

Women's Vitality Summit

Dr. Keesha Ewers Interviews Corey Schuler

April 2017

DR. KEESHA EWERS: Welcome back to the Women's Vitality Summit: Caring for Yourself Body and Soul. This is Dr. Keesha Ewers and I am delighted to be able to talk to Corey Schuler today, who is a licensed nutritionist, a registered nurse, and a chiropractor board-certified in nutrition and acupuncture. He's the director of clinical of affairs for Integrative Therapeutics and has a private integrative medicine practice in Hudson, Wisconsin and he focuses on gut health, stress, and metabolism. He's on the Board of Directors for the International Probiotics Association and an advisor to Functional Medicine University. Welcome to the Summit, Corey.

COREY SCHULER: Thanks for having me, I appreciate it.

DR. KEESHA: You work a lot with metabolism for people, right?

COREY SCHULER: Right.

DR. KEESHA: How did you get to be interested in this subject?

COREY SCHULER: It's a circuitous route, just like my career. As far as looking for those underlying problems that people have, I felt like we were working around the edges with people. If they're trying to improve their health, I was, "Let's move your cholesterol. Okay, let's mess around with your blood sugar. Okay, let's do that," but really, fundamentally, what was going on was these major cell signals that are going on and how they affect absolutely every cell and affect behavior and all of this sort of stuff, so I was like, "Well, metabolism and how things break down change and fuel cells, that's what I'm interested in."

DR. KEESHA: Okay. I often hear that people have a personal story when it comes to functional medicine. Do you have something that converted you, so to speak, to really looking at root cause?

COREY SCHULER: Yeah. I'll go a little bit further back. My undergraduate degree was in chemistry, so I was a researcher at NASA, Langley; just a lonely chemist,

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Corey Schuler

just trying to make materials for satellites and doing what I was doing in the lab. We had this long hallway and we were the last lab in the end of the hallway, and I had this 5-gallon bucket of volatile, organic compound waste that I had to carry down to, basically, the trash; it's a huge room but it's the trash. I'm carrying this big, giant bucket and I walk in there and there is a senior scientist in there, and it just scared me. Because I was like, I don't know, I probably had a song in my head or I was not paying attention to whatever and it scared me and I dropped this bucket. What happens when you drop a bucket full of liquid straight down is it splashes everywhere. This is one of those incidents where they change the sign on the outside of the building of zero incidents. I showered her and showered me with all of these carcinogenic chemicals and we had to do the whole shower thing and wash our eyes out and the whole works.

I know why my head was in a different space is because it was that very week that my father was diagnosed with cancer for the second time. It was after that; you take a day or two to recover from that, about just when this silly incident that occurred. I was like, "I don't know if I'm on the right path." So very long story short, I did some soul-searching and my mentor at the time was a breast cancer oncologist in Southern California and he said, "You know what? You should look into more holistic medicine. Go to a seminar; see what you think of it."

I signed up for a seminar, I don't know how or why they let me in, but it was by a gentleman named Jeffrey Bland. It was eight hours for three days of Jeffrey Bland speaking about all of these metabolic acupuncture points and how everything relates to everything.

DR. KEESHA: It was information through a fire hose.

COREY SCHULER: And I was super excited. I was sitting next to somebody who was very famous in functional medicine as well and he ended up doing a talk as well and I got to talk to him. I said, "This is what I need to do," so I followed him and I said, "What do I need to do to get there?"

DR. KEESHA: Great story. That's awesome. This is the Women's Vitality Summit; I like to explore that word, "vitality," with each of the speakers and see what does that word mean to you?

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Corey Schuler

COREY SCHULER: I've actually been thinking about this. Ever since we set this up I was like, "What does vitality mean?" From a silly way, we think about it as what kind of energy you have after everything that needs to be done is done if that makes any sense. Your lungs got to breathe, your heart's got to pump, your brain's got to do its stuff, and all of those systems have to do what they need to do, and whatever you have left, those reserves, that's the vitality.

DR. KEESHA: Hopefully, you have something left and if you don't, you don't feel vital.

COREY SCHULER: Exactly.

