Conventional Medicine and Aging Bias

So what are the options? Like I said, you can either let nature take its course. And we see that a lot, where people are not maintaining and advocating and working on their own behalf.

We were just having a little conversation up here earlier about the conventional medical system and how they will just kind of let you go down the tubes.

I'm sure we've all had experiences. and I was sharing with Gretchen. I had an experience like that this year. about my knee, which I happen to be a woman who tends to get torn ligaments in her knee.

So I had my second torn legament last year and got it repaired. And first of all, the doctor said, you know, we hardly ever do these in people over 40. Well, I was 67. He said we'd hardly do this in over people 40, and I said really?

Why? And he said they're just not that active. I need to get this fixed because I am not sitting around. And so he did a fabulous job. I had an incredible recovery. I went to physical therapy.

Everything was just totally like smooth and as beautiful as it could be. i was happy. everything healed well. started working out with my workout class again and I did it slowly.

didn't do anything crazy. walked and then I walked faster and we did lunges and squats and things like that to build the muscles up. And then I tried a little bit of jogging on the grass.

You know, very soft surface, just a few jogs. And the next day, my knee was in excruciating pain. I was like, wow, I don't know what I did. So I waited a couple of weeks.

It was just something weird. so I try it again. Tried stairs, and the day I had excuciated pain, so went back to the orthopedist and I said, something's really wrong.

All I can do is walk slowly, like I, I cant exercise at all and can you figure out what's happening? And he, he said, well, you know, at your age, osteo, osteoarthritis, and I said well I didn't have osteoaarthritis eight months ago when you did my surgery.

I didnt have any pain then. Tore the ligament. He's like well you I don't know, we'll send you to physical therapy." And so I got to Physical Therapy, all due respect to Gretchen as a physical therapist, and the physical therapists started telling me her story of her bad knees and her osteoarthritis and I said, you know what, I need to see somebody else.

I want to somebody who's not going to write me off because of my age, who is going do an evaluation. So I've lived it myself and so i got somebody who I knew from the first knee surgery that I had worked with, he didn't write me off because of my age.

Vitamin D, Hormones, and Healthy Aging

And so I said, I want to see Russ. set me up with him. And he looked at my knee, and he really evaluated me. He's like, oh, your IT band is really tight, this is tight.

Your kneecap is not riding properly on the joint. It's pulled over to the side. That's what's giving you all the pain. So we need to really work on stretching.

You did all this manual stretching, I did stretches. I'm running again. If I had listened to an orthopedist and the first

physical therapist, I would have been mostly sitting around and taking a few walks and not exercising as vigorously as I like to.

So I see firsthand what happened to me in the conventional medical system. And so we were just talking about, I mentioned that I'm writing a book called the patient revolution, why doctors are blind to the solutions that will get you well.

Because I started thinking about, you know, Why was I so resistant for so long to learning about alternative forms of medicine? What is it about doctors?

what is that about our training? What is about the whole medical system?what is It about pharmaceutical companies and hospitals and insurance companies that feed into this rigidity of thought that takes us to pharmaceuticals or surgery.

And that's it. That's all we know how to do. And it takes a lot of times a personal experience to get doctors to look at alternative medicine. Or somebody in their family where they go searching, looking for another solution and finding it.

And so this whole view of aging is, well, what do you expect at your age? And there's not much of anything you can do about it, how many people are deteriorating more and more, and Gretchen was saying she does physical therapy at home with the geriatric population, they are just one thing after the other adds on to help them go down, down down.

Not the good food that they need, not the activities that the need not, the supplements they I mean, there was a study that showed very minimal doses of vitamin D in a nursing home population cut the risk of falls by 50%. Like, why would you not give that to everybody?

Why don't all doctors know that? why isn't everybody on vitamin d if they're in the nursing homes or if their elderly? You know, so that kind of thing just, you know It drives me crazy, you know?

It's a low-cost intervention. Well, it's not going to make money for the insurance companies, and it is not gonna make for pharmaceutical companies. It'll make a nutraceutical company some money.

That's gonna drive the whole system. Why are vitamin D levels so low? A few reasons. One is people try not to get too much sun exposure because of melanoma concerns.

And really about the only way you can get vitamin is through conversion of sunlight in your skin. As we get older, our conversion is not as good. So there are very few foods.

There's, you know, vitamin D fortified milk, which I don't think is great. Some mushrooms have vitamin d, but not the kind of amounts that you really need to get.

