Intro to the Ideal Protein approach

We have programs in three phases, so phase one is our weight loss phase. We shift people into ketosis, we eat four meals a day. Three out of four of those meals are based on one of our ideal protein partial meal replacement foods.

So breakfast is one our foods, lunch is on of foods with two cups of fibrous vegetables off very specific lists that we give you. Dinner is four to six, six to eight ounces of your own whole protein, chicken, steak, fish, seafood, what have you, and two more cups of vegetables off of our vegetable list.

And then a snack that your coach is going to help you strategically place during your day is just another ideal protein food. The thing about it is, is I would love to get everybody into a healthy whole food diet right out of the gate, right?

But Joe the plumber and Sally the hairdresser, number one, doesn't want to have chicken and broccoli three to four times a day. They don't wanna have to cook that much right out of the gate, right?

Nor do they know how to manage all of that. And so the cool thing about this program is we focus on really making one solid meal with whole protein and vegetables.

The others is just so user friendly. We've got foods where we, I like to say we meet people where they are. with their pantry full of highly processed foods.

And we guide them eventually down to where we want them to be with healthy whole food nutrition. 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 Hello y'all and welcome back to the My MD Unscripted podcast. I'm your host, Dr. Clint Carter. And today I am looking forward to a conversation with Dr John Barnes.

He's a man after my own heart. We're going to talk a lot about protein, we're gonna talk about metabolic health, I won't dare say weight loss. It's not incredibly unique, it's just very countercultural way to look at that, which so much of what we ought to be doing is counter cultural.

But ultimately John is a chiropractor who ended up transforming his entire practice after going through his own metabolic health journey. And we'll let him kind of get into that.

So before we get too far into the science and everything, John, thanks for coming on. And tell us, you know, give me a better intro on you. Tell me what you do.

And then ultimately a little bit about how we got here.

Dr. Barnesu2019 personal metabolic health turnaround

Yeah. Thank you so much, Clint. I want to thank you for having me on your show. As we talked about earlier, this is actually my first foray as a guest on a podcast instead of the host.

So I appreciate you, You're bragging. Treating me gently. Yeah, you know what? I tell you, there's no easy way to start this story, but about 15 years ago, I found myself in a place a lot of people do.

I was fat, sick, and depressed. And the challenge of it was, he knew how I got there. But I didn't know where I had gotten to, and I did not see a way out.

I never had a weight problem before, I was the 98 pound weakling in high school. You know, trying to gain weight. Yeah. That was an ectomorph. And you know even in my adult years, if I put on five pounds, it just, went away as soon as I cut out what I was over consuming.

Right? So, you like a lot of people, like you said, I'm a chiropractor and I opened my own practice reluctantly. I didn't want to open my office right out of the gate, but it happened that way.

And the stress of dealing with insurance companies and patients and employees and a family with three kids, right? I just, I started eating and over consuming, overeating and drinking for stress relief to reduce anxiety and comfort.

And I started gaining weight and I start feeling bad too. But I always had that in my head. It didn't really matter how much weight I gained because all I had to do was eat less and exercise more.

That's how it happened. So one day when I have to hold my breath to tie my shoes, I finally drew the line. I said, you know what? I'm out. This is not who I am.

Let's get this weight off and get back to being, you know, who we're supposed to be. And so I ate less and I exercised more and absolutely nothing happened.

Everything I tried, like just nothing seemed to work. So I threw my hands up and gave up. So one of my patients, I had a patient who was once a month, he would come in for his once-a-month adjustment.

He steadily each month was larger and larger. And I finally, could barely work with this guy. I was scared to death for health. he was, He'd been with me for about 15 years.

and I said, Dave, dude, you've got to do something about this. You're really scaring me. It says, doc, my cardiologist has this program he's trying to get me to.

Maybe this is the kick in the pants I need to actually do that. And he stopped coming in, years of once a month, and he just stopped come in and I thought, wow, I've really lost that bedside manner.

Yeah, you really ticked him off telling him he was overweight. Here's an overweight doctor telling an over weight patient he's got to lose weight, right?

Yeah. Well, six months later, he walked in my office. I didn't even recognize him until he opened his mouth. He said, hey, doc. And I grabbed him, dragged him back in the office, said David, tell me what you did.

He said, doc, I told you, my cardiologist, he's got this program, it's called the Ideal Protein Program, and I've lost 70 pounds in the past six months.

Absolutely blew me away. Yeah. And the rest of that story is I researched the program. I did the programming myself and two weeks into the programme, not only was I losing weight like a champ, but I felt better than I ever expected to feel again.

Like I said I had lots of symptoms. And man, I called the company up and I said, wow, i have got to do this in my office here. And my entire practice now that was 11 years ago.

