



- Dr. Steve Sinatra: I've been talking to my patients about nutrition for decades. Food as medicine has always been a huge part of my approach to health.
- Dr. Drew Sinatra: And nutrition played a huge role in my training as a naturopathic doctor. It's integral to everything I do with my patients.
- Dr. Steve Sinatra: Today we are joined by Ashley Koff, a registered dietician and a businesswoman on the frontier of nutrition.
- Dr. Drew Sinatra: We'll be talking to her about the ways that food has such a deep connection to our well-being.
- Dr. Steve Sinatra: We'll also be discussing her startup company, The Better Nutrition Program, and how she creates comprehensive nutrition plans for each person she works with.
- Dr. Drew Sinatra: Thanks for joining us today on **Be HEALTHistic**.
- Narrator: Welcome to **Be HEALTHistic**, the podcast that's more than just health and wellness information — it's here to help you explore your options across traditional and natural medicine, so that you can make informed decisions for you and your family. This podcast illuminates the whole story about holistic health by providing access to the expertise of Doctors Steve and Drew Sinatra, who together have decades of integrative health experience. **Be HEALTHistic** is powered by our friends at Healthy Directions. Now, let's join our hosts.
- Dr. Drew Sinatra: Hi folks, if you like what you hear today and you want to listen to future conversations on all things integrative and holistic health, subscribe to our podcast at **BeHealthisticPodcast.com**. Also, check out and subscribe to the Healthy Directions YouTube channel, which features video versions of our episodes, plus extra videos you won't want to miss. And finally, we have more with me, Dr. Drew Sinatra, my dad, Dr. Steve Sinatra, and other health experts at HealthyDirections.com.
- Dr. Drew Sinatra: Welcome, everyone, to another episode of **Be HEALTHistic**. Today we have Ashley Koff on the podcast, and we're going to be talking all about nutrition, lifestyle medicine. And Ashley is a registered dietician, an RD. And we're going to dive into everything related to nutrition, like I said, and also learn about her new business, The Better Nutrition Program. So Ashley, welcome to the show.
- Ashley Koff, RD: Thank you. Thanks so much for having me.
- Dr. Drew Sinatra: Well, I'd love our audience to know a little bit more about the difference between a nutritionist and a registered dietician, an RD, such as yourself.



Ashley Koff, RD: Sure. And growing up as the daughter of a pediatric surgeon, I never knew the difference at all. Early on in my career, I was actually selling sugared-cereals to America. My client was Kellogg's, and I was working in advertising, and that was the first time I met a dietician. So I was like, oh, dietitians must do this work where, at companies, where they help figure out, legally, what somebody can say — because I never met one in the medical world.

Ashley Koff, RD: Long story, hopefully short on that part, after I was doing that and some other work, I actually, through my own health issues, ended up learning about integrative medicine. And I decided I wanted to go back to school, and really be able to share how you tune up your digestive system, and how the foods that help you deal with inflammation, and all these other things.

Ashley Koff, RD: And at the time, really, so this was about '99, 2000 — the only option that I could find that helped me transition was to go back to being in school, at NYU. And I did a course that...my work there was four years that transitioned me from being a non-medical practitioner into being a licensed medical practitioner. So, depending on what state you're in in this country today, the primary difference is we are licensed medical practitioners, we go through training, like a naturopath or a physician, where you're learning medical training so that you could be working with patients, providing what we call medical nutrition therapy.

Ashley Koff, RD: Probably one of the most important things to understand in that space is that we can actually, and we should be, looking at your whole nutrition. So what's going in and on your body most often — that includes things like medications, and really understanding and helping to create recommendations based on the diagnosis that your practitioner would have come up with that look at all of those pieces.

Ashley Koff, RD: There's a lot that's changed since then, the world of...there's health coaches, there are states where you can just call yourself a nutritionist. So you can literally say, like, I read some books. Maybe you read *The Cholesterol Myth*, you're like, I got to do this, help people, which is amazing. And you can do that piece. And I actually take a very open-minded approach to that, I do not think that any letters after a name are better than another. There's more than enough people that need help out there, and what we do want to understand though is, if somebody is not able to look at your total nutrition and, in particular, understand what's going on with your disease and what's going on with medications, then they should not be working with you in prescribing your overall nutrition. They may be better off to help coach you in that way, based on that piece.



Ashley Koff, RD: So, I think there are great nutritionists out there. Some of my teachers and people that I've learned from, fabulous nutritionists. And I think there are some dietitians that maybe could have their eyes open more to how to practice and some of these things to learn. But the primary difference, I will just underscore, is our training, and the fact that we are legally able to provide that medical nutrition therapy.

