# TNP 6- MIX 1- PRODUCED- NO EDITS.mp3

**INTRO:** [00:00:00] That Naturopathic Podcast. TNP

**Dr. Kara Dionisio ND:** [00:00:05] Hi and thanks for joining us. I'm Dr. Kara Dionisio

**Dr. David Miller ND:** [00:00:07] and I'm Dr. David Miller. And we hear your frustrations. This show is for you.

**Dr. Kara Dionisio ND:** [00:00:12] This show is for you if you're feeling like your current health care strategy is not getting to the root cause or the underlying reasons for your health.

**Dr. David Miller ND:** [00:00:20] This show is for you if you've been told that you're fine but you definitely don't feel very well.

**Dr. Kara Dionisio ND:** [00:00:24] This show is for you if you're walking out of your doctor's office with one two three four or even five medications without any mention of diet lifestyle or a long term game plan.

**Dr. David Miller ND:** [00:00:35] This show is for you if you've got several specialists taking care of you but no one is really putting it all together.

**Dr. Kara Dionisio ND:** [00:00:40] This show is for you. If you believe that health should be part of health care. These problems have solutions.

**Dr. David Miller ND:** [00:00:47] We know it.

**Dr. Kara Dionisio ND:** [00:00:47] Our patients know it.

**Dr. David Miller ND:** [00:00:48] And we want you to know it.

**Dr. Kara Dionisio ND:** [00:00:50] Naturopathic medicine is the solution that you need to know about.

**Dr. David Miller ND:** [00:00:54] Hi and welcome to another episode of That Naturopathic Podcast. I'm Dr. David Miller.

**Dr. Kara Dionisio ND:** [00:00:59] And I'm Dr. Kara Dionisio. So today we are joined by our friend and colleague Dr. Mary Choi. Welcome Mary.

**Dr. Mary Choi ND:** [00:01:07] Hi guys. This is such a pleasure to be here. And I'm so excited to share some really exciting stuff all what we're going to talk about. But I first wanted to say that Dave and Kara you guys are naturopathic rock stars and I'm so impressed and happy to be a part of this movement where you're trying to put naturopathic medicine on the map. So thank you so much for this opportunity.

**Dr. David Miller ND:** [00:01:31] Thanks , no thanks so much Mary. We've already had .. us and Mary have already had a good laugh and a good chat. So really happy to invite you into a fun chat with Mary because she's super smart but she's also super funny so Mary makes you're funny today, Ok?

**Dr. David Miller ND:** [00:01:46] We want the nerd side, and we want the fun.

**Dr. Kara Dionisio ND:** [00:01:52] Mary is a pretty bad ass force though. I'll just tell you a little bit about Mary so ... she is a naturopathic doctor in the beaches in Toronto.

**Dr. David Miller ND:** [00:02:03] The upper beaches.

**Dr. Kara Dionisio ND:** [00:02:05] She just has a pretty new clinic which is beautiful and based on an awesome concept called Soma and Soul Wellness and hopefully Mary can tell us a little bit about that and she's a mom of 4 to add to the list of her things she's doing. And Mary -- really we're having her talk today on her expert advice on weight loss and in particular women's health, hormones, and weight loss. But all things weight loss today.

**Dr. David Miller ND:** [00:02:38] Yeah. And Mary do want to tell us a little bit about what you've been up to in the last I think you were doing some speaking event recent -- recently to tell us a little bit about that?

**Dr. Mary Choi ND:** [00:02:46] Sure. Well there was a ... I was a keynote presenter at a conference that was just over this weekend and I what I realized is I am so passionate about this project and the reason why is because weight loss is a massive epidemic. And what I was finding -- so I'm a numbers and stats and big picture junkie and I am so incredibly passionate about really trying to help my patients and not even help my patients but really just help the public, the community, so that we can all be healthier and live happier lives because if we're all healthier, if we're all happier we're going to be living on what we want. And so part of it is that I was just fascinated by the staggering numbers that I was finding -- so just to give you a little tidbit.... So what we're noticing that the obesity trends so let's say in the 1960s and 1970s the BMI -- so that the BMI is where we will measure people's body mass, fat mass. And so if you are over a certain value then we continue we consider you to be overweight. So back in the 60s the majority of the population the average was sitting at under 20 percent which puts you very much in like a normal healthy place. And over time... So this is the 1960s...So now taking us here we are talking that the population has moved to almost like over 64 percent of adults -- Canadian adults -- over the age of 18 are obese and overweight. You know what that means that means? Only 34 percent of our population -- our Canadian population is normal. Well you have to understand is that we as Canadians are failing -- that's an F -- me being a Korean Canadian I would've gotten like in a lot of trouble if that was the report card that I brought home right.

**Dr. Kara Dionisio ND:** [00:04:47] Yeah. So it's more normal in Canada to be overweight or obese?

**Dr. Mary Choi ND:** [00:04:51] Absolutely. Absolutely. And on a global scale Canada is actually doing better than many other nations within the world. So this is not only a Canadian issue. This is like -- this is a global issue. This is worldwide. So partly the idea of trying to work on the forefront of helping obesity -- This is an everybody issue. This is doctors. This is nutritionists. This is dietitians. This is your neighbor. This is your you're working with your mother a daughter a sister a brother like this is -- Look we all have to be working at this together.

**Dr. David Miller ND:** [00:05:32] And how do you see this problem with obesity or this increased prevalence of obesity as a problem in and of itself or do you see it as symptomatic of something else.

**Dr. Mary Choi ND:** [00:05:44] Yeah great question Dave. So what I really think is obesity is a symptom and I don't ever think that you know my patients will come in and their chief concern is to lose weight because that is a large portion of my population that I deal with but. Obesity and their their inability to lose weight. That's not the problem. What -- And we'll talk about that hopefully deeper today -- Is that weight loss or -- sorry their inability to lose weight or their bodies holding weight is actually a symptom of a much greater problem. And I really think that comes down to stress is one of humanity's greatest hurdles today but really it's our lifestyle and our lifestyle to manage that stress. So whether it's divorce, whether it's you've had four kids under the age of four -- That was my life -- Whether you've just opened a brand new clinic -- again my life -- I'll stop talking about me. But ...

