7 Systems of Health: Personalized Nutrition
Guest: Dr. Deanna Minich

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Dr. Mark Menolascino: Well, thanks for joining me. This is our next installment of the Women's Health Solution Summit. And I appreciate being with us Dr. Deanna Minich. We've known each other for over a decade. And I've always respected your combination of functional medicine, nutritional knowledge, and your passion for the science behind it.

Dr. Deanne Minich: Mark, likewise. First of all, thank you for having me as part of this. It feels so good to support such an initiative. And as I've always told you, you are the heart doctor, in more than one way. So whenever I connect with you, I feel like gosh, he's got it going on.

Dr. Mark Menolascino: Well thank you, Deanna. So a little bit about our guest today, Dr. Deanna Minich. Again, she combines the best of functional medicine, nutrition, and science. She has over 20 years experience. She has a PhD, a masters in science. She's a fellow of the American College of Nutrition. She's a certified nutrition specialist. She's a yoga teacher. She's a certified nutritionist. So she's really covered all aspects of medicine and nutritional health. And I love that her passion for driving this is the combination of the science versus what works for people. So she's had experience in clinical practice, formulation research, scientific research. She's doing some clinical trials, her PhD and her master's on fatty acid absorption metabolism. She's on the faculty of the Institute for Functional Medicine and University of Western States.

Dr. Deanna Minich: University of Western States. Yeah, you got it.

Dr. Mark Menolascino: And she's developed this online certification program. And I'll encourage you at the end of our talk to go to her website, some of the things I've seen on it. She's got three books out. And the way that she explains how to do nutrition is she demystifies it.

So I'd like to ask you just first, Deanna, is there kind of some general food rules you think that our guests can take away from our talk today, just some general things that are easy pieces of nutrition for people to make a couple of changes in their life tomorrow?

Dr. Deanna Minich: Yeah, that's a really good question to start us off. Three things, I think in the number three very often. And so the three things I think of when I think of nutrition is color, variety, and creativity. And I'll take you through each of those.

Dr. Mark Menolascino: Please.

Dr. Deanna Minich: The first one is color. And after all of my study of nutrition and looking at the macronutrients, looking at carbohydrate, fat, protein, I think sometimes we get ourselves lost in those things. And if we just zoom out and look at the bigger message of what is healing, you cannot refute the literature on fruits and vegetables, colorful plant based eating. And that doesn't mean that we have to be vegan or vegetarian. It's something that everybody can unite on as it relates to our eating, is just having lots of color.

And there was a survey done some years ago that showed that eight out of ten Americans have a phytonutrient gap, meaning that they don't get all the colors. They just don't. And you and I were just at a meeting. And I was looking at some of the research presented by Terry Walls and some other people. It was a nice study where they showed mortality and fruit and vegetable consumption. So we need to get at least that five to six amount at the minimum. And anything we can get over that is great. But let's not make it complicated, color, color on the plate. We can talk with kids about color. We can talk with 70, 80, 90 year olds about color, right. It's a universal message.

Dr. Mark Menolascino: Well that's a great point. One of the things I loved about going to your website is the way you use colors. And I've always appreciated when you lecture you bring that color into it. And color is just such an easy thing for all ages to get. And I love that you mention kids. I think it's this next generation teaching about nutrition and food as medicine and

using something like color to make it easy for them. And I think for our guests that are listening, too, how to really demystify nutrition and how to really help their heart health by using this food as medicine concept. Picking color is something you're never going to go wrong in. Do you see in your clinical practice a lot of nutritional deficiencies when you're testing people?

Dr. Deanna Minich: Oh definitely, over and over again, depending on how they eat. Usually we form food ruts. We eat the same things day in, day out, which leads me to the second concept, which is variety. And if we have variety then we have less chance of having a deficiency or insufficiency or an excess. So every three to four days, rotating and getting new colors of food and different kinds of food within that color. Because usually when you ask people, "What did you have for red foods?" they'll say, "Oh, I eat tomatoes all the time." That's okay to eat tomatoes, but what about cranberries and strawberries and red bell pepper and all of the other red colored foods that have other phytonutrients?

I do think that for heath health, when we think about how to eat, the most well studied diet is the Mediterranean Diet. And one of the core features is the color aspect. So I do think that that's healing on multiple fronts. And otherwise if we don't have variety, we run ourselves into some kind of deficiency. We jam up cellular pathways that could be flowing. And so getting more of many things is better than getting a lot of a few things. And I think that that's what people tend to do. And then they start taking lots of vitamins, high doses. They don't get variety even in their supplements. So I think that this concept of variety is really key, in many ways.

Dr. Mark Menolascino: You mentioned the Mediterranean Diet. And it's the only nutrition plan that's got the best evidence scientifically. When someone asks you, "Tell me about the Mediterranean plan?" what's an easy way for our listeners to really get a good grasp of what that looks like for their plate?

