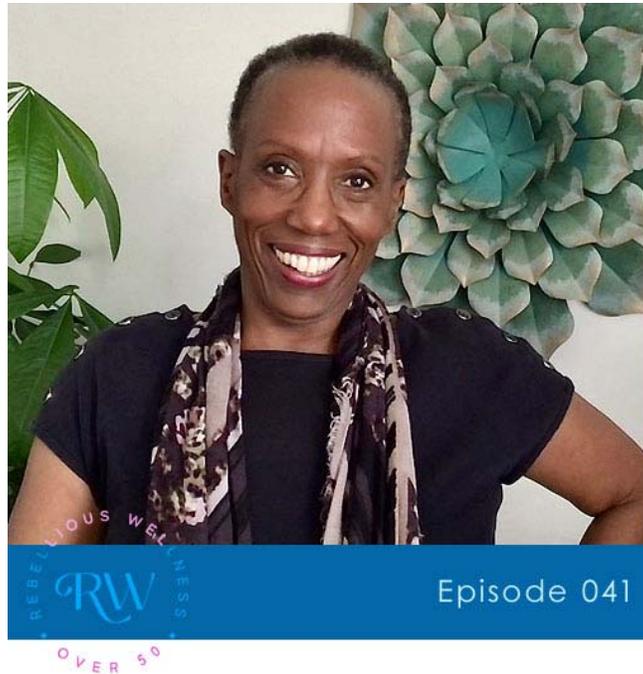


Rebellious Wellness ^{over} 50

Susan Lovell



Episode 41: Surviving on Caffeine, Wine, and Willpower? How to Thrive Instead with Susan Lovell

Gregory Anne: Welcome back everybody to another episode of rebellious wellness, over 50, where you get to hear from experts who might give you some ideas you hadn't really thought of trying to help you age better. Today my guest is Dr. Susan Lovell, the thrive architect, Dr. Susan. Welcome.

Dr. Lovelle Thank you so much for having me.

Gregory Anne: One of the things we're going to talk about is thriving versus just getting through the day or just feeling okay. But I have to give a little bit of backstory. You are a former ballerina, a professional ballerina before you became a doctor. So how many years before you went to med school, did you dance?

Dr. Lovelle 14 years altogether. Yeah, when we traveled around the United States, Europe, the Caribbean, it was wonderful. And it was interesting because that first year was that when I had the choice, I was my first year also going to college.

I had just been accepted to Barnard. And so I would remember going to class and sitting in a Bio class with like a hundred people and just getting bored. And so I would just get up and leave. And I had a choice between traveling the world or sitting in bio and guess what I chose?

Gregory Anne: I think I would have been right there with you. So then you started medical school later than most people would have if you did 14 years of dance. And you said that dance somehow prepared you. Explain how that prepared you.

Dr. Lovelle Yeah. People ask me sometimes, which was harder, medical school or dancing? And I have to say actually dancing because there was, and maybe it's because I was younger too, but there was all of the discipline of keeping your body in shape.

Learning all of the dances, and managing all of these things. Plus, I was sort of going to school at the same time. I would go on correspondence while I was traveling. And by the time I got to medical school, I kind of burnt out all of the urge to hang out at night or party.

And it was so much easier for me to just sit down and study. That was actually a relief to just be able to sit at a desk and study.

Gregory Anne: I'll bet it was after all those years. So, you wanted to help from six years old, you said you wanted to be a doctor. That's about the same time I decided I wanted to be a doctor, clearly our paths diverged at that point.

But you went into plastic surgery. Was there something about plastic surgery that you were attracted to or did you just fall into it?

Dr. Lovelle Oh, no, no. As a matter of fact, and that was very unusual with most people who go into plastics, go into medical school, knowing that's where they want to go. They had already known this is what they want to do. For me it was a matter of the first thing that I did was, I rotated through internal medicine, family medicine. And what I didn't like about that was that every week we would go in and the same people would come in, they'd have the same issues. It was diabetes or high blood pressure or whatever it was. They would get a pill.

[00:02:55] They would go away, come back the next month. And exactly the same thing. There was still that issue. And I said, I can't do this for the rest of my life.

