



Your Functional Medicine Expert®
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[#7: Dr. Jill and Dr. Mark talk about Functional Medicine and Heart Health for women.](#)

Dr. Jill 0:12

I am so excited for those of you listening. Hopefully, you can see this live. You can go back and listen to it later. But I've got one of my dear friends, Dr. Mark Menolascino, here. He is one of my favorite people in the world, not only because he's an awesome skier... We still haven't skied together, Mark. We've got to make that happen, right?

Dr. Mark 0:34

Absolutely.

Dr. Jill 0:35

I'm pretty sure you could teach me a thing or two about skiing. And it's funny because I don't have a lot of fear, but I have this feeling that if I go with you, you're going to be like, "Hey, Jill, let's go over here." And I'll be like, "Are you sure?! That looks really steep." But I would love to make that happen.

Dr. Mark 0:51

We'll have fun, for sure.

Dr. Jill 0:53

Totally, totally. Well, let me introduce you. Dr. Mark has a new book out, and he is one of the leading experts in functional medicine and heart disease. We'll talk about his book in just a little bit. He's the director of the Meno Clinic in Wilson, Wyoming, right next to Jackson, the ski resort. He has over 35 years of combined health experience, completed medical school at the University of Nebraska, and then internal medicine specialty training at Banner Health in Arizona. He's one of the few physicians who's board-certified in internal medicine and holistic medicine, as well as board-certified in advanced hormone management and anti-aging medicine. There's so much more I could say, Dr. Mark, but I'd love to just get right into the discussion to talk about the fun things. What I'd love to start with is your story. I'd love to hear what got you into medicine. And how did you get interested in your current path?

Dr. Mark 1:49

Well, Jill, it seems like, [for] all of us and our friends that are in functional and integrated medicine, there's a reason why they are. Usually, [they] themselves or someone they cared about, regular medicine didn't do well with. But I'm the fourth doctor in my family, and we all believe that there's a holistic way to take care of people by looking at the whole person. And I was lucky enough to work with Dean Ornish when I was in high school and see that you could do lifestyle medicine—exercise, nutrition, and stress management—and you did better than having a bypass surgery for heart disease. That really led me on the path to do the best of medicine, which is internal medicine, and the best of integrative and functional medicine, and learn what all the other people in nutrition know that they don't teach us in medical school. So it's been a fun journey, and it's a passion that's deep in me, and it's how I live my [life] every day as well.

Dr. Jill 2:41

I love that. And you're a great detective like I like to be too. We tend to get these cases that are really, really complex, [with] lots of different pieces and moving parts. But do you enjoy that level of complexity and kind of diving in and trying to find the root cause?

Dr. Mark 2:57

Well, we both have the experience, and I think you're a better detective than I am, actually, Jill, at these really complicated cases. But people come to us as their last resort. Mark Hyman calls it "the resort doctor"; it's because it's their last resort. They've seen 15 people, but no one sat with them for an hour and listened to their story and really dug deep and committed to helping them. Most doctors want one symptom and one cure, and it's a prescription and a piece of paper. But it's really getting to know people and looking at the whole person. That's the beauty of functional and integrated medicine.

Dr. Jill 3:31

Yes, it really is. It's funny because we go into medical school with that desire to learn the root cause; it's plug and play. Granted, we both got a great medical education. I'm so grateful because if there's trauma or if there's a heart attack or stroke, we know what to do, and our system really does a great job with these traumatic and acute experiences. But when you have someone with diabetes or obesity, the medications don't work. And when I say "plug and play," they basically taught us, "What's the ICD-9?" or "10," or whatever number we're on, and then,

what's the medication, surgery, or procedure that's going to solve that problem? It just doesn't work that way with these complex layers of illness. I would love to hear what your thoughts [are]. I feel like things are getting so much more complex, and I think it's [due to a] toxic load, really, which we can talk about too. I used to get a [patient with] sore throat, or a person with menopause symptoms, or a person with hypothyroid symptoms. And now it's never that simple; it's layers and layers and layers of symptoms.