It was my exit strategy out of the insurance world and all the things. Thank you so much. Now we've been transforming lives, restoring metabolic health and possible for our clients and patients.

Man, that's, beautiful. I, you know, first of all, congratulations on all of that. That's thank you. You know, you started out living the dream, which many of us did where insurance and the system and stress and you know you feel like crap, but I guess you're like, I'm supposed to feel that crap because I am stressed out.

Right? I'll just have a double at the end of the night instead. Maybe I will feel better and that course never works. And yeah, my story is it was ER.

I can't even imagine burnout and then, but I'm really a family medicine guy, But I went ER because the clinics looked depressing. But then when I got in the ER, it was fun until it wasn't.

And then I, when burned out, I was like overweight, depressed, you know, burnout, and I just ready to quit medicine. Like I needed, absolutely. I didn't want to be a clinic guy.

Didn't wanna be an ER guy and it, was about that time that, You know I out of desperation had to open this place and try this Concierge sort of direct primary care thing, depressed, overweight and burnout.

And then I had to start a clinic with zero people and get a different ER job so that I could keep it open. So, you know, there was, I didn't get thin and, and stress free anytime right away.

We'll, we'll follow along with that. Tell us, all right, so tell us more. You, You've seen, We've heard the story. tell me, um, When someone comes in and says, because we'll get into the science a little bit about the dad-ill protein process and all of that.

Insulin resistance and the metabolic disease cycle

But so when someone says they're interested in your services, they need to lose some weight, or they feel terrible in all the symptoms, mental, emotional, physical, where do you start?

Bottom line, we get them to vocalize all of those things, right? And then we educate them as to the source of most of their issues comes from within. It's a metabolic issue on the inside.

You know, it seems like everybody is trying to lose weight to get healthy, Right? I said, doc, I just want to Get healthy. I need to loose some weight.

Right. But our approach, actually the metabolic approach starts on the inside. And so what we literally do is shift your metabolism to get healthy so that you can lose weight.

Right? It's a hundred percent. I told Mike recently, I've told my company, he's like, Guys, we don't have a weight loss program. We have body composition repair program and we have metabolic repair.

But we do not have weight-loss program, that's absolutely not what we're doing and I guess we kind of have the program but really it's just part of the holistic view that we take at taking care of folks.

So once they verbalize it and realize that the problem is kind on the inside out, then what's next? Well, you know, the thing about it is too, I connect with them and let them know that it's my story.

I think that that's instant connection with people, right? And the way that we run our program is we have a structured protocol of food and nutritional supplements that We pair that up with one-on-one personal coaching and those coaching visits happen weekly.

And so I connect them with, one of my coaches and all of coaches were successful personally first using this program to transform their metabolic health and their lives.

And it, it just naturally spurs that desire to help other people do it as well. And so I've got a dynamite team of coaches who've done it before. We've been successful with it and who now have coached for years.

So they're able to make that personal connection with, with people. Well, so you get someone who says, okay, listen, I look like crud. I feel like Crud, you know, can't process two thoughts in a row.

Right? Something's got to change, but I know how to eat right. And I already, know what healthy eating is supposed to look. Like I just need to do a little better with that.

That I'm going to be better at my eating. Just help me with whatever the trick is that just makes me look makes me skinnier. I imagine there's a whole lot of education upfront about, you know, sort of the dietary strategy.

Where do you guys land, on the food pyramid or where do, where you go from there? You know? Right. Well, if they say, I know how to eat healthy, et cetera, etc.

You got to ask them, well, how's that working for you? If it was working, we wouldn't be having this conversation in the first place. Right? And you, know what, again, The obesity epidemic, the metabolic disease epidemic in the United States, for the most part, isn't our fault, right?

We were taught unhealthy human nutrition, I mean, we were thought that pyramid thing, and at the base of that Pyramid, it says six to 11 servings of bread, rice, cereal and pasta is the foundation of healthy human Nutrition.

Right? It's awful. I am hoping to God, there's nobody left in the country who believes that that is true. You know, anyway, yeah, no, nope. And you know what they'll say?

They'll see is, you now, well, look, if you're, not doing it right, obviously you are not following this healthy eating plan. Right, right. If you fall, If your not healthy and if your gaining weight and your obese, which absolutely is the disconnect.

It is not about calories. Right? It's not calories in, it's calories out. A calorie is not a calorie, is a not calorie. It is about your body's response to the type of calories that you consume.

And you know, I know you're all about the hormones, right? And it is your bodies hormonal response. What we teach people and what we get them to understand is that every food you put in your mouth gets a response from your own body when it hits your digestion tract.

