

DR. KEESHA EWERS: Welcome back to the Women's Vitality Summit: Caring for Yourself Body and Soul everybody, this is your host Dr. Keesha, your host, and my talk today with... In this segment is going be with Carol Lourie. Is that how you pronounce your name Carol?

LOURIE: Yes

DR. KEESHA: Alright. Carol is an integrated health expert in functional medicine as well as Chinese medicine as well as acupuncture. And she's synthesized over 30 years of experience to develop what's called the "Lourie process". She focuses on getting to the root cause of disease and she believes that a partnership with her and her patients is critical to the success that she sees in her patient population. She investigates metabolic imbalances and addressed the mind-body-spirit connection so that people can achieve the good health that they deserve. Welcome, Carol.

LOURIE: Thank you I'm so glad to be here.

DR. KEESHA: It sounds like you're a kindred spirit, of course. All of the people I've had on the summit, I start speaking from a place of what "vitality" actually means because it's the "Women's Vitality Summit" and it means "the power that gives continuance to life and it's present in all living things. And it's also that zest, that sparkle, that theory, that exuberance that we feel when we have a lot of vitality.

So I always begin these interviews by asking my guests, what do YOU see is the biggest vitality sucker that you find in your world, or in the patient population you work with? The things you notice are draining women's vitality.

LOURIE: I think that's a really good question, and it's one of the first things that I address with my clients when they come in. For women, I think it's the enormous burden that society has put on them to be a working person, a mom, a partner, a spouse in charge of the majority of the house. Also then, they need to find time to take care of themselves. And unfortunately that is often the thing that gets taken off the plate almost immediately.

DR. KEESHA: I would say almost to a person, that's what the majority of panelists I've had on the summit have been saying, and it's not a shock, is it? It's what we're seeing, it's what we're all experiencing. Do you ever notice your vitality draining from being over-scheduled?

LOURIE: Yeah. Duh. [Laughs]

DR. KEESHA: Right. And so when we're losing our pep then that means we're losing our vitality. And one of the things that I always teach my patients is "if you're a zebra being chased by a lion and you believe you're about to be lunch, this lion's next meal, then it's not safe to stop and reproduce" The zebra knows, it can't stop and have sex, it can't even stay alive maybe for the

next 5 minutes. And so, the body is automatically wired to be in "survival mode". The internal alarm system's going off and there's no space for stopping to go to the bathroom, or stopping to reproduce, or essentially find or bring us pleasure or we can empty our trash.

So, along those lines, when I have someone that comes into my office who is struggling with fertility issues, really wants to get pregnant, hasn't been able to. One of the first places that I look is in this space of "Is there too much stress?" Are you overscheduled? Does your body inherently know that it is not ready to bear another life in it? Is it barely getting by with you? So I would love to talk about fertility issues today with you, you're an expert at this and I think it's a really important problem that a great deal of women have a great deal of grief and depression over. A lot of angst!

LOURIE: I think that's a really good analogy. You can't go from being superperson... Running and working to saying "Okay let's have sex" and think you're going to get pregnant. Especially if you're an older person. More and more now, women are bearing their child-bearing years until their mid to late 30s to also their late 40s. And that perpetual stress raises women's cortisol levels. And that cortisol raising is not conducive to the environment and the body that is positive for fertility.

So I think one of the main components of healthy fertility is, it's a whole reworking of... And I use the analogy of what do you have on your plate? The plate is your life. Sometimes women come in and they have 10 or 12 things on their plate, and they're filled with anxiety, depression, insomnia, they have metabolic syndrome. They have migraine headaches, no periods. And of course, I'd be having a nervous breakdown if I had that many things on my plate. So it takes a while to re-prioritize and let go of things that aren't necessary and stop feeling like you feel like you need to be everything to everybody, don't know how to say "no I can't do that." Then we can tend to the metabolic issues. Why is it? Why are they not getting pregnant?

DR. KEESHA: Before we get into the metabolic issues I want to circle back to something I find very poignantly powerful that you just said. And you know, this idea of being everything to everybody. I think that men can get into this situation themselves. But I find that it's a uniquely female problem, the nurturing part of our brains tend to make us. And that space, that makes us feel like we have to nurture everybody. And the multitasking abilities that we have so that we can keep the toddler out of the tribal fire and tan the hides, and peel the corn, and grind the corn.

We're wired to multitask! And to watch around this, to make sure all of the ducks are in a row, the babies are safe, and things are getting done. And if you get a group of women in a kitchen together it's a beautiful dance. No one has to even say much; they just get it done. Because they can multitask and they can work together in this way. The problem with that is that they don't often, often I see this, put themselves first. And so being everything to everybody. Are

you everything to yourself also? Are you on that radar? And I think what you just said is such an important thing for women to hear.