Dr. Deanna Minich: Yeah, well again, it goes back to colors on the plate. It's getting fresh foods, if you can local foods, lean meats, lean protein, if you don't eat meat, whatever it is, just insuring that you've got good clean sources and healthy sources of oils too.

So we hear a lot about extra virgin olive oil as part of the Mediterranean Diet. But it's not just olive oil. There's also avocado oil. There's coconut oil. There are seeds, nuts, different ways that we can get oils into our eating. And I think that when it comes to heart health, there have been a lot of misperceptions around saturated fat. My PhD was on essential fatty acids. And so when I

think back to what people think of when they think of fat, they think of it as oh, I don't need fat. We still have that low fat mentality, which is not very good. I think if anything we should be looking to veer away sugars and carbohydrates because that's what stimulates lipid production in the body. So when you ask me, "Well, what is the Mediterranean Diet?" they even have a food pyramid of the foods in the Mediterranean diet. Yeah, to the oils, the nuts, the seeds, the legumes, clean lean meats, fresh fish, things like that. And the Mediterranean is like 16 different countries, so they all eat a little bit differently. But one of the things that doesn't come out very well when you look at the research is how they eat in the Mediterranean. Have you been to the Mediterranean, like Italy, Greece, Spain, these countries?

Dr. Mark Menolascino: Yes.

Dr. Deanna Minich: So you know that it's not like they're eating on the run. They take a nice long lunch break, usually two hours. The shops close down. It's not just what they're eating in the Mediterranean. It's how they're eating and how they connect to community. And that's so important for heart health too, forgiveness, optimism, laughter. If we don't have those things together with the food, it's an incomplete picture in my mind.

Dr. Mark Menolascino: I love that concept. I grew up in an Italian family. And we probably ate too much not great pasta. But there are six kids in my family, and we have a big round table where we all sat together. And dinnertime was family time. And I really think that that connection of sharing a meal with someone is so important. And maybe it even has more power than the nutrition that you're taking in by itself. If you can find that support, that love and the colors, what a beautiful combination to think about for ourselves, our family members, and our friends.

Dr. Deanna Minich: I agree with you 100%. I do see it as a holistic picture, though, of the person, right. So if we are eating colorfully, what's going to happen? And the science shows us this, that we will start to live a more colorful life. People that eat more fruits and vegetables tend to be more creative, curious, have a better sense of well being, and have a better mood than people who do not eat colorfully. And then you could say well, if you're living a colorful life, chances are you're making decisions that are very colorful, maybe about your food, about your relationships.

What's the big buzz these days? It's longevity. And it's vitality. And we look to a lot of these Mediterranean cultures and a lot of pockets of the globe where they tend to be very healthy. And I think it's not just food, like you're saying.

It's our sense of purpose, our sense of community, our sense of goodness, just being active and moving and flowing.

My dad has this phrase, and I think he got it from the movie *Shawshank Redemption*, which is you either do one of two things. You get busy living or you get busy dying. What do you want? You've got to stay moving. You've got to stay flowing. And I really do think you look at heart rate variability. We want flow in the heart. You look at neuronal plasticity. We want flow in the brain. Our entire being is connected to how we flow. That determines how we animate and how we live and how we make choices in the world.

Dr. Mark Menolascino: Well probably the common denominator of all of that is inflammation. And you're really either driving inflammation up, which is living to die, or you're driving inflammation down. And all those things you mention have been tied scientifically to this with this whole epigenetic idea. And I think genes are so confusing for people. And we talk about this idea of turning on good ones and turning off bad ones. It's a really powerful message to our clients, our listeners.

What are some of the examples that you use with your clients to help them crack the code of the genes and to become interested in turning on good ones and turning off bad ones?

Dr. Deanna Minich: Oh wow, everything that we were just talking about is connected into turning things on and turning things off. So we have a plate of broccoli, and we eat that. That's going to turn certain things on. And what's really remarkable in the literature is that these are acute studies. One meal can turn certain genes on for weeks. The power of one meal is significant. And this type of research has been done by Dr. Johanna Lampe at Fred Hutchinson Cancer Research Center and so many others, showing that it's not just our genes but it's what we're doing with our genes.

I'd like to go back to something you said about inflammation. Inflammation, especially in functional medicine, we talk about as being the foundation of many different chronic diseases. And especially for your topic with cardiovascular issues, there's such a huge connection. I think that now we know it's not about the fats. It's about fats that are inflamed. And when we have inflammation, a little bit of inflammation is good because it gets us healing, but too much sets us off on this course. And I do think that there is a psychological as well as physiological aspect to inflammation. I'll give you a quick example. So my dad has hypertension. He has more cardiovascular disease risk factors, so I really have to watch out for him. He just turned 70.