Right. And so that's kind of where the education begins. We get them to understand they don't necessarily know what healthy eating is, but we're going to teach them that because now it looks like this.

Right. Is that an upside down pyramid or is it just a triangle? Even the government has gone, okay, turn the pyramid upside-down, which makes me nervous on the first hand.

But secondly, it's like, even the governments coming around on turn it upside. So that's at least a start, but it makes be wonder what's next. Well, the challenge of it is, right?

The government got involved in the first place. Yes, correct. And so that's our biggest challenge. Ever since they got it involved and they're the number one body of whatever that doesn't want to admit that they are ever wrong.

So that is why it has taken this long to actually get to that place, Right? Well with obesity comes diabetes. There is something like 51% or 49% of the population is going to be pre-diabetic or diabetic by 2030 or something like that.

We're there. Clint, we're already there, so it's crazy. But yet no one understands what that means. the underlying process and how, well, I guess I should just, like you said, eat less calories.

So take us down that road of what's going on on the bottom line of that pyramid and where that's driving us. You know, to me, the way I like to describe it is the chronic overconsumption of carbohydrates creates a situation where insulin is a hormone that responds primarily to carbohydrate consumption, right?

And insulin itself is wonderful hormone, that helps us. However, when it's constantly in our bloodstream, When it constantly having to manage the over consumption of carbohydrate, It actually creates havoc in our metabolism.

Every single cell in your body actually has insulin receptors on it. So it has the ability to affect every single self, which again can be a good thing when it's in the right doses.

But we, with the over-consuming of carbohydrates, creates hypersecretion, hyperinsulinemia, and the cells stop listening. No, no, I'm not listening anymore.

And we get this thing called insulin resistance, it is a perpetuating cycle, right? And there's only one way that we can actually break this cycle, but that's the good news.

You can break the cycle. See, this is the circle that I was in. I didn't understand. And it wasn't until I had gotten myself out, still not understanding really what was going on.

But then after it happened, I, had to take that scientific dime. A geek at heart, dove down the rabbit holes and I came out with so many different metabolic health heroes.

who would have defined this problem of insulin resistance, who have identified it. Somewhere right now, the statistics are about what? 88 to 93% of Americans have some degree of this metabolic problem.

I mean, so I check an A1C on everybody and I should be checking a fasting insulin on everyone, but I'm not there on every body because I've just got, you know, I got such a wide breadth of patients.

So everybody gets an a1c every time. And I was like, listen, some sub population of my patients is, hey, i'm actually worried about you ever getting diabetes.

That's actually not why I am checking this lab at all. But we're all either sort of, you know, spiraling left or spiralling right along this process. You're either coming more or less insulin resistant day by day, choice by choice.

But what's lovely about that is that. Diabetes feels like such a disease of victims of, well, I've got diabetes. So now I'm, you know, it's out of my hands.

And whereas like it, It's the most reversible process. I love the reversibility of it. It is hard. The further you go down, the higher that A1C gets, The higher the fattening insulin gets.

the harder it is because you've Got insulin or God forbid you're on insulin. Weight loss on insulin as a medication is like, is it even possible? It's so hard.

Is it possible because your body, the insulin is telling your to do the opposite. But anyway, yeah. And so the reversibility. So go and tell us more about sort of like where y'all go on like.

You're getting me all excited here though. We got to stay on this topic, right? Because like you said, it's a continuum, right? Yes. And we've got, and it sounds odd, but we got insulin sensitivity on one side and that's the good thing.

Your cells respond perfectly to insulin. They do what they're supposed to do and everybody's happy and healthy. But then as that scale slides over to the other side, we have got Insulin resistance.

We have type 2 diabetes and we had type 3 diabetes. I don't know if you've gone there. But here's, yeah, you're right. Here's the issue. People don't understand insulin is the storage hormone.

Insulin comes out when there's more energy available than we actually need. And so it's number one job is to say, we don' need this now, but let's put it away for later.

How the Ideal Protein protocol works

And it's got a couple options, right? Like it has got to place where we're supposed to store sugar or carbohydrate energy, we store it as glycogen. Anybody who's exercised or trained to any certain degree knows glycation because that's the fuel that is in your muscles that will burn up when we are doing high intensity exercise.

The challenge of it is that because it stores it in our muscle and a little extra bit in the liver, our glycan storage tank is only so big. So when we fill that tank and it's full, insulin has to put that excess carbohydrate, that access sugar somewhere else.

And where is it going to it? It stores it away as fat. It converts it to triglycerides first, and then it stores in a way as that, right? So, and I'll say the triglyceride number two, right?

Because when we're looking at a lipid profile and triglicerides, I was taught in 30 years ago in chiropractic school, no 35 years in Chiropractics school.

