



## **Episode 05: The Overmedication of America**

Katie: Mary Lee, thank you for being here. Welcome. I'm so excited that we're going to chat today. To start, can you talk to us about your personal story, and how you got into the natural side of health as well as the traditional side, in being a pharmacist, and how you tie those together?

Mary Lee: Sure, Katie. First of all, I'm so excited to be here. I'm honored, and I'm flattered, and I'm nervous, but I'm ready to do this. I'm a rookie, but this is going to be fun.

Yes, I have a story, everybody seems to have a story when they get into this world of alternative medicine, or holistic, integrative, whatever you want to call it. Back when I was 42 years old, I had a hip replacement because of arthritis, which is pretty young to have a hip replacement. At the time, I thought, "Well, arthritis is in my family. This is just my genes, this is what's going to happen." As you know, arthritis is progressive. It progressed in my other hip, my knees, my hands, and I remember thinking at the time, "Gosh, I'm going to be crippled at 60" but yet, I went on with traditional medicine and stayed on my anti-inflammatories. Finally, one day, my sisters, they are pharmacists also, and they had just recently opened a pharmacy and they were getting into wellness and

nutrition and alternative thoughts, and they said, "Mary Lee, maybe you have what's called a leaky gut." I remember hearing those words and I thought, "Are they crazy? Leaky gut?" And I said, "I can't have a leaky gut, I don't eat fast food. I'm pretty healthy, I'm thin, I just have arthritis."

I just kind of let it go, thinking they were a little bit off, but I started thinking about it, I thought, "You know what? Maybe I don't eat so healthy. I eat a lot of Triscuits." I ate a lot of whole wheat bread, because it was whole wheat, even though I didn't eat fast food, and that I was thin, I had thought, "Well, it can't be my food" but then it dawned on me that maybe I need to change my food. Maybe those Triscuits aren't so good for me. Back then, I probably kind of went gluten free, not know that's what I was doing. I dropped the Triscuits, I dropped the bread, and instead I added back vegetables, because I wasn't eating vegetables. I ate a lot of raw vegetables, because I missed the crunch of the Triscuits. I limited my fruits, not that I was eating that many but I really focused on vegetables.

At that point I noticed my bloating went away. I started feeling better energetically and then I thought, "I wonder if I can get off my anti-inflammatories" because I'd been on them for years. I did some supplements. I got on a probiotic, I got on some fish oil, I got on a natural anti-inflammatory and I got on some natural digestive enzymes, all this with the help of my sisters, thinking, "Oh, I'll try. We'll see what happens." Well, low and behold, over time my arthritis is gone! I no longer have it anywhere, or where it's symptomatic. That's when I realized there's something to this. I love sharing that story with people, because I lived it, I ate like they used to, I changed my ways, used some supplements and now I feel great. I feel great.

Katie: Yeah, I think you're so right that all of us have a story like that that brought us and I haven't heard from that many people who just logically decided one day that they were going to start living healthier and that they were going to choose this way. There's usually, unfortunately, a painful catalyst for this, and you see this everyday as a pharmacist and working with people. You and I have talked about this in person before and I can't wait to talk about it here, kind of, this 2-fold problem that you see everyday in the industry both with people not being willing to take responsibility for their health and wanting an easy answer and also with doctors, for a variety of reasons, just prescribing things for every condition and

illness. I'm always the first to say I love doctors, I know most doctors get into medicine because they truly want to help people and I also know how busy most of them are these days. I don't want to come across that I'm badmouthing doctors, but there is a definite problem and I'd love to hear you talk about that and why you think it's become a problem, especially more recently.

Mary Lee: Sure, and I am so happy I've been practicing this long, almost 33 years, because I have seen the changes. I grew up in a pharmacy. My dad was a pharmacist, he had his own drug store. I was 1 of 7 children and we were put to work in the pharmacy at an early age and I actually have 2 sisters that are pharmacists, as I said earlier, so I've been in these trenches of a pharmacy for, really, 40 years, and I've seen so many changes, most of them not good. It's hard to hone it all in but I can probably tell you the changes in a history lesson, and I give this presentation to groups and I call this history lesson, "The History of Pharmacy According to Bag Size." Let me begin.