DR. KEESHA: That's a great definition. Let's talk about weight because that's one of the feedback mechanisms that the body uses to say if you're not efficient in cellular metabolism. It really is just feedback and yet there's so much emotional and mental baggage wound up around what the scale says, oftentimes, for a lot of women and probably men too. What I wanted to do is debunk some of the myths around weight and really help present this information, that it's just feedback. Your body is just giving you information and what you spin it to later, metabolize that thought process to in terms of belief structures, actually creates a lot of shame and a lot of what we call emotional eating and things like that. But it really is just feedback from your cells when the scale goes up, right?

COREY SCHULER: Right. You're on to it all. The scale is a terrible marker. It is a feedback mechanism, but it changes, oftentimes, slowly, but we fixate on it a little bit too much and we wrap up our self-identity, sometimes, in what that scale says and we tell ourselves that we're doing life right or we're not doing life right if it does or doesn't move. It's very misleading in a lot of ways.

However, but with that said, that feedback, as long as it's interpreted correctly, because you said it's feedback or information that we get, as long as it's interpreted appropriately, it can be awesome. Just to say it's not a really great marker for how healthy we are still doesn't mean it's a worthless piece of information. It's just that it has to be put into context with everything else that's going on. If your weight is going down and then your vitality goes down, the energy that's left isn't there, you're not going in the right path, so it gives us some trajectory.

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Corey Schuler

- DR. KEESHA:** An example of this is your blood pressure. Your blood pressure doesn't indicate your entire cardiovascular health, it's one benchmarking tool. I love how you just said that. It's not the whole picture, but it is one tool that you can use to benchmark.
- COREY SCHULER:** And it is something that people have goals with. A lot of your viewers now, that's on their mind and it's worthwhile to discuss, debunk, and get to the heart of it and put it into context for people.
- DR. KEESHA:** All right. Go ahead, let's hear the context.
- COREY SCHULER:** The context is essentially that, when we look at weight, we are also interested in inches, so we look at waist circumference, that's probably the most measured thing. How tight your pants fit is, obviously, one of those things that we pay attention to. We're also paying attention to things like your thigh circumference and other metrics of anthropomorphic measures, the body size and shape. That's incredibly important. However, all the things that I've led onto and you've mentioned, things like how well you metabolize your blood sugar, or how you stimulate insulin, that matters too. How much inflammation in your body matters as well. If two people want to lose 20 pounds and this person is highly inflamed and this person is not inflamed at all and has no inflammatory markers and doesn't do any behaviors that's causing inflammation, I'm going to have a lot easier time helping that person without inflammation lose weight. How do you measure that? There's blood markers for inflammation, there's blood markers for blood sugar, hemoglobin A1c, we commonly look at as well as a few others, and knowing those is helpful in the greater context.
- If you're not going into a practitioner's office and needing medical help with weight loss, what I tell people is, if you want to lose 20 or 30 pounds, you can usually do that on your own as long as you have the right path set up. If you need to lose 100 to 300 or more pounds, then you probably need someone helping you because there's a lot of other things going on. The context that I share with people is that weight loss is a lot like getting out of debt. I take the health part of it out of it because health is confusing and medicine is confusing, physiology is hard. But if you think about it in terms of debt, if you have a lot of credit card debt, and house debt, and cars and all of that stuff, you don't just pay back the principal; you pay back the interest. So if you're overweight, 20 or 30

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Corey Schuler

pounds, yeah, we have to lose the 20 or 30 pounds, but there's collateral damage that's been done. The interest has been paid on how you affect your mitochondrial activity, how well you handle blood sugar, inflammation resolution, et cetera. So, usually, a few point conversation around those ideas will help us a whole lot understand what path we're going down.

In regards to what we do about that, I like to say it's easy to get lost. It's easy to get lost on this path about paying things back, but if we have a nice path, I like using some of the debt resolution nomenclature that's been used, sort of like we pay down debt using this snowball method, people have heard that. They look at all of their debt and they pay down the easiest one first. Well, in most cases, and I know that other experts argue with me on this, but I would consider that the easiest habit to build in order to lose weight is actually movement.

