Podcast Intro and Weight Loss Overview

But for those of you that hardly ever eat, it's like, is more than that. It's also telling your body to have, to less insulin resistance. If it reverses insulin, resistance immediately to some degree, and then your insulin goes down.

So now you need less insulins. Now you have less Insulin resistance, so now, you, need, less, insulin. it is a cycle of getting healthier and healthier.

And part of that is weight loss itself. Welcome to My MD Unscripted, where healthcare gets personal and the script gets tossed. I'm Dr. Clint Carter, ER doctor turned to direct primary care freedom fighters on a mission to challenge how our healthcare system treats patients in America.

In every episode, my expert guests and I dive into real conversations about what's broken and how we can fix it by making healthcare about people, not just managing disease.

It's time to rethink what healthcare should be and Hey y'all and welcome back to the My MD Unscripted Podcast. I'm your host, Dr. Clint Carter. And today we're going to talk about weight loss.

Obviously everyone's talking about loss, but I keep seeing it in my clinic and we just can't keep answering the same questions over and over again without doing a podcast about it.

So I thought I'd do a quick solo pod and kind of cover the high points because Quite frankly, as you all know, it's just calories in, calories out, right?

So what's the problem? Why aren't you losing the weight? They've been telling us that for a hundred years. So, you know daily, I have patients come in frustrated.

They're not able to lose the way. Maybe they're able use it like they used to, maybe they never could. They've tried every diet imaginable. Some of them have worked temporarily, some of the never worked.

And ultimately there's a, a feeling of being defeated, of, being a failure in some kind. But the reality is, is that the biology here is super complex.

Why Calories Alone Don't Explain Weight Loss

If one diet was the right diet, we'd all be on it. The genetics are so strong. So let's get into the way that we think about weight loss here at My MD Select.

We sort of. I walked through it in kind of with five levers, somewhere between diet, movement, inflammation, hormones and medications and genetics, right?

So let's, you know, it's kind start at the front because everyone focuses on diet at, as a part of a weight loss strategy. And it is a, part, of literally every weight-loss strategy, but I have so many people that just don't have a problem with calories in, calories out.

One of the things that happens along the way that when you try one of these diets that's relatively extreme is that your metabolism adapts. If you're used to eating a lot and you eat a lots less, at first you'll get some movement.

But eventually that will become normal, right? So much of your hunger and how often you need to eat, how quickly you get full, all of that, so much is controlled by hormones.

So, much that is determined by stress because cortisol and all those hormones and the adrenaline are coming in and your body thinks it's running from a bear so it needs to feed and then sleep.

your body is supposed to heal and recover during sleep. And if all you are is inflammatory and sleep apnea or releasing stress hormones all night long, then your insulin resistance is going to be high.

It's just so complicated. So for the most part, when it comes to diet, The main thing is what it's not. It's a calories in, calories out calculation and you're done.

Different people respond to different diets for different reasons. So, you know, for me, I like to say, let's start with a protein first strategy for most people.

it doesn't necessarily mean low carb. A lot of people do much better with lower carbs. Some people, do better, with the slightly higher carbs if they've got that metabolism.

roaring, if you've ever had a 30 year old trainer, I'm sure they gave you a diet that said eat two cups of rice every three hours and couldn't understand why you weren't losing weight because you don't have their metabolism.

But protein first, it feeds the muscle, which is a metabolic tissue. It makes you feel full early. Carbohydrates. They are fuel for your body. It's your bodies primary source, preferred source of fuel.

There are diets like the keto diet where you just don't eat hardly any carbs and your buddy finally gives just like, fine, I'll use, burn ketones instead.

And it goes into this backup metabolism. The problem with that is sustainability and for some people that's a little bit inflammatory. For others, they feel great.

I personally, feel good on keto, but it's just not realistic. Stick with that. I did it more on than off for four years and it was a thing as my kids got older.