LOURIE: I don't think women can hear it enough because there's no societal conversation that we're having and the messages that we get from society are the opposite, like you should be able to work and look great and exercise and look great and come home and be nurturing to everybody and eat something that you put in the microwave. I mean there is no frame of reference in the media and television advertising for slowing down and going shopping and cooking your own food and steaming vegetables. I can guess a very important beginning of building a healthy foundation for your house, which is a hobby.

DR. KEESHA: You know what I call this and some listeners have heard this in other interviews [Laughs]. I say this is the problem we've painted ourselves into. The corner that we have ourselves in. I would trade it for the world. But with all the freedoms that we have, we have to bring home the bacon, fry it up in the pan and look hot at the same time. And so this is... Thank goodness for the problem but now we need to address it with a really healthy solution.

So now, you have a woman who's come to you who wants to get pregnant, and her plate is overwhelmingly full and she's not putting herself first. And she's trying to be everything to everybody and her metabolic systems are in shutdown mode. I want to have you walk somebody through this so that our listeners can understand really the layers and steps that people like you and I take when we're working with people, it's not a magic pill thing.

LOURIE: No and I think you mention that in your website, it's not a magic pill like you'd see in an advertisement, or the birth control advertisement. You take one pill and you're fine. It's a quite involved process and it can take months to put all the pieces together and I think the first thing I'd start with is to make sure that the person is really on board for all the changes that need to happen, even if they're not happening in the first session. There are quite a few changes that need to happen. Are they willing and ready to do that?

As often with the case of fertility, wanting a baby is a very big, motivating factor. Or having a horrible, a serious disease like cancer. It's a very big motivating factor. So people often say "You ask us why here" and they've been to multiple other practitioners without success because they haven't taken in all the components that we all need to address, to achieve a certain level of help. So that can take a couple sessions, just that conversation. Then I think... You know... Where the person is, what's on their plate? Where is their nutrition, where is their exercise? How is their sleep? What are their eliminations like? Where do they have joy and fun and relaxation? What's the stress? Each one of those topics is on the plate.

DR. KEESHA: Before we go any further than that I want to again come back to that first step that you say that you say is assessing willingness to change. I believe willingness is the most important word that there is when it comes to having transformation in your life.

What are you "willing" to do? And how often do you run into women who come into your office that say "I'm here because I want to get pregnant". But when you present the lifestyle changes are going to have to happen, they kind of have to really have a confrontation with themselves and say "OK, am I really willing to do this?" And I think that's a really helpful conversation for every person to have with themselves. If they want a change they should think "How ready am I to really lead the transformation?" Not just "do this for a little while then go back to my old ways because that's how people keep losing weight and gaining it right back and finding more to go with it."

LOURIE: Right, the reason like linear weight loss doesn't work, I feel is because they haven't dealt with the medical, internal condition. And they haven't dealt with the psychological, emotional component of weight loss. There was a study about the biggest one of these television programs were... They showed people with huge amounts of weight loss and unfortunately 18 months after these people had lost over 100 pounds and had major plastic surgery, many of them had gained back 30% of their weight. When I heard that I was like yelling by myself to the television... "It's because you didn't hear what the metabolic component was and you didn't hear enough about the emotional component... Or the trauma that made the person gain.

DR. KEESHA: Which also goes into getting pregnant too. There's a psychological emotional component to this and it's not just metabolic and we can't separate these things out. You do Chinese medicine, I do Ayurvedic medicine, and both of those cultures didn't separate the mind from the body. They knew that they went together. There wasn't a way to take them apart.

LOURIE: I think that's beautiful, I mean I'm not an expert but I love it, I think it's very compatible with Chinese medicine and I love the frame of reference and you're right. They didn't delineate between emotional and physical and that is what I think we need to start doing when you're dealing with reclaiming your vitality. You need to contend to both components.

DR. KEESHA: Alright so we were walking somebody through. You started into food. We always start with food, exercise, what brings a woman joy. Then what?

LOURIE: Well each one of those is an in-depth conversation. I think that how you... What you eat in the morning starts out your sugar blood glucose levels for the rest of the day and our society with advertising has made people feel like cereal and milk is a way to start the breakfast. Or stone and coffee...

DR. KEESHA: Syrup, pancakes... Yeah... Hash browns [Laughs] It's all sugar.

