Introduction to holistic GLP-1 care

Well, you know, if you just get on a bunch of ozempic and you're nausea and you power it up and you're nauseated all day and you're constipated all the time, but you're losing weight and he's like, guess what?

30 to 40% of that weight loss is muscle mass. Like you're just eating away at yourself. There's a better way. Let's micro dose it. Let's cut your dose in half.

Let's split it up. Let's do it twice a week. Get on an exercise program. We have machines that actually build muscle for people that are limited in what they can do.

People who are on hormone replacement and are working out, they aren't losing 40% muscle mass, right? So, you know, it's part of a holistic view of care.

There's a weight loss shop on every corner now just giving you a bunch of compound ozimic, patting you on the butt and telling you good luck and, you know, I'll see people, you know, that aren't my patients out and about.

I'm like, wow, you're losing weight. What's going on? I'm like, you know, well, I've been nauseated for a year and a half. I look great. You know, and it's like, okay, we can do better by the way.

You're also wasting away in ways that you don't want to waste away. So there's, there's still a place for holistic lifestyle, root cause care with GLP as, as a tool or not.

Right. I got a bunch of people that are losing weight great without it. And then if you get on it and you just get up to a stupid high dose, lose a bunch of weight and just cold turkey off of it.

It's just like any other extreme diet. You're just going to bounce back. You need a guide to help walk you through this process so that this becomes a lifestyle and not just another fad diet.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. So today's guest is Dr. Clint Carter, who's a board certified physician with a passion for patient driven holistic care.

After graduating from medical school back in 2004, he pursued a career in medicine naturally. And during his training, he quickly realized that the traditional health care system is often restricted for practitioners like ourselves.

and not necessarily always optimizing health outcomes for our patients. So for a decade, he worked across Texas, helping some of his critical patients high in need.

And over time, he's founded his MyMD Select Clinic, and I'll let him kind of get into the details therein. We're super excited to bring him on board. He's a wealth of knowledge and experience.

So welcome Dr. Clint Carter. Hey man, thanks a lot. Yeah, it's a pleasure to be on here. This is fun. I love what you're doing. Yeah, my story, you know, med school back and got them old, I guess.

Med school graduated like 2004, then went to family medicine residency. Clinic work looked like it sucked. You know, you go, I was interviewing for jobs and like the patients are miserable.

The doctors are miserable. I was like, yeah.

Dr. Carter's medical journey and burnout

I'm not doing that. So I just went and did ER and did, you know, that sort of ER mercenary thing and then signed on with the system and did all that and it was fun until it wasn't right.

And then after a while, you know, I asked my wife is like, is it a job if it steals your soul every shift? Like really? Cause I'm getting paid fine, but this sucks.

And so I got depressed and burnout and, you know, in hindsight, I was low testosterone and Hashimoto's thyroid and just, you know, whatever. And so I decided you screw it.

I'm going to, I don't want to be an ER doctor and I don't want to be a clinic doctor. So I'm just going to go. Literally I was going to build luxury tree houses for a living, which sounds like a joke, but if you've ever watched tree house masters, it's, it looks like a crap ton of fun, but.

My wife and God were kind of like, maybe this concierge medicine thing, you know, would be cool. And this was 2015. So it was still a relatively young idea.

It was just kind of a pipe dream. And so one thing led to the next and we'd been doing this for nine years. And man, it's just, it's, it's made being a doctor fun again, uh, figured out how to fix hormones and Hashimoto's thyroid along the way.

So I feel a whole lot better. So yeah, it's been, it's been a fun journey for me and my patients to see how medicine was meant to be done. Yeah. Your Keurigiger syndrome sounds almost identical to mine.

So I empathize. Yeah. I'm curious how, as far as the Hashimoto's component and anything autoimmune related, which we treat here as well, how were you able to overcome that or kind of what were you looking at specific labs and such, or how are you able to kind of improve your own health story and outcome?

Yeah. So the doctor that did my MD select just before me that I joined, you know, like a year after he got going was like, you know, what are we going to do about these labs, man?