And he woke up this morning with his eye that was red and swollen and inflamed. And he went to the doctor. And he has this inflammation. He's putting in some drops. And I said, "Dad, you're more prone to inflammation. We know this because you've got some cardiovascular issues. But let's go a little bit deeper. What are you inflamed about? Are you angry about anything?" It's almost like seeing red, if I take that metaphorically. Dad, what are you seeing red about? And then he unearthed. He has this whole debate going on with my mom about how she wants to take a road trip and how it's stressing him out. And I think it was like a volcano. He just needed to get that out and express. And I think we need to look at our bodies like that. Our bodies are always speaking messages. And if we can look at them at two levels: one is the biochemical, physiological level, and then the other one is more this spiritual, purposeful, metaphorical level, like why do we have heart disease? What is burdening our heart? And especially when you talk about women. Women do not see heart disease as a huge, scary thing. They see cancer as scary but not heart disease. So what is it about our heart, even our heart as women, that we need to pay attention to on more of a metaphorical storyline? What is the story of our heart? And if everybody could do their timeline in terms of what happened to you through your life, physically but then also what happened to you trauma wise. Did you lose parents? Did you lose siblings? All the grief that we hold, people don't know how to work with grief. Grief is harder than something like anger, I think, based on patients, on people I've known. It's not like time heals all wounds. I think that that's a quote that doesn't ring true for many people. And we hold that. Within traditional Chinese medicine, we see grief as belonging to that heart space. And I think that a lot of us hold that trauma.

Dr. Mark Menolascino: You mentioned the functional medicine timeline. And I think you're so right about these emotions that are in the heart. But when I was in medical school, they taught me to ask what happened a couple of hours before the heart attack or a couple of hours before this event. But we want to know what happened even before you were born. How was your birth? What happened in early childhood? What are these adverse events that may have happened in childhood that set up this inflammatory tone? Then there's anther layer of the current events.

We had an interesting thing happen a couple of years ago. Here in Jackson Hole, as you can see behind me, we have these incredible snowstorms. And it snowed four feet one day. And our fist patient comes in, an older woman. She says, "I love the snow. The trees are beautiful. It's my favorite time of year when it snows like this." The very next woman came in and said, "I hate these snowstorms. I'm going to slip and fall and break my neck." So the same two

external stressors had two different internalizations. And it's a hard thing. As a physician in the traditional seven minute model, we're taught when we're getting at these kind of personal ideas in things like grief. And to me that's the beauty of our nutritionists, our health coaches, the chance for others in our health care team to spend time with clients, to start hearing these stories. And the beauty of functional medicine is we do ask the story. We do see the timeline. We see how it all ties together. And trying to find the way to nourish the heart with food, with connection, with love and support, really that may be the most powerful medicine that we can offer.

Dr. Deanna Minich: Well, and the way that it enters into my work as a nutritionist, is that there is this whole thing of emotional eating. It's been estimated that over 75% of overeating is due to emotional reasons. So how we eat is how we live. And how we live is how we eat. And I know this because I have been an emotional eater. And if I'm not being body aware, I could go into that state when I feel sad, or even if I feel happy. The research shows that we can emotionally eat on both ends. But it becomes more problematic when it's more chronic and perpetuated by what we might call dysphoria, or a negative mood. A happy mood doesn't lead to repeated bouts of emotional eating. It's more the depressed mood. But the thing is, unhealthy food leads to a depressed mood. And so then it becomes harder and harder to get out of that hole when we are coming from that place. And depression affects the heart.

My husband is an acupuncturist. And so we have lots of conversations about the model. And one of the things that he said to me about the heart is that in traditional Chinese medicine, the heart holds your destiny. It's seen as, if there's a soul keeper, it's the sovereign. It is the king or the queen of who you are. And when we feel something, it's felt here first. Some people would say you feel it in the gut. Yeah, kind of the instinctual drive of us, but the emotional wisdom being felt in the heart.

So if we're depressed and we feel like we can't unearth an emotion, it's like we want to quiet that. We want to comfort ourselves. And many times we would reach towards food. And so I see that a lot, especially chocolate, pasta, breads, salty crunchy snacks, especially for people who are very stressed, especially a lot of work stress. It's almost like they're speaking. They're trying to get some attention.

Dr. Mark Menolascino: That's a great metaphor.

Dr. Deanna Minich: Yeah, so emotions and eating and emotions and the heart, there's kind of this triad that is going on there for sure.

Dr. Mark Menolascino: For my master's degree, I studied the relationship of inflammation and heart disease and inflammation and depression. And I feel that depression is an inflammatory disorder. And I know that heart disease is not a cholesterol problem or a fat problem. It's an inflammatory problem. And so I do think you're right about these emotions. And I loved your Chinese medicine analogy. One of my favorites is Confucius. You spend the first half of your life trying to gain wealth at the expense of your health. And you spend the last half of your life spending your wealth trying to regain your health. There's a lot of wisdom in 3000 year old medicine. And they didn't get a lot of it wrong.