**Dr. Kara Dionisio ND:** [00:06:47] Both at the same time.

**Dr. Mary Choi ND:** [00:06:48] All at the same time!

**Dr. Kara Dionisio ND:** [00:06:50] Why not.

**Dr. Mary Choi ND:** [00:06:51] But it's you know now we have baby boomer parents and so we are we're struggling because our parents have dementia or have fallen and we need to care for them and then we all have young children. We have jobs and if you live in Toronto you've got this ginormous mortgage to pay. And so we are all struggling and we are all drowning. And so what do we do to sort of patch that because the thing is is that we don't want to be failing in everything we're doing. You've got to show up to work. You've got to get your kids daycare, you got to pay for that all -- you've got the car the house the lights and you got to feed--you've got to put food on the table. So there has been tremendous amount of change that has happened and what we are all doing is to just survive it all. And what happens is our health, our sleep, our exercise and mainly our food are what suffer the most. So now it's really just trying to patch convenience because all of these other things take higher priority. And so what my messaging is and why I'm so excited that you invited me here today is that I want people to understand that if you actually embrace your own health from the foundational things of sleep, of nutrition, that you can actually start to be much healthier in every single aspect of your life. You can work better. You can run faster. You can manage your household if your child is sick. So my analogy of the body is that let's say you're Formula One race car. Right? And so you want to be the best at that race. The thing is is you're not going to put tires that are on sale on your car. Right? You're not going to fuel up with unleaded gas. Right. Just because it's convenient. You are going to take care of that vehicle on why it's because you want that car to win. So if you are a winner, if you want to perform, if you want all the best things out of your life then why wouldn't you fuel it properly? And I'd really distill down to your food, your water, and your sleep.

**Dr. David Miller ND:** [00:09:05] Yeah it's so simple. I talk about the blunt tools of diet and lifestyle with my patients. They're sort of unsexy but they're like tried tested and true and the more you get into the you know you're a real expert in this. But even then the bit that I've delved into it I've just always been amazed at how much of it is -- Honestly it's just such simple stuff that you just have to stay consistent ....

**Dr. Mary Choi ND:** [00:09:27] But Dave I disagree with you. I think it is SO sexy. I think this simplicity is so sexy because believe me if you dial it down then yeah your testosterone is going to go higher and you are going to have also probably great sex because you're not thinking of all this stuff at night. Right. Maybe now you're having sex in the morning you're feeling so good.

**Dr. David Miller ND:** [00:09:48] This is getting fun already -- there's been disagreements and sex talk already.

**Dr. Kara Dionisio ND:** [00:09:52] That visceral fat. Once you get rid of it you're your testosterone goes up. There's a good sell.

**Dr. Mary Choi ND:** [00:09:59] Absolutely.

**Dr. Kara Dionisio ND:** [00:10:01] And I love that my mind shift -- change, Mary; to think as you said of thinking of weight or being overweight as a symptom because I love thinking of a lot of things as a symptom. We think you know a lot of people would think of them as a health problem or a disease. But things like you know your menstrual cycles or your sex drive or your energy level. Weight can be in there and I like actually talking about them as a vital sign. Like that's a vital sign or a symptom of the whole ecosystem and physiology of your body.

**Dr. Mary Choi ND:** [00:10:36] Absolutely I completely agree. Like let's say for example. So this is a very popular story that comes into my office. Right. And so I deal with many different people men mainly a lot of women but, partly I think part of the change has been a lot ... it's like keeping up with the Joneses. Right. But the thing is the Joneses now have a yacht. They have a vacation home in Florida. They have a cottage. They have this million dollar home in Toronto. And the thing is is that you know who's paying for that. It's the wife. It's the mother. It's the modern woman. And so you know it's funny. I'm working with this fabulous woman and she has sent me that she had done this advertising project and it was all about Lean Cuisine and so ... Lean Cuisine came on the market in 1981, and part of it is that you know this woman is in this ad and this aerobics outfit with leg warmers and she looks sensational in front of the mirror. Right. But partly she can exercise. She's going to work and she's got this beautiful hot meal under 400 calories on the table in two minutes. Right. So if you look at that picture it's like what is she selling. She is selling that she can do it all. And that's what the modern woman is trying to do. Right now the modern woman is -- she a CFO -- she is making the money. Right. But at the same time our responsibilities are exactly the same. We are still nurturing children at night. We are still scheduling play dates. We are still signing them up for summer camp. Right. And at least this is what's happening in my household. You know I love my husband dearly and he is a fabulous man and father. But when it comes to these nitty gritties, these little bits. This is what I take care of. Right. As well as go to work. So the now health --.

**Dr. David Miller ND:** [00:12:35] It hasn't changed. It's sort of added to your expected workload as a mother.

**Dr. Mary Choi ND:** [00:12:42] Absolutely so now the thing is is if you take this back years ago before you even see this trend in obesity kind of hit the roof and hit the ceiling or blow through the ceiling now part of it is that we've left the home, we've left the simplicity right. And so who is cooking that meal? And you know it's Uber Eats right or it's who you're dialing on the end of Uber Eats and what the hell is in that food right. So that's it. It's frozen in a package, and you know and this is not the fault of the people because the public themselves, we are just trying to survive, so that's that's I think our piece as naturopaths and that's really our value is how do we get these people to be able to just take it a step back and really get you back in the kitchen get you shopping around the perimeter of your grocery store, pick up a broccoli, it doesn't have to be you know already made into a broccoli pie in the back freezer at the grocery store. Right. It really matters who's made that food where that food's coming from and what your body's doing with it because it doesn't recognize the things that aren't that simple. And so is just returning to simplicity right. I want you to Konmari your body. That's the word.

**Dr. Kara Dionisio ND:** [00:14:09] I love it. So Mary I'm sure that's a common story that comes into your office. What are some of the other stories of your patients who know they need to lose weight but don't know how to start or perhaps have tried many different things what are what are your patients saying.

**Dr. David Miller ND:** [00:14:28] What they are saying, what's going on in their mind -- What has driven them? What's the thing that's been like you know what -- I gotta go see someone to get help. What drove them to come to you?

**Dr. Mary Choi ND:** [00:14:38] You know what it's so funny because so now we have this statistic right. We've got over 64 percent of the Canadian population right now is overweight. And so what what motivates that person to come into office and this is the question I often ask all the patients but the traditional story is the patient comes in the office let's call her Denise. She comes in and I've met Denise one hundred times and Denise -- and you maybe are Denise right... Listening... And so what Denise his story is is I've been overweight my whole entire life. My parents are fat. I'm fat.