I was like, I'm fine. But you know, my, my TPO antibodies were like undetectably high, like greater than 900. And so, you know, but I was surviving in the ER.

So I, when I got out of there, we started replacing with some NP thyroid, which was great and doing, you know, since then kind of doing a gluten free sort of low inflammatory approach.

But you know, once I started replacing with some bioidentical hormones and some NP or armor thyroid, and then, you know, started working on trying not to be a inflammatory, a ball of inflammation.

Man, life's a lot better. Yeah, I know. Glad to hear you're on the right track. I think a lot of our stories come out of our own kind of personal need and birth from a place of where we need to help ourselves and just our mission to serve sounds similar in that regard.

But Turia is kind of there after your evolution. So how you evolved into what your concept is, the IMD, because you shared some of the numbers with, you know, the volume and patients that you treat and your employees and staff.

You're doing something on an epically large scale. So I'm here. Well, the idea is so most guys, they leave the system because they're frustrated. And if they're going to do a concierge style practice or it's called direct primary care, which just means you get insurance out of the game.

You have a monthly membership and then for that monthly membership, patients get 24-7 access to you. They get my team because I have a big team on an app where they can just text all day long.

But they get hour long visits, no wait, I don't have a waiting room. So it's just this continuous, almost a continuous conversation about their health.

And so when we started, direct primary care wasn't even a word. It wasn't a thing. We just called it Concierge Medicine. But as it turns out, Concierge Medicine is technically different.

In our case, at my place, it's $189 a month, and you get me and or one of my other providers in a full team. What we found was like, so my thought was, okay, I'm going to have an hour with every patient.

There's nothing we can't fix because I went to a great residency. I know what I'm doing. Let's fix people. And I still found that, you know, I've got this 45 year old awesome woman who runs her household, you know, does all these other things.

She's super busy, involved in the community, works out four times a week, you know, you know, fit.

Treating Hashimoto's and hormone imbalance

She feels like crap. She can't think. She's exhausted. You know, she's miserable. I'm like, but, but you're doing everything else right. And so my, my partner was like, when are you going to get into hormones, you know, for everybody else?

Cause it was still pretty early on. And, and I was like, when I'm not the weirdo in town for being the concierge doctor, you know, So I finally I made the leap I jumped I went to the the bioidentical hormone training and I was expecting to have to sort of suspend belief and just you know Join the cult if you will because I you know, it just seemed like weirdo stuff and it was like crap It's the exact same stuff I already knew about hormones but way more and so and then they taught me about You know armor and you know, I didn't know what t3 was for a thyroid.

I didn't know I was like Where was this information? Why the hell didn't they teach me this in med school and or residency? And the reason is because insurance doesn't pay for that crap.

So why would they teach you that? So I just realized that that was sort of my moment where I realized, and then I started taking care of these women who had lost their testosterone five years ago or more.

And it was just getting super hard and they were super miserable and started replacing their testosterone. And then when menopause came, of course, estrogen.

And all of a sudden they came to life. They could think, they could go, they could sleep, they could, you know, all those things. And it was like, how much, what else do I not know, right?

Like that was the moment where I realized, oh crap, there's a whole nother side to this game. And so that opened the door to like peptides, some functional medicine things.

I'm not technically functionally trained, but my partners are and I've got people doing that. And so we've got, you know, really gotten to get deep into the things that insurance doesn't pay for because insurance pays for, it is not their fault, right?

Like they're trying to figure out how to decide what to pay for. And so it's easier and it's obvious to pay for something that's on fire, right? If you're, you know, if you're full on diabetic, well, yeah, I can pay for diabetes medicines.

Or if you're, you know, if you've got appendicitis, it's easy. I'll pay to have a surgeon take you out your appendix, right? But paying for prevention is hard.

Like how do you know that that worked? They don't, it's just really hard. The model is set up for, you know, insurance is supposed to be for emergencies, but now, right now the people use health insurance for access to medical care.

And it's just a bad idea. And what we do is sow low hanging fruit, man. Like people just want to be healthy and they

want to feel good. And they think that going to the doctor for a seven minute visit after an hour and a half wait, it's going to make them feel good and it's just not going to happen.