I taught that triglicerides were the number one indicator as to somebody's nutrition. Right? Wow. But we were taught that it was the amount of fat they were eating.

Yeah. And that couldn't have been more wrong. No. Those triglycerides aren't there because of the fat you're eating, they're there, because the carbohydrates that didn't fit in your carbohydrate tank.

I like the way, I've never really put it in those terms, but I love that. Because I tell people all the time, oh, your triglicerides are so volatile because You know, if you look at these cholesterol panels over time and it's like, well, the rest of the cholesterol is a little more stable and you can trend them with weight and these other things.

But the tries, man, they're all over the place, oftentimes, just because their diet is all of it. Exactly, right? And that's the thing, we see this profile with triglycerides are high.

Their LDL cholesterol may or may not be high as well. They're good cholesterol, their HDL probably low, and it's a sick pattern that we that goes along.

That's one of the coolest things. We can change that lipid profile. Give me four weeks and It will look beautiful for you. But that is what we do with this program.

It's predictable, it's repeatable, and it is measurable, right? That's beautiful. I love that. Also, I also got to say I got come back to this whole thing.

You mentioned testing fasting insulin, because here's the thing everybody's missing. Everybody is so glucose focused. There was a paper that just came out and they identify this thing they call insulin compensated euglycemia.

And so it has an unfortunate acronym, ICE. Probably not the time for that, right? Yeah, they're not reading the room well, but yeah. They're NOT reading their room, well.

But what it means is that like you said, your patient can come in and their glucose can be hanging out underneath 100 and there A1C might be hangin' out at 5.6. But how much insulin is there in their bloodstream keeping those numbers there?

And we'll find that their fasting insulin, is two, three, four times as high as it should be. And that's insulin compensated normal glucose. And that's where it's hiding, that where insulin resistance hides from clinicians and from patients, right?

And they think, oh yeah, you're doing good, come see me again next year. And then there's that day they walk in and say, whoa, wait, your A1C is 5.8 and your fasting glucose is 110, triglycerides are 200, and uh-oh, You're pre-

diabetic.

Yeah. And now you have a label, you know, the 5.6 is like, yeah, just need to tweak that. You're doing okay. Just tweak down a little bit. But really with the fasting insulin, unfortunately, when we burned out and I quit working for all these other people, I had to start my own business.

And eventually I learned the idea of. these leading indicators, right? What is it that I can measure today that will tell me whether or not I'm going to be broke tomorrow?

So that leading indicator is that fasting insulin tells you what your A1C is going be, you know, and if you come in with the fasting, of course, the lab value of fasting Insulin is up to 21. or 22 or whatever your lab value is.

And I'm like, give me a five. I was going to say, right? Ridiculously low. Let's get that under six. You don't need any, almost any insulin if you're not eating.

If you are fasting, why do you have any Insulin in there at all? And so then you, because that's how the science works. One thing I do love about my business model is when people pay you a membership.

Yep. you, they've already bought your time. So everybody gets an hour. And so we have time to do a little bit of this education stuff. But, and what I love about the podcast thing too, is I get all these, these guests like you that, that put it so beautifully.

I'm just going to steal, I just steal a bit from everybody. Well, understand, everything I say I have borrowed from people so much more intelligent than myself, right?

It's just that I've been able to synthesize it all together and be able talk about it, and I tell you too, Concierge Medicine, I love the idea of Conierge medicine, because you are giving your patients what you got into medicine for in the first place, And, and what they want a doctor for in the first, you're creating and reestablishing that, that relationship.

I work with, so I've connected with a concierge doc a few states away. And we actually, when people need to lose weight, they send them to me. because we coach virtually anywhere around the United States and you know, he did my program first and it transformed his health and life and this guy has one foot in retirement.

It's so funny. And all of a sudden he's on fire now because he was like, wait a second, insulin resistance, what? It happens how? And now I keep feeding him the science and I kept feeding them all this stuff and he cannot not see it.

90% of his patients. Right. Well, okay. So what, so there's some underlying science. What do you, how do coach? Give me the 20,000 foot view of the big strategy on diet and, you know, the coaching bit and how you guys approach it.

So the way the program works, like I said, we call it a protocol and a protocols being different from a diet, right? This was medically developed over 20 years ago by a physician and it's professionally supervised.

So we've got those things in place, and so the idea is we leverage partial meal replacement foods. Ideal protein creates protein forward foods, high quality, easily absorbable protein isolates first at a very low carb cost.

so that we can actually shift your metabolism into a state called ketosis. And a State of Ketosis simply means that your body is burning fat as its primary energy all day long.

