



## **Is It Me or My Adrenals and Hormones?**

Guest: Marcelle Pick

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**Dr. Mark Menolascino:** Welcome to the Women's Heart Health Summit. I'm your host, Dr. Mark Menolascino, Medical Director of the Meno Clinic in Jackson Hole, Wyoming. This is your chance to hear from the world experts in how to achieve optimal health, optimal vitality, and prevent heart disease. We're very fortunate today to be joined by Marcelle Pick, one of the experts in the field, one of my personal friends, and someone who I always look up to when I have questions. Marcelle, thank you for joining us.

**Marcelle Pick:** Thanks so much for having me. I'm so excited today to talk about all this information and get people better.

**Dr. Mark Menolascino:** Well thank you. Let me tell our viewers a little bit about you. Marcelle Pick, nurse practitioner, is passionate about transforming the way women experience healthcare through an integrative approach. She cofounded the world renown Women to Women Clinic in 1983 with the vision to not only treat illness but also to help support her patients in a proactive way, making healthier choices to prevent disease.

She's successfully treated thousands of individuals throughout the world through her unique approach to wellness. In 2001 she created [marcellepick.com](http://marcellepick.com), with the goal to be able to reach, inspire, and educate even more women worldwide. Her website offers informative articles on women's

health issues and at-home solutions to some of the most troublesome symptoms they experience today.

Marcelle discovered functional medicine earlier in her career and was honored to be among the first to be certified as a functional medicine practitioner. In addition, she holds a Bachelor of Science in Nursing from the University of New Hampshire School of Nursing, a Bachelor of Arts in Psychology from the University of New Hampshire, and her master's degree is in nursing from Boston College Harvard Medical School.

She's certified as an OB-GYN nurse practitioner and a pediatric nurse practitioner, and she's a member of the American Nurse's Association and the American Nurse Practitioner Association. She's currently a lead educator with the Institute for Functional Medicine and has served on the medical advisory to *Healthy Living* magazine.

She writes a weekly newsletter for marcellepick.com and lectures internationally on a variety of topics, including weight loss resistance, infertility, stress and illness, and adrenal dysfunction. She's the author of several books, *The Core Balance Diet*, *Is It Me or My Adrenals?*, and *Is It Me or My Hormones*.

She's appeared on *Dr. Oz*, Fox, ABC, *Glamour* magazine, *Elle* magazine, and *Women's World* magazine. Her PBS show, *Is It Me or My Hormones*, is one of the PBS favorites among all viewers. So Marcelle, again, one of the world's experts, one of the teachers of teachers, thank you so much for being here.

**Marcelle Pick:** You're welcome. Glad to be here.

**Dr. Mark Menolascino:** In reading through your history and your bio, you really have such a diverse set of tools that you bring to every one of your visits. How did you develop this unique set and add all of these extra tools to your toolbox?

**Marcelle Pick:** Well you know, early on in my career, when I was working with women, what I realized very early is that if you only look at the symptoms and you don't start to understand they're connected to everything else, you're never going to get people better.

And for me, that's what I see, as I'm sure you do in your practice as well, is that if we just had this diagnosis and that's all we treat, we're not helping people. If we don't understand the cause of the cause - and especially when it

comes to hormones; there are so many things that affect it - then we're never going to get people better long-term. They're not going to have to be on medications because we're going to figure out what the problem is. And our culture is so, unfortunately, dismal when it comes to telling women, especially in perimenopause, if you're gaining weight, if you're not feeling well, it's coming with the aging process. And I'm here to tell you that is so not true. You can feel amazing. We may have to tweak a little bit more, a few more lotions and potions, but people can feel fantastic, no matter what, if we figure out what's wrong. And that's the piece that's so exciting.

**Dr. Mark Menolascino:** Well you've shared so much about the hormone symphony, the hormone balance. And the adrenals are such an integral part of it. As a woman moves through the perimenopause/menopause, what role does the adrenal have? How do you see her interacting with the rest of the hormone system?