**Dr. Kara Dionisio ND:** [00:15:21] It's genetic.

[00:15:21] Sure it's genetic right. Or it's cultural. Or it was passed down to me. Right. There's nothing I can do about it but in part what this person is living with is that they have always been fat. Right. And they struggle with it. So Denise for example one of my -- one great client that I have is -- is that person, but this person is like she's a a power executive. She's so unbelievably successful in every single aspect of her life. Right. She's making the money. She is performing on every single level. She's well-loved by her community, her family. But this is the one place where she can not succeed. Right. She's been on every diet and so she's been able to lose a little bit or maybe not even a lot. So really the question is -- is like why can she not sustain weight loss or why is her body holding that weight. And so there is this idea this concept if I eat less if I move more I will lose weight. But the thing is is that this concept this has been hammered and hammered and hammered in through many many authorities. Right. We're looking at the CDC. This is their mandate on how people should lose weight. Right. The American Heart Association -- same thing. Right. And so if we eat less we move more we lose weight. So what happens to the individual that's doing that. Right. And this is the pain points of many of my patients that come in -- they are struggling because they are following this equation and the weight is not coming off -- now they're starving themselves so they're virtually eating nothing -- eating less than a thousand calories a day and you know what they're doing. They're training for triathlons. They are cycling for three hours. They're hitting the gym seven times a week, twice a day. So now we're driving this like -- it's like the biggest eating disorders are coming from this population that is overweight. And part of it is they don't want to be part of this stigma where you know if you look at someone who's overweight then what they are obviously gluttonous. Right. They're lazy.

**Dr. David Miller ND:** [00:17:55] There are a lot of Judgments that happen.

**Dr. Mary Choi ND:** [00:17:57] Absolutely. And so there .. So what we're talking about is this -- is their shame. Right. So these people can succeed and every single portion of their life, but this is the one place where they're always failing and then what that does is that puts you into this horrific place of shame. And so part of it is that what I'm trying to teach my patients is that we can unlock it. There's lots that we can do here to help because it's a much more complex issue than just eating less moving more and losing weight. There's actually a fabulous study one of the first studies that existed in this sort of place. It's Dr. Ansel Keys. And it's called the starvation study. So this is what they did. They starved a group of thirty five men in a laboratory setting. They psychologically assess them they physically assess them and they essentially starved them for 24 weeks for six months. They really reduced their calories. And so they controlled it also by making them walk twenty two miles a week. So because other studies have shown if we actually reduce what you eat you actually were reduced your activity. So we -- our brains our bodies -- are hot hard wired to compensate always to reach balance. So this study -- they starved them and they made them move. And what was predicted is that for calories in versus calories out -- so just like I was saying -- eat less move more -- they should have lost seventy eight pounds by the end of the twenty four weeks. Do you know how much they lost?

**Dr. Kara Dionisio ND:** [00:19:39] Seven?

**Dr. Mary Choi ND:** [00:19:41] Seven pounds?

**Dr. Kara Dionisio ND:** [00:19:42] Yeah.

**Dr. Mary Choi ND:** [00:19:42] OK. Dave?

**Dr. David Miller ND:** [00:19:47] 10.

**Dr. Mary Choi ND:** [00:19:49] Ok now you guys are making me look bad. So they lost more than that but they were supposed to lose almost 80 pounds and they lost less than half of that. OK. They lost thirty five pounds on average through the group. So then the question is more what the hell's going on. You know?

**Dr. Kara Dionisio ND:** [00:20:07] I heard an analogy once about weight loss that said you are not an A.T.M. machine. So you know the funds going in and the funds you withdraw -- that doesn't create a perfect balance sheet. When it's applied to the world of weight loss.

**Dr. Mary Choi ND:** [00:20:23] Absolutely.

**Dr. David Miller ND:** [00:20:23] And you're also not ... Like I heard this one and I wrote it too -- you are not a calorimeter.

**Dr. Mary Choi ND:** [00:20:31] Yeah. Or an ATM machine.

**Dr. David Miller ND:** [00:20:31] Like if you know what a calorimeter is then like you know you're a hell of a lot more magical than a calorimeter -- like the magic that goes on in metabolism in the body and physiology and the neuropsychological behavioral aspects that are going on interdependent systems like it's crazy to sort of dumb it down to calorimetry right. Which is what you're talking about there you say. Okay. You take a monotheistic sort of like I'm only looking at calories view it should have been twice as much and it's just there's we know there's way more than that.

**Dr. Mary Choi ND:** [00:21:03] Absolutely. I completely agree. So part of it is you know what a person has to understand is that if you're really suffering and you can't lose weight it might be more than that. Right. And so it's trying to understand what is your total health saying, what are your hormones saying, because I believe there is a massive impact of that. And really trying to get to the root cause of why your body is not losing weight.

**Dr. David Miller ND:** [00:21:32] Mary do you think everyone's experiencing shame? I thought it was really interesting when you brought that up -- like most people are experiencing some degree of shame about the weight that they're carrying. Can you talk a little bit more about that or the different faces of shame if that's true?

**Dr. Mary Choi ND:** [00:21:47] Well I think in part what you have to understand is that weight is a very -- an emotional piece. And so if we look back to you know what does fat do. Fat -- it's a protective mechanism. That's what -- that's what is there for. It wraps around our organs. It wraps around our body. It keeps us warm and insulates us, it protects us. So what I actually find from an energetic and emotional space is that when patients are in this place where they require protection -- maybe you're going through a divorce maybe you're in an abusive relationship, maybe you are had a really painful childhood. The thing is is that we might turn to the food for comfort so that's in part, part of the work that I do with my clients is we really are trying to uncover why they maybe have some of these food relationships and trying to get at the feeling to free them up so that they are feeling better. Right. I had this one client for example. You know part of the premise of my program is I get people to do part of timed feeding and that's how we kind of encourage the metabolism to to burn weight. But I have a patient who is really struggling with not drinking her coffee for two hours in the morning. And when we really ... you know part of it is ... I could have coached her in two ways, I could have said "you know you have this goal we need you to get to that goal weight just cut the coffee. You can't have it" you know and really sort of give her that -- That hard lesson. But instead the way that I coached her is to really kind of understand you know why is it that you need that coffee for two hours in the morning? And what comes -- what her her story is -- it comes out to the fact that her husband died four years ago. She is now retired and has so much pain because of the weight. So her hip doesn't work. So she can't walk. And so now she's in her home and she's working with me because she actually wants to lose the weight. But part of it is that she now has lost purpose. She has no purpose. And so those two hours where she drank the coffee was for her to play on the computer and just hang out and veg out. And what that coffee gave her -- it just gave her a sense of purpose. But when the coffee was done it was like, well now I should actually do something. But she had nothing to do. She had nowhere to go. Right. She couldn't go anywhere she couldn't even go for a walk because of her hip. So in part what we have to understand and we have to unlock for some of these people is maybe that food provides something else. I have another story of this wonderful woman ... and we've actually completely stopped with the weight loss and really actively trying to get her to move physically because her emotional holdings are that she was able to lose weight but the weight would continue to come on and my work is really -- I'm really dedicated to trying to make sustainable change for my clients. And so what I was finding out was that -- this one individual -- you know thank God for her always coming back into the office because she really wanted to understand her cycle and break that cycle of constant losing and gaining and losing and gaining. But when she was gaining what she was doing was that she understood that she was .... what the food gave her was freedom. That was the feeling. So ...

