Health LIES Busted! Sun, Hormones, Weight Loss, Breast Cancer & Longevity SECRETS l Ep #399 Transcript

(Transcripts are generated by AI and may contain errors)

Host Intro and Listener Recap

Hi, I'm Natalie Nidam, your host. While I have many favorite episodes from this year, i've put together a little recap of a few of the episodes that really seem to resonate well with listeners.

Please enjoy a recap these wonderful guests with inspiring and important messages for your longevity. Next I want to tell you about a free gift just for listeners and I'll thank one sponsor and then we are off.

So as a thank you, I've put together a Free Handout. Each month I'm sharing three new habits to boost your longevity. You can access it at natinidam.com forward slash free.

Now, if you haven't already, i'd also love to invite you to subscribe to the podcast and rate it while you're listening today. It would be a huge help.

Thanks so much. In this clip, Benazati explains why Eat Less Moves More fails most people, showing that weight gain isn't a calorie problem, but a hormone and cellular inflammation problem.

He breaks down research from The Biggest Loser and gut microbiome studies to illustrate how calorie cutting backfires in long term. The takeaway? You don't lose weight to get healthy.

You get HEALTHY to lose WEIGHT. Now if this resonates with you, the full episode goes even deeper with practical tools for metabolic flexibility, keto done right, fasting strategies, and how to rebuild a resilient metabolism.

I was like that personal trainer because I used to be a personal trailer and that's exactly what I told my clients, hey, eat less, move more, let's get you in a deficit.

It makes sense, it really does on paper. Yeah, if you just expend more energy than you consume and you create a defecit that 3500 calories, that about one pound of fat, You continue to do that until you achieve your goal body weight.

It makes sense on paper, but when you actually apply it, it's a whole different story. Let me first say that calories do matter. They're just not the most important thing.

There are distractions. This trainer was distracting this client. He wanted to good. I like the recommendation for 5,000 steps. That's fine. But to just say, hey, we need to get you to expend more than you consume.

It's not the whole story. And the premise this trainer has and still people to this day who follow that method, their premise is this, Natalie, I need you get to lose weight in order for you be healthy.

But the body does not lose to weight to healthy, We get healthy to loose weight. There are no mechanisms in place in the body that count calories. We're not a bank account or a math equation or calculator, we're a very complex chemistry lab.

And as a matter of fact, that guy that you referenced that was in a gym, the 30 year old guy who was overweight, He did not he does not have a weight problem.

If you're overweight right now, you do not Have a wait problem I used to be obese. I never had a way to problem It's a wake symptom when you just focus on cat focusing when You are only focusing on calories.

Why Calories Alone Fail for Weight Loss

You're focusing On treating the symptom The real cause is hormones and cell inflammation. That's where the focus should be. There are two studies I put in metabolic freedom where I discussed this in chapter one.

One study was on The Biggest Loser, which is a TV show. It was a tv show in the US where they had these morbidly obese individuals. You remember it, right?

Oh my God, it was so bad. I mean it's so good, but it so was bad It was entertaining, right? And they put them on these calorie deficits, exercised them, similar to what this trainer recommended.

They lost a lot of weight and they celebrated them in this final episode and this one study followed up with 14 of those contestants and it showed that 13 out of the 14 contestants gained all the weight back and a portion of them gained even more weight before they started the show.

Not only that, They measured their hormones like ghrelin, the hunger hormone, which is through the roof now. They measure their satiety fat burning hormone leptin.

It has plummeted. they had destroyed their metabolism. This is why there's never a Biggest Loser reunion show. Another study came out showing the connection between the gut microbiome and weight loss.

And it had two groups in this study. Everybody in the study was obese. They were both controlling their calories, they were monitoring their calories.

One group had a fecal microbial transplant from lean healthy donors. The other group did not. So with this group that got the feco microbio transplant, it repopulated their gut bacteria, created more diversity.

They started to lose weight without any dietary changes, showing you that it's the gut, different factors that play here. But if you just focused on the calories that you wouldn't see the full picture.

And just one more thing. The challenge with the calories in versus calories out method is that it usually works in the beginning. It does. As a first intervention, right?

Yeah. And it, it's usually does work for most people in beginning, but then the weight stalls. Is there a tiger behind you? What happened? Something just happened.