Dr. Mark 4:34

Well, it seems like people are getting sicker, and it may be that our environment is sicker too. I do think that it's these layers that you have to peel away like an onion to really get at what's really going on. You can have 10 people with the same diagnosis, but they [will] have 10 different paths to how they got there, and you have to hear each one's story to try to unwind it. I have a master's in immunology, and I thought immunology was complicated in the 1990s. Oh my gosh, 25 years later, it is so complicated and complex. And that kind of brings us to the COVID story that you wanted to talk about today. Fascinating—it's fascinating!

Dr. Jill 5:10

Yes, definitely. It is. And you know, I love that I just learned something new about you. I didn't know you had a master's in immunology, so that is awesome. And it makes sense because I think our immune system is really at the root of almost all the stuff that we see happening in chronic disease. Let's talk about COVID-19. First of all, I mean, you're in Wyoming, which is a nice place to be these days because I think the amount of cases you're seeing is still lower than obviously in some parts of the US.

Dr. Mark 5:37

Well, we have a low population; we're 15,000 to 20,000 people, so that right there does it. But it brings up a great question. Why are there such different rates of infection and penetrance in all the different cities? Why are Canada and the US so different when they share a common border? Why are Haiti and the Dominican Republic so different with a common border? [The same question for] Iran and Iraq. There are things about this that we just don't really understand yet, and it's a complicated story. But what you do is what people need. It's working on the whole person to get healthy to prevent going to the hospital, going to the ICU, and needing a ventilator. That's the beauty of functional medicine: They have the tools to help you not need the acute care tools.

Dr. Jill 6:18

Yes. Again, this is still a postulation. I always frame it that way, whether I'm writing blogs or talking to friends and colleagues, because we don't really know all the answers. But do you have any suspicions or thoughts on some of the factors that are driving the incidence, as far as risk factors [go]? Any thoughts on that?

Dr. Mark 6:36

Well, we talk about genetics, and you and I talk about epigenetics, about [how] "your genetics load the gun, your choices pull the trigger." So you can change your outcome based on the choices you make. That's a powerful message that you're not genetically doomed to die from COVID. You can't really prevent it if someone sneezes on you, but you have the power to turn on the good genes and turn off the bad genes to maybe put up your own defense bubble—it's called your immune system. And there are things you can do to boost it—with your sleep, with your nutrition, with exercise, with love and support.

Dr. Jill 7:08

Let's talk about that. Let's dive into a few of the things. You mentioned them, but if people who are listening want to know, "What can I do?" what things do you recommend to your patients?

Dr. Mark 7:18

Well, I talked to someone today who told me they get nine hours of sleep, but it's broken up into three sections. They go to sleep at 10:00 [p.m.], wake up at 2:00 [a.m.], wake up at 5:00 [a.m.], and then finally wake up at 8:00 [a.m.]. So they're not getting that deep, restorative, restful sleep. One of the questions I ask is, "Do you dream?" because if you're not having dreams, you're not getting that deep stage 4 REM sleep. And sleep, I think, is probably the biggest medicine and the one that we find so evasive with these stressful times and crises around us. Stress, lack of sleep, the immune system—it's a real circle that just keeps pushing each other forward.

Dr. Jill 7:54

Oh, I totally agree. We take it for granted. There's so much pressure to get less sleep, get more done, and be more productive. But for me, I have to get my sleep; it's like my secret weapon if I get good sleep. Do you have any tracking devices that you use or recommend to patients for sleep tracking? [Is there] anything that you like?

Dr. Mark 8:14

Yes, I'm a big fan of the Oura ring. I've used all of them. And yes, it's [because of] the amount of information. One of the papers I did in medical school was on heart rate variability, which it tracks and really gives you a good idea of how your fight-or-flight system is tracking. But the whole idea is that once you get information, you can act upon it. So that's what some of the functional medicine tests do: They give you the information you can't get otherwise to really help you make good decisions. So whatever tracker or whatever device seems to fit you, it's worth looking at. And any insight is good information.