**Dr. David Miller ND:** [00:25:41] Freedom from what?

**Dr. Mary Choi ND:** [00:25:42] Exactly. And so it's really trying to understand why was she trying to relive that feeling and that feeling she could only relive through free choice with food and that free choice of food meant that she could have cookies. She could have beer. She could have cake. She could have whatever she wanted on the menu. And so any diet right -- it restricted her. And what we actually have uncovered and part of it is that I -- the advancements with my clients is because we work with a team here over Soma and Soul Wellness. So she's working now with our mindfulness therapist as well before we actually try to get to the physical body. But. Part of it -- the work here is that that freedom it actually ... if you dial it back it came from her childhood. So she was overweight her whole life and her parents never let her ever make a decision about food at the grocery store. Ever. Because she was fat. So for her that food came for like freedom of choice. Right. And so that was the meaning. So it came to freedom so whenever she didn't feel free, whether it was within her work or within her relationship or within even her life ... it's like now I have responsibilities as a mother. I've got to go to work. I don't want to do any of these things. If she felt any of this angst, you she did she ate, she drank. And so until we can actually get her to a place where she can feel that freedom through other means she'll forever keep living that cycle. So that's the -- that's the deep work that we're doing here over Soma and Soul is we're trying to really understand the relationships and people that people have with food so that they can free themselves right. So that they can release the fat -- Dave like you said -- because that is a protection. So once they're ready to not feel protected then then we can release that weight. Some people don't have that stuff and then they can simply follow a program and the weight is unlocked. And it just lets go to do all day fat.

**Dr. Kara Dionisio ND:** [00:28:05] Did you just call Dave fat?

**Dr. Mary Choi ND:** [00:28:05] Did I call you fat?

**Dr. Mary Choi ND:** [00:28:06] Did you just call Dave fat?

**Dr. David Miller ND:** [00:28:08] Thanks Mary.

**Dr. Mary Choi ND:** [00:28:10] Sorry I can only see you chest up so ....

**Dr. David Miller ND:** [00:28:13] This is really ... here's a couple things I want to talk about ... one I just think Mary that's so cool that you're doing that with your team at Soma and Soul because it just shows how when you have a good naturopath -- I'm going to sort of -- say, "exemplify" you as making like a good show of what a good naturopath can do because what you're doing is you're taking all the different aspects of what we do and the different lenses we have of looking at things and putting them into one because if you just download some programs with a 30 day program that does not acknowledge these other intricacies or interrelated things that are going on all the time and I just think ... we'll just sort of big you up as a good example of having many different ways to view a problem. When you only have a hammer everything looks like a nail and we've got a toolbelt. So I think that's -- you're really showing just a good assessment and a good appreciation of the complexity of this stuff.

**Dr. Kara Dionisio ND:** [00:29:15] Yeah and maybe we should go there next. I love that you started with you know some mental emotional and spiritual contexts of weight loss because it is a topic that those are quite heavy on and need to be addressed. And I love how Soma and Soul is really integrating that into your approach. Maybe we can get on to a little bit ... what does your weight loss assessment look like and maybe transition into some of the physical or physiological factors.

**Dr. Mary Choi ND:** [00:29:45] Yeah absolutely so ... OK let's say so a patient comes in like Denise and just wants to lose weight. Right. And let's say she's tried all the diets or she really is like I don't know what to eat. I've read that chickpeas are bad for me. I can't eat dairy. I don't understand if gluten is good for me. So ... So what do I do. So they would come in but generally my assessment includes -- so we do -- we run a whole gamut of bloodwork because I want to understand how is she responding to sugar and carbohydrates when she eats them. So my favorite tests, I'm often looking at insulin, and so most assessments done through their conventional medical doctor if they can't lose weight is that they will assess only their -- let's say fasting sugars -- they'll run their cholesterols, they'll look possibly at liver enzymes to make sure if they have fatty liver or not. And often it's the scale right and they're kind of left at that. But if your blood sugar is within normal range and that range can go to six they're often left alone. What I actually find kind of concerning is that the conversation the doctor doesn't have with the patient is you know what we should really start actively looking at your nutrition because you're you're nearing diabetes. Right. That conversation doesn't happen until ... you know -- and not for all doctors I'm not throwing them all under the bus ... but apparently it's that now you have diabetes, let's do something about this. And so that's the word that I'm trying to get patients to really understand is let's work on issues before they become issues so that you can live your life as that Formula One race car for the rest of your life. So. Assessments -- so, I like to look at their thyroid health. And this is also a complete look at the thyroid health so usually they are like "oh my doctor tells me...." the story is "my doctor ... I thought it was my thyroid" ... I mean Oprah really highlighted the thyroid -- she's the thyroid girl, so we know her battles with weight loss all over the place. But the thing is, Oprah had a hyperthyroid -- so by definition she should have been thin, right? Her metabolism apparently was just going going going. So you know I really feel bad for this thyroid as as an organ because I find it's always getting blamed. It is the victim...

**Dr. David Miller ND:** [00:32:13] It's a wimpy organ ... I always make fun of it as like a wimpy organ. That ...

**Dr. Mary Choi ND:** [00:32:17] I feel bad for a man it gets bullied all the time.

**Dr. Kara Dionisio ND:** [00:32:21] The brain just like beating the shit out of it basically.

**Dr. Mary Choi ND:** [00:32:26] Well it's ... the poor thyroid. So the other thing is is that I will get patients who are adamant that they are not losing weight because it's their thyroid. And I think that's a large part of it. Possibly, but it's not the whole piece and it never is. Another favorite hormone is insulin. And so what I generally find is that's actually -- that's the magic, that's the fairy dust, is if we can manipulate insulin I can get a patient to lose weight.