So that's where, you know, once you're a membership at our practice, everything is, you know, you can come as often as you want, all that stuff. And then if you need blood work or a procedure, you know, skin procedure or whatever, then everything's at our cost.

Like we don't nickel and dime you after that. It's $5 for blood counts, $45 for stitches. It's just easy. Just replace my, my supply closet and let's go.

So it was just all of a sudden I realized that medicine was so much more than what insurance would pay for. And what, how much fun was it to watch people start getting better?

I've got these pictures I got on my electronic medical record. I've got this, the picture of when the patient first starts, you know? And they just look sad or overweight or grumpy or whatever.

And then when they come in now, I just pull the picture up every once in a while. They're like, oh my God, get rid of that picture.

Building a concierge direct primary care model

I'm like, no, that's my favorite part of when you come in. It's seeing the before and then having you stroll up in here fit and happy afterwards. It's such a, such a rewarding way to do medicine, man.

I can definitely appreciate that, but most importantly, your patients above others appreciate the most, obviously, especially when you're improving their overall health and quality of life.

Regarding the use of hormones, I'm kind of curious, as you broke into that field, obviously coming from your background, How easy was it for you to transition?

How were you leveraging hormones or kind of educating your patients, the need and the importance of replacing hormones, obviously using bioidentical hormones?

What was kind of the, any sort of maybe mistakes early on or any sort of hurdles that you had to overcome when just trying to get people on board to realize they're okay?

A lot of mainstream medicine is suggesting that we, we don't need to go down there out or even still the danger is going down that route versus now it's going to become standard of care here.

Yeah, it's, you know, there is, there was a large trial called the women's health initiative. That was in 2000, you know, they stopped it in 2001 and published the results because They started it to thinking that it was going to prove that estrogen and, you know, replacing your hormones makes you healthier because it makes sense.

And they found that people were having like strokes and cancers and heart, you know, heart attacks. And it was like, Oh my God, stop this. It's terrible.

And as it turns out, they weren't using hormones. They were using hormone mimics. And so these weren't. They weren't using estrogen or progesterone. They were using horse estrogen stuff.

And anyway, stuff that as it turns out is bad for you. And so it, you know, it took 20 years, a whole generation of our grandparents that, you know, dying of osteopenia and dementia and, you know, just decaying this 10 year terrible decade before they finally mercifully pass away.

Right? Like, it's like, that's terrible. terrible and there's more to it than just hormones but the point was is we were extending life but not extending health and we've come back around, we've proven that bioidentical hormones

protect against cancer, protect against heart attacks, protect against stroke, protect against dementia.

They just make you healthier, they decrease inflammation. clearly better for you. I've got patients that, you know, they feel a little better on it. And I'm like, listen, I understand that you, you know, you don't feel 20 again, but you also are healthier for being on it.

Now, most people, they, they also feel amazing and it's an easy sell, but every once in a while I'm like, It's up to you, but I would just assume you'd be on it because it's doing something good that you don't even know it's doing in your body.

And we're trying to help, you know, you feel relatively healthy now and you're 50. I want you to feel as good as you do now or maybe better when you're 70 and we've got some work to do.

As far as starting someone, is there a preferred method of application? I mean, oral, topical, pellet, et cetera, are you guys sticking more toward one, find success with one?

No, you gotta, you know, one thing that we do here is personalized medicine, right? And then, you know, I was sitting with someone yesterday, they're gonna be on pellets eventually, but he's just not there yet.

He's like, man, I'm 46, that seems young, but he's got a testosterone of 200. So I was like, we gotta do something, bro. And we had done some other things, We don't believe in oral hormone replacement.

It goes through the liver first. For men, it's almost impossible. For women, it's just not a good idea. It's hard on the liver. It's inflammatory. But creams, oral dissolving trochies, pellets, whatever works well.

I mean, I even do shots for the right people with the right, you know, that aren't, which are not bioidentical, but you know, if that's the place they're going to start to start replacing the testosterone, then I'm okay with that as well.