Dr. Jill 8:50

Gosh, I feel the same way. And there are free apps if you don't want to spend \$300 on the ring. I am holding mine up because it's one of the best investments I've ever made because it looks at activity [and] heart rate variability. Two weeks ago, I didn't have COVID, but I had a little, tiny infection, and my temperature [was] tracked. I actually saw that change before I got sick. So it was really interesting to me that that happens and that you can track it. And it's very, very minute—like 0.2 of your temperature for three days in a row that goes up—but it's kind of neat to see patterns on that. In fact, I think the manufacturer is working with the government to track data for COVID because I think it can predict, [based] on vitals, the people who are going to get it. If we could collect all the data on all the people, if they all had rings, I bet we'd see patterns of decreased heart rate variability, decreased sleep, maybe deep sleep, maybe increased body temperature by half a degree for a couple of days prior, and probably respiratory rate increases. It'd be really interesting, wouldn't it?

Dr. Mark 9:53

It's interesting that you say that, Jill. I've had 11 Olympians as clients, and every one of them told me that they were trained during their training methods to check their heart rate when they first woke up. If it ever deviated or was 10 points higher, if your heart rate was 10 beats higher when you woke up that morning, you shouldn't train that day; it was a sign of stress on the body or overtraining. So I do think these biorhythms have great insight; we just have to know how to look at the pattern. And I think we're getting techniques and tools now that let us do that.

Dr. Jill 10:25

That is fascinating. I have my own little personal antidote because I'm always biohacking myself and I run into some interesting things. But I was doing some work with my hypothalamic-pituitary axis with peptides—I had been hypothyroid

for years and years and years—and without my knowing it, the peptides kind of reset my hypothalamic-pituitary axis. All of a sudden, I required a massively less amount of thyroid. It almost reset my thyroid. But I was still taking the same dose. And I noticed if I was walking on trails, I'd be more short of breath because, of course, that metabolic output would make someone need more oxygen and breathe faster. And then, of course, my heart rate was a little bit higher. And when I finally realized it and it went down, I'd look over the months, and that tracking showed the heart rate and respiratory rate all a lot higher until I got normalized in the thyroid. But it was so interesting to me because I didn't even know it until I saw the biomarkers. And I thought, "Well, there's something going on here. What would metabolically make my heart rate and respiratory rate a little bit higher? Well... thyroid." And of course, that's what it was. And I should have known better, but it was very interesting to see that.

Dr. Mark 11:30

Well, I think the best doctors are kind of mad scientists on themselves. For me, before I incorporate a test in my clinic, I do it on myself, learn all about it, and do it a couple of times to be sure I trust it. You mentioned peptides; that's a fascinating field. I went through a certification last year. This is a concept that could be very helpful [inaudible] proteins.

Dr. Jill 11:53

Yes. Let's talk a little bit about it if you're comfortable. Do you have a few favorites? I can tell you what I'm thinking. I'd love to share between us if you have anything you really like.

Dr. Mark 12:01

As an athlete, the BPC 157 has been amazing. It's from the gastric juices, and it tends to help tendon, ligament, and muscle recovery. That's one thing that I've found has been super helpful for people in my athletic realm. I think all of the peptides have a role if used the right way. I've been shy of growth hormone. I've never prescribed growth hormone myself. I've never liked everything about it. I know a lot of people take it. They have success with it. I've shied away from it. But I think these other peptides can have the benefit without the risk.

Dr. Jill 12:34

I agree 100%. I love that we're always aligned. Maybe once or twice, but [it's] extremely rare that I prescribe it because I agree with you. I think we can suppress the natural production, and if we're not careful, all of these things, if you don't know

what you're doing, like growth hormone, have the potential to produce rapidly dividing cells, which could lead to cancer. So, Dr. Mark and I are very aware of those. And like we said with peptides, they're really cutting edge, and there is starting to be a lot more research, but it's still on the cutting edge. So I'm like you. One I really like for the immune system is thymosin alpha-1; I'm a huge fan of that. That's been helpful for my immune-compromised patients or [my] chronic Lyme or mold [patients], especially at this time. So those are some great ones.