That would just make me crazy. Um, then we rotated into surgery, which I love. And then I had a one-month rotation in plastic surgery, which was it, because people would come in, they would have something done, you change them.

[00:03:17] And they went out a completely different way. And that's what I fell in love with, that transformation, helping somebody change from A to B, and it's only now in holistic medicine. I'm realizing that I can do that same kind of transformation only from the inside out. Which is fabulous because not everybody can afford plastic surgery, nor would they want.

Gregory Anne: Not everybody wants that, even though they might look at themselves, oh, I'm getting saggy, I'm jowly whatever. But if their life is not happy, even when you were fixing people's faces or tummies or whatever, it didn't change their lives, but they did feel better. Right. But the life part, or maybe the lifestyle habits were still out of whack, but something was fixed.

And so they did feel better. So I can understand you wanted to do that.

Dr. Lovelle [00:04:01] Exactly and that's, that was actually a very good point. I would say in the 20 plus years that I was in plastic, maybe five people actually changed their lives afterwards. You know, they look at themselves and say, I deserve better than this.

[00:04:14] And they started taking better care of themselves. The rest it was like, okay, I got what I wanted. And I mean, they were happy in that sense, but nothing changed other than the outer.

Gregory Anne: [00:04:23] Right. You have a little tiny snippet of a story on your site that I hope you won't mind expanding on. As you were transitioning from plastic to holistic medicine, you talked about a patient who you did liposuction on, who, after liposuction gained 50 pounds. What happens to the liposuction part of your body? Don't they expand again?

Dr. Lovelle [00:04:46] Well, that's one of the things people ask, they say, well, does the fat go from one place to another? No, it doesn't. If you suck a fat cell out of an area that fat cell is gone, but what they can do is they expand. So as you gain weight, the fat cells expand. And imagine if you had 50 here and a hundred on your hips. When they expand, you're going to see a greater difference in your hips.

And that's when people say, oh, the fat went from here to here. It doesn't really, it's just how it looks like it's distributed.

Gregory Anne: [00:05:16] So was that person, I mean, there was no complication to the person's health because they gained weight. They went through this whole procedure. I know somebody went through it.

It's not exactly a pleasant procedure. She had her thighs done, compression garments and weeping and things, but then to gain all the weight. That's so sad.

Dr. Lovelle [00:05:33] Right. I think what happened there, he looked at himself in the mirror, said, whoa, I'm thin now so I can eat whatever I want and do whatever I want.

And no, you can't they had not changed on the inside.

Gregory Anne: [00:05:46] So you are now helping people change on the inside so that if they go to somebody else and have plastic surgery, they will be thriving. And probably accepting themselves in a different way. A lot of times you want to change something, there's something we don't [00:06:00] like about us, but we see it as the physical, right.

Dr. Lovelle [00:06:03] Right. That, there's one thing that if I changed this one thing, my whole life is going to change and no, it's not that way.

Gregory Anne: [00:06:09] I wish it was that easy.

Dr. Lovelle [00:06:11] It would be fun. Wouldn't it?

Gregory Anne: [00:06:13] I don't know, would it be? I don't know whether it would be more fun if we could snap our fingers. Sometimes, the experience of challenging ourselves to do different, try something new, break a habit. That's maybe part of what his life is.

Dr. Lovelle [00:06:27] That is true. And that's why I take people through so many different quadrants. It's not just what you're eating or how you're exercising. It's how you're thinking, how you're sleeping, how your hormones are, even how much you love yourself. So many different things go into making you actually healthy and able to thrive.

Gregory Anne: [00:06:45] Yeah. So let's talk about thriving in a practical way that my listeners could understand, the difference between thriving and I'm. Okay, yeah, I'm doing okay at 50, 60. All right. What's the difference?

Dr. Lovelle [00:06:56] I would say, unfortunately, the most people are kind of just surviving. They're getting through their day whatever that looks like.

[00:07:04] And you have to realize that thriving or surviving, whichever way you're looking at it differs for every single person. But if you're getting up in the morning and you're just going through the motions and you do what you have to do, because you have to, if you're at a job that you don't particularly love, if you're eating food, either you eat junk completely, or you eat things that you don't like, because you think that you have to. If you don't have enough extra energy to come home and enjoy your family, if all of your energy and love is left on the job and you're so exhausted by the time you get home that you don't have anything left to give, then that's just surviving. That's what surviving is.