**Dr. David Miller ND:** [00:33:01] Ok Mary tell us a little bit about how you'd explain like sort of what insulin does to the average person who is not a biochemist.

**Dr. Mary Choi ND:** [00:33:09] Ok. So for you listeners out there who are not biochemists, let's talk about insulin. So what insulin is is it's a hormone that gets put on when we eat something. OK. So you eat food your body makes insulin and that signal from insulin is fired out of your pancreas and what it does is it tells the cell to gobble up all the sugar that's now around it. OK now that's the normal response but we now have this thing called insulin resistance. And what that means is let's say for example you take a baby and you have the baby sitting in a restaurant. OK but it's way past that baby's bedtime. So after it screams its head from being up late... right ... the noise around that baby becomes ambient noise. It doesn't hear the people it doesn't hear the clinking glasses anymore. Right. It gets used to the noise. So that baby falls asleep despite all the noise around it. OK that's the cell hearing insulin all the time. OK. So this isn't a client that's insulin resistant. Let's say you take that baby and you put it in a crib inside a very quiet home OK and you don't have a sound machine on. So you have that baby in Silent House. And what happens when someone just even tiptoes past the baby's room and steps on a creaky floorboard , right you hear [creak sounds]. And that baby is like awake, right, and screaming. And it's because that baby can hear everything because it's now put into this really quiet home. And so that's the difference between a cell that properly responds to the signal of insulin and another cell that's hearing insulin all the time -- it no longer responds. So our body -- which are these beautiful vessels -- it is trying to acclimatize to that all the time. So your pancreas is gonna make more insulin because it's like -- it does not like your cells swimming around in all this sugar. So it's like pancreas! Let's go! Let's make more insulin! So you know what it does? It makes more insulin! So it makes more insulin and now this cell is still swimming in sugar but it's being screamed at by insulin. Right. And then you know what it finally does. It listens; because now insulin is completely surrounding the cell. It drinks up all the sugar at once and that's your client who feels completely shaky, very hypoglycemic and is like Oh Mary I can't go more than two hours because I got really shaky and I have to eat -- that person actually is probably insulin resistant.

**Dr. David Miller ND:** [00:36:00] So that person is sort of swimming around with sort of ineffective but larger amounts of insulin. What's the long term results then -- like you're talking about -- is that sort of like "hangriness"? I talk about patients getting "hangry" -- they get sort of irritable in the short term ... what's the long term effects of having you know a lot of your cells bathed in insulin for a long time?

**Dr. Mary Choi ND:** [00:36:24] Yeah so insulin has very beautiful qualities but also you don't want those qualities all the time. So let's take for example 'why do we make insulin as humans?' So insulin is a storage hormone and we need to store. We need to store because we need that fuel and so insulin is going to take the sugar that we eat and pack it away into glycogen stores first, and those glycogen stores -- those are immediately readily sugar available stores. So this is the stuff that we're using right away. I call it the cash in the wallet right. Absolutely. So we need that cash readily. We are going to spend that cash right away. That's the first energy reserve we tap into. OK. So insulin for example let's say like what happens in the fall. Right. We get all these starchy vegetables that are falling off of the Canadian trees you got your your Macintosh apples and all these apples hitting ... you know falling off the tree. You've got squash that that's growing so animals would eat those. Right. And we are animals. So we eat all these starchy vegetables and then we make more insulin. It makes us more hungry. We eat more. Right. And it sort of feeds the cycle. Insulin will also make us more hungry. So we eat more starchy things. We get more hungry we make more insulin and cycle cycle cycle. And you know what happens we get fatter and fatter and fatter and fatter because insulin tells the body you've got to make fat.

**Dr. Kara Dionisio ND:** [00:37:54] But we have the Canadian winter then in the cave.

**Dr. Mary Choi ND:** [00:37:58] You got it. So then we go to hibernate -- we hibernate. Right. And you know what we do. We don't eat, we sleep. So the big bears -- we hibernate. But we had to get really fat before we hibernate it. But we didn't eat while we are sleeping. We fed off our fat. Right. And we used that fat while we were sleeping and then right the ground thaws, berries grow back on the trees and then we as animals would you know venture out of the cave and eat again. Right. But our fat stores are gone. The thing is us now in our human life we have food in abundance all the time, but we are eating and our insulin is on as if we're preparing for hibernation all the time.

**Dr. David Miller ND:** [00:38:48] Well we used to spend so much of our calories if you look back at like anthropology or what we call anthropological biology I forget ... I was reading ... I read a lot ... Anyway there was ... they were just talking about how we used to spend so much of our calories getting calories. Like you used to spend ...like invest, so much of the calories that you have, you know digging up some tubers and persistence hunting something until it fell over and died and you speared it and ate it ... like ...

**Dr. Kara Dionisio ND:** [00:39:17] It wasn't "skip the dishes".

**Dr. David Miller ND:** [00:39:19] Yeah. It's like you know make good food dot CA ... click ... you know go to the grocery store at any time you're surrounded by like carbs and splendor.

**Dr. Mary Choi ND:** [00:39:30] Absolutely. Totally. I think to what we have to understand is because that myth of the calories in versus calories out -- we also always think OK if I eat low cal ... if I eat something low fat, if I eat if I drink diet coke, this isn't going to make me lose weight. But in terms of this whole magical hormone of insulin, what you have to understand is that all food has been measured on these scales. So where we're looking at the glycemic load, glycemic index -- these are two different ways in which we measure food and for measuring it's sugar response on our body. But there's now this new scale called the the insulin index -- it's actually not so new, but in terms of weight loss and how I address weight loss I really look at this hormone. And so what we have to understand is that any time you put anything in your mouth ... take it easy Dave ... No jokes here ... Let's keep it safe for the public. So part of it is that. Let's say we're putting food in our mouth right. Or diet soda into our mouth. Your body will provoke insulin. It's going to make insulin. And I think that's the misconception as we used to think if we do low cal stuff we won't gain weight but even if you eat low calorie items your body is still making insulin. If that signal is on in any amount your body will never burn fat. It's metabolically impossible and passing it.

**Dr. David Miller ND:** [00:41:07] And there's the wisdom to it too, right? It's like OK -- here's food -- get in the cells -- like here! Because we didn't used to eat -- stuff or gob like five times a day, which I can do quite easily. In North America.