But we really, you know, ideally, I think the crème de la crème is probably pellets. It's blood flow dependent. Your body puts the little capsules around it with capillary beds.

So it's blood flow dependent. So when you're working out or you're stressed or whatever, you get more testosterone. Or when you're chilling on the couch at night, you get less.

It just makes sense. It's kind of how your body would do it anyway. And I can tell you, your levels are good. Like if your levels are great and you're still like, man, yeah, but I'm still tired.

It's like, yeah, well great. It's not your hormones. What else we got? You know, have you been sleeping? Are you exercising? What are you eating? There's a lot of reasons to be tired.

I'm not a drug dealer. I'm here to make you healthy. The thing is just often I see is when you go to an endocrinologist or a rheumatologist, you're just kind of treating one specific end point, right?

You said if you're administering hormones and there's still something going on, well, let's address kind of some of their underlying factors. In my area, a lot of places is a little more open probably to pellets and some of this, you know, bioidentical stuff.

My area, like none of the gynecologists and not really many of the urologists or the endocrinologists really, they think it's all kind of voodoo. And I'm like, I got a report from one of them the other day that still had a women's health initiative like blurb on the bottom of the note.

I was like, have you looked at the literature in the last 20 years? Like what is going on? So there is, but insurance doesn't pay for it. So they don't learn that stuff.

Some of them are okay with some creams or coming around a little bit, but partially because we're like, you know,

we see them at a ball game. Like, hey, by the way.

what are you doing, you know, in a sweet, very, very bless your heart, East Texas kind of way, you know, of course we're super nice. Jackson sells it for sure.

So going back to scaling your practice, right? How did you start from, because again, there's a huge learning curve there, especially with the whole concept of concierge medicine, which it continues to evolve.

How did you get from, go from like zero to, to where you are now with it? Was there a lot of organic grassroots marketing? Yeah, so our whole marketing budget was like zero dollars at first.

Social media was a thing, but we weren't really hardly on it at that time. We were too busy. My wife's a PA. She was doing full-time cardiology. I was doing full-time ER.

We got three kids. And so we started a membership practice with zero members. I had to pay my hospital and non-compete just to get out of there so that I could pay another place to go work at their ER and kind of buy in.

Hormone replacement therapy and patient education

Wow. So I could have a full-time ER job while I had a full-time membership practice that I was growing sort of organically. And so while I was at work, Steph would man the practice and when she was at work, you know, on my off days, I would man the practice or, you know, however that worked.

I don't even really know how it worked. It was crazy. Most people that do this burn out in more of a clinical practice and then some percent of their patients are going to follow them.

But you're looking for 10%, 20%, 20 would be amazing. 10% of those patients, because an average doctor, a primary care physician probably has like 2,000 to 3,000 people that are technically their patients.

And so if they can get 10% of those people to come over and they've got to practice 300, that'll pay the bills and get it rolling and rock and roll. I think the numbers for a concierge practice is more of like three to 500 patients per provider.

And it works well. If you try to get more than that, you just. you just can't give everybody the attention and they start feeling it and it's not, you know, you feel it.

And then my staff, I've got, you know, we've got a set of core values around here that whenever, when you hire a new practitioner in our model, we don't get paid when they start seeing patients, we get paid when new members sign up.

So we have to kind of stretch it to more of the 500 than the 300 per patient, per provider, and then we can't take anymore, then we hire someone, and then we just pray that the practice grows and covers their salary, that kind of thing, and it works great.

It's actually not that hard, but it just makes you anxious that you're going to take on that salary without taking on any extra income. It always, it's always worked out great.

And then in the meantime, my staff, they get mad at me because they're like, Hey, our core values are being threatened here because we're not able to care for people.

Like we want to care for them because they're awesome. And so they, they, they hold me accountable as well, which is great. And that's how, you know, you have the right people, but.