LOURIE: Well you know how I think people need to be eating whether you have fertility issues with PCOS (Polycystic Ovarian Syndrome). Or you're recovering from cancer or Hashimoto's thyroid, the illness. I like people that make vegetable juice in the morning for themselves. Or I have metabolic pea isolate protein called Preconception Cleanse that I instruct people how to make it delicious and healthy shake for themselves in the morning and it has protein and they can put a little bit of blueberries and coconut milk and avocado for the good fats. And it keeps your blood sugar stable for several hours, it gives you energy. It's a delicious way to start the morning.

People don't want to do that, a little bit of gluten free hot cereal with a poached egg or maybe some other... I don't think breakfast needs to be the way the American Advertising Agency has been making us feel we should be eating for breakfast. It can be any type of food, not just "breakfast" food. It can be leftover chicken with roasted broccoli. I do that all the time but the thing I have one's every morning is I rotate vegetable through my juicer, so you're not eating the same things every day. They don't have... They're not starchy vegetables. And mostly green. And I add some collagen powder to add some protein to it. And on the side I'll have a fat source of some sort, like some nuts or an avocado. Or an egg.

It's just wonderful to start your day like this. Because rather than a coffee "surge" of energy and all that acid that goes into your body. You're getting that micronutrient surge that lasts, instead of having it then plummet down the other side of the rollercoaster, where around 10AM you're starting to crave sugar and carbohydrates. Right?

DR. KEESHA: Right. I hope that the morning rollercoaster ride and that is a delicious way to start the morning what you described and often when you start with people who are new to this way of eating, they come and they go and the vegetable juices taste horrible and I feel the worst they taste in the beginning is indicative of how important it is that we stick with it. Because as we eat more they taste better. You see that transformation is very exciting.

LOURIE: So stick with that thought for a second... It tastes gnarly and disgusting because you're sweet is programmed in there. You're programmed for sweet taste so vegetables for breakfast doesn't feel like breakfast and all it takes is some de-programming. After some time, it tastes delicious to have cilantro and kale but thru a juicer with some ginger. And so you know it doesn't matter programming and just like you said the worst it takes to you in the morning, that's how programmed you are for a diet that isn't serving you very well.

DR. KEESHA: Right, that's how just disorganized, out of balance your inner body is, your gut is. I think that transformation can take 2-3 weeks and sometimes I'll start out with a sweeter juice then you just described me. Carrots, celery, we get away from the carrot and add more greens. Parsley is created on the big juicing pan. I think juice with the ginger and the apple and the greens. Equal parts carrots and celery. Add some beats with some dandelion. Just went out and picked some dandelions. Juice, lots of weeds. Yeah, absolutely. It's just fantastic.

So this all really great, and you need to bridge yourselves slowly. If anyone's ever done something like this and gone away from a more carbohydrate, sweet diet and then come back to eating a carrot, the carrot tastes like sugar. It tastes sweet! Right? Where before it tasted like a vegetable that was normal. It's fun to see that transformation of your mouth and taste buds. And how you get it re-habituated in a different way.

LOURIE: I think it's the beginning of true healing, because they won't go back to doing coffee first thing. Or, I'm not opposed to having coffee but not first thing in the moment. When most people drink it. But if you're struggling with metabolic syndrome or diabetes, or infertility I think it's important to abstain some coffee. But refrain from white sugar as much as possible. And it takes a wraparound of, instead of thinking about what you can't do. Think about what you can do! And where can you go if you happen to eat out, to get what you need. To get what is healthy for you. As opposed to thinking "Oh I can't eat this or that" because the "can't" sets up a no win situation for yourself.

We want to focus on what we can do and how we can come from a positive healing place as opposed to a resentful place. The resentful thing will not work and you'll sabotage yourself and it's important to bring that conversation, which is often an inner conversation. One a person may not be aware of, into the treatment room. Then expose it and see what we can do to welcome it and say "Hey let's see what we can do to heal you and get you around."

DR. KEESHA: Well and if you are thinking of yourself as deprived then the adolescent part of your psyche is going to come out and eventually, it won't work. So it's really important that you buy in from all parts of you and that deprivation is not part of what you're doing. And I remember a teacher long ago saying to me "Just think about instead of what you've just left behind, all of the many doors in front of you that you now have the opportunity you have to open. And these doors lead to foods that you never even knew existed because you were caught in your rut. And I love that way of thinking about it. You're really opening up to a wider variety of foods. You're not being deprived at all.