Gregory Anne: [00:07:47] And so thriving. I would imagine would allow us to do more of the things that we want to do. I've heard from people that I coach and just in conversation, people won't plan something because they think, well, I'm not up to it.

[00:08:01] I don't have the stamina or I don't have the energy or maybe I'm too fat. I don't want to put on a bathing suit. Do you hear that when you start working with them, are you able to sort of liberate them into more of a full life experience when they get to thrive?

Dr. Lovelle [00:08:16] Yes, absolutely. And it's interesting that you said that especially about the bathing suits, because a lot of the women, especially from them knowing that I was a plastic surgeon, a lot of the women will open up even more to me about how they feel about their bodies when they're not in what they think is the best shape.

[00:08:36] And the very first thing that we do now is help people to understand, to love wherever they are right now. So it doesn't matter whatever shape, size, form, fitness. It doesn't matter. Love that first and then love yourself enough to make the changes that you want to make in the future.

Gregory Anne: [00:09:00] How do we get around the It's hard to change. How do you work with patients on the it's hard to change part, especially at a certain age.

Dr. Lovelle [00:09:18] There really is a science to making changes. And one of the first things that we say is, is to do things in little snippets, because when you want to go from a to z in one step, like when you were just talking about, if you want to make that in one step, first of all, it often doesn't work, period. And even if it does, it usually doesn't last because you've not built up all that foundation that allows you to maintain the trends, changes, and choices that you've made going forward.

[00:09:48] So that's really the very first thing, we have people realize that it's a stepwise process and sometimes it's two steps forward and one step back. But if you keep doing that, eventually you're going to get to point Z. And so those are the two big things.

Gregory Anne: [00:10:03] So tell us about your quadrants, you had the five quadrants.

Dr. Lovelle [00:10:07] Yes. So there were four and they reason that there are, or what I went through when I had my own medical challenges and how I started healing myself, and I went 1, 2, 3, 4, and the first one is eat elite. And what that means is no, not that you're eating caviar or champagne every single day, but are you eating the right foods for you at this particular stage in life.

[00:10:32] And that will change. So for instance, you know, a lot of us, when we were growing up, you could eat pizza and whatever we wanted and not suffer the next day. And as we get older though, and the digestive systems don't work as well then we start having issues with various foods, but even technically a good healthy food.

[00:10:53] There may be a point in our lives where we can't access them. So for instance, for me, it was eggs. And I became very sensitive to eggs and would break out in a rash if I ate them. Other people, things like watermelon or, um, things that you would normally think of as being okay, as far as eating.

Dr. Lovelle [00:11:15] The next stage was moving more. And I say moving more because a lot of us think that to be fit, we need to be in the gym three, four hours a day, you know, all throughout the week. And that's actually not true. We do much better when we do little things going throughout the day.

[00:11:33] So for instance, now that many of us are at home and working at a desk, we tend to forget that we need to get up every hour and do something. When we do that, we actually have more benefit than if we sit all day and then just go to the gym for half hour. There's some studies showing that.

So just moving more throughout the day, making them things that you enjoy. I always say I don't like doing burpees, which I don't, but you don't have to,

[00:12:01] Who likes burpees, okay. People out there that are listening. I know you're out there to just pat yourselves on the back.

Dr. Lovelle [00:12:07] But, you don't have to do burpees to be healthy. You can, at your desk, do a little bit of pushups off of your desk. You can sit up and stand. You can dance. And that's something, you know, that that really speaks to me.

[00:12:20] You can just dance and get the aerobic benefit from there. So that's the moving. The third is living wisely and in that one, their sleep. So getting the right amount of sleep that you need every day. And that's usually minimum six, usually seven to nine. It's stress levels being low, which a lot of people, especially after this past year, are really struggling with.

[00:12:44] It's also you're impacting yourself at your work. So do you like your work? Do you not like your work and realizing that if you really don't, then there's really no reason to stay there, to start changing yourself so that you can move to something else that does fill your cup. So that would be the living wisely. And then loving divinely is just what it sounds like.