Ashley Koff, RD: And where it stands right now, we're probably one of the only ones in the nutrition field that can also get some insurance reimbursement, but it's not great. So I would make that a big distinguishing point. But anyway, loaded question, there you go. Yeah.

Dr. Drew Sinatra: No, I love it, thanks for that response. And actually, it mirrors the naturopathic profession, too, with unlicensed states and licensed states. So I do understand the importance of having licensure, I think that's really important. And I really just respect the amount of training that you've done, because that's what you really need when you're working with someone with nutrition, is you need to see the whole picture of the medications they're on, the supplements they're on, the diet they're on, and just really put all that together. So, thank you.

Ashley Koff, RD: Absolutely.

Dr. Drew Sinatra: Dad, do you want to share anything in terms of a story from your end, about how nutrition has really impacted your practice?

Dr. Steve Sinatra: It's almost 20 years ago when I took the board examination by the American College of Nutrition and I became a CNS. And I'll never forget how hard I studied for that test, and all the books I read, and everything else. And I can remember treating so many patients, especially with high blood pressure, Ashley. It's amazing that patients would come in and say, "Doc, I know you're a cardiologist, I know you're an internist, but I want to be treated naturally. I don't want to take any pharmaceutical agents. Can you treat my high blood pressure?"

Dr. Steve Sinatra: And as fate would have it, I would be seeing more and more of these patients. They would be telling their friends, their family, etc., and I had my greatest success, I mean, I would use targeted nutritional supplements, like magnesium and CoQ10, in the treatment of high blood pressure, and Omega-3s. But when I added onions, a lot of onions, and when I added garlic, a lot of garlic, I had a lot of my patients have reduction in blood pressure.

Dr. Steve Sinatra: And it was patients with blood pressures in the range of, let's say, 140 over 90, mild hypertension. But just a nutraceutical intervention, and I'm not talking weight loss or exercise, but just simple nutraceutical interventions with garlic



and onions made the difference in these patients, where the blood pressures came down 10 to 15 points on the systolic, and several points in the diastolic. So, when you research the literature, there's so many meta-analyses showing the value of using nutrition, and especially garlic and onions, in the treatment of high blood pressure. So I just wanted to share those anecdotes with you, and there are several.

Dr. Drew Sinatra: Oh, thanks for sharing that, Dad. And Ashley, I love to hear more about your story around this Kellogg's business, growing up. And you said you had a health crisis or something, where you changed things in your life to get your health back. Was that it for you, in terms of the nutrition piece?

Ashley Koff, RD: Yeah, I mean, so the longer version is...growing up, I wanted to be Angela Bower from *Who's The Boss*. I just thought she had the perfect life. She was tall, skinny, and blonde, so it was like nothing that I was. And at the same time she also went to work every day, and she worked in advertising. I think probably the fact that she came home, and there was hunky Tony Danza who had the house all under control probably had something to do with it, but I just was set on advertising. I love the idea that when you knew what somebody needed, or you could tell them what they needed, and then have them go purchase it.

Ashley Koff, RD: I was a sales person, I was a marketing person, and so I left my world. I went to college at Duke, and if you know anything about Duke and UNC, you know they're massive rivals. It's like OSU and Michigan. And I actually got the Duke newspaper to...they didn't have any other advertising opportunities available. And I said, "Well, what if I get bars at UNC to advertise in the Duke newspaper?" And they laughed at me, and they were like, it's not going to happen. So I went and did that, and I was, I mean, that's how...I was so passionate about advertising.

Ashley Koff, RD: But what I learned when I went and did that work with Kellogg's was, it was actually...because I was in something called strategic planning, where you try to figure out what people actually need. There were millions of dollars being dedicated to this, and then you figured out how to slot the products in. Well, I worked on a lot of global products and global strategies, and one of the really interesting things is even at that point in time, so we're talking '95, '96, the rest of the world was saying, oh, people want less sugar, people want more fiber, people want things that are what you would call "better for you."

Ashley Koff, RD: In the U.S., it was things like, hey, we want more energy. Okay. And literally, the brand strategy for Raisin Bran was we could actually legally say we delivered more energy than any other cereal, because we had more sugar than any other cereal. Right? So it was like, that's where we netted out. I mean, and we had the



American Heart Association logo, and you could put it on anything that just didn't have fat in it. Right?

Ashley Koff, RD: So, I mean, I can see your dad's face is just...I mean, it was craziness on that part. So what ended up happening for me was, along the lines with that, I had always, as a kid, had a belly. And I just as a young girl thought that...and everybody was like, you're healthy, no issues. So I just thought I was chubby, and then I would try to play sports, and then I really tried dieting. And when I went to college, I learned about...you could do diets, like, you don't eat, or you just only exercise, or you only have candy, or any of these crazy diets.