**Marcelle Pick:** Oh my God, it's gigantic. The problem is that so many of us have a lot of stress from the time we're very young. We had a lot of stress perhaps in our childhood. And we can talk about that a little bit more later. And what happens, then, as we get older, we are either perfectionists, we're multitasking, we have children, we have a job, all these things come into play.

And at some point that body can no longer deal with that. It's like this bank account. We're putting money in, we're putting money in, and we're taking money out. If we don't put enough money in, or put enough in for self care, what happens on the other side is people start to feel horrible. They have fatigue. They don't have energy. Their immune system's compromised. And what's so interesting is the adrenals have a lot to do with all of that. They affect our immune system if they're not working well. They affect our thyroid, our digestive system. They affect blood sugar. They affect fluid retention. And they sure as heck affect their hormones.

So the beauty is, if we can just change, sometimes, adrenals and really support the adrenals, people on the other side feel fantastic. And we don't have to add, necessarily, hormone replacement therapy. For some we do, and I certainly use bioidentical hormones, but we don't always have to do that if we deal with the adrenals, including how you deal with day to day stress.

**Dr. Mark Menolascino:** Well I've heard you talk about this stress savings account that you mentioned, what goes in, what goes out, and trying to build up that savings account. We also talk about this cortisol steal, kind of a

robbing Peter to pay Paul. How does that affect women with their hormones and lead to this brain fog that we hear so many people complain about?

**Marcelle Pick:** It's really gigantic. And what's so interesting is that cholesterol is so important. We always hear about how important it is to get your cholesterol down and get on statin drugs and all those kinds of things. The bad news with that is if your cholesterol's too low, that certainly can affect your hormones.

But more importantly, if you have a lot of stress, cholesterol will make, instead, cortisol because you can't live without cortisol, but you can live without estrogen, progesterone, testosterone, and DHEA. So if you have so much stress for so long and you don't put enough in that savings account of yours, i.e., really help yourself, then cortisol is high. But progesterone in particular, and that's the first to go down, goes down.

So we have what we call, although I don't like the concept, estrogen dominance. It's not really that estrogen's dominant, it's more that estrogen and progesterone are imbalanced so that we're not able, then, to have this normalized hormonal cascade. And people then have symptoms of brain fog or PMS, or they start to notice that they're really irritable, and they just don't have that get up and go that they used to have. All of those things can be affected because we can do something about that intervention dietarily, also by treating the adrenals, oftentimes adding some progesterone for people, even in their 20s and 30s.

**Dr. Mark Menolascino:** I hear my female clients tell me, some will say, "Oh, menopause was a breeze. It was less than a year. I sailed right through it." And other women will say, "Oh my gosh, it was a living nightmare. I was miserable with hot flashes. I just didn't feel myself for years." What's the difference in those two women? What are they doing differently to let menopause be a little easier versus menopause being so difficult?

**Marcelle Pick:** I think that if you were to ask me that question, which you are, I would say stress. I think that stress is the biggest burden for those women, poor nutrition, being overweight, not being happy. Also, there's something called the adverse childhood event score. And that looks at if you had a ton of stress as a child, are there health implications later in life. And what we're finding more than we ever have before is absolutely yes. Now many people will say you know, it happened yesterday. Who cares? The body does because the body doesn't see the difference between present day stress and past stress. It's all the same.

So if you're someone that's a perfectionist or if you expect a lot of yourself, if you do a lot of negative self talk - you look in the mirror like oh my God, look at that stomach or those thighs - whatever it is, all of those affect cortisol. And at some point later in life when the body can't do this anymore, the cortisol's up, the cortisol comes down. And it has huge implication with regards to the hormones.