Do you put a whole lot of credence into the ear crease as being a measure of oxidative stress and potential heart disease?

Dr. Deanna Minich: I've always been intrigued about physical signs, physiognomy, especially because of the nutrition physical exam. And Dr. Michael Stone has done some really elegant work on that. There's science on it. There is correlative science, meaning that there are just associations. It's not a causal thing saying that if you happen to get an ear crease, this is going to cause cardiovascular disease.

But there seems to be an association. And associations are very weak science in general. But does it mean that every single person who has cardiovascular issues has an ear crease? I don't think that we can go out and confidently say that. But what you're getting at is a really good point, which is our body is constantly telling us stuff. If we are red and we have circulation issues, maybe we have changes in our fingers and our extremities, in Chinese medicine - and again, I'm not a TCM practitioner, but they look at the tongue. They feel the pulse.

There are some very simple things that we can do to even just look at ourselves. This is what I find with people. They'll come to me if they're having skin stuff; their hair is falling out. When it has to do with their looks, they become more concerned. And a lot of those things are nutrition related. We think of the hair, and we think of minerals. When we think of the skin, we think of fats and oils and minerals as well. That means so many different things, actually.

So that could already clue us in that there could be something going on under the surface. So our body's our friend. Our body is not a foe. It's not turning against us and doing all these things to us. It's almost like just a messenger.

It's saying hey, there's some stuff going on deeper within. Let's pay attention and deal with those things so that you don't have chronic things later on.

Dr. Deanna Minich: Well we talked a few months ago about your consults that you do personally with people - and I would encourage any of our listeners to consider doing one - the way you approach people and the depth that you go to. And I think these nutritional cues are very interesting. And for myself, I do my traditional medical physical exam. And then I tell my clients, "Okay, now we're going to do the nutritional exam." And it actually lasts longer than the medical exam.

And they're surprised I'm looking at their nails, looking for little white spots, possible zinc deficiency, ridges, different lines, what the moons look like, the cuticles. You can see inflammation in the tips the fingers, how the tongue has a beefy red look to it, how it has a white coating, scalping on the sides for thyroid. And that's what I love about combining the nutrition with the medicine and the science in the way that you do because I know that you look at all of that. And it's the whole person approach. It allows you to get at the root cause. And I do think that the body does tell you all of those things if you know how to look at it.

Dr. Deanna Minich: Well first of all, huge kudos to you as a medical doctor who is embracing nutritional medicine. I mean that's phenomenal. That fact that you're able to do that with your patients, obviously most people listening would say that they don't experience that when they go in for their eight minute visit. So I think that that's really important that you're able to sync it together. And there are other physicians that are starting to do that, which I think is great.

Dr. Mark Menolascino: Yes.

Dr. Deanna Minich: Nutrition is key. And if we don't have that on and we feel like we're missing something there, and with everybody kind of doing diet jumping from one thing to the next, I mean we're apt to miss something about ourselves. So it makes good sense to have somebody look in on our blind spots. What could we be overlooking? Is it fats, oils? Do we need vitamin A, vitamin D? Is it a quick, easy lab test, and we could know more about our vitamin D? I mean so many things there. And all of those, in some way, lead to heart health too.

Dr. Mark Menolascino: Well the testing you mentioned, I'm fascinated by how deep we can go in the testing. And a lot of times for us, we find that if we

use these nutritional cues, that it tells us where some of the testing's going to lead.

Dr. Deanna Minich: Yeah.

Dr. Mark Menolascino: You mentioned about looking at the body. I encourage all of my female patients to bring a friend with them, whether it's their sister, a good friend, someone with them so they know that they have another pair of eyes and ears to hear the story. And as I'm examining the client, I see the other person sitting in the chair looking at their fingernails and pulling out their iPhone and taking a picture of their tongue. And they start following it themselves. And they start learning about their own health by looking at themselves. And it may be the first time someone's actually had that self reflection, that, well, maybe what I'm putting in my body may show on my external environment.

Dr. Deanna Minich: Absolutely. I'm so glad that you mentioned that. I mean I think of hives; after somebody eats they get red ears or they get a flushed feeling or they get distended in their abdomen. It's almost like retraining us to know the signals of the body. And even before the body, looking at a food log. One of the quick exercises I do with the clients is I have them write down everything that they've been eating. And I say to them, "No judgment, don't even write me the brands, just put the food. Like if you had eggs and coffee and sausage, I want you to write those things down. And then I want us to take markers or crayons and put a line of color through each of those foods."

Dr. Mark Menolascino: I love it.