I don't want people to misconstrue that and say, "I can exercise my way out of bad habits," but what I've found is that if I start people with a movement habit, that maybe they are pretty sedentary now, but if they start moving their body on a routine and a regular basis, they tend to make better choices. It's sort of like this self-love begets self-love and these good habits beget other good habits. Because it's really hard to jump off your elliptical trainer after 20 minutes and then go out for fast food. It just sort of doesn't make sense to you, so oftentimes you end up making better choices as a side effect.

DR. KEESHA: Movement, to me, also is choosing something that you love. You mentioned the elliptical trainer, but if you don't have space for that, you don't want to have a gym membership, you don't want to leave your house, it's finding the thing that will really get you excited. I just had someone in my office yesterday that said, "I'm so in love with this little mini rebounder you had me get," the trampoline, and I said, "Great! That's what I want." I want for my patients to really love what they're doing so that they can't wait to get up and do it, they can't wait to schedule it into their busy day that's already packed. I think that that's another piece of this, is making sure the movement that you choose is something that you really, really love doing.

COREY SCHULER: Yeah, and what most people do is they maybe don't give it a long enough of a shot to know if they like it or not is what I've learned. I asked people,

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Corey Schuler

"Let's give it a week and let's evaluate it. I don't want you to necessarily love it right away, I just need you to be able to do it for a week." If you can do it for a week, and it's tolerable or maybe even a little bit enjoyable, then that's good. The movement, you said any movement and I kind of agree with that, it just has to be more than what you're doing right now. If you're already doing maybe you have a gym membership or whatever else, it just has to be the little extra because the body responds to demands. We are a stress stimulus environment, and so we have to increase the demands on the body just slightly, not overdo it, but we just have to increase demands so that we can improve our metabolic efficiency. If you're already doing the 20 minutes on the elliptical or the 10 minutes on the rebounder et cetera, increasing that game or changing it and cross training a little bit is ideal. Right now, if someone is completely sedentary, going for a 20-minute walk is upping the game and that's good enough.

I recently had a patient who was just north of 500 pounds, so this is more of a medical weight loss situation, but they had challenges. They couldn't do everything, their knees didn't work right, everything hurts et cetera. I was like, "Do you think you can walk up and down the stairs three times a day?" and the answer was, "There's no way I can get up and down the stairs three times a day." Not even get up and down the stairs once, three times a day. And that's not something that you fall in love with; you don't get passionate about going up and down stairs. But you do get passionate about, "I'm improving myself. I'm offering myself some self-love and some satisfaction that way."

DR. KEESHA: Years ago, I did get passionate about going up and down stairs. I worked on in a hospital, I was on the seventh floor, and I decided I was going to rule out, this was in my early 20s and I've done it ever since, no elevators. It doesn't matter if I'm on the 35th floor, I will climb the stairs. Because I just made that commitment 25 years ago and I've been keeping it ever since. I love that. It's like, "Good, 40th floor? I've got this," so I'll go.

COREY SCHULER: I would usually do that. I ran into a situation in Boston where I couldn't find the stairs.

DR. KEESHA: Yes, there are so many hotels where they won't let you use the stairs. I have to go find a concierge and say, "Where's your staircase?" and they'll

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Corey Schuler

say, "Ma'am, I'm sorry. We don't let you use the stairs." And I'm like, "Shouldn't we know where the stairs are if there's a fire?"

COREY SCHULER: Exactly.

DR. KEESHA: Yeah, there are some hotels that I've had to use the elevator because they absolutely would not let me use the stairs, but if you can use that, then, for the most part, it'll probably be 90-10 that you'll be taking the stairs. If you can find the staircase and just say that that's my commitment to myself. I hike a lot and I know that taking the stairs everywhere I go helps that. It makes my legs and my backside strong to take stairs, and I just think it's a great little commitment I made a long time ago and it's really been a good health goal for me.