Ashley Koff, RD: But for me, it just netted out with me falling flat on my face on the lacrosse field, because you really can't actually play lacrosse not eating, right? That kind of thing. So I couldn't ever figure out what worked for me, but it didn't get debilitating until in my 20s, I was in New York City working in advertising, and I had crippling panic attacks. I didn't sleep at night, I woke up one day with a knife in my hand, because I was convinced somebody was coming into my tiny studio apartment to come after me. And nobody was able to put all of this together.

Ashley Koff, RD: And I came from a medical family, I had gone to tons of different doctors. Then people told me I was crazy, so I went to therapists. I'm like, all right, I'm going to all of these things. And nobody could help me figure it out. So my rock bottom was, I actually did a...I met someone in yoga class. And at this point, by the way, I was a macrobiotic yogi, at 23 years old, didn't drink alcohol, didn't really go out...I mean, and I was miserable. You can do all those things and be really happy, I was miserable.

Ashley Koff, RD: And one of the yogis said, my friend in there, kind of crazy, and she was like, "Oh, I think I can help you, I'm a healer." So I went over to her house, she pricked my finger, put it under...I'm not kidding, I think it was a Fisher-Price microscope, and saw my blood. And she's like, "Hey, I think you have a worm, and it's all throughout your digestive tract, and the only way to get rid of it is to drink 40 ounces of goat's milk for eight days."

Ashley Koff, RD: So I literally did that, and I did it so perfectly, I even took goat's milk to the bar, and told someone I was drinking a White Russian. I did it all, and I was like, "I'm going to get rid of this worm," all of this, right? Well, net, net, I never felt better. I mean, it was amazing while I was on it. But about two or three days after doing that, as soon as I went back to eating — and mind you, I was eating broccoli and soybeans and things like that. I just blew up again and my belly was huge.

Ashley Koff, RD: So what ended up happening was...I got drunk, I was in a bar, and I ended up meeting an integrative gastroenterologist who said, "Oh, has anyone ever asked



if you took antibiotics?" And I was like, "Took antibiotics? As a kid I was on them prophylactically, etc." So that was my big moment, where I ended up going to see this gastroenterologist, who talked to me...integrative, actually talked for an hour, and asked about my past, and found out that I had had ear infections and throat infections since infancy. I wasn't breastfed, I had slow motility.

Ashley Koff, RD: And I come back to the trifecta — glutamine, probiotics, and magnesium, and they changed my life. And at this point, I was almost avoiding all foods. And she said, at that point — it was also a woman, integrative gastroenterologist, very rare in 1998, etc. — but she said, "It's not what you're taking in, it's that your digestive system doesn't have what it needs to run better." And it literally changed my life.

Ashley Koff, RD: And when that experience happened, what I realized was I needed to apply what I was doing for Kellogg's to what I now had learned. And I remember going into bookstores and trying to find things, and there's got to be this out there. But at the time, this information wasn't out that way. So that's how I ended up becoming a dietician.

Ashley Koff, RD: But unfortunately in county hospital, taking papers that were...I remember at one point sitting there and somebody said to me, "Oh, we have the same paper." I was like, wait a minute, the same plan for somebody who's IBS with constipation and IBS with diarrhea — how am I supposed to give them the same information?

Ashley Koff, RD: So for me, my career has really been looking back on what the nutrition recommendations were and saying, this isn't better, we're not going to get people better this way, how do we actually...like your dad was saying, it's like, hey, did you know that onions and garlic can do so much, and it's delicious, which means you're actually going to do it. And it's affordable, and we can bring these things in.

Ashley Koff, RD: And for me, it's also...I don't ever want anyone to drink goat's milk for seven days in a row, because it was the worst thing that I ever did on that part. So, a lot of mea culpa with my Kellogg stuff, but I also think I understand how desperate we can get to feel better. And I really am challenged that our medical system is not making it easier for us to have these ways to help people get better, without going through all the craziness that I went through.

Dr. Steve Sinatra: Let me ask you a question. It sounds like you've been on a journey, and you went through a lot of pain and suffering. So what would you offer our audience as simple solutions to getting them on the road better traveled in gut health,



nutritional health — and what pearls of wisdom do you have for our audience? I'm curious.

Ashley Koff, RD: Yeah, thank you...and light bulbs have gone off so much. I mean, I keep coming back to your book, *The Cholesterol Myth*, on that part too, which...we do have to make this simple. We have to help people understand that the medication isn't typically the first place to go, that there are things foundationally. What we have to do is assess where we currently are today. And so, what my company does, it makes it helpful, easy for practitioners and their patients. I like to say it's like turning on the location settings.