It just, a different meal than them got really old. So we found something more like a balanced lifestyle that works great. Your fats, you know, your fats are a necessary part of any diet.

They're also going to be there. The old low fat diet, that the cardiologists were pushing since the eighties. Turns out that's stupid. It doesn't work.

And the carbs tell your body to make insulin, which tells your buddy to get cholesterol. So your cholesterol doesn' t even go down unless you do a zero fat diet or you happen to be one of the people that lose weight on that.

But most of time if you're eating a low fat that you eat in a high carb diet and that just doesn t work Your fats, you're not going to get a ton more.

So I think, for the keto folks that are doing the fat bombs and stuff, that's fine if you are all in keto. I never was a fat bomb guy. But in general, your fats are just going be there.

If you really focus on protein and carbs, I would say For most people, decrease the percent of your meal that's carbohydrates.

Diet Strategy: Protein First and Carb Balance

Make sure you're eating that protein and getting full, and then eat your veggies and the salads and things that are going to help you feel full and give you those nutrients because it's easier to lose weight when your body is well fed with micronutrients as well.

It's not just the macros. Do that and then have some carbs with your meal. You know, unless you're doing keto, you

are going to eat some carb and that's going be fine.

Proteins and fats are kind of high calorie and to the extent that calories do matter a little bit, they matter alot. It just depends on your metabolism how much they matters.

Then that is something that you might consider. Just kind to keep an eye on how many calories you doing. But if you getting full on protein and limiting your carbs, most people are gonna find that to work.

However, it doesn't work by itself. The next lever is movement. And so, By movement, most people mean exercise. I'm going to stick with movement. It's kind of the functional medicine way of saying using your body to burn calories, of which exercise is a super important part.

which we said is a highly metabolic tissue that will help burn calories while you sleep and while sit at work and that kind of thing. Muscle is the currency of longevity.

So, especially if you're in your 50s and beyond, weight training to build and or maintain your muscle mass, hopefully with some hormone support so that your exercise is not in vain will, help preserve the muscle and bone mass along the way.

But movement is more than exercise. Movement is going on a walk, movement is counting your steps throughout the day. There's this concept of NEAT, N-E-A-T, which stands for non-exercise activity thermogenesis, Which just basically means burning calories, right?

And so whether you're. doing housework, whether you're pacing back and forth while you are at work, where you doing a stand up desk and moving around.

It's all the calories you burn for all of the hours that you aren't asleep. And so those do matter. I do tell my patients that While they do matter and they are a part of a weight loss plan, that movement and steps are great.

Some dedicated exercise, usually with some resistance training and probably with cardio, which is kind of where walking comes in. We don't need to all be marathoners, just a brisk walk where you're having to cut your breath up with, you know, cut you conversation up, with breaths, if you are on the phone or talking with someone.

That's, that means you're going fast enough. And that, if you'll do that for 30 to 40 minutes, a few times a week, That will actually increase your metabolism 24 seven.

Your body's like, Oh, so we're exercising. I personally hate cardio with a passion. So I do circuit training, which is resistance training in a circuit, you go from one thing to the next thing and the thing, and your heart rate's like 160 and you, your trainer's, like, let's go.

And I'm like no, hold on. I'll pass out. So, um, I would never let him get me to point of passing out, would not give him the satisfaction. To be clear, Corey, that's not going to happen.

However, do find that some dedicated exercise, if not at the beginning, sometimes to help break through a weight loss plateau, doing something a little bit more dedicated and intense in If you're old enough and you are new to the game, number one, don't hurt yourself.

And number two, let's make sure your heart healthy enough to sort of start training like that, going on more brisk, longer walks, that kind of thing. You know, and that brings up, you know a lot of our patients are limited by.

injuries or pain or just other lifestyle reasons they can't get out and do that very well. They're taking care of a, you know, a demented spouse or, whatever.