COREY SCHULER: That's great. I have a colleague who says he relates everything just to oxygen because he's like, "I've got to make things simple," so he's like, "You breathe in oxygen, you breathe out carbon dioxide," and that's usually about what people think about oxygen but he's like, "You've got to think about this, you can go a long time without food. You can go 40 days, maybe, without food if you're really dedicated to a long fast. You can go a couple of days without water, you can go a couple of days without sleep, not very good, but you could. But you can't go a minute without oxygen, so if you don't get that oxygen to every tissue of your body, something is going to say, 'Well, I guess I'm not really necessary.' those tissues. 'You don't think I'm necessary, I don't maybe think I need to be necessary to you either.'"

DR. KEESHA: Yeah, so feeding that, that's really good. That's a really good motivator. Oxygenated blood to every tissue layer, that's my goal for the day. All right, beyond movement, then what about food?

COREY SCHULER: If somebody is setting out on their own and they're going to do this on their own, people ask me about what's the best diet. I can't go anywhere without being asked that question, so I usually give them the terrible answer of, "It depends."

DR. KEESHA: It does.

COREY SCHULER: It does, it totally depends. I'm going to tell everybody what I tell patients who come to my office is that I don't know which is going to be best. I

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Corey Schuler

know that a ketogenic diet is helpful for a lot of people, but it's hard for some people, and it doesn't work for some people. And I know that a vegetarian diet is really helpful for some people, but maybe not for everybody. What I've done is I've put together a three-week trial of therapy to figure it out for you. This is where the plan really helps because anybody can do anything for three weeks, I've convinced myself. People in the worst health can do great health improving activities as long as they see the light at the end of the tunnel and they know they're going to make it, so I say, "We can do this for three weeks."

The short answer is that I say, "I want you to have a ketogenic type diet for breakfast, and I want you to have what we call a Mediterranean or paleo-Mediterranean type of lunch, and I want you to have, basically, a vegetarian or a close to vegetarian dinner, and I'm going to have you record certain things. You're not going to record your weight. You can step on the scale, and you probably will, but what I want you to measure instead is sleep, your mood, your energy, and any pain that you might be having."

So if you're measuring sleep, energy, mood, and pain throughout the day, we can look back on those three weeks, and if you followed those diet plan, I can say, "10:00 in the morning you feel like this, that means this," and there's just a little bit of interpretation. If you like garbage after eating a high-fat, moderate protein breakfast every day for three weeks, that's probably not the right choice. If you can't do anything after supper, after having a vegetarian diet on three weeks, then maybe we need to have a little bit more protein or a little bit more fat in your diet, so we can just shift that one way or another to make it right for you.

DR. KEESHA:

That's a great idea. The way I do it is genetic testing, so that's much cheaper. That's really good. 10% of the population has a gene that they can't manage animal fat, their livers can't do it. When that happens, then all of the paleo, fat's good for you, there are all these good fats, pour them in and lose weight, it's not right for that 10% and that actually puts them at a higher risk for Alzheimer's disease and heart disease and they gain weight like crazy. There's never a one-size-fits-all, so I'm so delighted to hear you say this because a lot of so-called diet gurus will come up with their standard diet, with a cookbook that goes with it, and like I said, bone broth isn't right for everybody. If you've got a genetic problem with MAO gene, then you're going to have problems with tyramine, which is

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Corey Schuler

tons of it in protein powders and bone broth, so you're going to get depressed or be cranky and anxious. It's a really important guideline that you just said. If our listeners only take this away for the entire Summit, I will be so happy, that there's just never one-size-fits-all for anything. That's really great; that's a great strategy, what you just outlined. Good. That means that you are asking people to really listen to the feedback of their own bodies?

COREY SCHULER: That's right. It is the best feedback to pay attention to a variety of factors that your body is telling you. Occasionally, people aren't ready for that and there may be some people listening or watching right now that maybe aren't quite there, they don't know what those signs and symptoms are. It's hard to measure mood, it's hard to really measure energy. You asked me right away how do you measure or define vitality, and I have a hard time doing that. So on a day-to-day basis, how do you really feel about it? So I play games with it. I say, "I want to do something that you think you can do. Here's some examples of how you would measure that. You know when you've had a good energy level, you just think about that time. Imagine it, and sometimes you have to go way, way back, and say 'Yup, I had great energy for this moment in time,' so that's green light energy, and when you have terrible energy it's red, and if you can't really define it, it's yellow."