Ashley Koff, RD: When you take quizzes and you look at where your nutrition is today, you find out two things. One, you find out what's already better and what is working, and you do not want to change that, you don't want to compromise that. But you can find out very easily what isn't better and what we need to upgrade, and then that helps us really personalize what you're doing. So, what I would offer to your audience is, do not work with anyone if they don't know about your personal nutrition.

Ashley Koff, RD: And I also want to offer that that is not your doctor, or your dietician's, or the naturopath, or your chiropractor's responsibility — it's your responsibility. You need to make sure that anyone that you're working with knows who you are today, what's going in and on your body. So, first of all, if a practitioner does not ask about what supplements or what creams, or they don't ask if you're adding CBD to your coffee, they aren't the right practitioner for you. You need to have somebody who is really looking at your total nutrition.

Ashley Koff, RD: But equally, if you are doing those things and you're not sharing it with your cardiologist, or you're not sharing it with your naturopath — you're also not giving them all the information that they need to be able to help you on that part. So that's point one. The second point that I think is hopefully evidence from my story is you have to have better digestion to literally be able to do anything. Said differently, you cannot have better health if you don't have better digestion.

Ashley Koff, RD: So every single thing, whether it's working on your cholesterol, whether it's working on your hormone health — that's one area I think is so poorly done — hormone health and skin health today, which obviously are integrally linked. When your hormones shift, they throw your digestion off course. So if somebody is treating your hormones and hasn't looked into your digestion, they have not looked at what is actually going on, what is causing the challenges, what's not allowing your body to eliminate toxins, what's not allowing your body to absorb the nutrients that you're taking in.



Ashley Koff, RD: So the place that I would recommend that most people start is with the digestive assessment, and that's actually one of my favorite tools that we have at The Better Nutrition Program. And remember, no matter what somebody's scope of practice is, we've mentioned health coaches, CNSs, doctors, specialists like cardiologists, naturopath, everybody...it's within everyone's scope of practice to be doing assessment. It's then what recommendations you're able to make, whether you're looking at supplements, or you're looking at food, etc., that's going to be more specific to your practice.

Ashley Koff, RD: So I wholeheartedly think the most important thing is assessment. The best analogy I can offer is you cannot use Lyft or Uber — remember those things that we'll be using again, hopefully, at some point — but you can't use Lyft or Uber or your own car if you don't turn on your location settings. And we have a lot of medicine and nutrition that's being practiced on social media, in books, and on media that is not meeting you, it's not picking you up where you are. We're not turning on those location settings.

Ashley Koff, RD: Or, you might go see someone, they might meet you exactly where you are, create a personalized recommendation — but two months from now if you're still doing what they told you to do then, you haven't re-turned on your location settings. The example would be, if Uber picked me up at home and took me to the mall, it doesn't go back to pick me up at home. I turn my location settings on, and it picks me up at the mall. We have to make sure at every part of our journey in our health that somebody's connecting with us where we currently are, just because that's going to be what actually helps create the best outcomes. That's the true personalization that we can offer today.

Dr. Drew Sinatra: Well, Ashley, I would love it if you can dig more deeply into the digestion assessment here, and just tell our listeners what kinds of questions you may ask, and also what sort of outcomes come from that.

Ashley Koff, RD: Yeah, thank you. It came about because...my practice was in fancy Beverly Hills, and I remember this one gentleman coming in. I think at the time, I was probably in my late 20s, and so he came in, he was probably in his 60s. He was embarrassed to talk to me about poop, and I was like, so...“First of all, I'm the daughter of a urologist, I'm going to ask you about your urine, I'm going to ask you about smell, all of these other things.”

Ashley Koff, RD: And he's like, “I'm not sure that it's appropriate for me to talk to you about this.” And I said, “Well, what if we write it down on a paper? I'm just going to ask some questions. So, are you going number one? Does it hurt when you go number one? How often? What color is your number one? Are you going number two? Are they pellets? Are they formed? Is it sinking? Does it smell?”



Have you noticed any changes in your breath? Have you noticed any changes in your body odor? Do you have acne on your face? Do you have acne on your butt? Do you notice you break out on your back? Are you noticing that after you eat you feel actually more tired, if you're noticing after you eat you feel bloated?"

Ashley Koff, RD: So I asked these questions, and then what I had to learn to do — this is why I'm not the expert — I had to work with somebody who then helped me create the questions in a less biased way. I won't say unbiased, but in a less, like, leading the witness...because I'm just going to ask very straight out. So we asked the questions in a number of different ways. We also ask things that are really important. Are you taking certain supplements? Are you actually using things to help you go to the bathroom? So are you using caffeine? Are you using cigarettes?