Scaling up in one location is one thing, but then most practitioners that leave and start a direct primary care practice, they're going to fill up and then they're going to start a waiting list and then they're going to kind of weed

out the people they don't like and let in the people they do like, probably raise their prices to a point that is about right.

and then they're going to sell into the sunset until they retire but we feel called to spread the gospel if you will of people getting to take taking care of this way providers getting to take care of people this way staff the whole deal so we're looking to scale it into other locations we've got our we've been doing it for nine years we've got our processes down and so then the challenge will be keeping the culture, the core values, the why.

So really it's all about hiring the right people and then it'll scale fine. But there's plenty of providers and staff out there that are so burned out because the system is set up incorrectly that it's not that hard to find the right people.

It's just pulling the trigger on the location to find the right person and putting all the magic together at once. That's really the challenge. I've kind of started, I've helped some other people start their practices because it's super attractive, but it's also super scary to go out on your own.

And so I've been helping people with that as well a little bit. Is there a learning curve for providers and how to kind of practice within this format?

I just hired two nurse practitioners basically at the same time. Cause I had one that was leaving and another one, you know, it was time to grow. So we hired two and they're amazing.

But they're also used to the system. They love this, but they don't know everything about peptides and hormones and functional. But hiring the people that are interested in that stuff is an important part.

So they were already kind of thinking that way. They just hadn't had. So yeah, there's a little bit of a learning curve, but for the most part, the main thing that direct primary care is, is time, attention, care for your patients with, you know, the doctor-patient relationship is first.

Everything else just is supposed to augment that. Nothing in the way. And so you take someone who's not trained in all this extra stuff and you put them in the system, they're going to do great.

And then we can help them be like, yeah, but what about this, this and this and that patient's ready for this. And so we meet every day actually with all of our providers from nine 30 to 10 o'clock and just kind of go over the patients from yesterday, today, tomorrow, and just make sure, you know, everybody's on the same page and they help me as much as I help them.

It's just really, it's fun having a. collaboration and the, the MA that did the scheduling is like, yeah, but so-and-so needs such-and-such. And so it's a nice, it's a nice way to make sure that we're fulfilling our promises for our patients.

Is there an internal training system that you guys then provide to these providers to, to get them into the kind of…

Scaling the practice and training providers

We're not that sophisticated, but before they both, early on when these two started, we sent them to hormone training with one of the pellet companies, just because They do a good, that place does a great job of, you know, showing them the literature, showing them that it's not, because the patients are going to ask, well, yeah, it'll make me feel better, but is it going to give me cancer?

Like, actually, it's going to protect you against cancer. Actually, it's going to protect you against this. It's going to protect you against that. Showing that they just, they just beat you down with the literature until you're like, okay, I get it.

It's good for you, whatever, move on. But that's what you need to hear because got 25 years of, of bad press. And that's like, you know, all of our careers and, and more.

But we also, we're pretty proactive in that training process. We, we need a better, especially if we're going to scale into, you know, cities far enough away, we need to scale.

We need to put together something that just sort of is a tool for the new providers in those areas, but we're pretty hands on as well. Well, it sounds like you got a definitely good recipe for success out there.

So again, kudos to being able to build and everything that you guys offer. Now, when you mentioned peptides, are you leveraging a lot of different peptides within your practice specific for different patients or?

Yeah. You know, we have obviously the two biggest peptides out there is, you know, Ozempic and Menjaro, right? Like it just so happens those are peptides that your body makes any way that helps lose weight.

So that, but we were doing peptides before that came out, which was nice because when that came out and we were able to get our hands on compounded versions of those that we already knew, kind of knew how to do that.

You know, BPC 157, the growth hormones, the creatagogues like samoralin and hypermoralin. Those are pretty fun to use. One of my favorites is like thymus and alpha.

You know, you lose your thymus, you outgrow your thymus when you're like 12 and 12 and under get sick and bounce right back. And then you get these teenagers and adults that get sick and they, you know, they're on death's door.

And you're like, damn it, man, we need our thymus. So we, you know, thymus and alpha is part of our immune base. We give, you know, vitamin C and all these other shots or IVs, and then we give a sub-q dose of thymus and alpha in the office.