Sorry. My door started moving. There tiger coming out of the forest. The weight does come off for most people when you start to go into a deficit But then what happens it starts to stall and most People think well we need to just exercise more or cut more Or do a combination of both and then you lose some weight and Then it stalls and you could only cut so much until the metabolism just goes into the survival mode where it Starts to really slow down and starts To become inefficient.

And the metabolism is that doesn't even run in speeds, it's either efficient or inefficient, so we're not trying to create a fast metabolism, we are not going to fix a slow metabolism.

We're trying create healthy, flexible metabolism and that's the goal that the thing that I try to come across in the book, the plan I should say that, I tried to implement in Hey folks, I just wanted to take a quick minute to tell you about something that I've created just for you guys, my listeners.

I created an amazing holiday gift guide for listeners so that you can get the best Black Friday deals on biohacking tools, supplements, and so much more.

They are gifts in different price ranges and once a year price drops on your dream health tech. and no one said you can't show up for yourself. So you get the stuff for friends and family or for yourselves.

All you've got to do is go to natnidam.com forward slash gift guide for the list of Black Friday deals that you just cant miss. In this clip, Dr. Teo Soleimani explains that while sunburns are never ideal, sun avoidance alone does not prevent the most dangerous skin cancers.

He dismantles longstanding sunscreen narratives with evidence showing that even diligent sun protection doesn't meaningfully change basal cell carcinoma rates.

The full episode dives far deeper into the nuances of sunlight, aging, cancer biology, immune-driven skin pathology, melanoma, supplements like astaxanthin and polypodium, and practical sun strategy advice that can genuinely change your daily habits.

and this is probably really controversial coming from a skin cancer surgeon and dermatologist, is that the vast majority of skin cancers that will kill people are not directly sun-related.

So that's a big thing, right? But we're gonna talk about two issues today. So just, I'm gonna let you go on with that thread, but we gonna to talk skin cancer, which is one thing.

And then we are gonna about skin aging, like the aesthetics piece. Which is a different piece of the puzzle. Yeah, so I think one thing people don't realize in that the sun avoidance doesn't necessarily make you survive or live longer from skin cancer risk.

Now, the most common garden variety skin cancers are generally sun but there's a big genetic predisposition to them, which is why a lot of people from Northern European latitudes will show this, but people form equatorial latituds won't have that inherent risk, even though they're in the sun much longer.

So let's name those. That's the squamous and the basal cells. Yeah, so the three most common skin cancers, we talk about basals cell carcinoma, squamos cell carsinoma and melanoma.

Historically, melanomas have been our most life-threatening or worrisome ones. Ironically, the majority of melanomas don't have that chronic sun signature in their genetics.

The majority melanoma arise on sun-protected skin, you know, on the backs of men, lower legs, and backs Genetics. Genetic predisposition. Now, dermatologists make a big stink about the sun because it's the only factor they can control.

We can't really control your genetic predisposition or your family history, but what I can, control is how much environmental injury you're going to get.

But the reality is sun avoidance doesn't necessarily protect you from metastatic melanoma as much as we want to believe that it does. What does? Great question.

I don't know. Because I'm married to someone who had like classic man, middle of the back, melanoma. Now he's British heritage. There you go. He's my vanilla guy.

Yeah, yeah. Look, and there's things that you can do that'll help mitigate the risk. Obviously, every time you're in the sun, don't burn. A burn is basically your body's signal that, hey, you killed the first layer of skin.

I didn't like this. You literally destroyed it. That's what appealing sunburn is. But aside from that just surveillance and monitorings are really our only formidable way to protect against future melanoma risk, especially metastatic melanomas, which is really what we worry about.

Now, the more common ones like basal cell and squamous cell, a little more in sync with sun. But again, genetic predisposition is a huge factor because when we looked at our randomized sunscreen studies from the mid-90s to now, when look at diligent sun protection versus no sun production, that incidence of basals cell carcinoma didn't change.

But what about the ingredients, did they control for the ingredient in the sunscreen? Like what the narrative that, and there's a big narrative in MySpace that a lot of the sunscreens out there actually have ingredients that they themselves are carcinogenic.

It's a great question. These studies didn't control for them, but some of these studies, didn' even use sunscreen. They used other forms of sun protection, shade, shelter, things like that.

Right. Or like a shirt. Yeah, yeah. You know, hat, broadband hat things, like, that so I think there's, a lot to, you know.