Ashley Koff, RD: And using is different than enjoying. So, I enjoy my espresso in the morning, but I have a bowel movement when I wake up. If I have to wake up and have my espresso or have my cigarette to go to the bathroom, that's using. So we want to get into those distinctions. And then I also ask questions...are you traveling, do you sit most of the day? On a scale of 1 to 10, are you a 15 in terms of stress? Are you doing HIIT workouts? Have you changed your diet?

Ashley Koff, RD: And what's great about this is, when I as a practitioner have all of these answers before I even see you, I have a roadmap about what I am thinking about. If you've been on medications, or if you've had yeast infections and sinus infections, and now you have butt acne, and you're feeling bloated, and after you eat you're feeling more tired an hour later — I still may have some more questions for you, but I've got a whole picture of you that really helps me.

Ashley Koff, RD: The other part is if I have you fill this out as a patient before you come to see me, then you can also take the time to think about those things, and you're not necessarily having to look at me while I'm saying, "Hey, do you have butt acne?" And you're like, "Well, hold on a second..." it's weird, that's awkward in this space. So I think it's really important that we do that.

Ashley Koff, RD: One of the other things that it allows us to do when we do an assessment like that, is then we do the assessment again. So what I'll say to my patient is, six weeks from now we're going to redo that assessment, and it helps me manage their expectations that I'm not going to have them do something that's going to change within one week. But in six weeks, if I'm not noticing a 50% change in some of this stuff, we aren't where we need to be, right? The tune-up or the work that we're doing isn't getting where we need them to be. Or on the flip side, if they're 70% or 80% better, that part could be awesome.



- Ashley Koff, RD: So, one example of doing a digestive assessment that's really valuable — over the years, I would have patients coming in who have spent \$600 and \$700 on food allergy testing. And they come in in a panic, because, I'm sure you both have seen this, but...they come in and they're avoiding, like, 67 different foods. And there's actually no correlation between the foods. It's not like, oh, they were all gluten or they were all dairy. It's like, oh, apples, and then, oh, over here I'm avoiding all these other...
- Ashley Koff, RD: And all the time I'll ask them, oh, are these...and they're in there in a panic, “Oh, I've just found out I'm allergic to everything that I eat.” And I was like, “No, you didn't, what you found out is what you knew before. Your system is irritated, so anything you're putting into your system is going to then show us that your system is irritated.”
- Ashley Koff, RD: If I do the digestive tune-up for 30 days and then we do that test, we might get the answer of three or four things that are bothering you. So I think we can be more effective in medicine, as well in our overall experience, if we do these initial assessments and do some of the work, especially to tune up digestion — to start to see, oh, you notice your sugar cravings have changed, or you notice that your sleep or your skin is actually improving.
- Ashley Koff, RD: And we still may need what I'll call an allopathic or a traditional medical intervention, but we can be much more targeted and often even at reduced dosages and things like that with those interventions.
- Dr. Drew Sinatra: Well, gosh, I have so many comments on what you just said. I mean, you practice like a naturopathic doctor, I mean, this is like music to my ears right now, I'm loving this. Unfortunately, the system is set up where doctors have seven minutes, six minutes, five minutes on average to treat someone. How the heck can they actually ask these amounts of questions, like what you're asking?
- Dr. Drew Sinatra: Because the questions you're asking are so important, because it's creating this constellation of a symptom picture happening for them, and you really put all those little pieces together. It's like you look at the stars, you can get lost looking all around, but now you identify, oh, there's Orion, there's Cassiopeia. You begin to see patterns in the sky. And the same thing happens with the body with all these symptoms. But when you have such limited time as a conventional doctor in today's modern medicine world, you just can't ask these questions, which is so unfortunate.
- Ashley Koff, RD: Yeah, so I think there's two sides to that. I don't allow for the excuse of the seven minute. I get it, but you can have your patients fill this out beforehand, you can send them home with something to fill out. If you only have seven or 15



minutes with them, then it is your responsibility to share them with another practitioner that can spend more time. Look, we should all be outcomes-focused. These aren't our hobbies, these are our businesses, so we have financial responsibilities and we need to figure out a business model that works for us. But you should not be dispensing a medication or providing a recommendation to somebody if you do not know their total nutrition, because you will miss. That's the key thing.

Ashley Koff, RD: And then the other part is, as doctors and just as collectively as practitioners, we have to understand that our real competition today is actually AI. People are going online because they're so frustrated. They're going online — I'm not going to name names of the companies — and they're filling out quick quizzes. Not like my quizzes, because mine asked about foods, and supplements, and lifestyle practices. But they're answering maybe 10 questions, and then they're getting mailed a package of supplements.