It's not an unsafe situation, it's actually a very metabolically healthy situation. So when we do this, we also do it at a low fat content. When I say keto, what do most people think?

Great. I'm eating cheese and bacon and all the things, right? Yeah. Fat bombs and- Right…. all of that. Right?

What's the good recipe for fat bombs, doc?

Right, but the thing about that is, I like to say everybody, their brother and their sister is going to lose weight on the ketogenic, the keto diet, from the internet for the first two weeks.

But after about two weeks, yeah, your metabolism has shifted into ketosis and it's burning fat. But if you're eating it, you are probably eating just as much fat as you need to get through your day.

So this is kind of where, you know, now calories in calories out has some credence because we need an energy deficit, right? So we do a low carb and low fat version of the ketogenic diet because want the fat that your body's burning to come out of storage and not off your plate.

I did keto for four years for a while and I never got into the, I just couldn't wrap my brain around the idea. Because if, you know, if you're, and you watch the right, listen to the podcast in the wrong YouTubes, You know you need, your body needs the fat.

And it's like, but I've got fat, I'm so confused why I would have to change. you know, getting into keto phase when you're at the keto flu or something.

If you need something to help transition, I guess I can see that. But for me, don't get me wrong. I didn't avoid cheese or bacon, but I wasn't like picking up fat bombs either.

So I love a low fat. low-ish fat approach to this thing. I hate, you saw me backtrack on the word low fat in those two words in combination, just because of the last 50 years of bad dietary advice from the American Cardiology Association or whatever.

Cause low, low fat in, on the supermarket shelf means high sugar. Yes, it does. And it means processed in some way, right? Do you not get low-fat dressing, you know, et cetera, that's not what we're saying.

There's something wrong with it. It has to taste good. If it doesn't have fat, yeah. Yeah, no, absolutely.

Electrolytes, blood pressure, and early ketosis

Keep going. I love it. In our weight loss phase, we have programs in three phases. So phase one is our Weight Loss Phase. We shift people into ketosis.

we eat four meals a day. Three out of four of those meals are based on one of our ideal protein partial meal replacement foods. Breakfast is one our foods, lunch is on of foods with two cups of fibrous vegetables off very specific lists that we give you.

Dinner is four to six, six to eight ounces of your own whole protein, chicken, steak, fish, seafood, what have you, and two more cups of vegetables off of our vegetable list.

And then a snack that your coach is going to help you strategically place during your day is just another ideal protein food. The thing about it is, is I would love to get everybody into a healthy whole food diet right out of the gate, right?

But Joe the plumber and Sally the hairdresser, number one, doesn't want to have chicken and broccoli three to four times a day. They don't wanna have to cook that much right out of the gate, right?

Nor do they know how to manage all of that. And so the cool thing about this program is we focus on really making one solid meal with whole protein and vegetables.

The others is just so user friendly. We've got foods where we, I like to say we meet people where they are. with their pantry full of highly processed foods.

And we guide them eventually down to where we want them to be with healthy whole food nutrition. So we do have our own ideal protein oatmeal. We do a pancake and Dorito Dorada.

You call them Doritos, I call him Dorados, right? But they both have nacho cheese flavoring on them and ours are high quality absorbable protein based and the others are not, And so you mentioned keto flu, which is also another thing.

We kind of talked about this a little bit ahead of time, right? A lot of people are like, oh doc, am I going to get this keto flue? Oh, I'm so scared of the flu.

Right. Well, we actually learned about five or six years ago that that's all about electrolyte balance. Okay. And what ends up happening is, you know, when insulin is in control of our metabolism, insulin tells your body to retain all the extra sodium that comes in, in your diet, and your nutrition.

So we get bloat water. We get increased blood volume, which can lead to high blood pressure, right? Yeah. Yeah, yeah. When we shift your into ketosis and we insulin, Insulin has to relinquish control and it's the hero hormone.

I call it glucagon. It comes out and glucogon tells you kidneys, Hey, You know what? filter out any sodium that's coming in here, like do your job. And so you dump all that excess sodium you've been holding on to, you dumped all of that bloat water, and now you could be like, your blood pressure drops down in the basement, You're dizzy, lightheaded, headache-y and all the things.

But if you counterbalance that with good sodium or electrolyte products as you're going through, that doesn't happen. Right. And we talked about, right, you know, some people, most people feel amazing in keto and ketosis.

Yes. Some people don't, but I tell you the people that don' t it's because their electrolytes are not balanced right. So interesting. Yeah. It's the key.

What's funny is, we're really concerned about asking people. We do a whole health profile. we connect with their doctors if they're on medications, because man, they might have to change those meds pretty quickly.