So people start having night sweats, or they start noticing... they have coffee, and they have huge anxiety because cortisol certainly, when it's high, can cause anxiety, that epinephrine surge. When you're being stopped by a police officer, your heart's racing, and your mouth is dry. But all of that goes away when the officer leaves. But those people who have a lot of stress, that cortisol stays up, and they have that sense of anxiety on top of everything else. And they can't lose weight because the body feels like it's in a state of fight, flight.

And it will not release those calories no matter what you do. So I think that's the biggest issue and the difference between those two groups of people. And some people have learned very early on how to put money in their savings account personally. They take time out for themselves. They're really good at saying no. They're great at setting boundaries. They're not codependent. All of that makes a huge difference. But the great news is, no matter where you are on that spectrum, we can do something about it. We just have to figure out what the problem is.

**Dr. Mark Menolascino:** Well I've heard you talk about this weight loss resistance, where women will do everything right, the calories in, calories out - they're told so much it's just about that. Eat less, exercise more, and everything magically seems to happen. But this resistance is much more complicated for many women as that. Do you see adrenal, thyroid, hormones toxicities, nutritional deficiencies, adverse childhood events, or is it a synergy of all of those?

**Marcelle Pick:** It's a synergy of all of those. I do a questionnaire when I see my patients. And I'm looking to see what's going on digestively, what's going on with emotions, what's going on with adrenals, skin, hair, allergies, all those things. And when we start to understand that they're all connected, and if the body's feeling under assault, it's going to do everything to protect itself, which is a smart thing in many ways.

But it's not so smart when you're trying to lose weight, and you're doing all the right things. And for some people I'll tell them, if they have adrenal issues, "Don't exercise. I don't want your heart rate over 90. I need you to get better."

And it sometimes takes up to six months. But you need to change your response to the stress. I can't change the stress, but I can change how you respond to it. And perhaps you have food sensitivities. Perhaps you've got digestive issues, because that's a big one for people to not be able to lose weight, especially overgrowth of yeast in the gut or a parasite or heavy metals. Many of those things can contribute to it as well. So it's really figuring out what the source of that is. And then perhaps we need a little bit of a jump start. I use a homeopathic in my office to really help jump start that.

But here's the other thing that's so interesting. For so long we've always talked about that perfect diet. It's either paleo or Mediterranean, or it's low carb, whatever. What I'm finding is it's not true. Everyone's got a little bit different genetic profile. So they're either low fat or low carb or Mediterranean or balanced. I don't see balanced a lot when I look at the genetics, but when we figure that out, and they've lost the weight, then we can get them to do the food plan that works for them. So for those women out there that have weight loss resistance, don't beat your head against the wall anymore because there is something we can do. We just have to figure out what it is.

**Dr. Mark Menolascino:** That's so true. I love how you personalize it. And you've seen hundreds, thousands, tens of thousands of patients in your career. You talk about such a diverse aspect of a whole women's health, of the whole story, the whole issue. When you see women with that midline body fat or that cortisol roll I've heard you talk about, that becomes a hormone factory itself. Is that right?

**Marcelle Pick:** Absolutely. Years ago I used to work exclusively with eating disorder women. And what I started to, at the time, say to them is, "I don't care what you weigh. It doesn't matter to me." But what we know now scientifically is exactly what you talked about. When they have lots of body fat, it increases inflammation. And it's an endocrine organ in and of itself that causes so many problems. So it really does behoove us to find out how do we get you to that normal body weight, body fat kind of arena, so that you then won't have that factory that's producing lots of hormones and inflammation.

**Dr. Mark Menolascino:** Marcelle, you were talking about these self-care strategies. And everyone can just go do yoga, but what do you teach your clients, or how do you help them match what they need with their belief system with those activities they can do that work the best for them? Do you have a strategy to identify or to share with women how to choose what to do?

**Marcelle Pick:** Well I think it depends also on time. I had a one year old; then I had twins. And I was on call in the practice. And I was doing OB at the time. So it was like oh my God, how am I going to do this. And you just have to take moments. They may be two minutes that you do twice a day of deep breathing. You might be able to do some. People love yoga. Some people like to exercise, even five minutes twice a day. It's looking at where you are in your life and making those decisions. Emotional freedom technique, tapping, is fantastic.