Whatever's going on, it makes it hard. One thing that, I mean, all this is personalized medicine, right? We have to figure out how we're going to get the movement in to help with not only weight loss, but really weight-loss is almost

like a Weight loss is like the gateway drug to being metabolically healthy, right?

Cause everybody wants to lose weight. Most people don't know what the heck metabolic health even means.

Movement, Exercise, and Metabolic Health

So for me, metabolic, health in this case has a lot to do with inflammation and insulin resistance and having a body that spends more time burning calories than it does storing calories.

Your body doesn't do both well. And so it likes, if when you eat. especially carbs, and your insulin goes up. When your Insulin is up, you're in storage mode.

That's insulin's job, is to store things. It puts the sugar into your muscle, in your brain, your fat, wherever. You're just in Storage mode, that's why after a high carb meal, a lot of times you feel like you need to take a nap.

Your metabolism is low and you're just sort of storing things. But when the insulin comes down, then you get into burn mode and can think better. That's why carbs are important, but too many carbs get your insulin too high and just feel like you need to go laid down.

So metabolically healthy folks, after they eat the insulin spikes, and then it goes down quickly and you enter into metabolic burn mode, if you will. And then you're sharper, you have more energy, your solving problems, feel well, until you get hungry enough that your body's like, yeah, I kind of burned through all of that.

Let's feed again. And so there are folks that are so metabolically revved up and healthy that they have to eat often. Most of us adults in America probably get away with some intermittent fasting and some, you know, healthy choices while we use our movement throughout the day, right?

But being… You know, having a super inflamed gut where you're, everything is triggering some sort of autoimmune and you've got your microbiome isn't where, you know.

We've had so many episodes on gut health. I'm not going to go into it too deep, but so much of your body's inflammation has to do with what we eat and how we move and we sleep and stress.

And so whether it's insulin resistance or visceral fat, sleep deprivation, the other gut-health stuff that has a lot to with how you're going to respond to what you eat and how much you move, right?

We want to be metabolically healthy. And people who enter these weight loss journeys are unknowingly usually also chasing after metabolic health. It's a different race for everybody.

Everybody's journey is personalized. Whether you've got PCOS or metabolic syndrome, which is basically pre-diabetes to most of you. You're carrying the extra fat tissue, it has a lot of the hormone negative effects.

All those things, you end up with some insulin resistance and so your insulin doesn't come down quickly and you stay in storage mode longer, which makes it harder to lose weight.

All of those pieces come in, that's where you're a doctor and kind of work through it. And if you are in one of the states, then that is kind where I like to bring up the weight loss medications as a part of it because for the longest time, weight loss medications, you were trading health for weight-loss and you hoped that in the end, being lighter, having lost weight would make you healthy enough to offset the fact that you're on phenamine and stimulants and the other sort of like psychologically, active medications.

But now we have the GLP-1s in there. GIP and all this new class of injectable, mostly injectible, now they're coming out with oral. I'm not exactly sure how that works because ultimately it's a protein that your body makes or something very close to it.

And so when you ingest them, the hard part is when your ingests that, your buddy breaks it down into amino acids. We covered that in a previous show as well.

So I am glad they are coming up with some oral stuff because shots are a barrier to entry for so many folks. But the idea is that you want this protein, that that body make anyway or is something similar to.

in your bloodstream so that when you eat, you do feel full sooner. You do sort of slow the transit through the gut. So you stay full longer. But it's, but for those of you like you hardly ever eat.

Insulin Resistance and Weight Loss Medications

It's like, it is more than that. to less insulin resistance, it reverses insulin resistant immediately to some degree. And then your insulin goes down.

So now you need less insulins. Now you have less Insulin resistance. It's a cycle of getting healthier and healthier, and part of that is weight loss itself.

Part of it is movement itself, part is a lower carb diet for most folks. You know, metformin is an oral medicine that does that a little bit as well. That's why everyone usually start all the pre-diabetes and diabetes folks start with met formin typically.

