



The Blood Sugar Spectrum & Women's Health.

Clinical training by Dr. Ritamarie Loscalzo and Dr. Jessica Drummond

Jessica Drummond: Hi, everyone. It's Jessica Drummond here from the Integrative Women's Health Institute and I am honored to be joined by Dr. Ritamarie Loscalzo. She is essentially an expert in a part of nutrition that she has termed, and I think it's a perfectly a perfect term for this, nutritional endocrinology. She really thinks about hormones from a very root cause perspective for men and women. Today, we're going to be talking about how insulin resistance, blood sugar imbalances impact hormonal health for women and in general. So welcome, Ritamarie. How are you?

Dr. Ritamarie L: I'm really good. Thank you, Jessica. I'm excited to be talking to you today and to share this passion of mine.

Jessica Drummond: Excellent. So I'll let you dive right in. Ritamarie's got a presentation for us and I may bust in from time to time and ask some questions.

Dr. Ritamarie L: Please do. Let's make it fun. All right. So, welcome, everybody, and thank you for your attention. I'm excited to be here and talk to Jessica's group. I know that you guys are really into female health and women's health, and a big part of that obviously is hormones.

Dr. Ritamarie L: The first thing that I like to say when I talk about hormones is that hormones is not just about sex. I know we all want to go to the bedroom, we all want to talk about the sex hormones, but there's so many other hormones that play into how those sex hormones function. So we can't ... If we really want to go to root cause, we really have to look at the chicken and the egg thing. Right?

Dr. Ritamarie L: The ovaries don't just suddenly stop working. We don't suddenly get problems with our sex hormones unless there are other hormonal imbalances that compound it. So I'm going to talk about blood sugar as one of those and the effects of blood sugar on the entire body, including the female hormone system with some of the other hormone systems that will impact the female hormone system.

Dr. Ritamarie L: I'm going to just start with blood sugar imbalance because people think about blood sugar imbalance as I'm normal, I'm pre-diabetic, or I have diabetes, but there's really a whole lot that goes on before that happens. It's stuff that you are able to find and detect really early on in people and help them from going through that progression. And it usually, not always, but usually starts with hyperinsulinemia; the increase in the production of insulin,

which is the hormone that takes the sugar from the blood, moves it into the cells so the mitochondria can create energy, and life goes on.

Dr. Ritamarie L: People can have hyperinsulinemia, be producing too much insulin, for a long time before they really notice symptoms. And why do they produce too much insulin? Usually, because of too much ice cream, candy, cakes, fruit pies, the typical American diet. The cost of the breads and all that triggers an insulin response and for awhile it's just fine. They make too much insulin. There are damaging effects of insulin. It can cause inflammation, decrease in C-reactive protein, which can affect the pelvic organs, and it can create problems with receptors; not just for insulin, but also for other hormones. It's like one of those silent brewing things that, symptomatically, you wouldn't know someone had it unless you started really looking at their diet and going, "They probably have this because of their diet."

Dr. Ritamarie L: It progresses then, often into what's called reactive hypoglycemia. I'm sure you see people like that, "Oh, I can't go more than two hours without eating or I'm going to crash. I have hypoglycemia." But really, for most people, it's reactive hypoglycemia, meaning the hypoglycemia, the low blood sugar is responding to the hyperinsulinemia. Too much insulin and, after a while, it starts to overdo and a lot of times it starts to overdo by taking all that extra blood sugar and turning it into fat, which is not exactly what we want to happen. Now, you're a lethargic, fat person and that's no fun, and then your patients come in and they're tired and they're gaining weight, but they don't seem to be eating too many calories. Some of this stuff is what you want to look for, "I have to eat every two hours. I'm chained to the refrigerator," reactive hypoglycemia.

Dr. Ritamarie L: The next stage then is what I term pre-insulin resistance. It's not a clinical diagnosis yet, but people are still, they're having the fatigue. They may have brain fog because the brain isn't getting the right amount of sugar. They may be not able to get the sugar into the cells, so they're not making energy. But if you test them with the normal way that doctors test, you're not going to see a problem because their fasting blood sugar stays in the normal range. It may not stay in the ideal range like Jessica and I would teach, but it's still going to be under a hundred, which is classically in the medical profession, a good range.

Dr. Ritamarie L: So in that stage is a place where you can intervene and you can catch people because when people are struggling with those, the fatigue and the weight around the middle and that afternoon slump and some of those other symptoms, you can say, "Well, I wonder if it's a problem with the blood sugar." Ask them about their diet. Discover that maybe they are eating foods that are causing big spikes and then you can have them get their own blood sugar meter and test it to see if that sandwich, that turkey sandwich with lettuce on it that they had for lunch, was actually keeping them steady or was causing a big spike or what do the M&M's do when they eat them midday or the coffee with the cream and the sugar, or whatever it is that they're doing. So that pre-insulin resistance, and these are the stages that most doctors won't see. Most practitioners are not going to be diagnosing.

Dr. Ritamarie L: Next stage is insulin resistance and insulin resistance is when the cells are becoming resistant. They're doing that in the pre-insulin resistance stage, too, but they've come to the point where they're so resistant to taking that insulin in that the sugar and the insulin stay high in the blood for longer than it should be and for longer than it's safe, and that's

the key thing. Elevated levels of both blood sugar and insulin can be damaging to the system. It can be damaging in terms of inflammation, in terms of damage to nerves, and the retinas and to blood vessels and to hormone receptors, etcetera. But with insulin resistance, it's medically diagnosable when someone goes in to get their annual exam and their fasting blood sugar is 101, over that range of a hundred being ... You're fine until you get to a hundred, right?

Dr. Ritamarie L: As functional medicine practitioners, we know they're not fine until they get to a hundred and we know how to detect this. And I think it's important stuff for you to understand is how do you detect this before somebody gets to the state of insulin resistance because they could have had damage to those blood vessels, damage to their retinas, damage to their peripheral nerves for decades before they get to this point because, usually, most cases, the last thing to change is the fasting glucose and that's what medicine is using to diagnose.

Dr. Ritamarie L: The next stage that people go into is metabolic syndrome. I'm sure you've heard of metabolic syndrome. Metabolic syndrome is the combination of insulin resistance, which is a slightly high fasting glucose, or slightly according to medicine, to me it's very high, but high fasting glucose combined with the fat, the lipid abnormalities. It can be high cholesterol, high triglycerides, low HDLs, high LDLs, and it could be hypertension along with that. So that complex, along with the insulin resistance is metabolic syndrome and that's truly prediabetes.

Jessica Drummond: I hope you enjoyed this short excerpt of today's clinical training to get the entire training, as well as new clinical trainings every month from the global leaders in healthcare and functional medicine, please go to IWHIVault.com. That's I-W-H-I-V-A-U-L-T .com. You will also receive several free courses and bonuses worth close to a thousand dollars to further support your clinical education as well as access to a powerful practitioner Facebook group filled with practitioners and support of your peers.