Or we can do numbers, one through five. I had one person bring me a calendar, it was four calendars, actually, they had printed off PDFs off the Internet, and they had every day and they had mood, sleep, energy, and pain in all four calendars, and they had smiley faces at different times of the day. Just all of this stuff and it looked really confusing, but once you laid it out on the table and said, "There's a clear pattern that's emerged about what's going on." I think you can help ease how hard weight loss is by cranking it down into easy, measurable things that you know how to measure and can reflect on versus just the scale.

DR. KEESHA: That's what smart goals are, it has to be smart and measurable. I think that's really a great strategy and I love the smiley face idea, that's pretty simple.

COREY SCHULER: My 10-year-old son can do smiley faces. If you like stickers, you can do stickers. I've had a lot of creative patients in the past few years.

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Corey Schuler

DR. KEESHA: Me too, and Excel spreadsheets for some personality types, and journals for another personality type, and then I've had the printed out calendars with different highlighter pens with either numbers or smiley faces too. Just whatever fits your personality is what you want to pick because, otherwise, it's going to be too overwhelming and you won't do it. I think that right there is the biggest barrier to meeting a goal, is if you've created some structure or strategy for yourself that won't work, then it's not doable, right?

COREY SCHULER: I have to share this one because you just reminded me of it. I had one person who did the same sort of routine, using the same tool and the same system, but they just did selfies. Three times a day, they would take a picture of their grumpy face, and their sad face, and their happy face. I used to use that, actually, I still kind of do, for our headache patients. When people have migraines I was like, "I want you to take a picture of this part of your face because I can see how much pain you're in, and you know how much pain you're in based on how your eyes look." I was using that as a story in one of my talks and one of the patients ran with it and they just took a selfie three times a day about where they were at with all their different variables.

DR. KEESHA: I love that. Again, where I was going when I said earlier you're asking people to get in touch with the feedback on their own bodies, is so many people are disconnected from their own bodies. I think that the brain can come become a bully and drag the body along behind it by the hair, and your body will rebel against that. It just will continue to speak to you, it'll continue to give you feedback, and if it has to amp up the volume to get your attention, it will. But just know that, when the volume is really high and your body is screaming at you from pain, it started really quietly a long time ago and you didn't listen and that's the thing.

You can think about, if you're a parent, a toddler pulling on you and, finally, they're having a meltdown. They started quietly. It's just really getting that, "Okay, I'm in a collaborative relationship between my mind, my body, my heart, and my spirit," and that's so important to be in collaboration. That's a real team. When that happens, then great things can happen. When it's not happening, then you're going to see physical breakdown on all kinds of levels. So I love that. I love that you're asking people to really be friends with their body and part of that is looking in

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Corey Schuler

the mirror and saying, "I love you. I love my body. I love everything about it."

I take women on retreats and I'll have them, in Africa, when I take them to Africa, there's this pool, I've told the story, so no one is going to come to Africa with me after this. There is this beautiful, natural hot spring, and they don't know before they go there that is going to happen, and I have everybody get in naked, all the women, and I'll just say, "Okay, now," that right there is hard enough for a lot of them, "Now I want you to say 10 things about your body that you love."

And for our listeners right now, I would love for you to write that down. All the women's leadership circles right now that have formed around the Summit, use this as a wonderful activity after this talk. Write down 10 things, I usually will say 20 if I'm giving a workshop, of things you love about your body, and you get one thing that you would like to change. Then from there, it just helps you see the balance of the language that you are turning on yourself when you look in the mirror, "I hate this," or, "This isn't good enough," or, "If I weighed this much, then I would be happier. If I didn't have this thing, I would be happy," and I just think it's so self-defeating.

COREY SCHULER: That's a fantastic exercise; I may steal that. It's really quite powerful. One of my mentors at ND said it, and I just wanted to wrap it up with one of my mentors that always said, "Teach your patients to listen to your body when it whispers so they never have to hear it scream." Maybe some philosopher 10,000 years ago said it, I have no idea, but I remember him saying it, so I always give him credit for it.