But you can also prescribe it for home use. It's not just for when you're sick. It's, it's, you know, bouncing back from injuries. It's, it's not, it helps you recover better.

It's a really fun one. People without immune disease, stuff like that. It's really great. But you know, the FDA is always trying to, as soon as you get good at a peptide, they try to take it away from you.

So it's a little bit of the Wild West out here. And some compounders don't care what the FDA thinks, but then I'm also, you know, like, okay, well, yeah, but what's my role here?

And, you know, so it's still the Wild West. We'll see what the new regime does with it. But it's so cool because all peptide means for your audience is it's a small protein that your body uses to do something.

Like in your body, your DNA makes RNA, which makes proteins, which makes things happen. It just does things. And so we just take proteins that your body makes anyway that does things that we like that, you know, we're old and tired and it doesn't do it like it used to.

And we just tell it to do it like it used to. And it's great. Like when you eat, your body releases an ozempic. Every time you eat, your body releases ozempic.

But thanks to the standard American diet, which totally sucks, you know, you don't have enough ozempic to feel full until your stomach stretches. And so we just gradually increased that semiglutide level.

until when you eat boom you feel full and then you kind of stay full and it also by the way because God made it it helps your insulin work better and decreases insulin resistance and makes your liver make a little less sugar and so your metabolism is better and you know it tells your brain that you don't to quit obsessing about food it's like I tell my male patients I'm like it's great it works but For my female patients that haven't thought of anything except what they're not eating since they were 12, this stuff is magic, you know?

So, peptides are, they're cool. It's one of the ways that medicine is moving in the right direction. The big pharma is

fighting like hell to get a hold of them.

And obviously they got the zympic and all that. But for now, the freedom to treat with compounding pharmacies and the like makes it work for us. You know, there's always a way.

That's one of our core values. There's always a freaking way we can get to get you what you need. Whether you're a millionaire or a self-employed cabinet maker, we get you what you need.

Just sometimes it's hard, but it's fun. Yeah, we've had to overcome the same hurdles with the FDA and compounding pharmacies. It's been a nightmare. As you said, we always find a way.

And it's interesting with looking at Ozembic, I mean, our bodies, as you said, naturally secrete GLP-1s and the half-life is typically somewhere between 5 to 15 minutes.

Ozembic is somewhere like 165 hours. But again, there's a time and a place and the neuroendocrine component is very, very proliferative as we now recognize with some of our patients.

Peptides, immune support, and weight loss

But some of these shortcuts can help. The question is behavioral modifications, which I think you guys with your patients, yeah, lifestyle medicine trumps all.

Well, you know, if you just get on a bunch of a zympic and you're nausea and you power it up and you're nauseated all day and you're constipated all the time, but you're losing weight and he's like, guess what?

30 to 40% of that weight loss is muscle mass. Like you're just eating away at yourself. There's a better way. Let's micro dose it. Let's cut your dose in half.

Let's split it up. Let's do it twice a week. Get on an exercise program. We have machines that actually build muscle for people that are limited in what they can do.

And you just, you know, in hormone replacement, people who are on hormone replacement and are working out, they aren't losing 40% muscle mass, right? It's part of a holistic view of care.

There's a weight loss shop on every corner now just giving you a bunch of compound ozimac, patting you on the butt and telling you good luck. I'll see people that aren't my patients out and about.

Wow, you're losing weight. What's going on? I'm like, you know, well, I've been nauseated for a year and a half. I look great. You know, and it's like, okay, we can do better by the way.

You're also wasting away in ways that you don't want to waste away. So there's, there's still a place for holistic lifestyle, root cause care with GLP as, as a tool or not.

Right. I got a bunch of people that are losing weight. Great. Without it. And then if you get on it and you just get up to a stupid high dose, lose a bunch of weight and just cold turkey off of it.

It's just like any other extreme diet. You're just going to bounce back. You need a guide to help walk you through this process so that this becomes a lifestyle and not just another fad diet.

Yeah, I couldn't agree more. I know you mentioned, so the TA-1, which we've been using for quite some time now as well, which has gone through different levels of restriction.