Ashley Koff, RD: And those questions don't ask...they're making very generalized recommendations. Are you vegan? Well, yeah, it's great if I'm vegan, but don't make an assumption I need B12 and I need calcium — what if I'm actually getting a ton of calcium? What if I have sesame seeds, and I'm drinking almond milk, and I'm getting in calcium. Maybe my magnesium is so low, that's why I can't poop and I can't sleep at night, but you're going to send me a calcium supplement because I checked off that I'm vegan on your AI, your quiz online.

Ashley Koff, RD: And so, I think one of the things that we really have to understand there is this is our competition, and if we are first, “do no harm,” it is actually harmful if you are not incorporating total nutrition assessment into your business and into your practice today with individuals.

Ashley Koff, RD: So if you don't have the time, and I can totally appreciate, especially when somebody comes in, or it's a specialist situation, right, and you're like, okay, somebody is coming to me specifically about their...I can't even think of a situation where it wouldn't be just related to the nutrition, but I'm trying to come up with one quickly! But let's say they came in to me to talk about fertility, and we're working on that piece. Then your responsibility is to say, I know a naturopath, I know a CNS, I know a dietician. Or what a lot of practitioners are doing today, and we offer these for practitioners to purchase and modify for their businesses, but they're running virtual programs.

Ashley Koff, RD: So that's one of the things that I think is a really great opportunity. If you don't have time in your clinic setting, you can run a program. So I do these, I do 30-day — right now I'm doing a hormone health program. 30 days, one hour a week for four weeks, and we are going through each of these things, and we're



incorporating in assessment. And so individuals can go through that, and they can then share that information with their practitioners.

Ashley Koff, RD: So maybe there's a part of your business model that you can adjust. So I think, just as I don't allow patients to use the excuse that, "my doctor doesn't know about nutrition" — they may not, and they may know very little about nutrition. But if they don't know about your nutrition, that's your responsibility, number one. And number two, if a practitioner doesn't have time with a patient, they have to figure out who does, and that is as important as writing a script for an antidepressant, or whatever they would be writing the script for. So, you see me get up a little bit on my high horses there with that one, but yeah, I wholeheartedly believe we have to change to see better outcomes.

Dr. Drew Sinatra: Well, it's really a team approach. That's really what we need here, because a doctor can only do so much. And I got to tell you, I've had lunches with some doctors who prefer to go to McDonald's to eat. And I was like, no, we're not going to McDonald's to eat. But that's their understanding of food, is in their life, it's a very fast-paced life being a doctor, and he wanted to go to McDonald's, and that's what he's used to doing. So if the doctor himself or herself isn't really eating high nutritional foods and really paying attention to their nutrition, how can they provide nutrition advice to their patients?

Ashley Koff, RD: Yeah. And what's really interesting, too, I think it can be how you grew up, it can also be...look, we're all human. So, I know people who grew up with no access to....they were food insecure as kids, and so they did not learn healthy eating habits. And in fact, I'm thinking of a physician in that space. What he understands is, it's not something that he's comfortable talking about. I mean, he's done his own work for his own health needs, but he brought into his office a nurse practitioner, and we also worked with the person at the front office who understands how to take our quiz. They take our quizzes in as intake forms and share that, and will have that conversation. So, understand your limitations on that piece.

Ashley Koff, RD: And by the way, I'm not a fan of McDonald's, but you can eat better at McDonald's and you can eat very poorly at McDonald's. So, there's always a place to start. You can pretty much stick me anywhere in the world, because one of the big issues we have, forget about the seven minute, we also have the person who, especially right now, literally cannot afford, and it's not that they're choosing...

Ashley Koff, RD: There's a lot of judgment that gets put out there where, oh, somebody's choosing to buy their Starbucks, or they're choosing to buy the expensive phone and they're not buying the better quality food. Go to communities in my



neighborhood, or go to communities where I was living in DC, etc. — there is not access. The furthest grocery store's two miles away by bus, these sorts of things. And so if you don't have access to...like right now, actually, one of my patients had just shared with me. She said, oh, my grocery store is really out of a lot of the fresh, what she was calling the fresh fruits and vegetables. And I said, that's great — go to the frozen section, it's so much cheaper. It's actually fresh, I don't even call the stuff in there...I call that the ready-to-eat versus what's frozen. But what we ended up having a conversation about was how to prepare canned vegetables.

Ashley Koff, RD: You've got to be able to meet somebody where they are. Right now it's not really fair to have the Dirty Dozen be...if you're posting about the Dirty Dozen, it's not really meeting a lot of people where they are right now. I don't want somebody to think they shouldn't eat a vegetable because of what pesticide residues might be on that vegetable. I'd rather they ate that vegetable, and then I'll talk to them a little bit about frozen broccoli, so that we make sure that the detoxification system gets a little bit of glucoraphanin coming in. Things like that, right, where we can help them and meet them where they are.