Dr. Mark 13:20

Anything that has a very high benefit with a very, very low risk [is something] I'm interested in.

Dr. Jill 13:25

Totally.

Dr. Mark 13:26

I think being open-minded is really healthy, but I like to consider myself an open-minded skeptic. I am open to everything, but I am skeptical of everything. So it has to pass our litmus test, and you and I have always been aligned on that.

Dr. Jill 13:39

Totally, because it's not like we're cavalier. We're very, very careful that there's good science, but we're also not afraid to try something new, even if we're the only ones in our state or city doing it, as long as it has safety data. I always [weigh] benefit [versus] risk. If the benefits outweigh the risk and there's a decent amount of science behind it, I'm willing to try it. We didn't talk about IVs. But do you do IVs in your clinic, and what are some of the most popular ones for your patients?

Dr. Mark 14:02

I was doing IVs 15 years ago, and the nutritional Myers IV was a big hit. We were doing an IV of vitamin C as well. I haven't done any for the last couple of years. You have to be set up for IVs, and currently, I'm not. I don't have the nursing staff that I'd like to run the IVs. I think right now, with COVID, the IVs are a huge, huge benefit. Vitamin C IV—there's nothing like it. You can't get it orally in the amounts that you can [via IV]. I call it "mainstreaming it." You can eat it, but when you mainline it and mainstream it, you just get a cellular absorption that you can't compare with any supplement.

Dr. Jill 14:40

Yes. Dr. Levy recently talked about his research, and what he was describing was that pathogens or inflammation really happens related to [increased] intercellular calcium—the calcium is high, the magnesium, the vitamins C, and the glutathione are low. So if we can actually modulate that by pushing oral magnesium, IV vitamin C, and glutathione, you get basically an anti-pathogenic effect on any sort of pathogen and decreased inflammation. I think the studies that have been used a little bit have been doing about 3 grams every 6 hours of the [vitamin] C. So we'll see. I think we're going to get some good data out of this that supports some of the IV nutrition in functional medicine because people don't have other answers. And so, finally! And hospitals are actually trying it.

Dr. Mark 15:29

Yes. You know, at the cell level, one of the first changes you see with any coronavirus is the depletion of vitamin C. It's like the virus just sucks it out of the body. That's why it's always been known to be good for the common cold and other coronaviruses. It's interesting, Jill, that there was a big push—information in the news—about vitamin C, and they did these clinical trials. They're in the process. We haven't heard much about it, and I'm kind of surprised. It's part of the problem of looking at news sources; whatever is exciting that day, they talk about it, but then it's kind of pushed back. There are some good studies going on, and I think we'll get an answer as to whether it's a good idea.

Dr. Jill 16:05

I do too, and I'm excited that at least at some hospitals they are actually allowing that because it's such a simple and safe thing. So what are you telling your patients?—because now is a time when we need to decrease stress to support the immune system. But man, there's so much stress because patients have lost their jobs, they're stuck at home, or they're with family members 24/7, and it's driving them crazy. What are your top three tips on reducing stress or what people could do nowadays with the pandemic?

Dr. Mark 16:36

Well, the first thing is love and support. One of the beauties that have come out of this "take a break"... And I heard Governor Cuomo in New York call it "The New York pause," so I've done "the Dr. Men-o-pause."

Dr. Jill 16:50

I love it.