It can have some GI side effects a bit, but so does. You know, it can cause bloating and diarrhea where this causes heartburn and constipation. But in the end, if you dose this right and you avoid the side effects, then you get less insulin resistance.

You get lower insulin levels overall. Your insulin comes down faster. And then along the way, It tells your liver to not make as much sugar because, hey, we're good.

We just ate some, so you can chill out there. And it tells the brain, oh, by the way, I'm full and I'll be full for a while. And I don't really care about food anymore.

It takes away your cravings. So I guess if I didn't care what I was going to eat, might as well do that thing Dr. Carter was talking about with eat the protein first and maybe some veggies and then maybe I will have a carb at the end.

You just, you can make healthier food choices because your body's not craving some processed carbs that are going to jack up your gut and your insulin at the same time.

So, one thing about these medications is it's very natural. Even though there's a needle involved, it is just to avoid the gut. The gut doesn't break it down because it a protein.

It's the little protein that your buddy makes anyway. But it natural, its working with your bodies and not against it. Most medications by Big Pharma are.

manipulating receptors or blocking or activating receptors and just trying to trick the body. But here we're just telling the buddy, do what you do to do a little bit more of it.

And so it's not a shortcut. You can't just get on these and not exercise and eat right. If you just don't exercise, and you're eating processed carbs until the medicine says you are full.

Then you'll probably lose some weight for a little while, but you lose 30, 40% of your muscle mass along the way and you will gain back your fat after you quit your, you know.

ill-advised strategy, and then you'll be down muscle and up fat. And you wonder why these yo-yo diets don't work. I do have some patients that just don' tolerate them.

Like there isn't a low enough dose, even at the compounded medication, there's just not a enough low dose where they don"t get nauseated or just feel yucky.

Usually those folks are in a state of mourning because they're like, everyone else is loving it and I just can't tolerate it. And I was like it's okay, there's other strategies, but the meds we're talking about here are these compounded semaglutide, tear's epitide.

There's more coming out, it doing it right. You know, those clinics that just. sell you a bottle, slap you on the butt and tell you good luck, and, tell to you to do whatever the packaging said.

They're, they're doing you wrong. You need someone to walk with you, the lowest effective dose, avoid the side effects, do some micro dosing, you can split your dosage, go as slow as possible.

And then when you start getting close to your goal and you're like, well, I guess I'm done with this medicine. No, no, let's, wean it down. Let's micro dose the other way.

let us train your body to continue doing what you are doing without it. I have a bottle in the fridge so that once every three weeks I can take a half of a dose to just tell myself to get out of the pantry and stop looking for carbs at 10 o'clock at night.

There are ways to do this that are better. The last lever, sort of lever five that, you know, it's more, is less of an lever to pull because it is not super.

manipulatable, but it's really your genetics. The lever that we pull here is like personalization because, you know, if everyone in your family is always, has always been overweight is, the majority of the folks have diabetes or pre-diabetes, their weight loss has just not been a thing.

And yet you're, You want to be metabolically healthy, we need to know We need to know that. That's part of your strategy. We're going to work in genetically.

The thing about genes is when you do X, you turn on these genes and when we do Y, we turn these other genes. make our DNA that make RNA that makes proteins that do things.

And so your DNA is set, but which genes are on is variable. They call that epigenetics. That's part of the reason why we can still work with folks that are frustrated with the fact that they were born, that their quote unquote swimming in the wrong end of a gene pool and that You know, all their skinny friends can eat whatever they want and here they are, you know gaining weight and PCOS or whatever's going on.

And so this is where we just, we work on the different pieces, whether you genetically have some, You're genetically predisposed to insulin resistance or you don't metabolize fat while you're always hungry because of the hormone responses.

Genetics, Personalization, and Long-Term Success

You exercise usually just makes you feel inflamed and cruddy and you What can we do with that? And that's really where that personalized approach to getting little victories gradually changing that metabolism in your favor so that your body works with you instead of against you.