Yeah, yeah. People that are on blood pressure meds, I was amazed when we first started doing this, right? Their blood can drop within the first couple of weeks even though they haven't lost that much weight.

Yeah. And it's exactly what I telling you is that when insulin is in charge and it is retaining the sodium, your blood is going to be up here. But in those first couple of weeks, it might drop down and now you're taking medication that drops it below normal and you are dizzy and lightheaded when you get up in the chairs.

And so we have to have your doctors titrate those meds for us. Yeah, that's super interesting. Because I would have thought it, you know, obviously it's going to come with the weight loss, but yeah, the diuresis, yeah that makes sense.

It happens from the inside out. The other question we've learned to ask people is, do you have low blood pressure coming in? Because the client, the patient that comes in with low blood pressure, even though they might be insulin resistant, and even they may be overweight, right?

We put them in ketosis and they can't get their head up off the pillow. Yeah, yeah, because now their blood is, you know, 70 over 50. So you just ease them in or give them a bunch of stuff?

Absolutely. We ease then in a little bit slower. And again, we make sure that we pump up their electrolytes. So many of those people have felt miserable for years and they didn't understand that if they supplemented their sodium, if the boosted there sodium intake, man, it makes all the difference in the world.

They can string two thoughts together. they don't have to take that nap at two o'clock in afternoon, right? Yeah. So, you know, we get into this program, man, I tell you, in the first week or two, people feel so much better.

They've dropped their bloat water, they're losing weight like a champ. We use a body composition analyzer, just like I heard you talked about in your practice, right?

I've got an in-body body-composition analyzor. And so we really want to be sure that we are seeing the weight come off as fat. And we're protecting and sparing all the muscle mass that we can, right?

Muscle is metabolically active tissue. It's burning calories 24 hours a day. So we want to keep that metabolism up. And it's also the thing that keeps us functional as late in life as possible.

Right? Yeah. So muscle being the currency of longevity, as well as your metabolic engine and all those things. Do you guys, obviously you have to meet the patients where they're at, other than recommend loosely some resistance training and or, you know, movement.

Yeah. Do you have a firm where you coach them that way? I love that you brought that up, right? So we've always also been hammered. It's diet and exercise, diet, and an exercise.

Right. And, the bottom line is the context for that is usually calories in and calories out. You've got to exercise so you can burn more calories. Why is it when people need to lose weight, we tell them to do the two things that make them the hungriest?

Plus and exercise more. Right? It makes no sense. So what we found, and this is really kind of my specialty actually, my undergrad degree was in exercise physiology.

I was enamored with exercise science and nutrition. However, it wasn't really going to pay the bills and give me the career I needed to support a family, unless I maybe was going be a college professor, but that's a maybe.

Yeah. Right. But I've always kept my hat in the ring. I'm got personal training certifications, et cetera. And it's finally come full circle for me to understand.

Yeah, that's cool. So when we're in phase one, losing weight and ketosis, burning fat, right? If we want to do exercise that is synergistic with this, we wanna get ourselves in zone two aerobic exercise, right?

When we talk about heart rate zones, there's five heart rates zones and zone to very specifically is the maximum fat burning heart-rate zone where we can be assured that we're keeping up with the demand of exercise by using fat as our fuel.

Once we tick up into that phase three, need to burn glucose and need burn. So when we're in a calorie restricted environment and we are in the state of ketosis and there's not a whole lot of glucose flowing around, we like to keep people in zone two.

You know, when were eating high carb nutrition and were beating it in gym, right? Were doing the HIIT, were doing, god, the boot camps and all the stuff, It's, carbs are coming in and carbs going out because that's burning carbohydrate energy.

And if you're insulin resistant, you never get to the fat burning, right? Insulin won't let you get there. It still trying to manage all those carbs. You might be dipping in for a hot minute and coming back out.

Right. And so what we do, we have to train our system, our fat burning system won't work well when we haven't accessed it for years.

Muscle preservation, exercise, and long-term maintenance

Right? So what need to do is we need up-regulate that entire fat-burning machinery. So let's start off in zone two while we're in phase one. When you're in a calorie deficit, you can't build muscle.

You cannot be anabolic and catabolic at the same time. Bodybuilders know this and they go through a build up phase and a shred down phase when it's time to get on stage and show you what they built last year.

And so we apply that to our people, but we do the shred-down phase first before we get into the build-up phase. Here's the thing, and I've been doing this 11 years and we've done in-body data on all of our There is a muscle sparing effect to the state, the metabolic state of ketosis.

Ketosis changes the game, right? I like to say insulin resistance changes all the rules. Yeah, it does. The ketogenic metabolic stage changes, all of the roles as well.