DR. KEESHA: You can use that exercise, you just have to give me credit. I'm just kidding.

COREY SCHULER: I will, for sure.

DR. KEESHA: What else? Would you think is the most important thing because we've always heard, from the early days, it's calories in, calories that you burn off in exercise. It's this very simple formula, and presto, bingo, your weight will be just what it is if you just follow calories and expenditure of energy, and that's actually so untrue. What is it that you would love to leave our listeners with around that?

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Corey Schuler

COREY SCHULER: I think it might be true if you are 20 years old and in the best shape of your life. That's when all the studies were done on the human calorimetry methods. However, I would like people to do away with that kind of concept because, for some people, it is sustainable, you can count that way, but your living under the auspices of needing to know how much calories are in things, and the easiest way to know which calories are in things is by looking at the box, which predisposes you to a behavior of eating things that are processed. Right away, we are set up for failure in thinking that way. So looking at our satiety index, there actually is a real thing called a satiety index, and it looks at how full you can feel. We know what things actually make us feel full, we know that when our tissues expand, our stomach expands, our intestines expand, it releases a hormone called cholecystokinin, and when that happens, you have a signal to your brain that says, "You're getting full," but it's a slower process; hormones move slower than neurotransmitters. So listening to what full means, maybe requiring a new definition of what full means and what satisfied means is more helpful.

There's been a lot of nice studies about you change your satiety index based on the environment in which you meet food. By that I mean, if you sit down and prepare yourself for the meal that's being presented to you or that you're presenting to yourself, you generally will eat less because you get full faster. If you're just being served something and you're on the go and you're not thinking through, you're not mindful of what's being ingested, you're going to eat more generally. And we tend to eat what's presented to us, so the portions, clearly, are out-of-control in a lot of different facilities, and even our own mind, when we make food at home, we get portion control goofed up. There's lots of little tips and tricks like using a smaller plate instead of a larger plate.

All of these environmental cues, I think, are better than the calories in, calories out phenomenon. But also know that, when you just have too much of anything, it has a chance to be deposited as fat or excess tissue. We shouldn't forget completely about that idea. I've run into a few people that are like, "Calories in, calories out doesn't mean anything, so that means I can eat whatever I want as long as it's the right food." It's like, "You still shouldn't gorge yourself." You've still got to listen to that inner whisper that says, "You've had enough."

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Corey Schuler

DR. KEESHA: Three apples are a lot of sugar.

COREY SCHULER: Three apples is a lot of sugar, that's true.

DR. KEESHA: Ayurvedic medicine says you should only eat what you can fit in the palm of your hand because your stomach is only this big and you should always leave a third of it unfilled so that there is room to digest in there. When you look at that, I started thinking, when I started looking at that when I was studying Ayurvedic medicine, I said, "That's a rice bowl," which is what you don't see a ton of people that live in Asia that are fat, the people that are still using rice bowls and chopsticks, which slows you down if you're not used to using them. If you're used to using them, it doesn't slow you down, but if you're not used to it, it slows that process down so that you can chew. I think eating out of a rice bowl with chopsticks is a fantastic environmental change that you can make.

COREY SCHULER: That is a great way to think about it. The other thing that I teach, and I like people to know, is looking at food as value. We oftentimes think, "If I can get this amount for \$4, and 10%, 20% more for \$4.50, then I should get the better value," and I think we've gotten sucked into the value of food and, frankly, a good, healthy salad shouldn't cost you two bucks, that's a lot of valuable food. Put in premium stuff if you're going to do it at all. But it's easy, especially if people grew up in that mentality of, "I need to get the best bang for my buck," or the best value, that tends to be a little bit of a problem too that I've run into. And it usually is when we get down to the, "You need to lose 10 to 20, 30," what I would consider a small amount of weight, that comes back, even if it hadn't been there for a while. So think about that, your food should be on the expensive side because it's good food.