Maybe this new class of medications can be a key to help unlock that door. You know, hopefully, but you know maybe, there's just, everyone's so unique.

Some people love a low carb diet, some people feel kind of cruddy on the low-carb diet and do fine with a balanced diet. Like I said, are super high metabolizers and if they don't eat You know, if you're like a trainer, chicken and rice, which apparently there's more to life than chicken or rice.

But if don't eat chicken rice five times a day, then you feel cruddy because you were trying to keep that metabolic machine going. Well, I mean, more power to you, but that's where we just kind of come in and say, okay, let's personalize this thing and make it work.

So, you know precision medicine is coming to weight loss. It's here. There's a clinic, there is a new clinic on every corner offering semiglutide into your zepatide.

And for the most part, they're just cashing in on the movement. They're not really walking this journey with you. So when it comes to pulling this all together, weight loss, it really involves all five levers.

There's the diet piece, the movement piece. The inflammation and metabolism piece becoming metabolically healthy is such a beautiful thing. It feels so much better.

There is a reason why people who lose significant weight typically feel so better, they're just metabolical healthier. They're less inflamed. Medications can play a role and then the personalization based on genetics and other factors like that.

as well as just the factors of life, the responsibilities and stressors of your life that are in the way and how we're going to play within the rules of you game and make it personal.

So, you know, patience, if you've struggled with this in past, give yourself some slack. Stop blaming, stop guilting, and stop the negative talk. For someone who's been depressed as heck, you know that I know what's going on inside your head, right?

It's just that internal monologue is not for you. Let's get to the point where you say, okay, listen, There's more to this than calories in, calories out.

It's not about willpower. Willpower sucks. Let's deal with the biology, the reality, hormones, metabolic stuff, maybe plus or minus medications, but let's see what happens when we get this.

the whole equation and take it as a whole and maybe some real progress can happen for you. So that's my bit on weight loss. You know, if weight-loss has been super frustrating for, you give us a holla.

If you're in our area around the Tyler area, select or really anywhere in Texas, we can do so much of this remote. Then give a call and let us help take care of you with personalized medicine and Figure out which of these levers, which lever in each category is going to work for you.

And then let's figure out what else you need. I love that the world is waking up to the idea that, you know, the FDA turned the food pyramid upside down and we've just been going about weight loss all wrong.

It's not coincidence. just the genetic pool in America that has the majority, like well over 50% of the people in the America are overweight. And there's some statistics that say that by 2030, that like 49% percent of America will be technically obese by their standards.

I think the standards are kind of dumb. The point they're trying to make is as We've been doing something wrong for a long time. Let's figure that out.

And this is a lot of it. You need help, you need someone to walk with you through this journey. Need someone, to help you celebrate those little victories.

I need somebody to get that negative talk out of your head. When you, when you plateau, plateauing on a weight loss journey is part of the journey, your body is just saying, Hey, I was storing that up for the famine.

Stop it! And you're like, there is no famine and you just keep going and eventually your body will give in and say, okay, fine. And we'll lose a little bit more weight till the next plateau.

It's just, you know, we were created or, for those of you that are I feel like we've evolved over a bazillion years. That is what helped people survive is the ability to store for the famine, but we're past that now.

And so let's do this. There's no quick fix here. This is a, you know, metabolic health is key and you guys are, You know you're, listening to these podcasts.

You're out there researching, hang in there, keep up the good fight. Thanks for hanging out with me and we will see you next time. Thanks for joining me today on My MD Unscripted.

I hope today's conversation opened your mind and inspired you to imagine a better path for your health and therefore life. If you found value in this episode, be sure to subscribe, leave a review, and share it with someone passionate about transforming healthcare.

Real change starts with real conversation, so let's keep on going. Until next time, stay well, say curious, never stop pushing for better.