[00:13:05] So it's loving yourself, it's loving the people around you, and loving your connection with whatever you consider the divine to be.

Gregory Anne: [00:13:15] It sounds all so lovely. Sounds like it's got a flow and each quadrant supports the other. So if we're loving ourselves divinely, we will remember to eat elite and move more and right.

Dr. Lovelle [00:13:26] You have it down.

Gregory Anne: [00:13:28] I have to ask you, we're going to talk about hormones in a minute, but I wanted to ask about people who use sleeping aids, not herbal necessarily, but people that say I'm 60. I can't sleep. I just take Ambien. I try and meditate. I can't meditate.

[00:13:41] Are those kinds of things safe? I've heard that they don't really add that much true sleep to a night of sleep. What do you have to say about those?

Dr. Lovelle [00:13:49] So that's actually one of the things when we talked about surviving, not thriving. So if you have to take a medication to be able to sleep, then that is surviving.

[00:13:59] You deserve way better than that. And if you've been on it for a while, Then yes, it will take some time to come off of that. And so it is let's say very specific effort that you would need to come off it, but medications like that not only change your brain function, but they change your gut function as well.

[00:14:17] So we've got those two things, which are not great. So what we do in lifestyle medicine is we figure out what is going on. Why do you need a sleep medication? Why aren't you sleeping? Maybe you're watching TV up until the minute you go to bed. Maybe it is hormones.

Dr. Lovelle [00:14:36] Maybe it is stress levels. It really depends on what the reasoning is behind why you're not sleeping. And that's what we go looking for. Because when you fix that, then you don't need the medication.

Gregory Anne: [00:14:49] Yeah. I'm surprised at how many people have told me that they just went to the doctor and said I can't sleep.

[00:14:54] And the doctor said there's a prescription. Another friend of mine was anxious because of COVID and then stopped sleeping. So they gave her an anti-anxiety medication and then a sleeping pill. And she just went home and looked at the bottles and said, I don't even what I have. She made a good decision for herself and found some other practitioner rather than a Western med doc.

[00:15:13] She was so surprised. She wanted to talk to somebody and say help me. Not that there aren't doctors in Western medicine that would have had a different approach.

Dr. Lovelle [00:15:20] I call it the, have an ill take a pill approach. It's unfortunate, you know, and I see that a lot as I used to see even more when I was in plastic surgery. And I give the estimate of maybe about 70% of the women that I saw in that in my years were on some kind of either antidepressant or something that was lowering or altering their mood.

[00:15:45] When you look at them, there's really no reason. Like you just said, there's no reason for it instead of just saying, okay, we're going to just give you this and go away. Take the time to figure out why this is happening and then go from there. So if she's anxious about in your friend's example, if she's anxious about COVID, which is understandable, then let's work on that, let's work on what's causing her anxiety and help her through that.

[00:16:12] As opposed to just saying here, take this medication.

Gregory Anne: [00:16:16] Which brings us to hormones. In the hormone replacement world, there is pharmaceutical hormone drugs and then there are compounded drugs, bio identical to the hormones in our body. And you prefer which?

Dr. Lovelle [00:16:35] Definitely the bio identical. And the reason for is that the manufactured ones are also associated with higher rates of cancers down the road.

[00:16:47] So that's just one reason to really kind of stay away from them altogether. But the other is that one your body is used to seeing. and one your body is not. And so if you have a choice, it's always better to go with what naturally is produced in your own body. So we're going to leave the progestins and the horse urine, we're going to leave those, any of those all the way over there, right over here, out of our conversation.

Gregory Anne: [00:17:16] I know that in the 60s, 70s, when the pharmaceutical grade hormone replacement was being given, there was a big study and they had to end the study early because of heart problems and cancers were showing up. But the lingering effect of that was doctors heard hormones are bad and dangerous. Women heard they're dangerous. So as a result, many women even today are not getting symptom relief and or what else? What do replacement hormones help us with as we age?

Dr. Lovelle [00:17:47] Oh my goodness.