Dr. Mark 16:53

Do you like that? But I think all of us have stepped back and said: "What's really important? Who do we care about?" And I find that my conversations with my clients, with my family, and with my friends are longer [and] deeper. It's not just, "Hey, how are you doing? What do you need for my kids?" It's, "Hey, what'd you do today? What are you excited about?... Have you heard about this?" It's been neat to see people connect. So I think connection is one of the biggest things. If you had a little bit of depression or a little bit of anxiety, this whole experience has blown both of those out of the water. So I think there are a lot of people [who are] vulnerable. And that's my message to everyone listening: Do something for someone else. There's nothing more powerful for yourself than giving of yourself to others. So make that call. Make dinner for that older neighbor. Do those things that you haven't had a chance to do to help people.

Dr. Mark 17:41

We talked about sleep and rest. Find some type of relaxation technique—whatever works for you. If it's sitting in your backyard in your underwear, great. If it's just learning how to deep breathe, that's fine too. But do something. Get out and move. So, Jill, what was the treatment for flu during the 1918 pandemic? Do you know?

Dr. Jill 17:58

I don't.

Dr. Mark 18:00

Put them outside.

Dr. Jill 18:01

Really?

Dr. Mark 18:02

That was the only thing they had as medicine—fresh air outside—and it seemed to help. So you've got to get outside if you can. And thank goodness it's coming in the spring and summer, so we're able to do that. But get out and move the body, letting the body rest at night. And then it's what you're eating. The fact that it's a pandemic and we haven't addressed fast food in this country, sugar in this country, or

processed foods is, I think, really kind of criminal. Just as we had a stay-at-home order, we should have had a stay-away order for some of those.

Dr. Jill 18:36

Yes, I couldn't agree more.

Dr. Mark 18:39

But I think those are the three easy things: Watch what you put in, watch what you push out, and take some time for yourself. And then, give of yourself to your family, to your friends, and to your neighbor.

Dr. Jill 18:49

That is awesome advice, Mark, because I know we both come from [a place of] service and love and are trying to teach and model for patients. But I remember just this weekend, I had a really good friend who offered to make me dinner. And she brought organic broccoli with garlic and wild salmon with capers and dill. It was so delicious. Literally, I don't know when the last [time] someone just cooked for me. It almost made me cry because I was like, "That is such a loving, precious gift." It was like two nights of dinner, and it was just so beautiful. And she didn't have to do that. I really realized, even for myself, what an amazing gift of service it is to do that for somebody. So I love that advice.

Dr. Mark 19:36

You know, I heard the greatest story today. My operations officer, Aaron, delivered some supplements to a couple in their 80s that lived close to him a couple of days ago. And he brought them dinner; he made dinner for them. She was so touched. She's 86. I think he's 88. They're afraid to leave the house. And he made them dinner and brought it to them when he did his supplement delivery for them—brought them some vitamin C, some vitamin D, and some zinc. What a nice gesture, totally on his own. I had no idea until she called me and asked me for his address to send him a thank-you card. Random acts of kindness—it's beautiful to hear about.

Dr. Jill 20:15

Mark, that's a great employee, and that just shows the kind of people you attract. That's really, really neat, especially because it wasn't like, "Hey, boss, guess what I did?" He didn't even tell you, did he? That's amazing. Wow. Well, I want to hear in our last—maybe 10 minutes or so—I want to hear a little bit about your book. I want

everybody to know a little bit about that and where they can get a copy. Tell us a little bit about that.

Dr. Mark 20:39

So it's the *Heart Solution for Women*. And we just haven't done women right in medicine, particularly in heart disease. I feel we can do such a better job. Two of our three female friends are going to die of heart disease, and that's something that is preventable. If you have it, it's reversible; if you have a risk for it, it's preventable. But what the book really is is a functional medicine manifesto for how women can take care of themselves. You don't need a doctor to do it. It's really addressing the core features of the body—the thyroid, adrenals, gut, and hormone balance. You can do all of this on your own; that's the beauty of it. Like I said earlier, I can't prevent you from getting sneezed on with COVID, but we can teach you some skills and how to eat, how to relax, and how to exercise—that makes a big difference whether you're going to end up in the hospital, in the ICU, or on a ventilator. I think those [things] are within most people's control for reversing some of this chronic illness and getting to the best health of your life. That's the beauty of this window: You have some time right now to be the best you can be, and it's really a chance to do it the right way.