And there is, there's a muscles sparring that happens when you're in a state a ketoses. And we see this happen and by the time our people are done and leaving ketosis at the end of their weight loss, I haven't had anybody lose more than 5% of the weight, even large quantities of weight from muscle.

It doesn't happen. And if it happened, it's because they were fudging our system somewhere in the middle and the body was snitching muscle to keep their glucose up.

Well, you know, because, with semiglutide and those, the weight loss shots and all of those stuff, I mean, up to 30 plus percent of your weight-loss can be muscle.

It's up 40%. Yeah. Yeah, 30 to 40. And so we're, as a practice. always coaching like, Hey, that's the enemy. We can't let that happen. You know, hormones, workouts, just some resistance training, watch your deficits.

Don't lose too fast. Let's do this the right way. That's why, you know it's a metabolic program and a body composition correction. It's not a weight loss program.

But ketosis is a safety there. I like that a lot. I can send you some literature on that. Yeah. That's awesome. And we see it in practice and it's really kind of a neat thing.

Right? That is the challenge of it, right? Again, like you just talked about, muscle is metabolically active tissue. We look at their BMR that shows up on the in-body report, we get a good feel for what kind engine they've got underneath.

If you're losing that muscle mass, then your BMr, the calories it takes to keep you alive in a 24-hour period of time goes down. And if that goes down, if you decide to get off the medication and start eating again.

Right? Cause they're not really eating a whole lot. If you, if you decide to do that, well, your metabolism needs less calories to stay alive than it did before.

And now, man, that's just going to come back on his fat. It's part of the cycle of, of all of. The weight loss fads and the extreme diets, the crash dieting is that you lose weight, most of it's muscle.

Then you gain your weight back, but not the muscle, and then you loose weight again. Most of that muscle and you gained the weightback, not muscle And it just pretty soon, you just, You got no chance.

You've got basal metabolic rate. No muscle mass to work with. It's so hard. So yeah, I love ketosis for that. I just always felt so good in ketoses. That was one of my best phases.

Right. And so here's the thing, as we transition them to healthy whole food nutrition, right? We want to keep their insulin, we put insulin resistance in remission.

We recalibrate their metabolism, We put in some resistance and remissions, and we're very careful as now we are teaching them healthy, whole-food nutrition to maintain that remition, that's our goal.

we do not want any metabolic drift as I call it, We do not want to drift back into insulin, because the hard lesson I

had to learn is once insulin resistant, you're always insulin-resistant.

We either have it in remission with our nutrition or we're letting it take control again. And I've gone through the ups and downs. I felt it myself. Yeah.

That's been what has really developed our approach at my clinic to the system. And so when we get to healthy whole food nutrition, it's about prioritizing protein.

It's the most important thing. We've already done that. And that also has a muscle sparing effect, just eating that protein, eating the protein having ketones in your bloodstream.

it says, Hey, protect this muscle. Let's burn down that fat. Now we want to continue to protect, if not build muscle right now. We wanna go ahead and we really wanna start focusing on resistance training.

We want to build our body's ability to burn calories, to use glucose in the proper manner, right? That carb tank I was talking to you about earlier, it is our muscle mass.

Right. And so the amount of muscle you have dictates the number of carbs you can store. Yeah. The amount now of high energy exercise that you do also dictated the carbohydrate energy you'll burn.

So now it's not as much about weight management as it is glucose management, insulin management. Let's keep a low insulin nutrition. Right? Yes. And let's exercise and build that part of the machine now, because now it's appropriate.

I like to look at this as exercise should train your metabolism. We're exercising on the outside for results, right? We were trying to lose weight and we're trying so build muscles.

And a lot of people do it in the wrong order. They're doing resistance training thinking that they're going to lose fat and they are not. They are building muscle, but we can't see it until we get that fat off of there.

I mean, the trainers get more muscle means more metabolism and we get, you know, get all these 30 year old muscly dudes telling these, slightly fluffy housewives, they need to eat seven meals of rice a day to fuel the machine.

And I'm like, I don't think that's going to work for her like it does for you. You nailed it. Yeah, absolutely nailed a Clint. Here's the thing. insulin resistance matters.

It is the game changer and that muscly personal trainer, be it male or female, has never been insulin resistant and there's a disconnect. They have no idea.

they don't know what their client in front of them is doing. I had a patient of mine, we had just started doing the program, and we were all excited about it.

I finally got the gumption up to tell her I think she would do great in my program. And she's like, doc, I wish you would have gotten me two weeks ago.

I just signed up at the gym for their 90 day challenge. Right? And so she was like I got a personal trainer, 90 days, they've got nutrition and a workout plan and I'm going to see how that goes.