So, if you're having symptoms like hot flashes or unexplained weight gain or not sleeping or getting really irritable. Then the first thing is to [00:18:00] figure out is that the reason, is that the baseline reason for these things? Is it my hormones? That's number one. But then once you realized, okay, it is my hormones and you'll know which ones specifically are causing what, because that's another thing, a lots of different hormones and they all interact.

Dr. Lovelle [00:18:18] So changing just one may interrupt or change others as well. So that would be the second thing. But once you've decided, then it really is a matter of knowing what the deficit is, how much you need and then giving you just enough because you can give too much, which then puts you into another issue.

[00:18:40] One thing I do want to make clear is that whenever you're giving something to the body, the body then says, okay, I've got enough of that. I don't need to make any more. So that's just another thing to keep in mind. Like if you're going through menopause, then you're not going to be making more progesterone, you have baseline levels.

[00:19:01] So that's not so much an issue, but say another hormone, not a sex hormone but something like thyroid hormone, which is a very common hormone given to women for low thyroid function. If you get too much of that, your body eventually says, okay, I'm not going to make thyroid hormone anymore. I don't need to I've got it.

Dr. Lovelle [00:19:20] So it's just really a matter of keeping that balance.

Gregory Anne: [00:19:25] Yeah. And I think that's a good idea. The idea of the balance, because I've heard that sometimes women just get estrogen. But in our body, we would never just have estrogen. And then progesterone is a hormone that can help you sleep.

[00:19:42] But would you give progesterone without giving estrogen? Is it the flip side of giving estrogen and not progesterone?

Dr. Lovelle [00:19:49] Not, especially with a menopausal person, not quite so much only because there's so little progesterone in a post-menopausal woman. So it's not as important, but the form that is given is important.

[00:20:04] So for instance, when you're talking about sleep an oral form is a little bit better, as opposed to say. Some of the other issues, like the weight gain or trying to counteract estrogen balance, you would want to do a transdermal. So against the skin, because it has a better effect.

Gregory Anne: [00:20:23] Okay. And explain the, so taking a pill gets conjugated through the liver.

Gregory Anne: [00:20:29] We don't want to necessarily put anything through the liver that doesn't have to be going through the liver. Right? So another reason to have a transdermal cream that has the medicine in it that you rub on your skin, it gets absorbed directly into the bloodstream. Yeah?

Dr. Lovelle [00:20:42] Yes. Yes. So it was bypassing the liver.

Right, Cause the liver works hard as it is.

Dr. Lovelle [00:20:48] Yeah. Oh my goodness. Yes, our liver absolutely does. And that's one of the reasons, you know, yes for sleep an oral version of the progesterone is better, but it's also better [00:21:00] to not take it consistently because orally it will change your microbiome, and that has its own impact.

[00:21:08] So really we have to think about everything that we're putting into our bodies. Um, not only the effect that it will have that we would like, but the far reaching effects that we may not want to have as well.

Gregory Anne: [00:21:21] Testosterone. Good? Scary? I hear so many conflicting viewpoints about replacing testosterone and women.

Dr. Lovelle [00:21:31] Right? That's a great question. And we need it. Women need it. You know, we need it for our muscle strength. We need it for motivation. We need to feel good at feeling good for feeling healthy and vibrant. So we need testosterone, but we don't need too much. Obviously if we have too much.

[00:21:48] And we start getting facial hair. We start thinning at the top. So we started getting a lot of acne, so we don't want too much, but we do need some. So if we come away with nothing other than if you have questions better to have it tested, to see where you are rather than guessing.

Dr. Lovelle [00:22:06] Okay. So once we've tested, we see it's low. We know that we need some, then yes, it's good to supplement, but check going forward. Cause that's another thing that happens. Not infrequently. You may need it a lot in the beginning, then things may change and then you've got levels that are too high. So you really need to follow along what's going on as well.

Gregory Anne: [00:22:30] And I would add if a person is new to this idea and is interviewing docs. Cause I I'm a person who likes to interview the doctors if they're new to me before. So I make sure we're on the same page. Ask how many times they're going to test, you know, after the first treatment, is it six weeks later, two months, three months, four months.

[00:22:47] If they say I don't need to see you until next year, that's a red flag for me.