LOURIE: Right and with fertility I think it's so important because as the woman becomes healthier and more aware of conscious food choices. When she has that baby, the whole household was going to be healthier. She's setting up a healthier environment to herself, partner, and this global being that's being welcomed into the world. And that makes for a healthier, next generation. And that is the big motivating factor I think.

DR. KEESHA: Absolutely. So with fertility, what are some of the other things that you're looking at. What are some of the problems that women have that are common in fertility?

LOURIE: Well more and more, logistically the center for disease controls has been saying that 8 to ten percent are experiencing infertility. And infertility is medically diagnosed as "trying to

attain a pregnancy for at least a year without success. Now within that statistics, this is a huge number... 75% of primary infertility is due to PCOS. And that has been increasing over the years.

To explain what PCOS is, there are several components of it. There is the blood sugar issue. And I'll go into these details. It's the ovaries become enlarged with cysts and they put out too much hormones, estrogen. And that disrupts the cycle of the feedback loop. That disrupts the cycle of the feedback loop between the ovaries and the pituitary. And that causes an ovulation or no ovulation. And that's one of the reasons that women with PCOS, even though they have a huge... Ovaries with multiple cysts on them, the irregular periods and often they don't ovulate. Now given that whole syndrome is also a blood sugar is also.... And women also often develop what is known as Syndrome X, or Diabetes. And that leads us to become, often massively overweight and sometimes women come into the office and 80-100 come overweight and when I go through their diet and they tell me what they're eating. Outside of the facts that there are too many processed and raw foods, but they're not eating that much food that they should be that much overweight.

And I think it's a problem with... You have too much sugar or insulin floating around in the cells and they're not getting properly nourished and so they're holding on to the glucose until they properly process the food. And that leads to the third component that is inflammatory process. Women with this PCOS often have thyroid disorder, they have a gut imbalance, they don't sleep well, they have elevated cortisone levels. They can have acne and too much hair over their bodies and all of this makes them feel horribly anxious and depressed. I participated in a PCOS seminar in LA last year. These beautiful young girls and were talking to me and they said they go to the medical doctor and they're put on birth control pill to regulate their cycles, but the rest of their body is still out of balance and they feel horrible. And they felt very hopeless and didn't know what to do.

DR. KEESHA: I want to talk about that because the birth control pill is used to a variant of different reasons that are not actually getting at the root cause. Whether a girl's period is irregular or there's too much bleeding or not enough, ACME birth control pills use, rather than looking at hormone levels and looking at why they're imbalanced in the first place. We're now finding out that the birth control pill's been a very wonderful saving grace for women for a number of reasons but we're finding out the dark side of the overuse of the pill now. Just like we have with antibiotics. Aren't we?

LOURIE: I just saw a woman in my practice today, she had no period for 7 years due to the pill. She was on the type of pill that repressed her period for 7 years. And in addition to just having a mastectomy because of breast cancer, she now can't get pregnant. Now a lot of girls and women are actually looking for birth control methods that get rid of their period entirely because it's inconvenient. So do you keep talking and bring that into conversation?

DR. KEESHA: So that cute little commercial where they have these 4 young girls with the round circle. The girls go apart then they come together. And the voice-over says "You get your period only 4 times a year" and one of the girl leaves "Or you could get it 3 times a year" or "You can get it 0 times a year". You can't suppress your hormones like that and think that there's not going to be a rebound to that on multiple levels and multiple layers for your body. Women's bodies weren't made not to have periods. So I think part of functional medicine and integrated medicine is in a way coming back to the roots of what it means to live with the cycles, and live with the seasons and exercise with the seasons and be connected to the earth in our planet in a very deep way.

LOURIE: You mean rather than be connected to the number on your birth control pack?

DR. KEESHA: Yes [Laughs]

LOURIE: That sounds good. Alright so let's come back to women have the rebound effect and the woman in your office who hadn't had a period in 7 years. This is not conducive to fertility obviously.

DR. KEESHA: No, no. And she went to a reproductive endocrinologist and he said well lets go right to IVF. I said "I don't need to know if you're going to need to give me eggs, because your hormones are so out of balance" So we're starting the process, she went off the pill. She had her first period it was very light, we're starting the hormone reset, rebuild protocol which you know I said I need 3 to 6 months, luckily she's only in her early 30s. So we have that amount of time. I tell women you need to give me at least 6 months when something like that is happening and it's interesting when women have decided they want to get pregnant. 6 months feels to them that it's like forever. Because we're so used to scheduling ourselves, we put it into our smartphone. Calendar everything. And so "I want to get pregnant, I'm ready" and to be told "I need about 6 months to help you prepare your body" isn't the instant gratification we have come to rely on... Is it?