And you can work with a practitioner that can really go deep to look at that. But also, at the least, dictate how we do our lives. If you have a belief that you're not enough - and many, many women have that because our culture and the media tells us we're not enough, we're not tall enough, smart enough, pretty enough, thin enough, whatever - that has to be addressed and found out where did that come from so you can start to change that repertoire that goes on in the brain, because as we think, so goes our life. And that's a very simple thing that you can do every moment of every day.

What I have my patients do is push the pause button. When they hear themselves say something, it's like push the pause button and think a new thought. And it takes about four weeks for that to happen because change takes four to six weeks. But there are baby steps you can do. For those that are interested in the bigger thing, sure, it's looking at where is my A score. What do I need to look at with regard to stress? Can I put in two minutes of exercise once a day? Can I start walking? Can I start thinking differently? Can I start just looking, perhaps, at a meditation tape for a minute? Because so many women are so busy. And then if they have time they can invest in deeper things. There are programs that are fantastic for them that I might recommend for them to look at how do I change how I deal with my stress, because we sometimes can't deal with the stress itself.

**Dr. Mark Menolascino:** Well I love your openness and honesty and real life experience. You live this, so you know how hard it is for so many women. I love the advice of just take a minute here; take two minutes there. Take those little steps to do something to honor yourself, and give yourself some of that back. That's such great advice. So many people think we have to do an hour of this or an hour of that or go to the best class of this. And what I hear you say is just take a little time for yourself. Be good to yourself in little steps. And know that that stress is there, but do something small every day to honor yourself. That's such great advice.

**Marcelle Pick:** Absolutely. I think women feel overwhelmed. I think also the feminist movement did us an injustice because now we're mothers, and we're

CEOs of companies, and we're trying to help our aging parents. It's impossible to do it all well. So many women are now feeling a failure in both their jobs and as a mother. So it's important to just give yourself a little credit and say oh my God, look what you've accomplished, and take baby steps to change some of the things that are causing you stress.

Perhaps change your diet. Maybe just stop sugar. Or perhaps if you're drinking soda, stop the sodas. You have to do it in baby steps. Otherwise it's too overwhelming. And what happens, then, people show up in my office. They feel embarrassed to come back. They won't come back. Or they feel like a disappointment. That's not what it's about. It's really about finding out what you can do, how much you can accomplish. And some people will do all of it, which is fantastic. But some people won't. And it's all okay.

**Dr. Mark Menolascino:** That's so true. Marcelle, there's this elusive beast in a woman's life called sleep. It's so hard for women to get a good sleep, good quality sleep, enough sleep. What are some of your ground rules for sleep as far as routines and strategies or sleep rituals? Do you have just some base sleep rules that you share with your clients?

**Marcelle Pick:** I do. And part of it is I oftentimes will have people take an electronic Sabbath two days a week. Just don't even turn it on all day if you can do that. And if you can't, then fine. Have rules for yourself. At five o'clock turn it off. Don't keep the cell phone by your bedside. Don't watch violent movies. Don't engage in really complicated issues: politics, perhaps, being one of them, I mean whatever it is for you that's really heating you up. And also finding a regular time that you go to bed, having your room be really beautifully colored, because colors make a difference, believe it or not.

So if it's a bright color you might want to look at having a light blue or gentle colors in the bedroom. And what I say to my patients is, "Look, the bedroom is really for sleep and sex. And that's it. No TVs in there, nothing else. And make it a comfortable place." If you can't sleep, there's something called phosphatidylserine. For those people that have high cortisol at night or they wake up thinking about their day and what do they have to do, phosphatidylserine can be very helpful to bring cortisol levels down so you can start to sleep properly.