Dr. Lovelle [00:22:52] Exactly exactly. Specially in the beginning.

[00:22:55] Right. That's what I was going to say, especially in the beginning. Yeah.

Dr. Lovelle [00:22:59] You've got to be tested you can't, you can't just guess because especially something like for instance, cortisol, which is a stress hormone cortisol. You can feel fatigued whether your levels are high or low.

[00:23:12] Depending on how long it's been going along. So, you know, just because you're exhausted, you may say, okay, well we need to boost her cortisol and give her some more energy, but it may be that she's had high levels for so long that now she's having the opposite effect. So it's really a matter of knowing where you are.

Gregory Anne: [00:23:30] Yeah, and I'm going to plug one of my own things that I always say is test don't guess. And I have a program that I offer people, just one session and it's called the lifestyle assessment. And you answer these questions and then we're going to pinpoint the things that are a little off track, a lot track for, for

aging, right? This is about longevity, right? This is about staying well as we age, feeling good now, and keeping that going. And we guess about a lot of things. People tend to say, just because diabetes runs in my family,

Greg says, I don't have to get it. Cause genes are not my destiny. Or it's like, I guess I'm going to get it, but I'm good for now. Don't guess people, this is your health, this is your health.

Dr. Lovelle [00:24:12] Exactly.

Gregory Anne: [00:24:13] And you can come back from a lot of things, but you don't want to have to.

Dr. Lovelle [00:24:17] Right, especially you're looking at trends.

Gregory Anne: [00:24:20] Yeah, and the trends are sad. Right? I mean the numbers of lifestyle, I'm going to call them diseases, whether they're just symptoms leading to disease or whatever. It's staggering. How many more cases of diabetes?

[00:24:33] Pre-diabetes? All these things that show up year after year after year. And yes, they're now under control. So people aren't maybe getting as many amputations or as many heart attacks or as many, but they're still day-to-day symptoms. And then there's side effects of the medications. And then eventually you have no energy and ah,

Dr. Lovelle [00:24:52] Exactly exactly.

You know, and, and it's amazing how fast you can turn things around once, you know how to do that. And it doesn't take long, a couple of months you can literally flip someone from type two diabetes to being, you know, non-diabetic and not needing the medication anymore.

Gregory Anne: [00:25:13] So that's really good to hear because there's this idea that you can't reverse diabetes once you're diabetic or diabetic.

[00:25:19] I'm glad to hear you say that that's not the case.

Dr. Lovelle [00:25:21] Absolutely not, absolutely not.

[00:25:24] Because we know it's lifestyle driven. I mean, not type one, obviously we're not talking about that.

Dr. Lovelle [00:25:28] Yeah. I'll come back to something about type one as well, but definitely type two. We know that the 90% of it is, is lifestyle.

[00:25:36] And so when you move more, you exercise more and when you stop eating so many processed carbohydrates, Boom, you know, it just flips you back into the other state. And then there have been some other things like intermittent fasting, which has been shown to be very, very helpful with, against switching that dynamic.

Dr. Lovelle [00:25:56] So absolutely you are not doomed just because mom and dad had it you were absolutely not due to that. But what I wanted to add about type one diabetes is that we're now seeing more and more, a combination of people who had type one who are now developing type two.

Gregory Anne: [00:26:14] How does that happen?

Dr. Lovelle [00:26:15] Exactly, exactly.

[00:26:17] It's like, so how do you do that? But it's because they're having the insulin and because they need insulin, insulin is actually, one of its jobs is to make fat, lipogenesis. If you're not eating healthily, if you're eating still a lot of processed carbohydrates, which again, if you're taking insulin, you may feel you're okay with you actually start flipping into that secondary dynamics.

[00:26:42] And now they've got this hybrid of type one and type two. Something which is really, really new.

Gregory Anne: [00:26:48] Now, have you heard anything about what I'm going to refer to as cause that's how I've heard of is type three diabetes being related to Alzheimer's or brain plaques?

Dr. Lovelle [00:26:56] Alzheimer's yes.

[00:26:57] Yes. So there've been some studies that have [00:27:00] come out recently that Alzheimer's is not so much just a brain disease, but it's a different type of insulin resistance and the body not being able to metabolize glucose well, it's not been a hundred percent proven that this is it alone, but I mean that's amazing.