Dr. Deanna Minich: And if I'm using the IFM diet, nutrition, and lifestyle journal, there's a little check box for all the colors. So then you can see. And it's no judgment, again, on what we're eating because so many people have analysis paralysis. They have a lot of food phobia. And so I just want to warm them up to the idea of color, making food fun again, making it artistic and creative, because when they get back into their head rather than their heart, they lose the essence of joy, which I think is a really important healing salve for the heart and for our emotions. And so keeping them in that place is, I think, a really good thing.

Dr. Mark Menolascino: Well we talk, in functional medicine, about these food sensitivities, which are not food allergies that happen immediately through the histamine system, the classic peanut allergy, but these delayed food sensitivities like gluten and whey and other food proteins. And once you

do a food log, like you mentioned, a lot of people are actually able to see wow, I don't feel good today because of what I ate yesterday. Or I didn't sleep last night because of what I ate two days ago. And so having this kind of insight to their mood, to their energy, to their sleep really has to be journaled like that. And I love that no judgment.

Most people, when you ask them to do that, they're really good for the four days that you're keeping the journal. And they may not really reflect it. But when they formally do it and they're able to tie how they feel with what they ate, we call it becoming a food detective. When you don't feel good, look backwards 24 hours. When you eat a concerning food, watch yourself forward 24 hours. And it's these little tricks that they can do once they get a little insight.

And that's why I encourage all of our listeners, is get one piece of insight that empowers you with information to make a knowledgeable decision about your belief system and changing your behavior. Then maybe you'll make two more good ones. Don't try to do it all at once. But find an expert like Deanna, make some of these good choices, use the color program. I just love the idea of doing that. I'm going to start doing it myself. And once you gain a little bit of insight, I think that you'll find down the road everything else gets a little easier too.

Dr. Deanna Minich: It does. And one thing that I do give patients is this chart. So this is the seven colors. And I match the colors of food to the different body systems. So when I talk about red, I'm talking about their physical body in survival mode, adrenal glands, how you need vitamin C to prime those adrenal glands.

And a lot of the red colored foods have high vitamin c, like acerola cherry, red bell pepper. Some people are going to be sensitive to certain foods, like you were talking about. We're all so unique. I remember I did a test, and I was sensitive to cranberries. I mean who would've thought cranberries, right? But I was also eating a lot of cranberries. There are a lot of method issues to discuss with food allergy and food sensitivity as we assess that as clinicians. What I always come back to is that we're our best healer.

And sometimes we need guides. But we know our bodies the best. And we know how we respond after certain foods. And we can always tell how we respond to a food usually right after that meal, four to six hours. And then within another 24 hours is kind of a delayed reaction. Like oh, I didn't sleep so well that night. Or my dad, one of the things that I asked him was, "What did you eat last night?" Well he made a pound cake. My dad loves sweets. And so

what had happened was I think he was arguing with my mom, made these sweets because he needed more sweetness in his life, and lo and behold you wake up with a symptom like an inflamed eye.

But unless you put all the pieces together it's like oh, I had this emotional event. I went to emotional eating, and I made something really sweet and not very good for me. And then I wake up, and my body's letting me know that's not okay. That doesn't serve you. But if you don't have that self awareness, then it remains a mystery. And then you just go to the doctor for the drug.

And then you look to that pill to save you. And I feel like that is a very limited model. It's not that we can't do that, but it doesn't empower us. It doesn't allow us to know for the next time so that we can mitigate that, that we can circumvent it somehow and transform that experience into maybe dialogue or some kind of expressional release, which is important.

Dr. Mark Menolascino: And that insight is so important. You mentioned inflammation and sleep. What's the number one pill for the ill that we use for insomnia? It's an anti-inflammatory called antihistamine. They're antihistamines. They're anti-inflammatory medicines to help you sleep. So we know that restorative sleep in its own is anti-inflammatory.

And I think the combination of the restoration, the destressing, and the quality sleep really is one of the easiest ways to really cut down that inflammatory load. The adrenal glands you mentioned with your red color - and I love that the red is adrenal because that's the first color I think of with red because it's the fight or flight.

Dr. Deanna Minich: Yeah, exactly.

Dr. Mark Menolascino: And a couple ideas about the adrenal. You can do a test to map out your adrenals. There are salivary cortisol tests that you can do four times a day and actually map out your daily curve. But a couple of questions: do you wake up at two o'clock, three o'clock in the morning wide awake, not roll over and go to sleep but that wide body jarring awake? And that's one of the easiest questions to ask. Well, are your adrenals healthy? Then you mentioned the sugar cravings, the salt cravings, the energy issues, the fade in the afternoon.

Dr. Deanna Minich: Totally, yeah. You're raising a really good point about sleep. One of the other things about the Mediterranean Diet is that they have naps. And I mentioned to my mom not too long ago, I said, "If everybody can

just take a nap like we did when we were in kindergarten, where we'd just go off for like 30 minutes and just reset ourselves." And Mark, my feeling on the adrenals is that they're important, but they're also downstream. If you look upstream, what is upstream? It's actually the hypothalamus that is signaling the pituitary which is signaling the adrenals.