LOURIE: No, I think we need to get the word out to a larger population that this type of healthcare needs... It's like you're building a house. Start with a foundation to build a house it's not like you can prefab it in a week or a month. I mean, it's a process and our society has become so fast paced Instant Messaging, texting, all that. People are losing the concept of process. And the time that it takes for the cells to heal. To reconstitute your gut and get some deep sleep and lower your cortisone levels and start to learn new habits that are healthy for yourself. All of this takes focus and time and energy and you can't rush it.

DR. KEESHA: And the problem is you may actually be able to get pregnant in that time and probably will be because the kind of medicine that you're practicing and what we do for our clients. You do get good results but you have a higher risk of miscarrying if your body's not

ready. And that's what... I mean, I really want our listeners to understand that, who are trying to get pregnant.

You don't want to rush it. You do want to have the foundation built like you're saying with your metaphor of the house. It's so important that it's a strong foundation to put it on. Otherwise, why get pregnant if you run a risk of losing the child because your body's not ready. And miscarriage has its own level of physical and emotional trauma and if you can front-end your patience and do a little bit more preparatory work and heal some of your body so there is enough Chi or enough energy in the woman's body to hold the body. It's really important and it's really worth it.

So, coming back to the conversation about PCOS. Women, young women, teenagers, at the point that their diagnosed with PCOS are being told that they're going to have this issue for the rest of their lives, that there isn't a way to really reverse it, just to contain the symptoms. Is that true Carol?

LOURIE: No. [Laughs] I don't believe that. I don't believe that about most metabolic illness.

DR. KEESHA: No. I'm sure you've reversed diabetes the same way I do. You know these things that people are told, that there's no cure for. And then actually type 2 – that's reversible. And they're told NO. Absolutely not. No way. It's the same with PCOS and also autoimmune diseases. When people are told there's nothing that we can do except take these medications, you're handing out a big dose of hopeless with that. And also a big pack of lies it just isn't true.

LOURIE: Well it's not true from our perspective but if you're a straight allopathic position who hasn't studied functional medicine or integrated healthcare. I think they believe what they're telling you.

DR. KEESHA: Well they do. Because we're all required to have licenses to get continuing education units. To keep our licensure up. And if you go to the free seminars that are offered by the pharmaceutical industry, you can get all your CTUS taken care of. You can get wine and dine and even taken to foreign countries and get your CTUS taken care of. The problem is you're watching slides up on a wall that are only tilted to the pharmaceutical's way of thinking which is "This pill is the answer" and you know, physicians who are only doing this are only drinking that Kool-Aid.

So when my patients come in, I love this term... "Why didn't my regular doctor tell me that?!" [Laughs] I love the term "regular doctor". You know? That my cholesterol is not the big death now that I've been told I need to be out of stat for it. I'll explain it. I'll say it's not their fault. They're actually getting their education in the way that the modern healthcare system is arranged

around. I call it being "outside the matrix". I say "once you're outside of the matrix, there's no going back."

LOURIE: Hopefully, I mean, yes, but I was never in the matrix, so I understand the matrix and I'm just sorry that not more people don't come right away to integrative health.

DR. KEESHA: I was in the matrix until I got my own outward fantasies, so I used to work in the intensive care units and I was all about acute care medicine and loved it. And that's a good place where allopathic medicine does a really good job.

LOURIE: Thank goodness for intensive and acute care. We need that.

DR. KEESHA: We do, but when it comes to real preventative medicine, this is where what we're talking about getting into the intensive care. So let's work with the PCOS then... Question... How is that reversible?

LOURIE: Well it's not just preventative medicine but it's also restorative medicine. Because when you get out of intensive care, how do you restore your health? These poor young girls from LA. LA is a very externally-oriented neighborhood and there's too many movie stars running around and it's hard to look like one of those movie stars. And those poor girls, beautiful young women, they were feeling bad about themselves. This one girl was eating 500 calories a day and she was still close to 80 pounds overweight. So she had an anorexia starvation problem and she hadn't been able to lose weight. The first thing we did, you have to have her eat more. And it was a big conversation to explain rationally why eating 500 calories a day was starving herself so her body was holding on too much onto everything she was eating. And what was going on with her thyroid and how were her bowels.

As we started working with that and she started to see that if she ate the right things at the right times and did the right forms of exercise. Then she was able to lose weight. So the eating disorder was, you know iatrogenic... It wasn't her natural tendency. She was trying to become slim and she could because she had this polycystic ovarian system and a hypersensitivity to insulin and glucose. So when we managed that, the body was able to start responding appropriately to the amount of food that she was eating and the appropriate levels of insulin and she was able to start losing weight.