**Dr. Mary Choi ND:** [00:41:21] Absolutely. But it's not only that it's it's it. People don't understand it's like I get my coffee I'm swinging through Starbucks and I've got it loaded with cream because I'm keto now and I'm gonna drink that all morning right. So then if you're like me where I once was before I learned all about this is that I would heat that coffee like four times all morning because it was always cold by the time I would go back to it. I have four children. And so that coffee -- I never -- could never get to the bottom of my cup and have it hot. But part of it is I was stimulating insulin all the time, all the time, all the time. Right. Have a couple of -- you know -- almonds here ... have a couple of bites my apple there. But any time you stimulate insulin you automatically switch your metabolism from a burn to a storage. Right. And so this is part of this weight loss conundrum is you got to shut that signal off. Yes shut it off right!? Or you will never burn that reserve and our body is so beautifully hardwired to always establish balance. So if you're eating it's going to store it. Right and it's going to store it around your middle. Right. It's going to wrap all the way around your organs and the extra stuff it's going to make cholesterol. So patients will have the overweight patients -- not all of them but -- will have elevated cholesterol levels. Now they have elevated sugars. They have elevated insulin. Right. Because your body is always trying to reach homeostasis. So part of it is we got to drop that insulin so that the body can actually get into the glycogen stores which is that cash I talked about. So we got to use up all that cash and once the wallets empty -- And that's the "hangrys" Dave -- once you spend all that cash your body is like -- your brain is like Oh my God there's no more cash! There's no more cash! So it's going to get all of that anger stuff out because now you're a hunter and gatherer -- you gotta go out there and kill some more because your body is starting to freak out that those glycogen stores are emptying because your body is always trying to save its life. We do not want to die. Your brain is hardwired to not die. So let's do everything to survive. So oh my God. He spent the cash. He hasn't eaten in three hours. He's so hungry. I'm getting hangry now. I must eat. So part of it is that hunger are a hunger hormone is controlled a little bit by that glycogen store. But part of it is that we have to almost push past that hunger so that our body can actually burn our holdings and that's your love handles right?

**Dr. David Miller ND:** [00:44:15] Are you talking about me again?

**Dr. Mary Choi ND:** [00:44:20] I can't see your love handles, Dave. There's no judgment here. There's nothing but love.

**Dr. Kara Dionisio ND:** [00:44:22] So Mary could we give our listeners like like some immediate actionable advice on what you just said and touching upon meal timing and helping your body go out of storage mode.

**Dr. David Miller ND:** [00:44:39] Naturopaths always say "it depends ..." Kara. She's ... you know she's going to say that.

**Dr. Kara Dionisio ND:** [00:44:43] I know she's going to say that.

**Dr. Mary Choi ND:** [00:44:47] So my answer is ... It depends.

**Dr. Kara Dionisio ND:** [00:44:51] Good answer. Unless you're listening on the edge of your seat saying OK, what's my next step here. I can't get the ...

**Dr. Mary Choi ND:** [00:45:00] Yeah. OK so the naturopathic podcast -- because we want all of these fabulous listeners listening all the time -- So you know what's the take home right? Why did I listen to the podcast in the first place? We we have to work with that insulin. So lots of things will manipulate insulin; first of all, stress, so cortisol, your stress hormone, will manipulate insulin. The number of hours you sleep will manipulate insulin. So I really like to keep it simple. Three meals a day. Three meals a day no more than that. OK ... I like a gapping of at least four to five hours between our meals.

**Dr. Kara Dionisio ND:** [00:45:34] Our grandparents had it right.

**Dr. Mary Choi ND:** [00:45:35] You got it. Breakfast lunch and dinner.

**Dr. David Miller ND:** [00:45:39] So what sort of gap you want between?

**Dr. Mary Choi ND:** [00:45:42] Four to five hours in between. You taking notes, Dave? You going to do this tomorrow with your patients?

**Dr. David Miller ND:** [00:45:47] We've got to do show notes!

**Dr. Mary Choi ND:** [00:45:51] So then ... And water ... Lots and lots and lots of water. Because what we understand about water is first of all we're like so dehydrated as a society. If you're Canadian you've had your heat blasting for the last few months as Kara takes a sip of water. And and this is why our bowels are sluggish. So what we know too about weight is like our gut microbiome and how you eliminate IS LIKE CRAZY connected. They did these studies on these mice. I don't know how much time we have here. So when they did these studies on these mice and they took them from birth. They put one grouping of mice into a very sterile situation so they had absolutely zero bacteria in their gut. They took another group who were exposed to regular things had like a regular display of all these different microflora in their gut and they fed them ok? They fed them the exact same nutritional foods -- same calorie same amounts -- and the sterile mice who had zero bacteria in their body were normal weight; the other grouping got fat. And so now you're like OK you know this must be because ... this must be because the thin, the sterile mice, have a faster metabolism. But what they actually found is the sterile mice actually had a slower metabolism rate. And the other -- the fatter mice, the only difference really was their bacterial count. They actually found that the sterile mice also ate a lot more of the food. So they're eating more. right? They have slower metabolisms and they're still thinner. OK. Now. So what they did is they ...

**Dr. David Miller ND:** [00:47:43] I'm on the edge of my seat!

**Dr. Kara Dionisio ND:** [00:47:43] The got gangsta is like ...

**Dr. David Miller ND:** [00:47:47] Tell me more!.

**Dr. Mary Choi ND:** [00:47:49] I know. Let's tell you ... it is OK ... Here we go. Pornography! This is supposed to be ... This is all exciting ... making this sexy ... it's sexy.