**Dr. Mark Menolascino:** Marcelle, thank you for those hints and rules of the bedroom. I think they make so much sense in that elusiveness of sleep for so many people. You mentioned the phosphatidylserine women can take at night. A lot of doctors recommend doing the cortisol test, the saliva test, to map out

your cortisol during the day. It should peak up in the morning then come down at night, as you mentioned. Are there questions you can just ask women and kind of know what that cortisol curve looks like?

**Marcelle Pick:** I mean you could do that, but what's so interesting about that is sometimes I'm surprised. I expected it to be high, and it's actually low. And what they're doing is they're kicking up their cortisol throughout the day up and down. So it's helpful for me to do that test to find out in the morning as soon as they wake up, 30 minutes later, then at noon, midafternoon, and at night. If they can't do that and they are that person that can't get to sleep, or they go to sleep and then they wake up and they can't get back to sleep, oftentimes that does have to do with high cortisol levels. And I might try them on phosphatidylserine.

But the best thing is to get that cortisol evaluation because then I can intervene, perhaps, differently throughout the day, depending upon what that pattern looks like. Because you're absolutely right. It should be high in the morning and low at night. And so many women have it very low in the morning and high at night, or they'll be up and down throughout the day. It depends on what's been going on for long term.

And it's interesting because some people have high cortisol all the time. Imagine what that does to that poor system when they're on rev all the time. And then some people are just what I call flatliners. They can't get out of bed. They're exhausted. They're tired. They have fibromyalgia. They have many other things. So it's really working with adrenals. And that's a thing that's a take home for me. I almost always do adrenal testing because I've been surprised, many times, when people feel relatively okay and their cortisol [inaudible] oh my God, how are you functioning? So it does make a big difference.

**Dr. Mark Menolascino:** And that may be one of the most valid hormone tests to do, is that salivary cortisol. How else do you like to test hormones? Do you have a favorite technique?

**Marcelle Pick:** No, if I do - yes, absolutely. If somebody comes in to say, "I feel terrible. I want my hormones tested," and they're not on hormones, it's pretty pointless because I don't know what their levels were before perimenopause. I will test them, and they're tanked. It's like big surprise. However, if they're on hormones and they're doing something like a patch, then I will test their blood and [inaudible]. If they're doing creams, the only way to really test how they're working is to do saliva. The problem with saliva

is if you're not very, very careful about how you do the testing, you get very high levels. And that's very confusing because you don't know where they are. So if somebody's going to be testing saliva, you have to make sure that they wash their hands, they don't actually get the sample in the same bathroom, they use a clean towel so that you get an accurate read. But yes, I do hormone testing.

And I'm also very interested to look at how they're metabolizing their estrogens. We call it the good, the bad, and the ugly. There are three different pathways that they can go down. And then I can really look at how can I really help them to decrease, as much as I'm able - because I don't have the ability to do everything all the time - is to decrease their risk for breast cancer if I see that they're going down a pathway that increases that risk.

**Dr. Mark Menolascino:** So you're talking about this estrogen metabolism to be sure you know how the body gets rid of it. And I know a lot of doctors don't even think about that path, but you nutritionally support it, as well as test for it and sometimes supplement for it.

**Marcelle Pick:** Absolutely. Many years ago there was a woman whose name was Eleanor Rose. And she did a fair amount of research looking at what is the thing that really causes the most trouble with breast cancer. And her description was indeed it has to do with how our body metabolizes estrogen. It's not so much that estrogen is bad - because that's what we think now as we get older, that estrogen's the culprit - I don't think it's the culprit. I think there are many things that contribute to it. But how we get rid of that estrogen and what pathway it goes down, then that's very, very important. And we can do something about it nutritionally as well as add nutrients in the broccoli family that really help that metabolic pathway.

