And I feel like, thanks to a lot of people, a lot of voices in the health space, women are increasingly aware about, for instance, thyroid health or hormone health and how like hormones play a very dramatic role in every aspect of our life. But can you speak specifically to how do hormones impact heart health and, specifically, for women things like thyroid and adrenal or even just the hormones of a monthly cycle or menopause, how do those impact our heart?

Mark: Well, you know, a real shoutout to you, Katie. The most powerful person on the planet is an empowered woman, especially an empowered mom. And so, as the Wellness Mama fearless leader, you're really helping women to become that, to become empowered. And you know, we were taught in medical school to motivate you by fear and guilt. I think we provide good information to empower you with knowledge to help you make good decisions on your health based on your belief system, not mine. And when you meet a woman in those areas, then it really comes true. The problem is that women are complicated. And it's a beautiful symphony that's going on and it's the thyroid talking to the adrenal, interacting with your hormones, which are at different places during the day, during the week, during the month, during your lifetime. And they're all really interacting and controlled by the inflammation in the gut. So if you have a history of irritable bowel, or crampy bowel, you've had irregular periods or had to be on birth control to control your periods, you wake up dead tired even though you have a good night's sleep, you get low blood sugars, and you have that pesky weight around the middle, your temperature is always cold, you've wondered if you have a thyroid problem, I can't tell you how many women come in and say, "Well, you know, I think I have a thyroid problem." And I look at their information, their tests, and say, "Well, if you get tested right, I'm gonna prove to you you do have a thyroid problem," but it might be the adrenals and the hormones.

So again, as I mentioned, hormones are...they're complicated and they're not that well understood. Every woman that takes hormones has an increased heart risk, and there's a genetic test that we do before we put women on hormones to see if it's 100 times increased. So there is a genetic it's called, factor V Leiden, that if you're a middle-aged woman on hormone replacement, you probably should get that check to know if you're at risk and be doing something to help mitigate that risk. Hormones are good but they also can be instigators for heart attacks and blood clots because they do thicken the blood and make it coagulate a little bit more or come together and clot a little bit more. So there's a lot of misinformation about hormones that are out there, and a lot of women are either not taking them or actually taking too much. But you really need to find someone who's certified in it, that really understands it. And unfortunately, your gynecologist may not know much about bioidentical hormones, but I think that's where you should start, is there's so much great information from people like yourself, Katie. You're really empowering women by providing information to help them make good decisions.

Katie: Thank you. I think you're absolutely right. I love that you said that, that the most powerful creature on the planet is an empowered woman. And especially when it comes to their children, you're absolutely right. And I'm curious if that...so it makes sense to me that in, you know, women taking hormone replacement, especially getting closer to menopause, that that could have an increased risk of blood clots and all of the things that come along with blood clots. I know, we've also seen some data that birth control can do that as well. Do you think that that is a test that could be done on women who are on the pill as well to see if they have an increased genetic risk, or is that something that you do in your practice?

Mark: It is. And, you know, when we talk about hormone replacement and birth control, we're talking about synthetic hormones, and the replacement estrogen for menopausal, again, is a horse estrogen, which just doesn't make sense. Then birth control is synthetic progesterone and synthetic estrogen which may block the action of your natural progesterone. So it's a deeper discussion I think that you have to have. And I haven't really answered your question, you asked it three times, about hormones and the heart, and it looks like the right kinda hormones at the right time may be beneficial for the heart, but any hormones at any time may increase your heart risk, particularly if you have that genetic vulnerability. So we just really wanna be cautious about who we give hormones to.

You know, we did this big study called the Women's Health Initiative, that really taught us that hormones are dangerous, that they may increase the heart attack, stroke, and blood-clot risk, but they were using synthetic hormones. And it denied a whole group of women for probably 15 years, hormone therapy, and we're finding maybe that study was wrong using the synthetic hormones. There's some evidence that when a woman has her ovaries out in her 40s, she has 2 to 3 times the dementia risk. So there seems to be a heart interaction and a brain interaction. And the commonality, Katie, is, what we talked about, the book, and what you start our discussion with, inflammation, fire in the heart, fire in the brain, fire in the gut. They're all related. So you really have to look at a whole person when you talk about, "Is this woman safe for hormone therapy?" you have to look at the whole person.