Dr. Jill 21:48

Oh gosh. I love that, Mark. And I love what you mentioned—because when you first hear the word heart disease and women, my first thing is, I'm in medicine, and I didn't realize the prevalence of what you just quoted that two out of three women are going to die of heart disease. That's a really big deal. So am I one of them. And of my two best friends, which one? So this is really relevant to women who are listening. And the second thing is that you talked about the adrenals and the thyroid. Obviously, I know the functional medicine matrix and all these things intercorrelate, but I would bet there are a lot of people out there that are listening who are surprised to hear you talk about the gut and the heart and the thyroid and the brain and all these other organs. And I love that you put together a book that really—heart disease is the core—could really help patients who have thyroid disorders or autoimmune diseases. And we know autoimmunity is one of the triggers for heart disease, right?

Dr. Mark 22:41

You're so right, Jill. And for you and me, they're all the same thing, whether it's heart disease, dementia, diabetes, obesity, or arthritis. We have a bunch of -ologists treating all of these -itises and at the core, it's inflammation. And if there's one

thing that makes you vulnerable to a virus, it's having chronic inflammation. You don't want the fire lit and then throw some gas on it. So put out the fire out—the fire in the gut, the fire in the heart, the fire in the brain, the fire in the joints, the fire in the skin—it's all related. So these messages are really core messages about how to shift your health today. But also prevent these things that are coming down the road for you. You definitely can make a difference yourself.

Dr. Jill 23:23

Yes. And I love that you're empowering the reader because by reading it and implementing some changes, [they can improve]. Granted, they can take it to their doctor [who] can collaborate; you'd probably recommend that. But the truth is, these things are simple because they have to do with choices that the patient themselves can make. It's not like they have to go out and get five prescriptions. It's probably not recommended. So that's exciting because it empowers. I think so many patients feel helpless. At least the old paternalistic model is like, "Oh, what am I going to do?" I remember this example when I first started integrative medicine and I was prescribing vitamins and I would say, "Vitamin D; you need to get D3." And the question would be, "Well, does my insurance cover that?" And like, why are you even thinking [about] that question?—because it's \$5 a bottle and it's going to help you. And if your insurance doesn't cover it, does that mean you won't take it? We think about this model of insurance protecting us, but that's so far from the truth, as we both know. And even our doctors, right? Even [with] Mark and me, who have a much more holistic functional medicine approach to this, it's ultimately the patient who is responsible. We're there to help, guide, and teach, but it really comes down to the lifestyle choices that they are willing to make that are going to determine outcomes, not their insurance or their doctor.

Dr. Mark 24:38

As you said earlier, when you're acutely ill, that model works very well when you get hit by a car, fall off your bicycle, or get a blood clot. But by addressing chronic illness and these chronic inflammatory conditions—and those are the ones that make you vulnerable to this virus—you have the power to change it. As our friend Mark Hyman says, "Your power is at the end of your fork, and you vote every day with your fork." So it's really those choices. I look at these older couples that are in Walmart, and they're wearing their masks, they're socially distancing [themselves], and they're using hand sanitizer. But then they're getting highly processed foods; they're getting donuts and pastries. I can't connect those two. So if you're willing to embrace one behavior, go the next step, and do the other behavior, that's what's really going to make a difference. Whether you wear a mask or not may not

[matter], but the food you put in your body makes a huge difference in whether you're going to get sick and how sick you're going to get if you do get it.

Dr. Jill 25:35

Absolutely.

Dr. Mark 25:36

Supposedly, we're all going to get it. Before this is over, we're all probably going to get some variant of it. I was assisting in Eastern Europe over January and February, and I thought for sure because I came home really sick [with a] high fever and flu symptoms. The flu test was negative, and I couldn't get a COVID test. My hospital wouldn't do one for me. So I finally did one on myself about three or four weeks ago, and I was negative. I was kind of hoping I was positive. Maybe that would protect you; we don't know. But I think there are a lot of people who have actually already had it. There are a lot of people who have been exposed, and it's all around us. But whether you get sick from it or not, I think you have control over it, and it's the choices [inaudible].