DR. KEESHA: Well I was just going to say coming back again to that "lion chasing the zebra". The zebra knows it has to hang on to everything because who knows if it's in survival mode. So if you just kind of picture that it just makes so much sense why starving yourself is not going to help you lose weight and it's important that you eat the right foods at the right time of day and you have to really begin to dissociate yourself from the normal standard American diet... Fast food, what they serve in the lunch rooms and the cafeteria. And hanging around with your

friends and eating pizza and drinking certain sodas is not what people with PCOS, what women with PCOS can eat and stay healthy. And the young guys who are eating like that eventually, it'll catch up to them when they get older.

LOURIE: It does seem rather unfair when women can see everyone else doing that. But when you get into that state of insulin resistance when the self is not letting the insulin in to metabolize the sugar properly to make it into energy. It's being stored as fat and immediately you've got a problem you've gotta deal with and you can't compare yourself to everyone else and feel like it's unfair. It's just reality, the data.

DR. KEESHA: Right I always tell people that comparing yourself is how to make yourself feel horrible in a second without really trying.

LOURIE: Yes so true. And any arena of life... Just don't compare yourself to anyone. You are you [Laughs]

DR. KEESHA: Whether you're 15 or 50... It sneaks up on you before you know it you think "Oh this person has it better than I do and they're great and I'm not". We all have to work on that component of our mental health and becoming aware of it is the beginning of taking back your power in that area. And not making yourself a victim to the PCOS is the beginning of your healing journey and it takes a lot of support because the girlfriends of these young girls who are young and slim and can hang around and not exercise and eat pizza... Don't understand what their friend who has PCOS is going through. Including a very isolating and lonely experience. And that's why I think support and coming to a practitioner such as myself or an acupuncturist or doing this to support groups for young girls who are having functional medicine treatment of PCOS is very encouraging and very important.

LOURIE: And there are some things that I treat a lot of people with PCOS and help reverse it and there are some things that we can do but in terms of supplementation and again food choices and doing some balancing with the hormones and getting into that metabolic piece and also I love genetic testing for this reason too.

Finding out what you're genetically programmed for and turning the genes off that aren't working so well for you. And some of those are food based and others are handling your stress well. One thing I always laugh about is when people say "94% of everything medical has a stress component or root cause of stress so reduce your stress". Well that's... Not realistic. So it's not reducing your stress. And so what is it, what are some tips that you give to the women that you work with to help them manage their stress better so that their vitality can increase. Stress is one of the biggest vitality suckers that there is and how you are with it is going to make all the difference in the world.

DR. KEESHA: I agree. First I think some people come in and are not connected to their bodies that they don't even know that they're stressed. They don't know how wound tightly they are. You have to start where the person is. So it can take a month of 6 weeks just to get them to realize the difference between being wound tightly or letting acute things to.

I think with people like that, yoga or Pilates or swimming or walking or going to a meditation class and learning how to meditate. Even if you only do it for 5 minutes in the morning and 5 minutes before you go to bed. Can be very helpful! Have to start where the person is Sometimes I start a plate, physically, with my patient I say I want to "Put a little circle on here of everything that you have that is in your life" and at the end of that they have this color coded thing with 15 color coded things on the plate and I go "You forgot about taking care of yourself. That's not even on the plate" Then we have the process of making another drawing and taking some of those things away, and doing some problem solving. Maybe that everything doesn't have to be on the plate right now. Maybe you can get some help. Maybe I can call in my friends. I think everyone's so busy they forget that they have community. Community is so very important, not only at a time of crisis, but also at a time of getting your health better and needed help.

LOURIE: You're absolutely right. It's also a great way to get some healthy movement in your life is to do it in community. I know it's much easier for me to go out running in the Seattle area in the winter when it's raining and cold and dark, if my girlfriends would warm me on the corner! Taking a movement type of experience with a girlfriend is very empowering for both of you. Pole-dancing. Doing bar classes, doing nia.

I mean, you have really become disconnected from your body and I find that people with PCOS, people with weight issues, people with autoimmunity, people with any type of chronic disease process at all have become really disconnected from the body. And the mind is acting a bit like a bully and just kind of dragging the body along where it goes, instead of working together as a team. And I think yoga and all these things to bring them back together and get them to try to collaborate together as a team. You can really listen to the body's feedback. And so it doesn't have to scream at you anymore, right?