And it also kind of brings up the question what about those women who go to yoga every day, they eat cleaner than anyone you know, they look great, lean body mass, and then, they drop dead of a heart attack, and everybody wonders why, and their cholesterol is normal? Because these are women that have these special particles and special markers, and when you put the whole story together and combine it with the hormone risk, it's this unique pattern that we have to look for because those are the canaries in a coal mine, those are the women that are at risk and nobody knows it because their cholesterol is normal. Half of the heart attacks happen with normal cholesterol. And there's a really bad one, called lipoprotein(a), and I encourage every woman to get checked for it, that's the sneaky hidden inflammatory one that no one seems to be concerned about but it's what we find, in our practice, that is underlying all these women that shouldn't have had a stroke or shouldn't have had a heart attack.

Katie: That's fascinating. I'm gonna make sure I put that in the show notes so people can research it more. I also wanna touch on a little bit controversial of a topic because you mentioned cholesterol. And I have seen those statistics as well, that half of people who die from a heart attack have normal cholesterol. And not only that, but there seems to be kind of an inverse curve, past a certain age, of people who have really low cholesterol actually have a higher risk of mortality. And vice versa, people who have higher cholesterol but the right kind of cholesterol, tend to actually have some better health markers. So I may be reading the data wrong but I'm really curious because it seems like we've created this narrative of cholesterol alone being the bad guy, and you have extensive experience with this, so I'm curious what your take is on cholesterol in today's day and age.

Mark: Well, you know, the other three physicians in my family, there's four doctors my family, we all go back and forth about this. And I became an internal medicine specialist because I wanted to quote the latest double-blind, placebo-controlled, international multicenter trial and tell you the evidence says you should do

this. The problem is I treat the person in front of me, not a population bell-shaped curve. And what you mentioned is correct, women with the lowest cholesterol after age 65 have the highest dementia. Half of the heart attacks happen with normal cholesterol. And the way to think about it, Katie, is that if you have a good body mass, and you eat clean, and you exercise, and you have good social support and love in your life, and you're not obese, just because you had a heart attack in your family and your cholesterol is 220, you have the same risk as a woman that doesn't exercise, that's 100 pounds overweight, that has diabetes, that eats fast food, that doesn't exercise, has incredible stress and emotional trauma in her life. So what we do is we're treating both of those women the same, in medicine, because it's evidence-based. We regress you as a unique individual to the mean of a population. It's kind of like the Grand Canyon analogy. If you're on the South Rim or the North Rim, you're still technically in the Grand Canyon. But where's your view the best? So we really have to find where's your view the best, what's unique about you that we can, not only be worried about with your risk, but tap into as a strength and leverage to reduce the other risks.

Katie: That makes sense. And I'm glad that you touched on the genetic aspect as well because, I think, as we have more data and more availability of data about our genes, I think it's easy to fall into fear about that, like certainly with the BRCA genes or things that are really tied to cancer. But I think, with heart disease as well, being that it is such a widespread killer, it can be very scary to know that you have a genetic risk of these things. But I know that you've also talked about before, in previous interviews, that your genes don't determine your outcome and there's a lot you can do to mitigate. Is that correct? Even if you have these genes, that's certainly not gonna be your story necessarily.