And you said, are you doing any sort of oral like TB4 fragmented? It was harder to get than the alpha, but yeah, I think it's going to become, and you can get it now and we just haven't, you know, it's, It's almost like a jaded lover in a way.

It's like, gosh, that, that's awesome. But if I go all in on this and they take it back away from me, like where's my, my commitment level, you know? Like she's hot, but is she going to dump me in a week just because, you know?

So, but thymus and beta-4 is awesome. Like especially recovery from injury and all that stuff. It's awesome. But yeah, it's still, like you said, it's the wild west out there with, with peptides.

It's probably a metaphor. Any other peptides that you really like or you're bullish on? I mean there, gosh, there's, there's peptides for libido and orgasm that are interesting.

There's, there's. There's a bunch, but there were a bunch that we were falling in love with before. And then the FDA FDA came down and sort of slammed the door shut.

So for now, I think the thymus peptides, the weight loss peptides, obviously your growth hormone secretagogues. I like those because you're not on growth hormone and you won't go above your body's normal limits.

But most of us probably eat too late and sleep too little and our growth hormone sucks. So. Getting on some more land or CJC upper more linen and convincing art and stopping eating 90 minutes before bedtime.

Take a shot five nights a week and go to bed and sleep and all of a sudden your growth hormone goes from, you know, low normal to high normal and you've.

you recover better and you feel better and you're, you know, it's like, Oh, well, that's nice. That's probably how I was meant to live. But we have just the worst lifestyles in the world in America, which, you know, seems nice to be, you know, eating ice cream, watching Netflix at midnight, but it's just probably not a good idea.

My philosophy, how everything we're doing is backwards. Do you have a regiment that you adhere to regarding peptides or cycling or anything in general?

You know, right now I've got some samorin at the house for my growth hormone and I've got thymus and alpha for, you know, sort of an autoimmune sort of anti autoimmune approach.

And then, you know, we have some, I still have some semaglutide for my weight loss days where, you know, when, when. Every time they threaten to take semaglutide away, my wife orders like four bottles and puts them in the back of the fridge, right?

And so I use expired semaglutide all the time. But the idea is like every two to three weeks, because I'm at a maintenance phase right now, so every two to three weeks, I'll find myself in the pantry just looking around, looking for some carbohydrates, right?

And I'm like at 10 o'clock at night, right? I'm like, maybe I need it. So I'll go in and get a half shot of semaglutide and it just reminds my body, oh yeah, quit thinking like that.

Quit craving like that. Food is fuel and it's just nice for the brain. I don't, you know, but those are the main ones I use now. Also use low dose naltrexone, which is not a peptide, but it's a fun compounded anti-inflammatory approach.

You know, three milligrams of that has been pretty awesome for me. I was on four and a half and I found that it was, it was messing with my head a little bit.

I was, I play soccer a little bit and my coordination, my anticipation, my timing was a little blurry. I was like, I don't, what the hell's going on? And so I backed off on the, on the, on the low dose Naltrexone and I was like, Oh, okay.

I'm not an uncoordinated sob anymore. That helps. It's funny, man. This stuff works. It does stuff. That's for sure. I didn't agree more. So a couple questions to wrap up and this has been absolutely brilliant, very enlightening for me.

So I appreciate you sharing your story. I'm always curious if there's a quote that you live by or kind of like a quote or some sort of mantra that resonates with you that's kind of an anchor for your life and your work and your purpose.

Anything particular? It would be probably biblical for me. Because of the love that was given to us and because of the way that Christ died for us and when we were not looking for him, but he was looking for us.

That's where we kind of at our clinic and that's where a lot of our core values are biblically based where it's like, okay, it's our job to bend that grace and that love out laterally to our fellow man.

And so that's how we treat our employees. It's how we treat each other. That's how we treat our patients. You know, our patients are, you know, I got patients that are like, polar opposites of me, but they were created in God's image.

That gives them the value no matter what their belief system is. Most of my patients come in because they want to be healthy. Some of my patients just don't want to do anything.