DR. KEESHA: This is such a good point. My husband will bring home potato chips, which have been banned in my house for decades, and I'll find them hidden away in the corner, and he'll say, "They were giving them away at the grocery store. They're organic, they're kettle chips, they're big," all of these different things and I'm like, "Okay, but just because they're giving them away, just because a can of soda pop," which, he doesn't drink that but, just because a can of soda pop is cheaper than, like you were saying, a salad, doesn't mean that it's going to be healthy for you. You're exactly spot on with that whole value thing. That's a great thing to think about. Definitely, a bag of potato chips is one of the cheapest things you can eat,

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Corey Schuler

but does that translate to energy? In the end, it becomes a very expensive thing that you're eating.

COREY SCHULER: That's right. It's like they had a deal on QVC that you had to pay for on your credit card at 14% interest, that's kind of the same scenario when I think about, "Yup, it's cheap now." This is a little bit of a bad example, but I think it'll stick with people, is that I have a patient who says, "I could order a really good restaurant food that's right here. I can get a pizza there," I know pizza is usually off most people's list, but, "I can get this really gourmet pizza, but it's \$30. But I can go to that place, where I can walk into and they have one ready for me for \$5 and it's the same size. So I can't bring myself to pay \$30 for a pizza when I can get the same." Anyway, we have those conversations about, "What do you think they have to do to get something to only cost \$5?"

DR. KEESHA: Exactly. You have to cut corners somewhere. You mentioned, at the beginning of this talk, and I want to make sure that we circle back to it, inflammatory markers. That's one of the things that I do on my very first day with a patient, they go away with the lab testing kits and general blood work, and one of the first things I'm talking to people about is inflammation. You talked about hemoglobin A1c, and I don't want to have people not knowing what we're talking about here, so let's circle back around to inflammatory markers, how to get them tested, what they need, just in a nutshell.

COREY SCHULER: Any primary care doctor, nurse practitioner, physician assistant is going to be able to order these things, and there's going to be some others that I'll mention too, but something called C-reactive protein is probably the most popular, and it's a marker of inflammation. It's a non-specific marker of inflammation; it's essentially a surrogate for a different marker, that is more important but the test is more expensive, it's called NF-Kappa-B, but C-reactive protein is what you really want to get.

If you're already overweight, and by overweight I mean usually a BMI, which isn't a great marker either, but body mass index over 30. If you're considered an overweight person, you should probably get its partner, and that is sedimentation rate, or erythrocyte sedimentation rate, sed rate. If you can get those two combined and those are both normal, then you likely aren't wrestling with a major inflammatory issue, but if either one is elevated, then we need to address this from an inflammatory

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Corey Schuler

standpoint, which enters in maybe a not usual primary care test, and that is fatty acid profiles. I like looking at red blood cell fatty acids, and this tells you which markers, between, we know fish oil, omega-3 fatty acids, and omega-6 fatty acids and which ones are imbalanced and which ones are not. But this is a nice place to start when it comes to changing your inflammation cascades.

Other tests, going back to primary care, is hemoglobin A1c. Hemoglobin A1c is what we usually looked at to track down diabetes. If you're monitoring somebody who is diabetic, then that's helpful to use; it looks at your blood sugar over the course of several months. It's now been, in the last 10 years, now we are using it to diagnose diabetes, so that's really helpful, but you can also get, and most of us have, had fasting glucose measured, but you can also measure, at the same time, fasting insulin, and that's a conventional marker that they can run at the same time. If any women out there have been pregnant and had to have the oral glucose tolerance test and drink the thing of glucola, it's kind of a gross test, but that actually can be a pretty good test to measure if you have insulin resistance in response to a huge bolus of sugar. Everybody has some problems with that, but it actually measures how fast your body can get back into balance, or at least tries to.

Those are places to start, and then I always like people to get what they call a comprehensive metabolic profile, which is funny to me because it's not terribly comprehensive, but it's about 20 markers that give us a good picture of kind of what's going on.

DR. KEESHA:

Great. And then, of course, for weight loss, we always take a look at thyroid, the full panel, which has been mentioned in this panel before: free T3, free T4, TSH, and the TPO. I always also look at ANA and homocysteine, looking out for autoimmunity and other inflammation because it really is so important; you nailed it. I always laugh when people say, "Gosh, I lost 7 pounds this week, but it was just water weight," and I just go, "Well, that wasn't supposed to be there, though. That means that you had fluid in the wrong place in your body because of inflammation. That means we just got the inflammation down in your body and you dumped a bunch of interstitial fluid and that's good." So that whole term "it's just water weight" just makes me go, "Who made that up and why?" You want that water to be gone that's not in the right place, and now your puffiness is gone, right?