**Dr. Mark Menolascino:** So it's really what you do with the estrogen not so much taking the estrogen. And we've found work on Dr. Bredesen with the Cognitive Reversal Program. There's some data that says in midlife a woman's brain does really well with estrogen. And now we're thinking that for many women, the heart may need that optimal estrogen, balanced with progesterone and the detoxification. So it's really all of it put together is how you see it.

**Marcelle Pick:** Right, absolutely. What's so interesting is the study that came out in 2001 that really put hormone replacement therapy on its edge, what they did is they looked at 16,000 women, and they looked to see if they were on Prempro, which is, unfortunately, estrogen from pregnant horses, and Provera, which is a very different kind of progestin, that indeed, oh my gosh,

the sky high issues with blood clots, with heart attacks, with Alzheimer's, with breast cancer. Well what they didn't do is help you understand that they pulled this study apart. Those women that were menopausal did not have those issues. The issue they did was a slight increase in breast cancer. But it was also a very different kind of estrogen.

Now, of course the pendulum has come back. And now we're seeing research showing huh, interesting. It does decrease the risk of heart disease. It does really help brain function. And certainly we're going to start seeing other things. And if you are using a transdermal, it does not increase your risk of blood clots or of stroke. So that's really important to help women understand, is it's not this terrible, terrible thing. But you have to monitor it and do the detox, absolutely, absolutely true.

**Dr. Mark Menolascino:** And not only do a lot of our viewers not know about these different kinds of estrogens, but a lot of doctors don't know about the different kinds of estrogen or the different effects. I'm surprised how few doctors really understand how the bioidentical hormones work and what the risk benefit of the two kinds are.

In approaching this beautiful symphony, let's talk about the thyroid just a little bit because I know that's another one of your passions because you see so many women that have either been undiagnosed or inappropriately treated. Is there a sweet spot where the thyroid needs to be for most women?

**Marcelle Pick:** Great question. So for years the labs would report out TSH levels, Thyroid Stimulating Hormone levels, of 4, 4.5 being normal. Over the years that number's come down. And those of us that practice functional medicine, we know that sweet spot is about 2.0., if a little bit lower. Some people do much, much better at 1.0. So it's really looking at that symphony for people because thyroid is very affected by adrenals. And if you have adrenal dysfunction, it actually interrupts T3 conversion, which is the active form of thyroid.

So again, it's so important to look at reverse T3 when we're looking at people that have a lot of stress because it all is integrated together. And also, we know that people that have very high chlorine intake in the water supply have low iodine levels. And that affects thyroid status as well. And also, because our soils are so deplete, we don't have enough selenium in our diet. And that also affects thyroid greatly. So there are many things you can do dietarily, initially, to see if you can change that, also during the detox for the body of chlorine because that's a problem for so many of us that drink the water

without having the chlorine taken out. When that's all done and we still have thyroid dysfunction, I tend to use a combination of T3 and T4. Many people prescribe just T4, and some people do great with it. Many don't. The problem these days is getting that combination's almost impossible because of all the problems they're having with either Armour Thyroid or Thyroid USP or any of that combination. Hopefully that will change so that we can still continue to prescribe it.

**Dr. Mark Menolascino:** When you're talking about this combination of T4, T3, which a lot of women have never even heard about, the classic was the pig thyroid, the Armour Thyroid. And there's new Nature Throid and Westroid, which is just a cleaner version of that. And that's what my female patients really seem to respond to. And I know you're such a big advocate of each person's so unique that's in front of you, that you have the guidelines that you were taught, but then you have this wisdom of experience of treating so many people and then personalizing to that person in front of you. Don't you think that's what every woman wants their doctor to see them as, as a unique individual?

**Marcelle Pick:** Absolutely. And I think therein lies the problem in medicine. We're not doing personalized medicine at all. We're just doing one size fits all, which is absolutely impossible. And those people that come in the office complaining because they don't feel well, we have to listen to their symptoms, because many people just need a little bit different thyroid combination. Some people do well with Synthroid and Cytomel.