Dr. Jill 26:14

I actually [inaudible], Mark. I feel that I don't have a lot of fear. I'm not cavalier, but I just feel like I'm doing all the right stuff for me. I'm standing here—not everybody knows this—[and] I have an immune deficiency. I'm one of the high risks. I don't walk around afraid. So I'm literally in that high-risk category, but I still believe that I can beat this and not get really sick. Now, granted, it may happen, and if it does, I'll deal with that. I thought of something as you were talking. I'm always trying to simplify things, and I always say, "Clean air, clean water, clean food." So one thing we can leave you [with] that sounds pretty simple is drinking clean, purified water, making sure your air supply is clean, or, like Dr. Mark said, being outside, [where] you're going to have a lot more airflow and oxygen exchange. And then, [the need for] clean food is really huge. Just to break it down, you want non-processed [foods], and you want low-sugar [foods]. Sugar really, really decreases immune function for up to six hours after you consume it. So your processed foods and your sugars—your donuts, cookies, crackers, and pizza—all of those kinds of things are really better left out of your diet. Eating your lean proteins [like] chicken, fish, wild game is amazing. And then your vegetables—plant-based [food] is still where it's at. So whether you're keto, paleo, or anything in between, I still believe in a high-plant diet with meat in moderation. And then, healthy fats—so olive oils, avocado oils, other fish oils, things like that—are excellent. So that's great.

Dr. Jill 27:41

I guess one last thing I'd love to leave [listeners with] before we talk about where people can find you: Is there anything personally that you've taken from this? I know I could share one or two things, but for you, has there been any impact as far as this pause on your life or thinking about the future, or any thoughts about what it's meant for you personally as far as what happened these last two months?

Dr. Mark 27:59

Well, that's a great question. I'm going to ask you the same one in a moment. For me, I actually decided this winter in December to slow things down a little bit and spend more time with my family. We both work so hard lecturing around the world. We're so much their clinics and supporting people, and I decided to support myself. So I'm about as fit as I've ever been. I'm 57 [years old], [but] I feel like I'm 37. I do something active every day. I eat as cleanly as I can. I've got a great partner that I'm passionate about, and we have a great connection. I love my family. I love the people I work with. I'm just in a really good spot, and then this came. So I really empathize with people who aren't.

Dr. Mark 28:42

I was working in Phoenix when SARS hit, and I remember as a resident looking up at the ICU at the 12th floor and thinking, "Okay, I have a 36-hour shift taking care of critical care people with SARS, then I have to go home and see my two kids." So my heart goes out to all of the first responders, the physicians, the nurses, the administrative clerks, and the EMS teams. Those are the people on the front lines, and I've been there, and it's a scary place. So if you have someone like that in your life, do something nice for them. But what you said about nutrition, Jill, if everyone listening just takes that away about how to eat and what to eat, I think our herd immunity will be so much stronger. And the need to be so distant—we may not need to if everybody's healthy.

Dr. Jill 29:28

Gosh, it's so true. I love it.

Dr. Mark 29:31

So what have you taken away?

Dr. Jill 29:34

I love that you kind of pre-did your homework. You probably did that at school too. You were probably ahead of the curve. You must have gotten the memo. It's so funny because I have this inkling like, "Things have to change" because I was going at mach speed and flying all over the world, and [I had a] crazy, crazy schedule. I enjoyed that, but I also knew underneath it all, "This is unsustainable." And I might practice eating, sleeping, and all the other good things, but if my stress level and the time on airplanes and in hotels [are high], that will sabotage no matter how well I eat, sleep, or [maintain] relationships. So I had this inkling that something had to change. But when this first started, I literally got the notice that all my travel was canceled for three months, and I had Australia—I had some big trips planned. I was so relieved, Mark. I was completely like, "How did this happen?" I know on my own, I could have never told all those people, "No, I'm not going." I would have just done it; "That's the right thing to do." For me, it was this divine pause and opportunity to reset, and I think going forward, a lot of things are going to be different. I feel like I'm going to find ways to reach people, teach, and do what I love without [having to do] all the traveling. I'll still travel, but not to the extent where it's three or four times a month. It's just too hard on the body. And then I think of relationships and quiet time. To me, it's always about productivity, so I measure my productivity. So if I take an hour or an hour and a half walk, "it's very unproductive." But I'm learning it actually turns me into [someone who is] way more productive. So I'm learning these quiet, still things.