**Dr. Kara Dionisio ND:** [00:47:59] Sterile mice!

**Dr. Mary Choi ND:** [00:48:04] Sterile mice! And they're their gut microbiome!

**Dr. David Miller ND:** [00:48:08] What happened next!?

**Dr. Mary Choi ND:** [00:48:08] Take it easy. Take it easy there Dave ... Take it easy. Keep your shirt on.

**Dr. Mary Choi ND:** [00:48:16] So then what happens is they took the feces ... so they did fecal transplant from our now fatter or mice and they put into sterile mice. And you know what happened? Those thin mice got fat. They ate less. Their metabolic rates went up to actually adopt the other grouping and they got fat. So our gut microbiome is playing like a massive, massive play here. Right. And so what is that. We know that certain strains of bacteria will actually cause your body to extract more calories from your food and also it actually blocks your fat. So then there is a blocking agent in these bacteria that make your body not burn fat. It makes you hold fat. Our gut microbiome can make you fat. Mind blown! So ... so ... I know ... we could keep deep diving here all day but partly is -- what you have to understand is that weight loss may not be your fault. You are not fat because it's your fault. You are not fat because your constantly eating cookies. Well maybe ... maybe constantly eating cookies ... but in part you know the patients that really are like my story is that I diet, Mary ... I'm eating three meals a day, I'm drinking the water, I'm eating the vegetables, I've been doing the keto, I've been doing the paleo ... but why can't I lose weight? And it really comes down to you know, full assessments. What is your gut microbiome doing so Kara, your question about assessment, that is part of it. What is their bowel health? How are they eating? How are they pooping? What's their poop look like? How often are they pooping? Another assessment is how are you sleeping? How many hours of sleep are you getting? So back in the day 1910 we used to sleep nine hours a night on average. That's how we slept. We would go to bed when the sun went down and we would get up before the sun came up. We slept nine hours. Now the average is six hours and less. OK. What we understand about weight gain is it starts at seven hours with one night of missed sleep, our cortisol increases by a hundred percent. One hundred percent. One night you stress about something -- your presentation that you have to do or your podcast that you gotta to do the next day -- You missed one night's sleep right. Cortisol through the roof. One hundred percent. What does cortisol do to our weight? It makes you actually feel way more hungry the next day. So we call that hormone ghrelin. It just drives that hormone up. And it also suppresses your leptin and leptin is the hormone that makes us feel full. So what I'm saying is that stress is the epidemic. And it just does a mess -- it messes up our gut microbiome, and messes up our hormones. You know we didn't even really get into the nuts and bolts of female hormones or sex hormones but that can get all messed up through this process too and that is a massive intricate weave.

**Dr. Kara Dionisio ND:** [00:51:42] If you want to talk about sex hormones then I'll get excited.

**Dr. David Miller ND:** [00:51:48] We talked about fecal transplants which really satiated my scientific side. So now Kara wants to talk about sex hormones and how it relates to weight. Go!

**Dr. Mary Choi ND:** [00:52:02] You guys really like putting the pressure on here. OK well let's talk about hormones a little bit. For the for women listeners and men listeners. But ... OK so let's just take this for example -- so we -- you know just going back to the eat less move more formula ... We know that this is a myth and I'm really here trying to break that myth. This is a much more complex interwoven tapestry that we need to understand a lot deeper. So with hormones if you take a male and a female -- I have birthed all of those --- So let's take my twins -- So I have my my Tommy and my Chloe and they came out at the same time. So if we assess babies at birth they have the exact same amount of body fat. Ok. It is parallel but right after puberty OK we see that the ... so Chloe will gain 50 percent more body fat than the male counterpart. Right 50 percent! That's just for her getting armpit hair and pubic hair and you know and her period's coming! Fifty percent more body fat! That has nothing to do with what she ate! Absolutely zero. So she can cut back on on her carbohydrate vegetables and she can stop eating doughnuts and she can eat more salads, but part of it is that is her hormonal landscape. And so how do we work with that with our women? You know it's more that I think ... it's not even how do we work with them but part of it is really understanding what is happening with these patients. Women going through menopause -- so with women going through menopause (and also what we'll notice in the second half of our cycles) so naturopaths love looking at hormones -- you know mainly in this luteal phase, so day 21 or a week after you've ovulated -- what we noticed is post ovulation -- so we'll get this surge of progesterone and our estrogens to peak ovulation, and then after and that second half the two weeks are p.m.s window ... well where women get really ... what's the word .. PMS'y So you know grouchy and all that sort of stuff. So what we're. Very diplomatic [laughs]. So what we're noticing ... a lot these women in that second half is that with the plummeting of estrogen that also happens in the second half is that drives hunger makes us more hungry. We also notice that more triglycerides, which is a fat, are released into the bloodstream. So that also is making us much more hungry. So that hunger where you're just MAN I'M KILLING FOR A Hershey bar, that's happening because your hormones are also driving that process. And it's not just about willpower.

**Dr. Kara Dionisio ND:** [00:55:15] And that's a longtime; you know that's two weeks of the month versus let's say ovulation which you know happens over a one two maybe three day period where your testosterone is higher and you actually have -- you actually burn more and build more muscle but that's just a two or three day window. The window you're talking about, that's you know ... over the life of a hormonal cycle ... that's half the time.

**Dr. Mary Choi ND:** [00:55:42] Right. So now I've been on a diet ... I've been dieting. I've been so good since my period. And then you know I ovulate and then ... now what happens is like 'Man these cravings are hard' and it's like I'm -- you know ... well you know my cravings are maybe different than when I was 16. But like when I was 16 it was like 'Yeah. Hit me up with KFC' and I can't wait to hit up a fish fillet at McDonald's. I know weird stuff but now it's all like you know different things. I still love my chocolate but ... so you're fighting those cravings so now you have this tremendous amount of willpower ... and so lot of it isn't just willpower; it's coming from a physiological place. And so it's really kind of helping women balance out their hormones but I think also really understanding what's happening with their body so you know shifting back to that place of shame and blame -- it's not all your fault. The other piece here is taking it to menopause. So what we know also is that you see that your eggs are now ... you know ... shriveled up and they're gone. They've all -- you know -- there is this beautiful analogy given to me that I heard where you've got all of these divers lined up you know being called the jump off a diving board and it's like "next!" right every month "next!" and then the next diver would go. So I just think of all these like guys in Speedos along this bench with a bathing cap and then you know they're just some -- you know -- the lifeguards calling the next diver the next diver, the next diver -- but you know what happens here is that once we hit menopause ... you know the body's "next!" but then these guys are like old ... they've got metabolic syndrome, so they're all overweight at all this visceral fat because their insulin is going crazy ... but they're sitting on this bench and they can't even hear because now they're deaf and they haven't gotten the hearing aid ... And so the body's like "next!" and then like eight of them jump up and they're like "Oh my God she's calling me!" and they all run and they all jump ... So we get these tremendous -- like crazy highs and lows happening to this menopausal flurry. But with these high swings of estrogen and really low swings of estrogen what we're noticing is that with the low, when the estrogen is low, your body doesn't release fat. So these women], although they're dieting, their body doesn't surrender the fat. They don't lose it. So not only are we eating less but our body metabolically and hormonally won't let you get rid of the fat. So now we're extracting more fat from our food extracting more calories from our food and our hormone process is also not letting us lose that weight. So it's a very complex issue.

**Dr. David Miller ND:** [00:58:39] Is it just the drop in estrogen levels or is this something that you can sort of sign yourself up for for the rest of your menopausal life.