Sun Exposure, Skin Cancer, and Sunscreen Myths

I, think the over sun fearing or fear mongering is a problem. In this segment, Dr. Perry Jones breaks down why perimenopause is so disruptive, not just because of hot flashes, but because estrogen decline affects the brain, joints, metabolism, sleep, and even things like itchy ears.

The full conversation goes far deeper into testing estrogen metabolism nutrients that support hormone pathways and new diagnostic tools, giving women and the men who love them an empowering, actionable roadmap for navigating perimenopause, menopausal, and hormone health with clarity and confidence.

Sometimes some women feel, oh, perimenopause, that's a hot flash. That's the night sweat. I don't get those. True. But do you get joint pain? Do you have hair, skin, and nail changes?

Fatigue, sleep changes, metabolic issues, some weight gain, et cetera, etc., etc. Those still fall under the symptom category. There are over 100 signs and symptoms associated with peri-menopausal.

Itchy ears, random phantom smells, like weirdo things. Yeah. I'm like, what? Yes. What are you talking about? Itchy ears. I did get itchy ears, but I never associate, I don't know.

Yeah. Never occurred to me. And obviously, itchy years can be other things, allergies, things like that. But when estrogen declines, estradiol declives, it dries things out, which includes your tympanic membrane in the inside of your ear.

So all of a sudden, you're 45 with your finger in your air all the time trying to scratch it out. I mean, there could be worse things in life, but there's an even smaller group of women that for some reason they don't gain a ton of weight.

Now, to your point though, they may have had some symptoms but not attributed them to menopause. And Lord knows that our doctors are very quick. I know I had a doctor that was very quickly to say, well, you're getting older, get used to it.

Yeah, this is what happens. This is this is your new life. Welcome to the world. She didn't say, Oh, you're having menopausal symptoms. Your hormones are shifting.

We could probably help you with that by giving you this, that and the other thing. Like there was there. There was an Instagram, a social media post two days ago.

I don't know if you saw it, but there Unfortunately, male doctors who came out and said, you know, before women consider BHRT or HRT, they should fix their lifestyle, fix, their sleep, fixed their diet, and fix the exercise.

And in the world of new, the new world stitch videos where another doctor can come on and play that clip and then say, so here's the thing. You can't really manage money in an account, in a bank account that's been depleted.

And my comment was, well, never mind depleting, the account's closed. Yes. And so, you know, so you have a woman who's not sleeping because she doesn't have any progesterone and so now her hormones are out of

whack and her cravings are outta control and your joints hurt so she can't work out.

She's exhausted all the time and she's cranky but you're telling her, here's the carrot, we can fix it, but first you'll have to fix without the carrots.

And I would argue, and I say this all the time, it's a balance of both, right? If you're up late, if you are watching addicted to Netflix, you've had two glasses of wine after bed and you can't sleep, Is it partly lifestyle?

Totally could be. Is that partly low progesterone? Yeah, absolutely. For sure. But I don't know which one it is. So we can do both. I can give you pro gesterones and I could coach you.

Hey, stop doing strolling and go to bed. Yeah. And you know, and i think this is where it's not to get into semantics, but it does about semantics. It's about the language that we use.

How we frame stuff. Yes. You know the first doc who's well-meaning, smart person, Right? Like not, not to diss anybody. And there's a good reason I'm not naming names here because I don't want to embarrass anyone.

I think the intention was really great that if the frame had been, and it's like the GLP ones, like you need to be doing the two things side by side so that you have as many benefits as possible with as few of the consequences as possibly.

Now we're in a new world. Right. Yes. To get sound bites, some people are giving up on the nuance, and I think that doesn't serve anyone. And I've heard arguments of like, which came first, chicken in the egg of, you know, like if somebody walks into perimenopause, already metabolically unstable.

If somebody walked into the whole menopausal transition already significantly immune compromise or what have you and then the hormones change like is it the Hormones or is the fact that they were already unstable to begin with and I'm like, it's the straw that broke the camel's back like no matter what When that estradiol declines and it going to just whether or not you've metabolic whether not You have immune autoimmune.

It doesn't matter. Your ovaries are going too shut down You're going into develop menopausal a low levels what we call them men oposally Created estrogen, which is very low or progesterone.