But again, we have to be listening to them. And we have to sometimes experiment a little. Okay, we did this. How do you feel on that? Okay, we need to change it. And then we can get to that sweet spot as long as they're making the dietary changes. And also, gluten can be a huge problem for women that have thyroid problems, not as much in Europe and South American countries. But here in the United States we have tons of gliadin, unfortunately, in our gluten products. And that contributes to significant issues. So I always try getting people off gluten first to see how much of a difference does that make.

**Dr. Mark Menolascino:** That's interesting you say that. I had a female patient a couple of weeks ago that said she went to Europe for two weeks and just had more energy. She was on thyroid medication. And the gluten there is different than the gluten here. And so she didn't think gluten was an issue. And she came back and said she just had more energy there. Well of course, she's on vacation. But then she went gluten free, and her energy here in the

U.S. matched what she had in Europe. And so there is definitely a relationship between the two.

You must see so many women with digestive issues. I think so many women know they have it, they tell their doctor about it, and they're kind of dismissed because the doctor doesn't have tools to deal with it. Do you see most of your patient have something digestive or some type of sensitivity?

**Marcelle Pick:** Oh my God, yes. So I would say 80% of my female population has a symptom associated with it, either they feel bloated all the time, they have gas, they find they're constipated, have diarrhea. They just don't feel well in regards to the digestive system. And the bad news is that so many times... when I started practice 33 years ago, I was using probiotics. And everybody around me laughed at me.

Well, the literature now is showing that the microbiome is so incredibly important, but people don't understand by age two, our microbiome is pretty much established. So if you were a C-section baby, then you probably have a compromised gut flora. And if you had a mom that had a compromised flora, as you're going down the birth canal inhaling that bacteria, you probably didn't have the greatest flora either.

So we're starting to hear more and more about how important it is. But so many people have yeast overgrowth or parasites, and their diet's been really poor. Or they had tons of antibiotics as a kid. And all of that translates, as you well know because you see it in your practice too, into gut issues that then also contribute to depression.

We know that the gut is really the second brain. Two thirds of serotonin is produced in the gut. So then you don't have enough serotonin. You feel more depressed. And the cycle goes on. And then women complain of feeling bloated. They wake up in the morning. They've got a flat stomach. And by the end of the day they can't wear their clothes. That's not normal. They might have something called SIBO, which is overgrowth of bacteria of the small intestines.

So treating that can change people lives but also change their health because the immune system is so reliant upon what's going on in the digestive system. So again, what you beautifully pointed out is all of the pieces are connected. The hormones are connected. The thyroid's connected. Their emotions are connected. Everything is connected to everything else. And now we're connecting the gut to everything too. So we have to look at the individual and

say one of those things on that tree are off. Getting all those things back into balance gets people to feel amazing, no matter how old they are.

**Dr. Mark Menolascino:** I love listening to you speak, Marcelle, at all the lectures you do, on your PBS special, reading your books. You have such a way of elegantly tying all these stories together that I think for everyone listening, you're the kind of doctor they want to come see. How do we help more doctors understand this or to be able to communicate the way you do? What's going to be the success of us bringing this to the rest of our colleagues?

**Marcelle Pick:** I think it's being an example, for one. One of the things I think is so important, from my perspective, is I walk the talk. I'm not going to go on stage and do things and talk about things that I don't do. I teach for the Institute of Functional Medicine. And my goal, as much as possible, is to teach other practitioners.

But there's a different way to do it. And then also in my practice having people change their lives and being outspoken about that and doing as much as I can online. I mean we can do what we can do and be good examples of how to do this so that people can understand they absolutely can feel well no matter what their diagnosis if we look at all the pieces to the equation.

**Dr. Mark Menolascino:** Well the average doctor interrupts their patient within 11 seconds. And they never hear the story. One thing I have always respected is how you not only listen to the story, you help women bring the story out of themselves when they may not even know their own story. And that sharing of that story is so powerful.