DR. KEESHA: That's a really great analogy because what happen is the inflation is getting higher and higher and higher because the person's not listening until like the proto-immune of hushimotos or PCOS, the person is so sick they literally can't get out of bed. But then you don't have a choice. So then I got to go to the doctor, and not an integrated doctor, too often the person ends up on antidepressants.

LOURIE: Absolutely, diagnosis of chronic fatigue or fibromyalgia. They'll get put on an anti-depressant for it.

DR. KEESHA: Yes, I have many women in my practice who come in with the diagnosis of

fibromyalgia as I'm sure you have. Well that trashcan diagnosis, the doctor gives you because they don't know what's the matter with you. So they're giving you antidepressants for fibromyalgia. Really you have abuse of your body and your psyche so your little body is just relaxed and we need to keep better care of her and teaching you how to take better care of her.

We certainly got off the track of restoring your health, sorry I'm laughing away here. But it's so possible to restore your health and I think that when you're feeling sick and you've been told you're going to have the XYZ condition for the rest of your life and you're going to have to take these pills, our society doesn't instill enough hope in people about restoring and reclaiming their health. And it's one of the first things I help my patients recover from, is lack of hope. Lack of help, lack of hope and lack of help. And their illness, of course you can get better and reclaim your vitality and even be better when you're through with this than you were before you got sick. Because you're in happier habits. And that's really important I think. And your family will improve because everyone's going to start eating better.

LOURIE: All of these are so, they're important steps to take in reclaiming your health and getting out of the "Magic Pill Theory" that we have propagated in our society. But you know Carol, the thing that I see is that everyone on both sides has bought into it willingly. In other words, we're so busy we'd rather take a pill.

Women are willing to take the anti-depressant for... To see if it's really going to work because they do feel depressed and of course you feel depressed if you have inflammation so high that you can't get out of bed or do what you want to do so you think, well maybe! Maybe this pill will work!! There's this hope that's extended that it can work and the frustration comes when it doesn't and in fact it's very harmful because now your libido's gone too.

There's a number of other side effects that come from these drugs. You can break the glass ceiling and feel joy again either. So you and neutral kind of flat space so you don't drop from depression. But I've gotten to this place where I'm saying "Let's call ourselves to a higher bar, higher standard where we don't just axe out what the FDA says okay to pass as healthy.

The processed foods that are in the grocery stores in the entire middle of the grocery store, all the aisles, have ALL been FDA approved. And yet are causing cancer or chronic disease or digestive issues. Causing all kinds of problems for us. Obesity and inflammation. And because the FDA approved them, which is our oversight body that says what we can have is safe or not safe. But we're believing that and we're buying into it even though our voices are not the only ones saying this stuff. It's everywhere!! So I just want to say to our listeners, really try to just bring yourself to a higher bar, don't go with "Well the government's allowing it, it must be ok". It isn't true.

DR. KEESHA: And also if you go into a regular medical doctor and he or she says "Oh you have disease A, take drug B" You know, my attitude is let's try natural first. It's okay to think "Well maybe I'm going to google natural treatments" and see what the internet says about this and then you can look for an integrated practitioner in your neighborhood and there are more and more of us around. All throughout the US, which are beautiful places to live. More and more integrated practitioners of various sorts are out there. We all believe in the body's ability to heal herself and with nutrition and exercise and pharmaceutical supplements. And meditation and yoga and acupuncture there is always a way to get it better for yourself.

LOURIE: True, but it does require that you do some heavy lifting on your own behalf. And that is "Start where you're at and take those small steps forward and every step forward is another victory until finally you're out of place where it's just habit". I just think that doing it that way is really going to create the life that you want that's full of vitality. Because certainly being on antidepressants are not a life of vitality.

DR. KEESHA: Yeah it sounds pretty depressing to me.

LOURIE: Alright so I might get email about this that says "I was suicidal until I went on antidepressants" and I am not against antidepressants and I don't want anyone to think I'm saying that. I am not condemning them and I think there are a time for them and the person who said "I was suicidal until I went on antidepressants" didn't just wake up suicidal. I mean there must have been multiple traumas that happened over an extended period that contributed to that feeling of wanting to die. And I take that very seriously and as part of an integrative approach I would work with her, she needs psychotherapy, problem solving management, maybe family work and then stabilize supplements and maybe at some point X number of times after she's been on the antidepressants she can think about coming off and substituting Amino Acids and some homeopathy and acupuncture but you don't just take your anti-depressants one day and decide "I'm going to go off them" the next. It doesn't work like that.