Mark: Well, Katie, it's such a great point. Thank you for bringing it up. And, you know, we all thought we were doomed to be our parents. And what we're now finding about genetics is my friend Jeff Bland, the father of functional medicine, he states that genetics load the gun, your choices pull the trigger, or environment pulls the trigger. And that's so true. So there's a new concept, in medicine, called epigenetics, that it's not just the genes you have, it's the choices you make in your lifestyle with how you eat, how you deal with stress, how you exercise, that turns on or turns off genes. And this may go back to that adverse-childhood events study that we talked about. But you have the power, at the end of your fork, to turn on or turn off genes. And so, these choices that you make really can help you to outpace your genetic destiny or fall deeply into the trap of it. But this concept of epigenetics is so empowering for my clients because you're not doomed to be your parents, you can change that destiny based on the health decisions you make today. It's very exciting and empowering. And genetics used to be, "Oh, you're doomed because you have this gene to get that." It's not that at all in today's functional integrative clinic. We know what to do, we have the tools, and we can help empower you to change your genetic feature, not be doomed by it. It's very exciting.

Katie: Yeah, absolutely. And another thing I've often heard as a potential relation to the reason that woman's heart disease risk tends to go up to the level of men's post menopause is the connection to iron levels in the body. And I'm curious if this is actually rooted in fact or it's just speculation. But the idea being that women, during their menstrual age, lose iron every month when they bleed, and then, once they hit menopause, that no longer happens. And I know that there are men who have done things like donate blood, every month, or different things to help mitigate their own iron levels. I'm curious if you see that as actually being a valid or an important way to kind of mitigate risk.

Mark: What a great question, Katie, thank you for bringing it up. You know, iron's not very well understood and we have a lot of women that come in and say, "Oh, I've always had trouble with iron because of my menstrual cycle." And it turns out it actually isn't their menstrual cycle, it's that they don't absorb their nutrients from their gut. They have intestinal permeability or leaky gut or some other digestive imbalance, they're not absorbing. And you can see those physical signs, you can see the brittle nails, the striations on the nails, you can see the brittle furrows on the tongue, you can see the skin with the dermatitis in the back of the arms. So you can see this absorption problem. There's a genetic disease called hemochromatosis, which may be what you're alluding to and more common in men, and there's a ferritin, which is kind of the iron carrier is how I think about it, it's a protein that goes with iron, I usually check both of them at the same time. Iron can be very oxidizing and there was a thought that it's not a good idea to give it to men with heart disease because of data that showed it increased the risk. It's not really been looked at in women as much, but again, if you have this iron-storage disease, like I've mentioned, then you have to do some phlebotomy, or giving blood at the Red Cross, to keep those numbers down.

And so, you know, again, 10 women come to see me with low iron, they may have 10 different reasons of why they have low iron. Yes, it could be absorption, yes, it could be menses, it could be toxicity, it could be heavy metals, it could be bad nutrition. So there's a lot of different reasons why iron's there. But, in general, you know, it brings up quality too. Most of the vitamins we get, kinda the grocery-store quality, so a lot of women take iron and it's actually probably harming them more than helping them with all the toxic and inactives and all the other junk that's in that supplement of iron. So I encourage people to let food be your medicine. Take supplements only when you need them as a supplemental, be sure you're getting super high-quality because there's a lot of bad stuff out there.

Katie: Yeah, I absolutely agree with you on that one. I think, I've said it so many times, eating can't out-supplement a bad diet or a poor lifestyle. And you've gotta get those factors right before you add supplements in or they're not gonna do anything or they can actually be harmful. You've also written about the different body types and the correlation of different body types and their risk to heart disease or other problems. And I'd love for you to go deep on this and explain it because you brought up a different, an extra body type that I had never heard about, and I think this is so important to understand.

Mark: You know, as an integrative doctor, I'm an observant doctor. I look at how you carry yourself, how's your posture, what's the shadow of your body type as you come into the office. Women works more hormonally-driven with their weight gain, it tends to be down low, down in the waist area, or I'm sorry, down in the hips, it's gonna be more body fat, more of a pear body shape. Women tends to be more inflammatory. And none of us like body fat, or extra fat, because we wanna look good, but it's the hot, inflammatory visceral fat that, as a doctor who cares about you, I'm more worried about. And women that tend to carry more of their fat not down low in the hips but up high in the waist, and, in the book, there's a simple calculation you can do with a tape measure to see which one you are, and if you carry that body fat in that midsection, you tend to have a higher risk of carrying body fat inside of the body, wrapped around the internal organs, particularly the liver. And these are the hot, inflammatory fat that really drives the inflammation you were talking about earlier.

