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### The Whole Body Reset

#### Dr. Russell:

For older adults, losing weight can be an almost impossible task. The question is: have we been giving the wrong advice? Welcome to ReachMD *Book Club*. I'm your host Dr. John Russell. Today I'm speaking with nutritionist and exercise physiologist, Heidi Skolnik, co-author of the best seller: *The Whole Body Reset*.

Heidi, welcome to the show.

#### Ms. Skolnik:

Thank you for having me. I'm excited to be here.

#### Dr. Russell:

So you have worked with a lot of very august groups. Who are some of the groups that you've kind of worked with over the years? And what's your current title?

#### Ms. Skolnik:

Well, I'm a sports nutritionist and exercise physiologist, and I started years ago. I've, overseen the Mets and the New York Giants and the Knicks. I currently oversee the performance nutrition at Juilliard and the School of American Ballet, and I've been with the Women's Sports Medicine Center for over 25 years at Hospital for Special Surgery.

#### Dr. Russell:

So you've spent a lot of time with really healthy people, right? And it seems like in my office a lot of the times the people I'm talking with are not quite so healthy. So I have lots of middle-age and senior patients, and when I talk to them about the calories they take in, it doesn't seem like they're taking in lots of calories and that they should be losing weight, but they don't seem to be. Does that make sense?

#### Ms. Skolnik:

It certainly does. So the way I got involved with this, which is the *Whole Body Reset*, is a friend and colleague, Steve Perrine, reached out to me. He works with AARP, and the number one question that he would field as the editor is—"I used to be thin, and now I'm not." You know, "What happened? I'm eating the same. I'm exercising the same. How come?" And so he gave me a call because he's a journalist and he wanted somebody with a science background to partner with him on this.

And so what we found out, you know, we thought it was about metabolism, but it's not about metabolism. A great study came out, I think it was 2021 through *Science*, and it showed us that metabolism does not change. So every individual cell is still capable of doing what it did when you were 20, but what does change is that we begin to lose muscle every year. Between ages 30 and 40, we begin to really lose muscle every year, and so about a little less than 1%, so between 40 and 60, that's a significant amount of muscle, so we have less muscle to be metabolically active, and in that way, it impacts us.

**Dr. Russell:**

So in reading the book, protein really seems to be your key thing. Could you talk a little bit more about what we should be getting in protein, what we're not getting in protein, or wrong times?

**Ms. Skolnik:**

What happens is that we become what's called anabolically resistant. When you're young, you drink a glass of milk, that 8 grams of protein gets into muscle. You're growing all the time. You're in that growth pattern. But as we get older, it's harder for our muscles to use protein to build, and so, what we need is we actually need more protein more often. This is not a high-protein diet. Most Americans eat an adequate amount. It is a little bit higher than the RDA, which would be they recommend 0.8. We say 1.2 actually all the way up to 2 grams. Still it's not a high-protein diet, but what's different is how you distribute it. It's called "protein timing." And so it's how you distribute it throughout the day. And most people eat a lot at dinner, and their breakfast just does not have protein. Even if they're eating, let's say, oatmeal, which seems like a very nutritious food, and it still doesn't have adequate protein. You need to hit 25 to 30 grams of protein, and it seems that that amount is sort of the button. You need to press that protein-making, muscle-building button with an adequate amount, the adequate dose in an adequate time, and so it's throughout the day 3 times a day to 4 times a day, 25 to 30 grams of protein.

**Dr. Russell:**

So why physiologically is it the splitting the protein? Why isn't it just my total protein in a day?

**Ms. Skolnik:**

Because you're already then in a muscle-loss state. Right? You know, you wake up. You're either building or breaking down, and so, if you wait until dinner, you've been breaking down all day, and you can't make up for that at one meal. It doesn't work that way. So think of it just like a medication that you would need to have in certain doses throughout the day. You can't just take it all at once. We really need to have this protein in order to push our anabolic state; we need to have it throughout the day.

**Dr. Russell:**

So when you think about protein, you actually think about a lot of the athletes, perhaps, you're working with, and they're taking protein powders and things like that. How does the average person kind of get this extra protein? What are some tricks and tips?