DR. KEESHA: Right, and there are genetics. Whole lines of women genetically who have had depression and suicidal ideation and bipolar disorder and all these really terribly life altering mood issues like horrible anxiety and there are many, many stories when medications have helped stabilize people and so I write prescriptions for these when they're needed. I've been on one myself when I needed it. But I always do it as a contract with my patient that they will also do some counseling. And that will replace this with some tools that you can use to reduce some anxiety on your own that you can get out of your depressive state, using these other things. You can change genetics. And food = mood. So everything that you and I have been talking about Carol contributes to mood. It's so important for people to understand that food = mood. So what you eat effects how you feel. It seems so simple to say that but it's profound and important to live [Laughs]

LOURIE: Yeah, it's not so easy and sometimes even people come in and they have a really clean diet but they're suffering from anxiety and depression and that needs to be respected and I always feel like "OK so your nutrition is fine but there's something going on in your metabolic system or psychological system that needs attending to and needs to find what it is. And then you can make an assessment about how you want to treat that. This type of work takes time and commitment and it's not for everybody and it's not available to everybody unfortunately, but it's important for people to know what's out there. I have a young girl in my practice who gained 110 pounds because she saw a psychiatrist and was prescribed a smooth stabilizer and gained 110 pounds. And she comes in to see me and she's suicidal because she's gained 110 pounds.

DR. KEESHA: Not an uncommon story unfortunately.

LOURIE: I wanted to call the doctor and scream at him. Of course I didn't but it's like "Okay honey, let's... You know... Of course you don't have to be 110 pounds overweight. So we'll help you lose the weight and we need to get the doctor to change your medication and eventually we'll get you off the medication maybe, but let's just slowly back up from the cliff and get you on some supplements and work on your diet and get you some exercise and... I mean that was a life altering moment from her, because I thought I was going to have to commit her because she was so suicidal and you have to take that stuff very seriously, it's not a light moment.

DR. KEESHA: It isn't. But, and not to bash psychiatrists who put people on medications, or doctors after a woman's had a baby and is in postpartum depression. Just handing them a pill. A lot of the medical field is dictated by the insurance industry. And the insurance companies want a six-minute medical visit that's the average. In 6 minutes, no way, no how are you going to get to the root of the problem. You're not going to even be able to hear the symptoms and "here's the testing I want you to do" and "here's the pill". I mean that's all it'll buy you. It's again... The way our healthcare system is set up. Integrative medicine can be very expensive out of pocket for people, and it's very frustrating for them. Because they're used to thinking insurance will just pay for everything. So it's a time of change in our country right now and in our healthcare arena and one of the most exciting things I think is the world of genetics and being able to be very precise about what genes are causing anxiety and depression. We can find that really easily now. Work with supplementation and food to turn those genes off. And so I'm very excited about where we're going with healthcare.

LOURIE: Me too, and sometimes with postpartum depression, the woman needs to sleep.

DR. KEESHA: RIGHT? Who knew sleep was so important?! [Laughs]

LOURIE: She's not eating the right foods, and she's nursing and she hasn't slept in three weeks and who wouldn't be psychotic with no sleep in three weeks? So sometimes the answer is "OK, we have to get the neighbors and the family involved and the woman needs to sleep". And

people are much more fragile than sometimes they let on and I think people do the best they can and sometimes life and trauma just hit people and they need the support and the medical background and understanding to let people through the hard times to realize that it doesn't always have to be like that and there is a way through the forest.

DR. KEESHA: Well it's another important role of community and I always tell my parents there's an "I" in illness and a "We" in "Wellness" and so who you have around you can support you. That's in post-partum time, it used to be that there was plenty of community support around a woman and now we isolate ourselves a little bit more than we used to and so you have to be very intentional about reaching out to your communities so they know that you need help.

LOURIE: I love that the "we" in wellness. Never thought about that before. That's a beautiful concept!

DR. KEESHA: Yeah, I was looking at it one day and say "Ohhhh... That's so true!" So Carol it has been a delight to talk to you, you have a very lovely bonus gift that you're offering our listeners with fertility and PCOS issues and we will have that posted on the "speakers" part with your information so people can find you, get to your website, learn a little more about you and connect with you. So I appreciate you sharing your wisdom with everyone on this summit and joining all of the women in wellness.

LOURIE: It was too quick and we could go for another hour. It was nice to talk with such a kindred spirit.

DR. KEESHA: Yeah, we could go WEEKS. It's been great

LOURIE: Thank you so much Keesha.

DR. KEESHA: Remember everybody, to live, love, laugh, learn and have a fantastic day and until the next time, be fabulous.