Back in 1983, when I first started practicing pharmacy, the bags were little. Let me show you this Katie, you maybe can help everybody see. These were small, little bags, smaller than a popcorn bag, and we would put a medication in it, send it to the patient and send them out the door. Well that went on for years, eventually the bags got a little bigger, and we put a few more, a couple more meds in there, give it to the patient, send them out the door. About 15 years ago, the bags got a flat bottom, so that you could open them up and they were a lot wider, and we filled it up with prescription medications, gave it to the patient, and sent it out the door. About 10 years ago, the bags got even bigger, we called them "big flat bottom bags" and they were double of the previous one. Once again, we filled it up with medications, gave it to the patient, sent it out the door. Well, about 7 or 8 years ago, we started putting prescriptions in grocery bags, our bags were no longer big enough. Here we are, loading up the grocery bags with prescriptions, give it to the patient, send them out the door.

Well, guess what Katie? About 3 years go, now we're dispensing patients' medications in boxes. You can see how big this box is. This is not full of Tylenol or mouthwash or lotions, this is full of prescription medications for 1 patient, that they might receive in that 1 month. Let me just tell you might be in this box that we typically see, 3-4 blood pressure medicines, 2 cholesterol medicines, they might have a couple diabetic medicines, along with insulin and their diabetic

supplies, which would be the syringes, the needles and the strip and lancets. They're probably on a muscle relaxer. They're probably on 1 or 2 different pain medications, plus an anti-inflammatory. They're going to be on a couple medications for constipation, of course. They're on 1 or 2 anti-depressants. They're probably on a sleeping medication for insomnia, definitely an anti-anxiety medication. They typically at least have a prescription for vitamin D. They're on an anti-psychotic, at least 1, maybe 2. A couple inhalers because all these folks have asthma. They get multiple creams, because they have either eczema or psoriasis, and, let's not forget the acid blockers, they'll be on 1 or 2 acid blockers. This box right here is not out of the ordinary to see, this is something we see frequently.

Back to 1983, here I am, going through the motions, filling my bag, give it to the patient, send them out the door. Filling my bag, give them to the patient, send them out the door. Year after year I did this, I was on basically autopilot, and unfortunately, it's awful to say, I was one of those pharmacists, I was not very engaged with my patients. I was more focused on getting the medication correct and getting them out the door. You know what they look like, they keep their head down and they're focusing on what's in front of them. Occasionally they'll get up, raise their head, and wave hello, tell you goodbye, tell you thank you. That's what I did for 25 years, until I got to the grocery bag, and that's when, I'm filling up my grocery bag and I thought, "Oh my goodness what are we doing? What are doing here?" I paused, and I looked out the lobby and I saw all these patients waiting on their prescriptions and I really looked at them for the first time, and I realized, "You know what? We're not getting better, we're getting more medicines. Why is that? Why? There's something wrong here."

I started studying. I started reading and researching. I went to seminars, and this is what I found. I found out 3 things. First of all, our food has changed. The food that we eat today is not the food that we ate in the past. We have food that is genetically modified. We have food that has pesticides, herbicides, fungicides attached to it. We have food that we're eating now that's full of sugar, it's processed, it's fast food. We're not eating like our ancestors ate, which was good, healthy meat. They ate vegetables all year long. They ate fruit in season. They ate nuts and seeds, and they ate some grains, and we're so far removed from that. That was the first thing I discovered.

The second thing was, stress! Stress, chronic stress, everybody has it. We're in a wonderful world that is very modernized and we've had so many changes, especially in technology, and we're constantly on. The light bulb is constantly on in our lives, and we're just overstimulated. The effects of stress affects our body in so many unhealthy ways. First of all, it slows down digestion, or affects it in a negative way. It disrupts our sleep. We have no libido. We have trouble with reproduction. The #1 thing about stress is that it creates a chronic state of inflammation, and as you know, inflammation is the source of chronic disease.

Those are the things we learned, #1 and #2, the third one I discovered is medications. Let's talk a bit about medications. Sure, they serve a purpose, and they're important. However, guess what, they may be robbing our bodies of important nutrients, vitamins, minerals, even hormones, so think about that. These nutrients depletions may be causing a side effect or even worse another medical condition, which precipitates another prescription for the most part. What we need to remember, and I had to be reminded of this too, these prescriptions are chemicals, and though they may treat one condition, they may create another one. They are actually artificially manipulating your body's chemistry. We call this robbing Peter to pay Paul.