Ashley Koff, RD: So it's complicated. I think the key thing is none of us should be offering up excuses, we all need to be focusing on how we can be part of the solution. And there is a role for everyone, including the individual in their own success story on that part.

Dr. Drew Sinatra: Yeah. And Dad, I'd love to hear — you started up a health food store back in the '80s, correct?

Dr. Steve Sinatra: Right.

Dr. Drew Sinatra: I mean, did you do that because just the food was not available where we were living in Manchester, Connecticut at the time?

Dr. Steve Sinatra: No, actually the reason why I set up a health food store and a healthy food restaurant was I couldn't get a healthy meal for lunch in Manchester back in the 1990s. So I opened up my own facility, and spent tens of thousands of dollars doing it. So, no, Ashley, I mean...Drew and I are on the same page with you, we use nutrition in our practices. And just a couple of comments. People like simplicity — like I introduced, with hypertension, for example, garlic and onions was the savior for a lot of my people.

Dr. Steve Sinatra: If people came in to see you, let's say, with Type 2 diabetes. I mean, what one, two, or three pearls can you give, let's say, an overweight person with Type 2 diabetes, other than saying avoiding sugar. I mean, what three foods would you



recommend to a Type 2 diabetic — to not only help lose weight, but also take away the inflammatory cytokines that live in these fat cells, particularly during COVID-19, which is really crucial. Because losing five to 10 pounds for a borderline diabetic could be the basis of life and death if they catch COVID-19, or they get exposed to it. So, I'd like your opinion on that.

Ashley Koff, RD: Ah, my favorite question, because what we're seeing with a lot of people is actually the opposite, right? People are putting on weight during COVID and...

Dr. Steve Sinatra: Because they're home bound. Right.

Ashley Koff, RD: Yeah, totally. So, unfortunately I'm not going to answer it as simple as you would like, because I will say that if a diabetic came to see me, or a pre-diabetic, I would actually assess their digestion first, before I recommended a food. The second thing is, I don't believe in taking away sugar. I believe it's very important to set an added sugar budget, but also to explain the difference between sugar which is found in carbohydrates versus what added sugar is.

Ashley Koff, RD: So what we would probably do is the added sugar assessment, and what I often find out is that people actually didn't know all the different places they were getting in added sugar. So when you look at all of those places, hey, if you're taking...I had a patient the other day, actually, the exact example you just gave me, and his doctor had recommended six different supplements. Well, he was taking them all singularly, singular ingredients. So, like a vitamin C, a vitamin D, etc. Each one was a gummy, and each gummy had a teaspoon of sugar associated with it, right?

Ashley Koff, RD: Independently, probably not bad — but if a healthy person shouldn't have more than six teaspoons of added sugar, a diabetic, we may want to go down to maybe two or four depending on that piece. And then the other part is, I teach them to space it out throughout the day. So the idea that you don't want to have too much at one time. I use the analogy of a race car versus a streetcar. We don't want to fill up our gas tank, we want to put enough in there to go around a couple of laps and pop back.

Ashley Koff, RD: The other one that I think is overly, is probably the simplest thing to do, and nobody starts there, is with our rainbow evaluation. It's so important that I make it free on our website to anybody that wants it. It's where I've started families with kids right now — there's so much challenge that's going on right now, with having everybody at home and access to food. But what we know is that our body actually needs all those different colors — not from Skittles, but from actual food.



Ashley Koff, RD: And when we make the choices to get those colors in, and we learn about how spices or...and I've had parents say to me, ugh, literally...my child is awful. I was like, can they hear you right now? But my child's awful, they don't get in any vegetables. And I was like, so literally, no vegetables? Well, he likes carrots. All right, he likes broccoli. I was like, so we nailed it. He's got orange and he's got green in. So, yeah, but he doesn't eat kale. And I was like, I don't care. Since when is kale better than broccoli? Just get a green in...

Dr. Steve Sinatra: Right.

Ashley Koff, RD: So then, does he like strawberries? Okay. There's a red. Oh, by the way, he likes those onions when I make them sautéed — purple, there you go. So we can make it so simple if we don't allow ourselves to buy into what marketing has told us, which is one...I remember the day that blueberries and acai went to war. Like, which one's better for you, which one's higher in antioxidants. You're like, are you kidding me? Let's just get in something purple, or something blue, on that part.

Ashley Koff, RD: So I think we can make it very simple — but I think going back to your very specific question about a diabetic. I would not feel comfortable...especially with somebody who has excess weight, and especially abdominally, I would need to do a digestive assessment. And then I would want to do the added sugar assessment, and really look at how we space it out throughout the day.