**Ms. Skolnik:**

You can eat anything you want. We tell you to eat more, in fact. Most people go through life dieting to lose weight, instead of learning how to eat to lose weight or manage weight, and we want you to learn how to eat to manage your weight. And so there are foods you can be including and adding, and that kind of crowds out some of the other foods. So protein foods mean chicken or beef or eggs or fish or dairy. If you are vegan or vegetarian, it certainly is tofu, edamame, seitan. It doesn't matter what your style of eating is. Protein powders can be helpful. You know, you could have a cup of Greek yogurt. One full cup of Greek yogurt is over 20 grams of protein right there, but you can go ahead and use a protein powder and make yourself a smoothie or a shake in the morning if that suits you, and it is a way that you can help to sort of supplement other foods if that's what you need to, but most people, once you start eating adequate protein because it's foods you like and enjoy, you feel kind of sated, and it helps reduce cravings for other foods. And that's the feedback that we've consistently received in how satisfying this dietary pattern is.

**Dr. Russell:**

Well what about intermittent fasting? Wasn't that all the rage?

**Ms. Skolnik:**

In the book we talk about a study that came out in 2020, and it looked at a control group compared to an intermittent fasting. They call it

time-restricted eating. Now intermittent fasting can mean a lot of different things to different people, but in this case it was all calorie equal between the control group and the time-restricted eating, which was really not eating, I think, until about noon and trying to eat within a smaller window of time. And what happened is both groups lost weight, but the control group maintained more muscle, and the time-restricted eaters lost 60% of muscle versus fat, and the control group lost 30% of muscle—big difference because that muscle is hard to come by. So think of your sleep as intermittent fasting. You know, don't eat after dinner until the next morning if that's what suits you. The recommendations out there aren't geared toward our age, and so a lot of diet plans out there, first of all, aren't based on science, and second, even things that are well-researched like the Mediterranean Diet, which of course I support, but it doesn't speak to us at our age. It isn't specific about how much protein and the timing of protein that we need to maintain our muscle as we get older.

**Dr. Russell:**

So in many ways, in kind of reading the program, it very much harkens back to growing up my mom saying to drink more milk and eat more fruits and vegetables. That's good, right?

**Ms. Skolnik:**

That's great. And in fact, dairy is a cornerstone in this dietary plan because dairy is very easy, it's very accessible, it's very affordable, and it's rich in leucine, which is a particular amino acid that's like a spark plug to building muscle, plus calcium that we need as we get older. So we really focus on muscle because muscle is so functional and really helps with so many different disease states, helps with our bone strength, helps with our blood sugar management, can actually help with cholesterol, even brain health. Fruits and vegetables actually help in so many different ways with other things in our bodies, but specifically, as it relates to our muscle, probably a lot of the anti-inflammatory properties that the phytonutrients and other nutrients found in fruits and vegetables also help with muscle.

**Dr. Russell:**

If you're just tuning in, you're listening to ReachMD *Book Club*. I'm Dr. John Russell, and I'm speaking with author, nutritionist, exercise physiologist, and co-author of the *Whole Body Reset*, Heidi Skolnik.

So how does fiber play a role in all this reset?

**Ms. Skolnik:**

So fiber, again like most foods, there's more than one benefit. One of the most straightforward is that fiber helps us feel full, and fiber is found in nutrient-rich foods, and I think if you only have to focus on 2 things, it would be protein and fiber. But the other benefit that fiber affords is that it helps with our gut, our microbiome, and we are learning more and more and more about the importance and the interrelation between our gut health and pretty much everything else that goes on with our health and well-being and so fiber helps keep our gut health healthy.

**Dr. Russell:**

So how about liquid calories versus solid calories? Is there a difference?

**Ms. Skolnik:**

So that is the only thing that we really say "don't eat" because I think that calories from liquids to begin with don't satisfy us in the same way. They don't register in the same way. You don't realize how many calories you can be consuming in a lot of these sugared drinks, so you get an iced tea and it's filled with sugar, you know, you get some of these coffee drinks that are just loaded, and they really contribute a lot of calories that could be better used in more nutrient-rich foods, and so that would be the one thing. We tend to drink less as we get older. We need more. Our thirst mechanisms change, and so we on average take in—I think it's about 2 cups less than what we need, so we do want to encourage people to drink more water. You can have tea or coffee but just not sweetened or flavored waters or seltzers, but really those sweetened drinks are just empty calories.

**Dr. Russell:**

Well, Heidi, it is an awesome book. You know, my disclosure here is I'm about down 15 pounds from doing your program. I don't view this as a diet book. I do view this as I'm kind of changing my behaviors. I'm very encouraged, and I have kind of shared this with people. We spend a lot of time at my residency program talking about protein now than we used to kind of talk about Netflix.

**Ms. Skolnik:**

Thank you for sharing that. That's very encouraging and great to hear.

**Dr. Russell:**

So thanks for joining me today. The author is Heidi Skolnik. The book is the *Whole Body Reset*. So for more in this series, please tune in to [ReachMD.com/BookClub](https://ReachMD.com/BookClub), and thanks for listening.