We're talking about heart health, and at the end of the day you have to balance everything we've talked about today to have a healthy heart. Do you think that you can die of a broken heart?

**Marcelle Pick:** Oh my God, yes. It's so interesting. There was somebody that was coming in the other day as a patient and was describing one of her friends that just died. He was a dentist. He did yoga. He exercised regularly. He was a bike racer. He ate impeccably. And he had just this huge emotional upset. And he had a heart attack and died. So if we think for one moment that there isn't a connection between our emotions and our heart and heart disease, we're totally misguided. And unfortunately in medicine, we never talk about that. And again, going back to that ACE study that I talked about, looking at 19,000 men and women, looking at if they had adverse events in their

childhood, did it increase their risk of heart disease. Yeah, 165%. Oh my God, just childhood issues, seriously? Absolutely. And of course we have to pay attention to cholesterol - I'm not sure about that so much anymore but nonetheless - and our nutrition and what's going on for us with nutrients and all the things that you do so beautifully in your practice. But if we don't address this issue of emotion and heart, then we're totally misguided, and we're not going to be able to serve our patients well.

**Dr. Mark Menolascino:** Well you're absolutely right about cholesterol. Half the heart attacks happen in people with a cholesterol under the magic 200 number. So it is more complicated. Would you then suggest that heart disease is driven by the gut, driven by the brain, driven by both?

**Marcelle Pick:** All of the above. I think it's all connected. And we know more than we ever have before that if you have a huge amount of inflammation in your gut, it's going to increase, kind of, the inflammatory cascade that may indeed affect the heart. So it's all related. And I think that's so sad about how medicine is now, if in the cardiologist's office they're not asking about people's emotional life.

They're not asking about diet per se, other than are you doing the kind of standard American diet, which is probably also killing people. And they're not paying attention to that individual either in regards to giving them hope that we can change these things. There isn't much that we give them. And that's so sad because there's so much that we can do and say. And that's why I love your book coming out. It's going to really describe what do you do. How do we make a difference? Is there a connection? And there absolutely is.

**Dr. Mark Menolascino:** Well for any doctor that's watching, I would encourage them to find when Marcelle Pick speaks for functional medicine and go. If you want to hear how to do it right for your patients, listen to her. For everyone else viewing, Marcelle, how do they find you online? Where can they connect with you, on Facebook? How do they find you?

**Marcelle Pick:** Sure. So marcellepick.com is my website. I also have a weight loss program called thewomenstransformationcenter.com with a video and the new program that I just started. And then they can also go on Amazon and get any of my books: *The Core Balance Diet*, *Is It Me or My Adrenals*, or *Is It Me and My Hormones?* And probably the end of next year a new book will be coming out as well.

**Dr. Mark Menolascino:** Fantastic. So with the new book, what else are you really excited about to bring information to all of our friends listening?

**Marcelle Pick:** Well I think probably the new thing that I'm doing is this amazing weight loss program that I put together, which is looking at using a homeopathic that really suppresses appetite. But the biggest thing it does for those people that are weight loss resistant, it's finally helping them lose weight. Most everybody loses a half a pound to a pound a day. And I never believed that was possible in these women. And they're ecstatic.

And then I do a genetic profile to look at what food plan do I need them on long term, are they emotional eaters, are they snackers, how do I put that into the program? And then I also do, believe it or not, I have them see an image consultant to have their colors changed so it's the new them. They transform themselves. Then we also look at all the other pieces that we've talked about today, the gut, the adrenals, all those pieces so that they come out of this feeling amazing, which is how we really should all be as we get older. We can feel great, but we have to figure out the pieces.

**Dr. Mark Menolascino:** Again, Marcelle, you are the doctor of present with a great long history of taking care of thousands of people but also the doctor of the future. That's why I think everyone listening, who they want to come see. So connect with Marcelle Pick. And Marcelle, thank you so much for sharing your time today.

**Marcelle Pick:** Absolutely. It was my pleasure.