Ashley Koff, RD: So I will probably also want to recommend some nutrient supplementation, because I just find there are things that could be difficult to get in that will have a significant impact on their blood sugar. Green tea, alpha lipoic acid, chromium, which should be easier for us to get in but just isn't for most people, looking maybe at methylated B vitamins. So there is a role for dietary supplements, but not if you aren't addressing the food and the digestion first.

Dr. Steve Sinatra: Agree.

Dr. Drew Sinatra: So Ashley, for today's **Wellness Wisdom**, we're going through this pandemic right now, COVID-19, people aren't sleeping well. It's worse now that...all this stress that we're feeling. Do you have any recommendations for nutrition and sleep? Are there certain things that you think about that people should be eating, shouldn't be eating in regards to the stress we're under today and sleep?

Ashley Koff, RD: What an amazing question. First of all, the majority of it is actually not the nutrition, in terms of what you are eating. When you are eating and how much you are eating is going to have a much larger impact. So, I do think the time-



restricted eating is helping people, because it's getting them back to maybe stopping at a more normal time period, or a more appropriate time period.

Ashley Koff, RD: So if you want to restrict yourself to a time period of like, hey, maybe nothing after 8:00 PM, but then you also can't back load and have a ton of food between 6:00PM and 8:00 PM. It's just too much on your digestive system, so I think that's really key. The other part is we have to do a better job with stress management throughout the day, or our body just isn't going to be in a position to be going to sleep. So I do stress check-ins during the day, a couple of different times. I have people on their phone, just have a buzzer go off, and just check in — on a scale of 1 to 10, where's my stress? And if it's higher than a seven, I want you to stop, I want you to do some breathing. I like the four—seven—eight breath...but just breathe, start there. Or find a way to laugh, that piece.

Ashley Koff, RD: And then I think the other part, specifically as it relates to sleep, is you really do have to be looking at your stimulant intake, and noting that things that are stimulating to the body can be certain herbs, certain dietary supplement ingredients. So maybe you're taking your multivitamin at dinner, and it's got B vitamins or other things that can keep you awake or be more energizing. And then your caffeine intake, and also your sugar intake. And so, if you're having difficulty falling asleep it would behoove you to have those things earlier in the day, as opposed to later in the day.

Ashley Koff, RD: And if you have trouble staying awake, that's a good thing. It means you're ready to go to sleep, rather than having something late in the afternoon that's going to keep you awake until 9:00. If you're tired you should be going to bed at 8:00 or 8:30. We are so burnt out because of the stress of what we're experiencing from this pandemic, and so I think when you look at nutrition that's really important.

Ashley Koff, RD: Probably the two most important things that you could do for sleep would be, one, fast from the news, especially after the afternoon. If you want to learn all about what happened in the world, do it in the morning, and then wake up the next morning and do it again. And the other one is get outside. You've got to have exposure...even if there's no sunshine, we've had crazy rains here, get outside and let nature give you a little bit of a connection. Because we weren't meant to be in these homes with all of this — I don't even know what the right lights, and colors, and things like that are, but everything that technology is doing to us, we really are meant to be outside on that piece. Yeah.

Dr. Drew Sinatra: You couldn't have said it better, that was great, thank you. Well, thanks so much for coming on our show today.



Ashley Koff, RD: Ah, I love it and it is such a pleasure. I've been a fan of your dad's forever. In fact, a lot of the work from *The Cholesterol Myth* is included, by way of Jonny Bowden, helping me with our cholesterol and heart health evaluation. And I just see, I mean...you have changed so many lives, sir, it's just such a privilege. And I am so pleased to be able to meet you and to know you're a naturopath, and just to see everything that you guys are doing. So I'm really grateful for this show, and for the opportunity to connect with you both.

Dr. Steve Sinatra: Oh, thanks so much, Ashley. That was sweet, very nice.

Ashley Koff, RD: Thank you.

Dr. Drew Sinatra: Thank you.

Dr. Drew Sinatra: That's our show for today, folks. If you have a question or an idea for a show topic, please send us an email or share a post with us on Facebook. And remember, if you like what you heard today and you want to be an active member of the **Be HEALTHistic** community, subscribe to our podcast at **BeHealthisticPodcast.com**, or on Apple podcasts, or wherever you download your favorites. You can also find more great content and information from us and the Healthy Directions team at HealthyDirections.com.

Dr. Drew Sinatra: I'm Dr. Drew Sinatra.

Dr. Steve Sinatra: And I'm Dr. Steve Sinatra.

Dr. Drew Sinatra: And this is **Be HEALTHistic**.

Narrator: Thanks for listening to **Be HEALTHistic** with Drs. Drew and Steve Sinatra, powered by our friends at Healthy Directions. See you next time.