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Corey Schuler

COREY SCHULER: Right. Especially if you're consuming water and lose water weight, that's fantastic. If you're just dehydrated and losing weight, that's different.

DR. KEESHA: Right, but if you wake up in you're all puffy and now you're not having that anymore and you can put your rings on and your ankles, you can't make a dimple when you push on it, then that's fantastic. You just lost a whole bunch of fluid that was in the wrong place in your body. Inflammation will cause all of those things. Plus, as you said, you measure pain and that's a really fantastic, another benchmarker for inflammation. If you have pain, you have inflammation, that's not a no-brainer, right?

COREY SCHULER: Right.

DR. KEESHA: All right. Tell me anything else you want to leave with our listeners here.

COREY SCHULER: We covered a lot of material. We got to the point, I think, in our conversation here, there's a lot of nice tactics and a lot of things that people can think about, but mindset really is important. I like to break that down a little bit for people, just so they can hear what I really mean by that. It's not just thinking good thoughts and it's not just about discipline. Some people think about it in that personal trainer kind of mindset way, that "I can do this and this." That's good, we should have that, but also think about, "Look, I am embarking on a plan and there will be things that will derail me, and I want a plan when that happens."

I have people, when they want to lose weight, and they say they fall off the wagon or they have different names for it, but I say, "You have to have something to get back on it. You have to brush yourself off and get back on it the next day." So if you are in a situation where you find yourself and you're really hungry, I'll just use that as an example, if you're really hungry, I want to be able to determine the difference between needing food urgently versus needing a volume of food. Most people say, "When I'm hungry," they need a lot of food when, in fact, that's not usually the case at all. They just urgently need something right now, and it usually has something to do with their blood sugar. But don't confuse urgency and volume, and with that, you can do a lot of really great things.

One tactic that you should have is that, if you have a plan but you deviate from that, this is from my friend who is a paratrooper, he says, "You've

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Corey Schuler

got to have a secondary ripcord.” He’s jumping out of planes and when you get to a certain altitude, you pull the ripcord and your parachute goes off and you land safely, and that happens almost every time. But if it doesn’t happen, then if you get too low and you’re at too low of an altitude, usually something happens automatically. But if that doesn’t happen, now you have your own secondary ripcord, which you can pull manually and make that parachute go. I have a recommendation for people to always have a secondary ripcord on hand in case you’re in a situation where you need food and need it urgently but you probably don’t need a lot of volume. Oftentimes, if it’s a handful of almonds or a different kind of nut or a seed or whatever works for you, there are some prepackaged bars and things that work pretty well for that, and some people just have a teaspoon of their favorite oil, which sounds weird, but it works really well to satisfy their caloric and urgent needs. That’s something you can take away and use tomorrow.

DR. KEESHA: That’s a great idea, the oil part. I’ve never heard of that one. I carry some kind of emergency food in my car with me all the time, just in case, or in my purse. I live in the forest and I’ve had mice get into my car and eat whatever it is and make nests in my car, so I am always like, “I can’t leave food in my car anymore,” but I can leave a little jar of coconut oil. That’s a great idea.

COREY SCHULER: Yeah, the mice don’t like coconut oil very much.

DR. KEESHA: Yeah, they won’t be able to unscrew it either. That’s a really good idea to put in my car so that, if I am urgently, I can just take a teaspoon of that. And I have to be very urgently hungry to be able to swallow down a teaspoon of coconut oil without anything on it. But it’s a great emergency ripcord, so that’s a great concept. Thank you.

We have your bonus material, your contact information, and how to reach you, Corey, on our Women’s Vitality Summit page. I appreciate so much your taking the time to share some of your wisdom with all of us and for the good work that you’re doing in the world.

COREY SCHULER: All right, thank you for having me. I appreciate it.

DR. KEESHA: Thank you.