Just very like even lower good gracious and so it's just going to Make everything worse and oh by the way, you know Like eating a nutritious diet isn't going bring estrogen back is super helpful for the systems in the body We're not debating that, but I mean steak is not going to bring back estrogen.

It's not just going automatically turn on the ovaries again. So we have to have, it's definitely more nuanced when it comes to hormones. Its not one or the other.

And it is one of the chicken or egg questions that does have the answer. Yeah. Because it's what you just said.

Perimenopause Symptoms and Hormone Nuance

If you lose your hormones, nothing's going to bring them back from a lifestyle perspective. Right. You can weather the storm better, you can support your liver, or you know, can do a lot of things, but you're not going be replacing those hormones.

They're coming back on their own. And this is where we have a mutual friend, Dr. Anna Cabeca, who talks about hormone replenishment. Yes. So we're replenishing something that we had so that, we can continue to feel close to at least what we did.

I was going to save this for the end, but this seems like a reasonably good time to ask this question. What is the biggest menopause misconception that you wish every woman knew?

Like, what's the biggest menopause myth? Oh my gosh. Can you pick one? One menopus myth. One Menopaus myth, it's talked about so much now, which I'm a big fan of.

I am glad we're talking about menapause, but it is being treated as if it was a disease. And that the ball is in somebody else's court to fix it. Like the ability to help it is outside of you.

And I quote Glinda the Good Witch all the time, like the power was within you, even though you can't necessarily prescribe your own hormones, getting educated about what is perimenopause and menopausal.

What is happening to my body? What can I request for as far as lab goes or hormones go, et cetera, support that I need. There is so much amazing education out there right now that the biggest myth is there's nothing you can do.

You're just older. It's a disease. Best of luck or disorder. I'm like, no, we've just been taught wrong. I think a lot of people have now heard of parabiosis because of, what's his name, Brian Johnson, doing a plasma.

It's a plasmatransfer between him and his son, but this is a whole other area of regenerative medicine. Can we talk about this a little bit? Is it really all that?

What's your take on it? You've clearly done some work here. Yeah. Well, so I've been studying regenerative processes for over 20 years, and I started really as a parasitologist.

I was interested in how parasites interact with the immune system at the Liverpool School of Tropical Medicine in the UK. What we sort of found back then, which we didn't really understand what we were looking at, was that certain parasites use exosomes to modulate the host immune system so that they can gain entry and survive.

Now, we don't know what it was back there, but we know now that we're using exo zones, and that sort started my whole journey on trying to understand signaling and signaling modalities in the forms of exasomes and other modality.

After studying that for many years and going down the route of cardiac regeneration and how the hematopoietic stem cell niche is maintained, I got very interested in the aging process because I realized that most of our diseases are associated with aging.

And if we can understand the aging process, then perhaps we could understand disease. And one of those directions led me to Heterochronic Parabiosis. It was an experiment published several years ago from Harvard University, where they took a young mouse and an old mouse, and they sutured them together so they shared a blood supply.

Based on my previous research at Harvard and at Cornell, I understood the power of young signals. And if you can take and harness those young signal, s I ended up actually winning an award from the American Heart Association for my work on cardiac regeneration.

looking at young signals and their influence on older tissue. But all of this sort of came together in my mind, looking the the convoy's research on heterochronic parabiosis, taking a young individual and an old individual, and somehow that old individuals seem to get younger.

So markers of aging came down. Their immune system came back, their hair color came, back grip strength came. Cognitive ability was improved. All of these things that you want to see in a younger individual started happening in these older individuals.

And so that sent me down this whole rabbit hole of trying to understand what those young signals are. Then that opened up my current career as a scientist studying longevity and aging.

So when they sutured the mice together, just again, did the old mouse get younger and the young mouse gets older? Did the signaling molecules from the older mice affect them?

That's what's interesting. So we do seem to accumulate sort of aging molecules. And what fascinating is that it seems that just simply donating blood is a very cheap and inexpensive way to improve your health span and your lifespan.

Just donating your blood to the big red truck that goes around is something you can do today to improving your quality of life. So yes, the younger mouse got older and the older mouse, got younger.

And it's because these young signals in the young mouse were passed to the old mouse. But this old stuff that's hanging around in, in older mice is accumulating now in younger mice and accelerating their aging.