You know what, fair enough. Fair enough? I hope it works for you. She was on the once a month chiropractic program and so, she comes in 30 days later.

Oh, how's it going? You know, all the things she's like, my gosh, you know I haven't lost any weight yet, but man, I really enjoy the exercise and working out.

My trainer says it's because I'm building muscle and burning fat at the same time. So my weight's not going to change. And, and none of my measurements have changed yet either, But I am sure it is just a matter of time, another 30 days go by and there's a little less enthusiasm in her voice as she tells me the exact same thing.

And after 90 days, she came in and she just started sobbing. Literally like, my God, right? And I said, you know what, if you're still up for it, I'd love to be able to work with you.

She's like oh my god, please, can we do this? Right? We shifted her metabolism. We access and burn down that fat. She's happier than a clam. And it was just the most amazing example of the disconnect of, the fitness industry.

Yeah, it is. It's, and it's hard because that's everyone's act. Everyone thinks that my access to. Health, and it's like, it is not. 30 years ago. You nailed that too, Clint.

Health and fitness, health does not equal fitness. And fitness does equal health. Have you ever met a bodybuilder? They're some of the least healthy people that you've ever.

And they don't pretend that it's not true. They don' care about health, they care abou bodybuilding. Right, right, They are manipulating their metabolism for sure, but not for health.

Yeah. I had the opportunity, I interviewed Mark Sisson on my show. Don't know if you have heard of Mark. Mark was a professional triathlete back in the eighties.

Again, you're quintessential, shredded, ripped, endurance athletes, just one of the fittest people on the planet. And he was so metabolically sick inside, he had to quit.

He couldn't do it. and he also a biology major and was also fascinated by the human physiology. So he dove down rabbit holes trying to figure out, I should be the most healthy person on planet and instead, My GI tract is a mess.

My inflammation is through the roof. And he pops out on the side of ancestral health and says, holy crap, humans were not meant to do that. We weren't meant.

Yeah, that's funny. Enormous amounts of carbohydrates and do hours and hours of high intensity exercise.

Where to find Reset Wellness and the Life Possible podcast

No, right. Yep. And so here you have people that you look at and say, oh my God, they are the picture of health and fitness and they could be decaying on the inside, which was the case with him.

Right? Yeah. Well, John, gosh, man, that's a, so this is man on point so many things, you know, the end result of this, right? You've got more energy, more mental clarity.

You feel better, You look better. you're more confident. a lot of the world down to is, you know, that you lose the weight one way or the other and then you're done and you just go back to your pantry.

Like I'm so confused. What happens next? So having you walk folks through what a healthy, more, moderate diet looks like. I love that. So for folks that are potentially thinking that perhaps they are metabolically broken, And they're frustrated and they've tried everything.

How can people reach out to you, learn more? What resources should they reach to? Yeah, thank you. My clinic is called Reset Wellness and I am in a suburb of Northern Virginia or we're right outside of Washington DC.

We're about 12 miles west. So if you're in the DMV, the metro area, we are really easily accessible in person. But we don't just take clients in-person.

we do virtual coaching all over the continental United States. Awesome. During the pandemic, our company, Ideal

Protein, had to create a situation. We used to be all in person, but we had the pivot.

So we're able to drop ship food straight to your door and we were able connect for your weekly coaching here on Zoom is what we use for our calls. But I also have my own podcast and that's why there's this sign up above me that says Life Possible.

And my podcast is called the Life Possible podcast. I've got over a hundred episodes out there. The majority of them, I interview people who have used the Ideal Protein program to transform their health and their lives.

You know, our tagline was ideal protein powers life possible. And the extrapolation of that is look, every dream, Every goal that you have in life is powered by your metabolism.

Your ability to accomplish and achieve those things starts there. And so again, we recalibrate that metabolism. We get it firing in all cylinders and it changes what's possible for people's lives.

And again, I know that from the inside out and that's why I'm so crazy passionate about it. So look for the life possible podcast. Video is on YouTube and Facebook and our audio is anywhere that you can download audio podcasts.

And my website for my clinic is resetwellnessnow.com or you an email me at reset wellness now at gmail. com. That's awesome. I bet you we get all that in the show notes.

So that'll be, that'd be great. You guys just can click right on that and get right to him. Hey, you made it your first podcast as a guest. No, what you.

Made it so easy for me, Clint. It was an amazing show. You're an easy guest, man. And you've got answers to all the right questions. Thanks for coming on.

I look forward to talking again in the future, but thanks for what you're doing for folks all over this country. Keep spreading the word, I love it. Thank you.

Yeah, man. 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 health care. Real change starts with real conversation, so let's keep them going.

Until next time, stay well, Stay curious and never stop pushing for better.