Well, there's a third body type, we call it the skinny-fat people. We have a body analysis, in our office, that's not just about your height and your weight for your body-mass index. It's your total body fat that counts but

it's the internal visceral fat. And the machine can calculate that for us and tell us who's one of these skinny-fat people. And so, they look good on the outside but, internally, they're holding fat around their organs. And they tend to be people who have high-glycemic foods, or foods that really spike the blood sugar, low nutrient quality. You can have a genetic vulnerability for it but you can also override it. And the scary thing is a lot of women are laying this body fat around the liver and it's called fatty liver. There'll be more liver transplants in the next decade for this fatty-liver problem than for hepatitis. So it's really an epidemic. And it's reversible, you have to find it, and then, you have to reverse it. But the skinny people, the people who have thinner than normal body-mass index by their height and weight, may have a very high internal body fat. There's no other way to find it.

Katie: That's really fascinating. And I've heard that a little bit. So basically kind of would one of the measures of this be your waist-to-hip ratio? Because I've heard that that's something that women could pay attention to other than just body weight, especially if you are in that phase of life of having kids and, you know, pregnancy and breastfeeding when your body is going to carry a little bit of extra weight anyway, is that keeping track of your waist-to-hip ratio with the idea being that, if your waist is thinner, it's at 0.7 in relation to your hips, then...

Mark: Yes. And it depends on...it's easy, just use the measurement where the hip bones are, where you feel the hard top of the leg bone, that is gonna be your hip measurement. Then the waist is the little space, it's just a couple fingerbreadths between the top of your pelvic or hip bone and the bottom lowest rib. So you can compare those two measurements, and then, the ratio will tell you. And, in the book, we lay out an entire plan of how, if you have that body type, the things that you should be incorporating in your lifestyle. So, you know, instead of going and spending a lot of money on tests, you can do a lot of these things observationally. And we teach you how to do it, how to look at the body, how to look at the fingernails, the skin, the tongue. All the things I do in my office. I tried to make the book a visit to me because not everybody can come find a doctor that has the advanced training I do. There's not many of us, we're training more and more all the time, but there's not a lot of doctors who, number one, understand the body the way we do, number two, are willing to give the time it takes to get to know people. But, in the book, all of the stories are listed there, all of the ways to look at yourself. You mentioned inflammation at the beginning, Katie, and there's some fantastic testing that is now available to look at these inflammatory markers. And we can help discern where the fire is based on your pattern. Again, a lot of times it's in the gut but it gives us an idea, you mentioned the iron, that's really the iron problem is it can drive this inflammation, it can be gas on the fire of inflammation. So there are a lot of other things that you can do nutritionally. And really lifestyle in the best medicine. It will put that fire of inflammation out if you do it the right way. And it's not that hard.

Katie: I love that there are doctors like you who are taking the time and who, instead of just immediately going to drugs, or prescribing, you know, "Reduce your stress, and get some sleep, and move, and eat real food, and get some sunlight." And all of these things that I feel like can make such a drastic difference I've seen in my own life. And I love that you're listening to patients and to their stories and finding ways to improve their lives that way. You mentioned fatty liver, which I think you're so right, it's an increasingly important topic, I'm seeing more and more about this. And so, I'm curious are there some general guidelines that people can use to start...first of all, to know, how would you know if you have fatty liver, and to start addressing that if it's something you think you're struggling with?