So you're not bringing in any youth signals, but you are reducing your load of aging signals? Yeah, so typically what these guys do when they have a plasma exchange is they'll reduce their blood volume by a certain amount and then replace it with the same amount but younger blood or plasma.

Okay, but wouldn't you reject somebody else's plasma? Because blood is a tissue. Yeah, that's why he's using his sons, because they're matched. So when you donate blood, they look for your HLA type, and if you're an O or an A or B, all of these markers they looked for so that when the blood was donated and it's utilized in the hospital, the can call for the matching blood type.

It's the same idea. You can't just take anybody's blood. Unless it comes from a cord. So an umbilical cord actually has this hematopoietic stem cell population that can recapitulate a bone marrow after ablation.

And so that's used routinely in medicine where you would take a chord from completely unrelated individual. You won't have the HLA match, but you can use it and you don't need to worry about rejection for the most part.

Repopulate the person's bone. Yeah. Interesting. How is, so is this available? Parabiosis of younger, is a commercially available process? But, you know, I don't consider Brian Johnson, he's doing what he is doing, accessing things that other people can't access.

Is this something that somebody could do today? Yeah, so several years ago there were some early adopting companies out there that the FDA sort of tried to reel in.

There's some articles out about it. But more recently there are some companies that I've done a lot of research and I would say probably are more advanced than the initial companies were out that.

Yes, you can find opportunities to do plasma exchange. I'm not sure about in the United States but certainly abroad. Now in this clip, Dr. Lufkin explains that despite being deeply embedded in the medical system, researcher, professor, clinician, he realized many of the foundational teachings about chronic disease were outdated or just flat out wrong.

The full episode expands on each of these so-called lies, breaking down how modern medicine misunderstands chronic diseases and giving listeners practical science-backed strategies to reclaim their metabolic health.

For perspective, as you said, I'm not a conspiracy theorist.

Regenerative Medicine and Parabiosis

I am not medical outsider. Basically, a representative of the medical establishment. Spent my whole career as a professor at leading medical schools. Written hundreds of peer review papers.

My lab has gotten millions of dollars from drug companies and device makers in the federal government to do research about healthcare. I've had the honor and privilege of educating students and doctors in training and also the Honor of practicing medicine.

So I'm really, I am part of the system and the book, as we'll find out, is critical of Western medicine, but Before we

get into that, I want to just say a disclaimer.

I think I'm a huge fan of Western medicine. It has transformed our lives in the 20th century, the lives of all of us around the world, largely through the eradication of infectious disease and public health measures and the the treatment of acute conditions, and there's pills and surgeries that really save lives and make the world truly a better place.

And even today, if I get hit by a car out in front, lifestyle will be important for healing, we'll talk about lifestyle, but what will save my life is Western medicine.

I will need a blood transfusion, I'll need splenectomy, Western medicine even today still plays an important role. But the problem is and what what my book strives to address is In the 21st century, we're facing now a tsunami of chronic diseases that while they were around in the 20th century they're nowhere near in numbers or percentages that we are seeing today.

These chronic disease include obesity. Most people are overweight or fat. Hypertension. Diabetes now Most people are pre-diabetic or diabetic. But on and on, cardiovascular disease, cancer, Alzheimer's disease and even mental illness are exploding in the numbers.

And the problem is when Western medicine takes the tools that were so magical and transformative and so effective in 20th century against infectious disease in acute conditions, when we apply those same pills and surgery to these chronic diseases, they don't always work as evidenced by the fact that these diseases are getting worse and worse.

And to be clear, the pills and surgery may be life-saving in the short term. If I'm a diabetic and my glucose is through the roof, insulin will save my life.

But if I go on as a type 2 diabetic to a lifetime of injecting insulin, the chronic downstream effects of diabetes, many of them will not be reversed by the insulin and will continue to get worse.

So that's really the premise of the book. But how I was drawn into this was I'd like to say, well, I want to make the world a better place or something, but it wasn't that way at all.

I was minding my own business, doing my thing when I came down with four of these chronic diseases myself and suddenly it became real and I went to my doctors and they prescribed prescription medicines for each one of them.

You know, and I, we talked about a lot of things. I said, what about lifestyle? Said, it doesn't really work. You're going to need to take these pills for the rest of your life.