And then there's a biofeedback. We get so focused on the adrenal sometimes, we're not looking at well, wait a minute, it's actually my brain that is causing this way of looking at the situation as stressful, which is signaling my body to get the army of my adrenals in line to start pumping out cortisol so that I can accommodate. So one of the things that I do with clients is I focus upstream. I call it upstream medicine or upstream healing, where let's work on a five minute time out. I don't even have to call it meditation.

We don't have to give ourselves these fancy names. Yeah, it's like let's go back to our kid self. Let's take these naps. Let's just have that time out. I think it's just so important. And even I have a lot of working moms in the programs that I do. And they say, "Deanna, I have no time for myself." Well they're just running themselves ragged. And I said, "If you can't take five minutes for yourself, go put yourself into the bathroom and shut the door and lock it. And just sit there and just be in that place of calm," because otherwise we continue to prime those neurotransmitter signals.

And we don't shut down that signal to the adrenals. So we can feed our adrenals with all the vitamin C we want, which will be good, but it's like a patch. It's not really getting at the why, what you said when we first started, which is root cause, let's go to the root and figure that out.

Dr. Mark Menolascino: Well I had a CEO that came in the other day with these concerns and questions. And she was really excited to make some of these changes. But it wasn't until the house remodeling was done and the new general manager moved in and her son graduated from college. She had all these things that she had to stack in front of her before she was going to take care of herself.

And I said, "Well, don't make it hard. Just tomorrow pick someone out in your company and take them for a 15 minute walk and ask them how their day is." And so she started doing that. And for two weeks straight, she just randomly picked a different person that she'd never really talked to before and took them for a walk. And all of a sudden it was the buzz of the whole company, that our CEO cares about themselves and cares about us enough to let us take 15 minutes off and go for a walk with her.

Dr. Deanna Minich: Oh, that's awesome.

Dr. Mark Menolascino: And it was. It was that upstream effect you mentioned. So instead of giving her a bunch of vitamins and supplements and medications, that little act of love and support and connection may be stronger than any supplement or medicine I could've given her. And it started her on that path.

Dr. Deanna Minich: Oh, I love that Mark. That's brilliant. And also you got her moving, and so the circulation is going. And then she's with somebody else, heart rate variability, they're syncing up. That's the best of many different things. So what a great strategy. I'm going to use that.

Dr. Mark Menolascino: Do you use HeartMath in your practice, Deanna?

Dr. Deanna Minich: Yes, I have. And I highly, highly recommend it. In fact, one of the ways that I've used it, I would have the sensor that connects to the ear and then connect to the little biofeedback device. And as I'm having a conversation with them about food, we can see how the colors change. So when somebody is in good increased heart rate variability, it goes into green. When they're in low heart rate variability, it goes into red. We don't want red. You want green.

So what's interesting, let me just tell you about a patient that I saw some time ago. So I had him hooked up. He came to us, a 62 year old man. And he had chocolate cravings. Now I don't see men with cravings very often. And if they are having cravings, usually it's something salty or caffeine but rarely chocolate. But he had this fixation on chocolate, and a little bit too much. So I had him hooked up. And he was not seeing the color. But I'm seeing his heart rate variability.

So I'm looking, but he's not seeing it. So we're talking. And I have him start talking about chocolate. And he was excited. His arms are moving; he's very expressive. You would think that it's a good thing for him. But as I look over in the corner of my eye, I see that his heart rate variability's going into red. And I pointed that out to him. I said, "Your heart does not lie. And if your heart is telling you red even though your body and your mind is telling you yes, what do you want to pay attention to?"

That's a contrived sense of illusion. And then we started talking about salad. We transition in the conversation to talking about how he can get more color. He was really good. He worked from home, so he had the time to make these

beautiful salads with lots of different vegetables. His heart rate variability went into green. And I'm seeing it out of the corner of my eye. He wasn't as excited, but his HRV is in green.

And I said, "Now wait a minute. I want you to look over here. Look what just happened to you HRV." And there's a sound that the feedback device will make when it goes into a more elevated, better state of heart rate variability. So he was already hearing the difference. So I think that's kind of cool. In fact, on our phone, there are apps now where we can get our heart rate variability by putting our finger on the camera.

For example, GPS For The Soul uses the HeartMath… I believe they still use the HeartMath algorithm. And so people can do this when they're eating. You can sit at a menu and use this as a way of… you tune into your heart. You take a couple of deep breaths. And you let your heart speak as it relates to what your overall being really needs.

I think that if most people were moving from here down into their heart, we'd live very different lives. Maybe we wouldn't have so much cardiovascular disease. Maybe people would be living their passion and not feel like they have the monkey mind stress of having to perform and accomplish and provide and nurture people without really taking care of themselves.