Mark: Great question. And, you know, it kinda brings up what we've missed in medicine. I'm an ICU doctor, I take care of people in the intensive-care unit, but I've moved more to the kinda medicine we're talking about. So I have both branches, and I think that's what helps a lot of people to trust what we're saying because we do both sides of it. This fatty liver idea, and what a bad term, right, Katie? I mean that's the last thing I wanna be labeled with, is fatty liver, it's such an obnoxious term. But it really just describes it. And what we see for a lot of women is that, on their healthcare-type tests, their liver tests...and again, in medicine, we have this range that we think is acceptable. It's kind of like the thermostat of your car, when you first buy it, it's straight up, after five years, it goes to the side but you accept it and it still drives and it's okay. But we have these markers of the liver, it's called AST/ALT, it's your liver enzymes on your healthcare test, that they should be in their teens, they should be under 20, but we let them, on the lab tests, go up to 55 and 60. And, as an internal medicine doctor, we don't really worry about it, until they're in the 200 and 300. But anything off just a little bit tells me that the system is out of balance. And your liver is your detox factory, it takes all the chemicals that you get exposed to and turns them sideways to put water on them so you can get rid of them. And some people don't do that phase one, phase two of the liver very well, and they're prone to develop things like fatty liver. Now you throw the gas of processed food, high-carbohydrate, starchy, what they call glycemic-index or foods that take a long time to break down and spike your blood sugar, eat the bad fats, not the good fats. It's really about what you put in the body that drives this fatty liver. And again, you can be genetically susceptible to it but it's what you eat that pulls the trigger. It's not what loads the gun.

Katie: Yeah, I love that analogy.

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Katie: So, based on what you're seeing in your patients, and also in the research because I know that you keep a very close pulse on that, what are you seeing as the latest research on some of those controversial topics like, you know, carbs, low versus high-glycemic foods and carbs in general, and fat? Because I know we've seen, in the last few years, this kind of very tumultuous landscape when it comes to fats. "Saturated fats are good, saturated fats are bad," you know, "processed vegetable oils are bad, they're good." So I'm curious where you fall on all of those now?

Mark: Well, I think that what everybody should do is do the Atkins diet, that's half-paleo, half-keto. They do intermittent fasting, they go completely gluten-free, and they'll be fine. And I'm joking because I don't really believe in diets because the first three letters of diet are die. So I like to develop personalized nutrition plans. We look at each individual uniquely and some of them will do food sensitivity tests to try to develop a sense for what foods drive inflammation for them. In general, most of the processed food that we have in our world, particularly what we're giving kids in school, is not good choices. The fats that we use in them, the carbohydrates that we use, they tend to drive this insulin response. And insulin is the most inflammatory chemical your body makes. And what's interesting is you can have a normal blood sugar but have a high insulin, and it's this insulin resistance that develops years before you become positive to any markers of diabetes. And it's that insulin resistance that drives the fatty liver. So I really think people should eat whole food, mostly vegetables. I'm not 100% supportive of the vegan, but when people choose it, I think they can't go wrong. But again, if you're eating vegan, it depends what type of vegetables you're eating, where you're getting them. You know, French fries are not vegetables. So it's hard to say, "This is the way everybody should eat," but you can do some testing to personalize it. And, in general, I have what I call the Doctor Mark Plate, and it's in my book, it's half of your plate should be vegetables, put a piece of fruit on it, and then, have some clean protein. If you can find and afford the organic beef, the organic eggs, organic chicken, you're better off.

Now, here's the shortcut is, in some of those foods, like when you get an egg from a fast-food restaurant, it's yellow, almost white in the yolk. When you buy the omega-enriched, healthy, cage-free organic eggs, they're bright orange, almost red. It's just intuitive that's a better egg for you. And they're \$1 more, they're not \$16 more, whereas some of the clean meats can be very, very expensive. Same with berries, you know, the berries are where all the toxicity is. And maybe in an orange that has the covering on it, you don't have the pesticide exposure you do to like a strawberry. The Environmental Working Group, ewg.org, is a great website to go find the Clean Fifteen and Dirty Dozen every year. And just try to pick the things that you buy like...so start with clean food, clean water, clean air. And, in general, do the Doctor Mark Plate, more vegetables, a little bit of fruit, and some protein. It's when you go to the starches that you get trouble. It doesn't mean you can't ever have a potato, but the white potato, by itself, spikes your blood sugar. When you have it with some vegetables and protein, it can be a lot safer. So it's when you do the starches, look for quinoa, wild rice, brown rice, sweet potatoes as better choices than white potatoes, white rice, and some of the other high-glycemic and high-starch carbohydrates. So it's not that hard to eat clean and to eat healthy. And please don't go on a diet. Now, some people do really well going keto or going paleo or intermittent fasting, and it's okay to try it. But don't develop a diet for your lifestyle, develop a personalized nutrition plan that you and your family do the best with.