Dr. Lovelle [00:27:20] So again, if you change what your lifestyle is, change how you're eating, change how are you moving? You can reverse the tendency towards having Alzheimer's. That would be wonderful. That would be wonderful.

Gregory Anne: [00:27:34] Especially since more women are diagnosed with Alzheimer's two to one. I thought I read recently than men. Yeah. It's a lot.

[00:27:41] And I'm not as familiar with, that..

Gregory Anne: [00:27:43] Um, before we go-- the gut-- do you test a person when they come to you, if they're asymptomatic in their gut or does everybody have a gut issue that we don't know about ?

Dr. Lovelle [00:27:53] I know there are some people, there are some providers who will always test, that when you come in, you're getting a gut, a hormone, and food sensitivity, that's it, the baseline, you know, that's the way they go. I'm a little more flexible. And even though I believe a lot of issues do begin in the gut, I don't often start with it because

[00:28:14] if you can change their eating habits, if you even something as simple as slowing down the speed at which you're eating can make a huge difference. If you do that, if you add, say digestive enzymes and a probiotic . I will say let's see what happens when you're not eating, getting gluten and dairy.

[00:28:32] Let's see how you feel with that. We may make those changes first and see what they do. Um, and then go from there. Okay. Um, and yeah, so I'm, I'm a little bit more, let's see where we stand first and then we'll test. If we're not seeing the kind of results that we would like.

Gregory Anne: [00:28:49] That makes sense.

[00:28:50] So, final words for the women who are living on caffeine, wine and willpower, as you say, because I know they're out there listening, they're listening to this.

Dr. Lovelle [00:29:00] Yes. So that's also that survival mode and, and well, Two out of the three is how I was living years ago with the caffeine and the willpower.

[00:29:11] I wasn't so much a wine drinker, but definitely caffeine. I would get up in the morning, I'd drink a cup and then it was two cups and then it was four cups. And then it was like literally all day long to keep going while I was, you know, operating. Running on office. I was a solo practitioner, raising kids, all of these things together.

Dr. Lovelle [00:29:30] And of course the willpower came in because again, I was the only one and if I wasn't there, it wasn't going to get done. So those two things were able to bolster me for years until they weren't anymore. Then that's when

everything just kind of came crashing down. And when I had to make those changes in my life.

[00:29:50] So I look at that and I see that in other women, especially in other women, because we're wired to do for everyone else first and leave [00:30:00] ourselves last. And when we do that for a long period of time, then we tend to put ourselves in the line for not being our best, we're not thriving.

[00:30:10] We're not living the life that we want to live.

Gregory Anne: [00:30:13] And that's what it's about, living the life that we want to live, not being hampered by some physical ailment or stress-related thing, or mean girl talk to ourselves. That kind of thing.

Dr. Lovelle [00:30:25] Don't wait. I always say that if we would talk to other people the way we sometimes talk to ourselves, we wouldn't have any friends, you know.

Gregory Anne: [00:30:36] Tell people where they can find you online.

Dr. Lovelle [00:30:39] At premier wellness, which is P R E M I E R E wellness.com. I'm also on Facebook, Instagram and LinkedIn.

Gregory Anne: [00:30:51] And you said you were running a course before we started the interview. You mentioned a course. So you offer online courses.

Dr. Lovelle [00:30:57] Oh, yes. I previously had worked just one-to-one with people, but realized that for two things, one, I can reach more people and two, the women and the men that I work with, get more out of working with other people.

Dr. Lovelle [00:31:10] So they're going through a process with a group. And the one that we started is called Thrive, five weeks to mastering your energy. We go through those four quadrants and in that fifth week is listen, let go, and live.

Gregory Anne: [00:31:24] beautiful. All right people, premier wellness.com. Take a look at what Dr. Susan has on offer. It has been an absolute pleasure having you lots and lots of great information. Thank you so much for your time.

Dr. Lovelle Thank you so much for having me.

Gregory Anne: [00:31:38] You're welcome. Okay. Peeps, I'll be back next week with another fabulous guests be well till next time.