They just don't want to feel bad. And I'm like, okay, well, I mean, I do have some pills for some things, but I'd love for you to get off the couch. And you know, it doesn't matter.

They're the captain.

Lifestyle medicine, core values, and closing remarks

They're the pilot. I'm the co-pilot. But the Lord's sort of, He's put them in my path and me in their path for a reason. And so I think, you know, because God first loved us, we can love each other.

That's probably the primary thing that we live by here. And when someone in our practice isn't living by that, it usually sticks out like a sore thumb.

And sometimes the patients treat us poorly and I have to get on there and be like, hey, it's not really how we roll here. There's lots of doctors out there.

If, you know, if you don't appreciate my staff going, bending over backwards for you, then maybe this isn't the place for you. And that almost never ends up how it is.

They're almost like, oh my gosh, I'm so sorry. I was having a bad day because we just. They know that we're killing it for them. But yeah, that's, that would be my thing.

God's been super gracious. I didn't know how to run a company at all. And he just ran it for me. And then around five, six years in, he was like, all right, your turn.

Not that he's not still in charge and running it, but he put me in some places to learn how to run a company and run it. My, my employees deserved a boss that knew what the hell he was doing.

And so we were gradually getting there. Not that I know what I'm doing yet, but we're. The last three years have been great of just learning how to do business right so that we can grow better.

My employees can be well taken care of and the patients are feeling it as well. It's nice. I definitely appreciate everything that you shared. There's a higher purpose here, I think, above all of us.

And for me, similarly, love conquers all. Yeah. Anger and love coalesce at the same time. So it's a choice to choose love. I say that all the time. Interesting.

I've never heard anyone say the words like the gospel of medicine as you preface. When we started long ago, I

used to always say we spread the gospel of fitness.

Yeah, so at least in hearing you say that, I was like, man, I never heard anyone else say that. Last question here to wrap up, if you could have any superpower, I'm curious, what would it be?

Oh, gosh. Yeah. So I was always Superman guy. And I thought for sure it would be flying or one of those. And there's a big argument going on with invisibility would be awesome.

But I don't want to be sneaky. I think when I watched the movie Limitless, It was like, ooh, there's my super. If I could use that much of my brain at once, like, and to the point that if there was a drug like that, I would, I would have a problem.

I would have a problem not going to get it because it's just so sexy to be able to, to just see and know and understand. So like that level of, of ability to, to process that would be my superpower.

That's amazing. I share your sentiment almost identically. And it's interesting because what we know is limited, but what we don't is limitless. You're creating that with your superpower.

Awesome. Well, this has been a tremendous, tremendous pleasure. I appreciate again your time. Where can people find you? Maybe join your clinic because what you're doing is pretty high level, which we appreciate.

What's the best way to kind of get in touch with you and to be a part of what you're doing? Yeah, I'm sure we'll throw something in the show notes. We've got social media, but we're still getting good at that.

My team was like, it looks like you've got a LinkedIn page, but it looks like you don't have a LinkedIn page. I'm like, yeah, I don't have a LinkedIn page.

You know, for now, my email is just drcarter at mymdselect.com. Our office number will be in the show notes as well. If you're a provider that's like, man, I got to get the hell out of here or I'm going to explode.

And you need some help with that. I mean, I'm super happy for you to reach out and let me, you know, do a little guidance. That's part of, part of the passion that we have here.

But obviously we're patient first and you know, we're, we're hopefully going to move into a town near you one, you know, sooner than later, but you know, all in God's timing and, and, but for now, just reach out with any questions.

I'd love to get back to you. I'm not great at email, but I'll get there. And if you need, you know, if you need anything, just reach out. This has been a great, it's been a fun interview.

I appreciate it. Yeah. I appreciate your time as well. Look forward to connecting soon enough here from one shaved head to another. That's right. That would be great.

Bald is beautiful, baby. Love the alliteration. Yes. All right. It was a, it was a genuine pleasure. Thank you again for your time and look forward to connecting soon.

All right, man. Thanks a lot. Yes. Bye for now. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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