So get used to it. And I knew that wasn't going end well. Um, so it forced me to really examine what I believed and what many of my colleagues believed, and actually dive deep in some of the latest research.

And I realized that things are changing, that many things that I believe were true are not true.

Chronic Disease, Western Medicine, and Medical Myths

Many of things I taught and are still being taught in medical school are untrue. Thus the title, Lies I Taught in Medical School. Really, I think that where you're coming from is the magic of the book.

I Think the fact that you are part of this establishment is The magic at this book because it's too easy. Think too often. It's to easy for people from the outside to criticize and to have a voice of someone who is in the system who has appreciation for what the System does well and recognizes that there are shortcomings like I that's how change can actually happen.

Now, if you're a woman or you love a women, this episode offers life-changing clarity on breast cancer myths,

hormone safety, and what truly moves the needle for prevention.

Dr. Simmons brings both surgical expertise and functional wisdom, giving listeners the tools to make informed decisions and avoid unnecessary treatments.

She also introduces a potential powerful alternative to mammograms. The full episode goes deeper on how the current breast cancer screening system has so much more room for improvement.

Breast cancer is becoming more prevalent as we've learned and Dr. Jen Simmons explains why that is and what to do about it. For those that don't have access to QT and want to be imaged, you can use the ultrasound, but the ultra sound to me is problematic for several reasons and not for the reasons that most people think.

So the biggest objection that kind of mainstream conventional medicine has to screening with ultrasound is that it won't pick up calcifications. Calcifications are often the earliest sign of something called DCIS, ductal carcinoma in situ, that non-invasive condition that we talked about before.

And it's true. Ultrasound will not pick up calcification. My response is, I don't care. So what? Right? Like, like I think all these women need to know about DCIs or that they have DCI.

because it is not something that I don't think we should be treating DCIS like it's breast cancer. I do not think that we shouldn't take a disease that is 100% survivable and decrease survival because the treatments for breast cancers are not 100 percent survivables.

People get heart disease from the treatment for cancer, people get osteoporosis from treatment of breast caner, and people brain degeneration from treatments of cancer And isn't there a higher propensity of secondary cancers down the road?

There are, but people generally are not getting chemotherapy for DCIS. They are getting radiation, and there are some radiation-induced malignancies, definitely.

Breast Cancer Screening and HRT After Menopause

So it does increase their risk of having a second malingancy. And also not for nothing, but the malignancies that happen, the cancers that happened after treatment tend to be far more aggressive cancers because these treatments kind of select out for resistant disease.

And so the population that's left over that then gets to expand tends to be a resistant population Well, isn't there also damage? I'm just asking this because then you know, these are part of the narrative that we hear There's also to some degree damage to the immune system's ability to function from absolutely So now you're left potentially with more, you now more resistant you know kind of sorts of cells yes an immune system that's compromised isn't going to be able to function in the first as well yes and and quite frankly part of the evolution of a cancer is animmune dysfunction because you we all have this built in recognition system our immune systems that is supposed to recognize these rogue cells these these cancer cells in their infancy so that they don't achieve a mass, right?

So they don't expand and form a tumor. But our immune systems are so challenged anymore, it's like the busyness of life and all the toxins and the micro infections and food is a huge part of it, so if you're eating fake food, franken foods, processed foods ultra-processed foods these are all things that are challenging your immune system every single time you put them in your body.

I mean, excess sugar is a depressant to the immune system. Yes. And for five hours after you eat sugar, you will be immune suppressed. Women will, and I get these comments on my feed sometimes when we're talking about hormones, women who are 10 years, 15 years 20 years out from menopause saying, well, what about me?

Can I still do big HRT or is it too late for me. So it's absolutely positively not too late. Now, can we undo all the

damage that happens in that period before you went on?

No, probably not. But we can preserve. And so even if you've had all that bone loss, we're probably going to get it all back. We can stabilize that condition and we make things a little better.

Can we reverse all of the cardiac damage that's been done? Because when you lose your estrogen, you also lose the health of muscles, the blood vessels, that kind of thing.

Can you prove it a little? Yes. But here's what I know does happen. The brain gets clear, the brain fog goes away, The memory comes back, word search gets better, bladder symptoms get better.

The vaginal symptoms gets, better the mood gets. These are really important things. Quality of life is what it's called. Yes, these are important that there is no timeline put on them.

So when you're ready, go.