Katie: Yeah. It's so important, especially when you're talking about family and having to integrate this into a whole unit of people, not just one person, and realizing that kids who are so active, or should be so active, have a higher need for a lot of nutrients and protein and then carbs. And that was a thing for me, years ago,

realizing like carbs aren't good or bad but it's very much about if you're using them and if your body needs them. And if you're active and moving and working out, eating healthy carbs, like you mentioned, sweet potatoes or quinoa, after that can be great to refuel glycogen because your body needs it. But if you're sedentary and you're not working out a lot, your body doesn't need that. So then, you're creating extra insulin, blood sugar, and stuff that your body has to deal with. And I think just understanding a few things like that can make such a big difference. And I love your plate, I think that's such a balanced way to look at it. And especially just adding more vegetables, I think that's one thing that pretty much every health expert seems to agree on, short of a couple very unique cases is that we need a variety of nutrient-dense foods like vegetables. In fact, I'm not vegan at all, or vegetarian, but I would consider myself plant-based in that the majority of my diet comes from plants, at least if by volume. And I think that's healthy because you've mentioned, and you explained really well in the book, just all of the different ways that those are needed by the body and support the body. So I love that you have that as a guideline. And you're so right as far as not adopting a dogma but actually listening to your body. That alone, I think, could change so many lives if we learned how to listen to our bodies again.

Mark: Like I said, you know, my favorite client is a mom because she's taking care of herself, her kids, her partner. I mean thank goodness women are empowered in our world and are getting the kinda information you're providing them. Because that's where the future health is, it's not from doctors telling women what to do, it's from women learning what they should do. And then, they're gonna tell their doctor what they're doing, that's probably how it's gonna work. But I had a woman, last week, that came in and she'd seen a nutritionist that told her to go dairy-free, soy-free, corn-free, gluten-free, almond-free, and a couple other things. And her life was miserable and she was making one meal for herself, a different meal for her family, and it just added all this extra stress, which was probably more counterproductive. So teaching her about the Doctor Mark Plate and how to help make it easy for her to be successful but also be able to make the same food for her family that they would like as well and give her some recipes and some ideas and... And again, that's where I think the power of women connecting and socially supporting each other, and the work you're doing, you're providing all this information for super moms to be successful. And if they're successful, their kids will be, their partners will be, and we'll have a healthier community. So it's so important, and we don't have to make it so hard.

Katie: I absolutely agree. And you said one of my favorite words, which is community. I think, it's not just something that seems very intuitive as humans, but something that data is actually showing is that having strong relationships and strong community, not just digital check-ins but real-life people that you interact with and have strong bonds with, is actually one of the best predictors of long-term health, from what I've read at least. You know, maybe that's something we should be looking at more, in these blue zones, what we're trying to figure out, "Is it because they drink wine? Or they eat fish? Or they eat vegetables?" They're also in community where they feel supported and loved and have a safety net, and I think that has a tremendous and very underestimated impact on health. I know, that's hard to measure but what are your thoughts on that? Do you feel like the social network and the strong relationships plays a role in long-term health outcomes?