**Dr. Mary Choi ND:** [00:58:49] It's the drop, it's the drop. Yeah. So maybe that's it. How do we prevent that drop.

**Dr. David Miller ND:** [00:58:55] You giving us this expectation or context is really really helpful right. It's like you're saying about the woman who's going through the PMS sort of time and if you know that it will help you deal with it a little bit better. Like you'll feel less defeated ... Okay... This is the part of my cycle or this is the end of my -- you know -- this is menopause and that's to be expected but this may not be forever. It's the drop.

**Dr. Kara Dionisio ND:** [00:59:23] I find my women patients who I even just show them a hormone chart and say hey right after ovulation this is one drop of estrogen and then right before your period there's another drop. You know those are the times you're getting anxious and like as you're saying just knowing physiologically what's happening to them ... that those hormones are dropping, they can then in that day say oh this is what's happening.

**Dr. Mary Choi ND:** [00:59:50] And I think this is the value that naturopaths have to offer everybody ... is that conversation that we are having in that office ... is empowerment, is coming from their knowledge, of understanding, "oh this is what's happening". And once you understand then you realize OK I'm not going crazy. You know there's something a little bit more here. So that knowledge -- the knowledge is power. And this is the beautiful work that I know you guys are doing and that I'm doing in my office with my patients all the time. And it's that education piece and you know you cannot have these conversations with your medical doctor -- you just can't. And and it's not because they don't want to. Because I know they're also sitting in a very frustrating place with the healthcare -- but it's because they can't. There is 20 more people waiting in that waiting room and they've got 15 minutes to distill down your problem and get you out of their office. So these deep meaningful conversations where we're really trying to unpack what's happening for our patients -- it is happening in these these visits where I can spend an hour with my patient and I can work through their whole story. I can work through their childhood. I can work through -- you know, I was listening to Jordan's talk on your podcast and she was talking about small gestational babies. And if you were small this leads you to be much higher for having diabetes for the rest of your life, because we know about these people, these babies that are being born premature or small, their whole insulin responses is messed up from when they're smaller, and so this cycles them for the rest of their life. And so maybe you are overweight because you were actually born small. And so part of this is -- your family doctor who is running you for screening for diabetes -- he doesn't have the time to say, tell me -- you know -- because he's sitting across a 50 year old woman -- tell me what you weighed when you were born. But that's the magic that we have. Like we are the unicorns in the health profession.

**Dr. Kara Dionisio ND:** [01:01:58] I can imagine Mary your patients must -- do they ... do have a sense of relief? Because as you've said -- and I'm sure all of us, the patients we see -- maybe not all of them, but a lot of them have come in with that story. I'm exercising. I'm you know changing my diet. I'm doing everything possible and I cannot lose weight. I can just imagine the sense of relief when they understand that it's not calorie and calorie out. Then maybe let's look at your hormones -- maybe someone's listening to my story and actually honoring it and saying this is not your fault, you're not lazy -- you know -- but we just -- you just haven't had someone explain it to you or assess it properly.

**Dr. Mary Choi ND:** [01:02:45] Yeah I have many patients like that and part of it is because we've been able to unlock something for these people. I just had a woman here last week and she was -- so her story is this, is -- you know -- she's a high level executive, she's very successful in her career in her family and to drive that she was not eating well and it wasn't until the death of her best friend that she really started to reflect back on our own life. And she was like 'Mary I feel horrible' ... like I feel horrible. I'm. ... I'm tired. I'm overweight. I can't get to the gym because everything else was a priority. And so she started working with me. We've done a nutritional program for her. We've looked at her blood work, and the woman is doing phenomenal. She's lost 20 pounds and in a period of a few weeks and she's working out, her energy is just absolutely fabulous, and yes she came with the motivation of wanting to lose weight but for her it was really about trying to reclaim her health. Trying to be better at all of these other things in her life and having the energy to do so and so she feels phenomenal. And the thing is is that she was also trying before she came to my office. She was cutting her carbs at night and she now has this -- like -- she won't return to the way that she was eating before because she's like the value of my life and all the things that I'm getting are so phenomenal. I have another client, a male, and he had been working out with numerous personal trainers for the last 9-10 years and he was getting a meal delivery service. He was intermittently fasting. He was doing all of these things and he didn't lose anything through that journey at all. And so he finally came to me, recommended through the gym, and he finally came to me and he's like I don't know -- you know, I can't lose weight, it doesn't matter what I do, I'm in the gym four days a week, I'm working with a trainer. I actually order from a meal delivery service because I don't have the time to make my food but I do this to keep myself accountable. And he's worked with me and he's lost 40 pounds in two months and we've just made really simple changes. We've just made him drink more water. We've put him on three meals a day. He's no longer allowed to chew gum or anything in between. We've given a few supplements to help him sleep because that was a bit of an issue. And now his body and his physiology is balanced and the weight is just pouring off of him.

**Dr. David Miller ND:** [01:05:37] Mary, we're just going to sort of wind things up here ... we could go on and I think we should have you back for another one. I think you've got enough material that we could talk again, but just in case there is anyone listening sort of in your hood who needs needs your help, where can they find you?

**Dr. Mary Choi ND:** [01:05:54] So my clinic is over at Kingston Road and Victoria Park in a complex called Henley Gardens. I'm right between Tim Hortons and the beer store and the ... So we've got liver cleanses all set up here for you when you're ready ... And we ... and online you know what? We do do some distance consulting so that is available for people if they are not able to come right to the brick and mortar. But yeah the clinics called Soma and Soul and we be more than happy to work with anybody that wants to work with us.

**Dr. David Miller ND:** [01:06:32] Right. So we have like ... if you could really give us one simple simply simply take away, and then we'll set you free.

**Dr. Mary Choi ND:** [01:06:44] It's more than eat less, move more. It's a very complex issue and you have to understand the weight. It's not your fault.

**Dr. Kara Dionisio ND:** [01:06:52] I love that.

**Dr. Kara Dionisio ND:** [01:06:53] You can see why Dr. Mary Choi was our class valedictorian ...she's got, she's well-spoken, smart and she's got the fire and the passion and we are happy to have a slice of that on TNP today.

**Dr. Mary Choi ND:** [01:07:10] You guys I'm so grateful for being a part of this and being able to hang out with you guys, this was so much fun.

**Dr. David Miller ND:** [01:07:16] All right Mary again thank you so much.

**INTRO:** [01:07:25] That Naturopathic Podcast. TNP. Hello there.