Back in pharmacy school when, from 1980-83, we learned of course all about the medications but we had to learn about side effects too, and every drug has a side effect, and I never questioned by we had a side effect, nobody questioned it. We just had to learn them, and recite them, and know them. That's was a problem back then as it is now. We're not asking why. We're treating symptoms and not asking why. Why do we have high blood pressure? Why do we have diabetes? Why do we have depression? Irritable bowel? Why do we have autism, asthma? What we need to do is start asking the question why. Because these medications can be depleting your body of nutrients, this can also affect the way you break down, digest, and absorb your food, which only, as you can see, would add insult to the injury. These nutrient depletions can even affect the way we eliminate toxic compounds that we encounter every day. This can happen quickly or it can take years down the road before we see the effects of these nutrient depletions.

Here's a typical scenario, you go to your doctor with a complaint or symptom, and he's going to examine you, draw labs, and he might say, "Katie you have high blood pressure. I want you to go take this medication." He gives you a

prescription, you go to your pharmacy and you get it filled. You start taking that medication, well that medication more than likely is going to start robbing your body of these nutrients, vitamins, minerals or hormones, over time and what's going to happen, you're going to develop a side effect or another complaint. So you go to your doctor, and now you've got a new issue, and he'll do the same thing again, and he'll say, "Katie, here, we need to add this to your regimen." You're going to go to the pharmacy, get the prescription filled again, repeat it all over. As my husband says, "Wash, rinse, repeat."

Does this sound familiar? Yeah! In pharmacy we call this a drug cascade or poly-pharmacy. In the past, when I first started practicing, actually for several years once I started practicing, if a patient had maybe was on 3 medications, that was a red flag to us. We were like, "How can we manage these 3 medications for this patient?" We were upset, but now fast forward, we have patients on 10, 12, 15, 20, 25 medicines, and it's accepted as the norm! That's not right.

Most of the changes I have seen in pharmacy have not been good.

Katie: That's what I love about your perspective too, because you've seen these in, what really, in perspective, is a short amount of time. We always think, you know, this has been a long, like centuries in the making where our bodies have changed, but really it's the last few decades when it's been so drastic, and I feel like you have a great balance because you're not saying "You should never take medication" or that there's never a time and a place, because there absolutely is. America's excellent at trauma care and acute things, but you're saying, this is a cascade and if we don't start waking up, it's only going to get worse. If all of this has happened in only a few decades, can you imagine what the next few decades are going to look like?

I feel like there's a struggle on both sides, and you can probably speak to this better than I could, doctors are so busy because of all these health problems. They don't have hours and hours to spend with a patient to try to even convince them that there's another side to health, even if they wanted to, because they have to see all these patients every day and meet probably insurance quotas and patient quotas and everything else to manage their side. On the flip-side, we have patients who don't want to do the hard work. They don't want to change their diet or go to sleep earlier or reduce stress, they want to be fixed right now.

What are you seeing on those 2 sides, because you see both doctors and patients, you're kind of bridging that gap?

Mary Lee: Right, and so something I tell my patients, to help them understand this, I do consultations as you know, and usually when I start a consultation I start with the tree story, and this is how it goes. You're this tall tree, broad trunked, strong, and your leaves are green, and dense, and thick. For whatever reason, over time, your leaves start turning brown and falling off, so you think, "I've got something wrong with me. I need to go to the doctor." You go to your doctor, well, your doctor is tired, overworked, stressed. He has a lobby full of patients. He does not have a lot of time with you, unfortunately. You say, "Well doctor, doctor. My leaves are turning brown! My leaves are falling off! What should I do?" He's going to stand back and examine your tree leaves. He's going to focus up there in the tree leaves, and he'll draw some labs, but in the end, probably what he will do, is say, "Here, take this prescription to the pharmacy. This will paint your leaves green, and here's another one. Take this one to the pharmacy also, this will glue your leaves back on." What I want him to do, and what I do, is like, I want to look down in the tree roots, the soil, the water. This is what's nourishing your tree, the leaves are the symptoms, the causes are down in the roots, and the soil, and the water.

That's what we're missing, is we're not getting down to asking why. Getting down to the tree roots, and so some of the biggest root causes, and we have so many of them, but obviously we have cigarette and alcohol, that's just kind of understood, but guess what? Did you know that we have environmental toxins that we are exposed to every day, and these can be affecting our tree leaves. Poor sleep is another big tree root. If you're not sleeping, you're not going to be healthy. Sleep is a time that our body repairs, and we must have that time to do that. Stress, as I said earlier, is huge. It's not going to go away. What has to change is our response to it. We must manage our stress to be healthy.