Dr. Jill 31:14

And you mentioned your age and fitness. I feel the same [way], Mark. I'm 43, and I am in the best shape of my life—far better shape than in my 20s and 30s. I joke with people because they're like, "How did you get so fit?" I lost 8% [of my] body fat by stopping to work out. And you know what the trick was? I was raising my cortisol doing this high-intensity stuff. It was the wrong thing for me. I already [had] massively high cortisol. I was pushing it every day when I'd get up at 5:30 and go do Orangetheory or go run. And I had a trainer who was like doing functional movement and resetting my body, and she said, "I want you to stop all that for a month." My body composition, literally in that month, started to change and continued. Basically, all I do now is walk and hike and do a little bit of free weights. I do pull-ups on the bar back there, but simple stuff, not even every day. I feel like I don't work out compared to before, and I'm in the best shape of my life. So for a lot of us women, and probably for men too, that cortisol [spike] can be driven by our intensity of exercise. For some people, it's not the right fit. And I didn't know that for the first half of my life.

Dr. Mark 32:19

I listened to a podcast of Ben Greenfield, who's kind of the "crazy guy" out there; he's one of the fitness experts. He said: A lot of us are training like we're gladiators. We go to CrossFit, and we go to Orangetheory. We do these incredibly intense workouts. Then we sit down for six hours at our desks all day. And he said, that, actually, doesn't really make sense. It's not good for the body to be so on and so off. So I've always believed in moderation—moderation in everything. I think that's one of the keys. Don't get too stressed out, too little sleep, too much exercise, or too dehydrated. Really, finding that balance [is so important]. It's different for everybody. Once you start looking for it, you'll find more of it.

Dr. Jill 32:59

Yes. That's our takeaway here; it's like we found balance. And you found it before, and I've hopefully found it during, and we'll continue. But it's a constant practice every day because there are things always drawing people, [including], I'm sure, our listeners and both of us too. So where can people find you, Dr. Mark, if they want more information? And what's your website?

Dr. Mark 33:20

The website is menoclinic.com. We're here in Jackson Hole, and we've developed a destination program that is on pause right now. But as the world spins again, one of the things I like to do is share the kind of medicine you and I do with the kind of environment that we live in and do a "one plus one equals 10." So we'd love for you to come to the site. And like you, Jill, we're really communicators for people. We're taking everything we know and sharing it. That's the beauty of what's happening in health: People like yourself are sharing great information. If you guys haven't gone to Dr. Jill's website, it's my favorite one, the functional medicine doctor. And there's such great information, so people have access to good information. That's one of the keys. I think both of our passions are to deliver good information to people.

Dr. Jill 34:12

Yes, awesome. And can they find the book on—I'm sure on Amazon, but what about your website? Is it also for sale there?

Dr. Mark 34:17

Yes, it is. And we have a bunch of free [things]; the first chapter is free, and there are a couple of PDFs that are really helpful, I think, to help people get started. It's really looking at yourself through this light of the entire body. And if heart disease is something you're concerned about, then this is the place to start.

Dr. Jill 34:35

Fantastic. I'll be sure and link up to our video with all those resources for you guys listening. Dr. Mark, it is fun as always. I could talk to you for hours. Thank you so much for your time today. I greatly appreciate it.

Dr. Mark 34:46

Thank you, Jill.