Mark: What a great point, Katie. And, you know, we're talking about the Mediterranean diet in the book, and the Mediterranean diet has been shown to lower all-cause mortality 50%. What does that mean? It means it reduces your risk of death by half just by what you eat. So is there something magic about the Mediterranean diet? Well, it's different in Greece, and in France, and in Italy, so maybe there's not one Mediterranean diet. But how do they eat there? They eat as a family, the meal is a social event. You share love, you share support.

It's a gathering. And I would hypothesize, or I would guess, that there's probably more healthful energy in the sharing of the meal than in the food on the table. So I do think that the support, the socialness...you know, women live longer than men because they're social creatures. And my advice is go take a walk, go take a walk with someone that you care about, that cares about you, whether it's your dog, or your best friend, or your sister, but do it together. Share a meal, eat good clean food, but do it with someone you care about and share the love and energy of the meal. And that may be more powerful than the organic food in front of you. So yes, there's a real synergy and it's not 1 plus 1 equals 2, it's 1 plus 1 equals 10. That social support is powerful medicine.

Katie: Absolutely. And another thing that you talked about that I was fascinated by were these like little-known external cues that can signal something going on in the body, especially heart disease. So can you walk us through some of those? What are some things we can actually pay attention to in our body that might signal we need to, you know, find someone and get a practitioner, or a doctor, in our corner and start looking at these things?

Mark: Well, it's kind of what I mentioned earlier. When you come see me, in my clinic, I'm an observational person. First, I listen to your story, but then, when I examine the body, I read all of the old natural text books, the Ayurvedic textbooks, the Chinese medicine textbooks, for example, there's a 45-degree angle crease in the lobe of the ear, that was known 3,000 years ago in Chinese medicine to be linked to heart issues, and it's called the Coolie sign, but this ear crease is really a sign of oxidative stress. In the early 1900s, a pathologist found on autopsy that, of course it was studied on men but it's also true in women, that that ear crease is linked to sudden death. And it's a known fact. So if we know one thing on the body can be, why can't others? I see a lot of women, I'd ask everybody listening to look at the back of your arm, do you have that dermatitis or those bumps on the back of your arm? Or do your kids? And if you do, it could be a fatty acid deficiency and it could also be a dairy sensitivity. Stick out your tongue and look in the mirror, if it's all coated white, that's Chinese medicine of dampness or digestive dysfunction, it can also be a sign of Candida. Do you have little furrows going sideways across the tongue? That can be B12 deficiency. Look at your fingernails. If there's a bunch of white spots through every nail, that could be zinc deficiency. Are they very brittle with ridges and lines? That's poor absorption, and can be the iron deficiency you mentioned. Is the tip of your tongue bright red? Another iron deficiency marker. So there's things that the body tells us. Around the iris, if you look at your eyes in the mirror, if there's a blue line going around the outside of the colored part of your eye, like a dark blue circle, that's called arcus senilis. It could be related to high cholesterol in the body. So again, there's things that we've known in natural, and Ayurvedic, and Chinese medicine for thousands of years that we forgot about in modern medicine because we wanna go right to the test. So, a lot of times, if you hear the story, look at the body right. You'll hear the answer.

Another classic one I love, Katie, is, you know, there's an epidemic of thyroid disease going on and our friend, Izabella Wentz, with the Hashimoto's protocols, a lot of it is autoimmune-driven by the gut inflammation. But so many women have a low core temperature. And we say in natural medicine, if your temperature's ever under 98.0, it should be 98.6, that your thyroid may not be functioning at its optimal level. And that optimal level is different for everybody. And so many women have thyroid problems, I would say millions of women, in America, have thyroid problems, most of them know it because they're doing the research but their doctor won't listen to them. And they're getting antidepressants, they're impossible to lose weight. The calories in, calories out is just a myth, it does not work if your gut's out of balance, your hormones are out of balance, particularly if your thyroid's out of balance. So again, there's just so many things that we can do to help

personalize your care, but look at the body. And you're right, there's so many cues, on the body, that tell you what's on the outside is reflective of what's on the inside. It's my favorite thing to do in the clinic.