Dr. Mark Menolascino: Well you mentioned the super moms earlier. And I think the stresses on women are so difficult today: trying to be perfect, trying to be super mom, super spouse, super worker, super daughter, super mother, that there's constant bombardment of stress. And to give someone that type of insight, like you mentioned with your client, can be so powerful to know what are those triggers, what are those triggers of good heart rate variability and not good heart rate variability.

There's a great study where they took a young girl - this is the owner of HeartMath - and they hooked her up and showed her variability, then hooked up their dog.

Dr. Deanna Minich: Yeah.

Dr. Mark Menolascino: And it was different. And when they laid together and gave each other love, their variability synchronized. And I think we have that same capability, where when you connect with someone, you synchronize those energies. And that may be what you were getting at with the

Mediterranean Diet, that social support, that eating together, that eating connected.

And Michael Pollen has a great line that says eat your food at a table. And your desk is not your table. So many of us eat at our desk. We try to eat on the run. Our staff, we have a beautiful clinic setting that looks out over the Tetons. We have this deck, starting this spring we'll have lunches on. And we take turns bringing these super colorful organic based meals that we get at the farmer's market on Saturday, and we share with each other.

And it's a time to just stop everything, connect, ask how things are going, talk about what fun we did last week and what we're doing next weekend. And I think of all the things I do every week, that's my favorite time of the week, is connecting with my team, and doing it in that setting and having that communication.

One thing I'd encourage all of our listeners to do is eat your next meal with people you care about. And for someone that's hurting, reach out to them and have a meal with them. Help them feel that joy and that abundance. And I feel that by giving, you always get more back.

Dr. Deanna Minich: It's the pay it forward, right.

Dr. Mark Menolascino: Absolutely.

Dr. Deanna Minich: I really like what you said about having meals with people you care about. I think that that's important, too, because in my whole detox book, I talk about toxic people. And oftentimes we feel chained to certain situations, to certain people who we think have certain expectations and what we need to do. I grew up in the Midwest. I grew up in Chicago. And I feel like in the Midwest there is this kind of epidemic called the disease to please, where it's kind of like you want to make everybody happy, so you're going to do everything you can so that they'll like you.

And I have since, for a long time, moved away from Chicago. I'm no longer that. But so many people are. And I can't deny the fact that that's still within me, that sometimes I want to go to that place of disease to please. And I think what you're saying about women and taking it all on, they want to please. To them it's kind of like this selfless giving. But as we know, that has to be in balance.

And to me, if we're not taking care of ourselves, it's not a healthy picture. And

it's not something we should give accolades for. We need to tell those women, "Hey, you really need to take care of yourself," because I think what they're thriving off of is that need to be loved, because there isn't enough self love. And so they're going after kind of the quick fix of people giving them, whether it's the validation, the complements, the thank yous, the gratitude. That feeds their heart in a short way. It's kind of like having a sugary snack. You get that initial high, and then it's gone. We have to keep going with it. And then it becomes like an addiction.

So what I would say is we have to first start with ourselves, to really love ourselves as much as we can. And sometimes it's a life long process. There's a lot behind those words. And that's not easy to do. So we start small with little things, giving ourselves time. There's a great book - I forgot who it's by; you might know this Mark - it talks about the five acts of love and how people show love in different ways, whether it's giving gifts, giving time, giving words that are complimentary, acts of service, touch.

So we need to figure out how do we give ourselves love. For me, I get away, and I go and have a massage. I'm like I'm out of there. I'm done for the day. I'm going. And so you have to figure out what is your meaning of love. Do you need a hug? Is that what really fills you up? Do you need to have a girls' getaway, where you go for a retreat? I need to do that once a year, where I have a total immersion. And it's not a professional conference. My husband reminds me of that. He's like I think you need to book your retreat.

Dr. Mark Menolascino: Take care of yourself.

Dr. Deanna Minich: You have to. You have to.

Dr. Mark Menolascino: Yeah, that self care, I think, is missing in many of our lives. And for healthcare providers, it's one of the traps that we can get in by giving, giving, giving. And I think women are givers. I know why I like you so much now, because I'm from Omaha. And it's our Midwestern nice attitude. And that disease to please, I've not heard that before.

Dr. Deanna Minich: I think that's from Oprah. So I didn't make that up.

Dr. Mark Menolascino: That's why.

Dr. Deanna Minich: I think it's from Oprah.

Dr. Mark Menolascino: Well it's funny how those simple sayings have so much power. Keep it simple and the disease to please, these type of things make so much sense.

You were really touching on toxic relationships, but this idea of toxicity, I've always looked to you as an expert in. And as much as I don't want to believe how big of a problem it is in our disease culture, I think it's the biggest problem. And we're just starting to understand it.