Another tree root, big, fat tree root, that affects our tree leaves is food choices. Katie, you should see some of the patients I work with, what they're eating and drinking. I have a woman that drinks 2-3 liters of Diet Coke a day. I have encountered another patient that drank a gallon of sweet tea a day. Another patient, I was just talking to her kind of randomly, and I said, "Well, what do you eat?" She said to me, "Well, I open a drawer," a drawer, not a refrigerator, but a

drawer, which is going to be full of boxed food. I said to her, I said, "Listen to what you just said to me. You open a drawer to get your food." I don't think she even realized it. Food choices we have, we have processed food, too much sugar, fast food, these sugary drinks that we're all drinking. Hippocrates, who is the father of modern medicine, said, "Let food be thy medicine, and medicine be thy food." Another root cause is nutrient depletions. We said medications deplete nutrients, but so do food. You can be overweight and nutrient depleted. You can be skinny, and still be nutrient depleted. We have to have food to support the health of our body, real food.

Spiritual health, that's another root cause. Call it meditation, call it praying, I just call it time to be still. You've got to gather yourself every day, and a lot of times in my hormonal consults, I have a little tea cup, and I say to my girls, "Listen, you need to be still, fill up your pot, so you can serve tea to others." Because it's really, it's all about giving back to others, and we can't constantly give when we're empty, and we fill ourselves up by slowing down and being still.

Inflammation, as I said, the source of chronic disease. What causes inflammation is gut dysfunction. What that means is what we're eating either going to nourish us, as it should, as it used to, or that will inflame us, and that inflammation over time will give us a chronic disease state, blood pressure, diabetes, cholesterol, depression, anxiety, insomnia, it goes on and on. Another big root cause, hormonal imbalances. Whether it's thyroid, it might be adrenal health, or it could be your sex hormones, your progesterone, estrogen, testosterone. Those are important for [preventive 00:21:11] health.

Gut issues, this is the biggest one. It is our food. It is our food that's hurting us. The gut is the mother of your body. 70% of your immune system is made in the gut. We have trillions of bacteria, and I know you have spoken to that many times and address it on your website, this is how we stay healthy. Healthy gut, healthy life. There's a gut-brain connection as well as a brain-gut connection, so think about what you're eating. If you're eating the foods I mentioned, sugary foods, and processed foods, and fast foods, and food that is not nutritious, what do you think that's doing to your gut? Auto-immune disease stems from the gut. Many medications affect the gut, anti-inflammatories, antibiotics, birth control pills, just to name a few. Something else you probably know, your listeners may not, but when you see children or adults with skin conditions such as eczema or



psoriasis, guess where that stems from? The gut! Where are we treating it? We're treating it topically. You've got to change the food you're eating and heal the gut to heal the skin.

As you can see, a lot of root causes out there Katie.

Katie: Yeah, absolutely and I echo what you say about the gut being such a source. I feel like a lot of people now know, with antibiotics for instance, that that can affect your gut bacteria and a lot of, even people who aren't even into the natural health side, will take probiotics when they're on an antibiotic just to help with digestion, but it really does go so much deeper. We had that with our third son, he was born via c-section, so his gut bacteria was not as optimal as we would have preferred but it was, you know, it saved his life and my life and I'm very grateful that we had that option, but he had eczema when he was younger, and he also had a dairy allergy and all these other issues that were showing up on his skin. We didn't do anything topically other than moisturize his skin during that process, but then we focused on really healing his gut and we went on a very specific diet that was anti-inflammatory, very high in nutrients, and his eczema is totally gone, his dairy allergy is totally gone, and he's thriving today.

I think, it can seem so overwhelming, especially like, all the problems that we just talked about that it's truly an uphill battle most of the time, but it's also encouraging because there still are solutions and it's not just that this is the way that it has to be and that the next 4 decades are going to look like the last 4 decades. We do have choices, but like you said, it's going to take both the doctors and the patients taking responsibility and not just one side or the other. I love all the analogies that you've used.

Mary Lee: Thank you.

Katie: With the tree and the story of the bags, we'll make sure to put a picture of the bags in the show notes because I have been sitting here watching this and, like, it's amazing to see it visually represented in front of me. You'll be back again on the next episode and we're going to deep dive more into the hormone side, and I can't wait for that, so we'll join you again on the next one. Thank you so much for being here this time, and we'll talk again soon.