Katie: I love that. And I can't believe our time has flown by so quickly. But there's a few more questions I'd love to ask you and I'd love to ask toward the end, the first being, are there any areas... I typically ask if there's a couple of areas about your specific area of expertise that are misunderstood or not understood, that you try to really shine light on?

Mark: Well, the biggest one is that this is not alternative medicine. In my opinion, alternative medicine are the things you reach to when nothing else works. That's when you go to Mexico and do the alternative cancer-type treatment. We're talking about an integrative approach. You know, when I worked with Dean Ornish originally, it was holistic, look at the whole person. Then, with Andrew Weil that became integrative, integrate natural therapies with medications. Now, it's a functional-medicine approach, it's a root-cause precision personalized approach to your problem. So again, we're not talking about alternative medicine, we're talking about integrative and functional medicine that's this unique personalized approach. That's what people want, it's the answer to the chronic illness burden in our society, and it's what, frankly, works for most conditions.

Katie: Yeah, I love that. And secondly, if there was a piece of advice, a single piece of advice that you could spread far and wide to help thousands and thousands of people, what would it be and why?

Mark: Drink more water. I am in Jackson Hole today, it's snowed about a foot and a half of snow, there's so much snow I could barely get out my house. But we live in an incredibly dry climate and I'm supposed to drink one half ounce of water per pound of body weight. So I weigh 190 pounds, that's 85 ounces of water, that's like seven 12-ounce cans of water a day. That's a lot of water. So, instead of counting the water, just...it's kind of gross but, every time you go to the bathroom, just check to see if it's clear. And if it's ever not, that's your cue to drink two more glasses of water. And every glass of alcohol, every glass of anything caffeinated is like negative two glasses of water. So no one seems to get enough water in their body but that may be the single piece of advice that I could give. And drink clean water, not from a BPA-lined plastic bottle, try to do it from glass. But really drink clean water and get enough of it, that's my best piece of health advice.

Katie: Yeah, it's so important, I think. And lastly...and you're in one of my favorite places in the world right now too, it is dry, you don't feel like it but it's dry there. And other than your own book, which I'm gonna make sure is linked in the show notes at wellnessmama.fm, it's really good and I highly recommend it, are there any other books that have changed your life, in some way, that you'd recommend?

Mark: Well, you know, it's great, the work you're doing, Katie, and it's great with all of my friends, in the integrative and functional medicine world, that are bringing these books out. And, you know, you gotta be careful with Dr. Google because there's a lot of things on the internet that are just plain wrong. But there are so many good books by Dr. Hyman, by Izabella Wentz, by Steve Masley, by Tom O'Bryan, Ben Lynch with the "Dirty Genes" book. There's so much great information out there. But what you really need to do when you read a book is personalize it to what's important for you. So every book isn't written for you but you have to pull from each book what helps the most. There was a book by Ayn Rand, A-Y-N Rand, when I was in high

school, called "The Fountainhead" about someone...he was an architect, Howard Roark, that just thought differently and designed differently and had a lot of life challenges. And I kinda see that's my path. When I was 19, I saw Dean Ornish do better with lifestyle than with surgery. And that's completely corrupted my entire view of medicine since, and I just know there's a better way for the individual. And particularly for women, which was the motivation behind this book. We just have to do a better job for women, particularly for their heart. And thank goodness there's people like you that are sharing the information. It's really becoming easier for me, as a physician, and better for women and their health.

Katie: Yeah. And I'm so grateful there are people like you who are doing the work you're doing of merging the cutting edge of what conventional medicine is teaching us and also pulling in wisdom from listening to the body and from other modalities as well. I think that really does give us the best shot, with personalized medicine and personalized lifestyle, to find lasting answers to these problems. So thank you so much, your work is amazing. I really respect what you do and I'm so grateful for your time and joining us today.

Mark: Thank you, Katie. I appreciate you as well.

Katie: And thanks to all of you for listening, and I hope that you will join me again on the next episode of "The Wellness Mama Podcast."

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