As we start to finish here, and I'll encourage everyone to go take a look at Dr. Minich's work, what are some of the simple things our listeners can do to avoid toxicity in their daily lives?

Dr. Deanna Minich: Yeah, so I grew up Catholic. And so I have this thing I call the seven deadly toxins. So I'm going to run through the seven. First one is food, food contamination. Whether it's GMOs, we have adulterants in the food, like pesticides, insecticides, herbicides, focus on your food because we're constantly eating. And if you make higher choices, then you reduce your toxic burden.

The second one is looking at our emotions, toxic emotions. And we hold those things inside. The third one is toxic thoughts, the thoughts we keep thinking. There was some literature that talked about how we have 60 to 80,000 different thoughts in a day, and 80 to 90% of them are reoccurring thoughts. And 90 to 95% of those are negative thoughts. So we're constantly feeding ourselves and our behavior with kind of self deprecating thinking. The fourth one, as a source of toxicity, is when we don't move, physically move. We need to sweat. Dr. Steven Genuis did this brilliant study called the BUS study, Blood, Urine, Sweat.

And what he found is that sweat releases just about every toxin that they studied. So we need to sweat. We've got to move. We've got to get our blood circulating. Otherwise things stagnate. The fifth toxin is words, how we speak. And when I have people go through a detox, I talk about everything. So I talk about are you lying? Are you exaggerating? Are you swearing? Really look at everything that we're saying and what that creates. The sixth toxin is lack of sleep. You already mentioned this.

So it's not paying attention to letting our mind just relax. And in fact, when I teach this for the Institute for Functional Medicine - I teach their detox advanced practice module - one of the things that I teach with lifestyle is how the brain has what's called the glymphatic function. It actually has a tissue

around it, a liquid like tissue that is exchanging toxins and nutrients and fluids. And when we sleep, we actually get rid of more of those toxins. So if we don't let ourselves sleep and we're not doing that accurately, just to the point of where it's quality sleep, we're not actually detoxifying our brain even. And then the seventh toxin I call a lack of purpose.

And that's the middle of the matrix, where we look at mental, emotional, spiritual. Spiritual is actually our higher calling, our purpose for life. This is one of the factors of longevity. If we don't have a sense of purpose, we're kind of lost, we're fragmented, we're not connecting into everything, I see this as a toxic barrier to our optimal health.

And so lots of different things can help there, whether it is food, whether it's hydration, whether it's physical activity. I mean these things work as a web. Even though I'm presenting them as a linear circuit, they all work to help each other. So you can say well, Deanna, I'm just going to focus on food. Well food is going to help all those different things. So there are so many different toxins.

And oftentimes what I'll do is I'll have people make a list. I'll say take a piece of paper - really easy to do; I have one here - and you can fold it in half or you can make a line down the middle. And on one side you put all the things that are taking your energy. What is it? Are there certain foods that you feel sick after? Is it too little sleep? Is it having conversations with certain people? Is it being in meetings all day? What is it? Is it going to parties because you're not an extrovert? What is it? Just be honest with yourself. Set a timer on your smart phone. Write everything down.

And then on the other side what actually gives you energy? Is it being out in those beautiful mountains behind you? Is it going to the grocery store and exploring food? That would be one for me. What gives me energy? Just even playing with my niece, my four year old niece, I love it. I love being around kids. And so look at the balance because what is the toxicity? Toxicity is a matter of blocking you from your biggest potential.

And so we talk about detox. Many people think of that as nutrition. I see it broader than that. It's all of you. And you've got to know what is toxic, what is in the way, and then what is nourishing, what fills your heart. And make sure that what fills your heart is higher than what's taking away from you. I think that that's, at the end, the bottom line.

Dr. Mark Menolascino: I'm going to encourage everyone listening right now to stop, rewind to the beginning of that last section from Dr. Minich. That was fantastic. That was worth all the time that we've spent together just hearing you lay that out. You just gave all of us a personal consultation. That was really powerful, Deanna.

Dr. Deanna Minich: Oh, thank you. I'm glad.

Dr. Mark Menolascino: I want to really thank you for taking the time to be with us today. And I really encourage everyone to look at Dr. Minich's site. It's deannaminich.com. And take a look at all of the great content she has there. These are her two books, and I love each one. *The Whole Detox* might be one of my favorite books yet.

Dr. Deanna Minich: It's the thickest one. It's the most well referenced. And everything I just talked about with those seven toxins, there's a whole program in there on it. So yeah, it's one my favorites too.

Dr. Mark Menolascino: Fantastic. Well thank you again for being here. And I completely respect all the work you do and appreciate all the energy you share. And I look forward to seeing you again.

Dr. Deanna Minich: You too. Thank you so much for the great work. And I can't wait for your book to change the world. So great work.

Dr. Mark Menolascino: We'll do it together. Have a great day.

Dr. Deanna Minich: You, too.