Hormones, Libido, and Sexual Health

And it's amazing to me when I got into anti-aging medicine, being in Southern California, and seeing how virtually everybody's vitamin-D level is, I mean, just like 30 or 20-something.

I see people who are less than seven. 15, 12, such an increased risk for chronic disease. I'm like, I am so happy when I see them and I know we are going to do something about it because I now that we're preventing some serious illnesses down the line.

So the whole issue of, you know, how is aging viewed? So your regular doctor, when you talk about hormones, first of all is going to think that hormones only mean those three hormones that I mentioned, estrogen, testosterone, and progesterone.

So that's what they think of with hormones. And if anything, they're going think about relief of immediate symptoms like hot flashes in women. They have no knowledge of the overall health benefits, nor do they really believe that you can slow down the aging process.

So without that belief, you are not even going to look for things that help people maintain good health, right? You have to believe it can happen. And I see it over and over again.

Don't we all know people who didn't smoke, stayed physically active, eat well, Many of them live a really long, healthy time. They don't get sick. But if you're a doctor and you dont really believe that you can slow down or change the aging process, youre not interested in hormones.

with all the media hype that I talk to you about and you succumb to the same doubts about hormones and hormone safety and promote that to your patients.

So that's one of the things I deal with like the doctor today with the vitamin D. I'm dealing with that all of time with estrogen, progesterone, testosterone.

So, like I said, there are many components to good health. Your health is like a three-legged stool. Lifestyle, what you're eating, What your activity level is, your sleep, Your mental, emotional, and spiritual.

And with that, I would also say community, because we know social interactions are very important to healthy longevity. are two of the legs, and then the third leg is the physiologic and hormonal one.

And that's a lot the area that I really delve into. So I want to tell you a few stories. I wanna give you some examples of some of things that we end up dealing with here in patients who come here, so you have an idea of what we do and how it goes.

So low libido is a very common problem I see. And I have special expertise and training in women's sexual function, and of course, by virtue of getting involved in that men's sex function.

Mood Disorders and Hormone Balance

I was active for quite a while in the International Society for the Study of Women's Sexual Health, which is wonderful organization that brings together psychologists, psychiatrists, gynecologists, endocrinologists researchers who research on rats so we had like these people talking about their rat studies and then we have other people taking about women sniffing t-shirts with men's sweat on it and you know haha it was really eclectic it's great So I know that, especially for women, their sexual function and libido is very complex.

It really depends on a lot of factors, self-esteem, mood, the relationship, but also hormonal. And early on in my practice, I met a really lovely woman named Maureen.

She actually had come to be in a clinical trial that I was running, and she didn't qualify for the clinical trail. And I said, well, you know, the bad news is you don't qualified for clinical trials, but the good news, since you dont, if you'd like to become a patient here and start working on some of these issues, we can do that.

She was in her 50s, she had recently gotten remarried. She said, my libido's horrible, I feel dead down there. If I never had sex again it would be okay with me, but it's not okay my husband, and besides I just got married.

So we did testing. We did restoration with estrogen and testosterone, because estrogen's important for sexual driving women, and the testosterone and other hormones.

And her interest in sex returned. She developed a nice sexual relationship with her current husband and she said to me really wistfully, she says, you know, if I had known about this years ago, my first marriage would have never ended.

So I was like, whoa, the power of hormones, And then mood disorders are a major problem that we see here, depression and anxiety. And a patient came to see me a couple years ago, she was 48 years old, brought in by her very concerned husband.

She was so depressed she made no eye contact with me. barely said anything to me. And she had previously been this high-level executive in human resources, done volunteering, loved to cook at home, you know, had a vibrant life, very active, and now she hadn't worked for two years.

She didn't cook anymore at homes. Her kids were kind of like fending for themselves. Their husband was trying to like keep it all together. And her goal for her treatment was to be able to at least get back to work part time and maybe start doing some charity work again.

And again, we did testing and started her on bioidentical hormones. And shortly after I started treating her, she became so depressed the husband had to take her in to get admitted to the hospital.

I kept saying, you need a psychiatrist. i'm not a psychologist. She was absolutely resistant to seeing a psychiatrists and ended up getting admitted. Well, then she got a psychiatric.

They diagnosed her as being bipolar and put her on just a touch of medication because with the bioidentical hormones and the things that we were doing to balance her neurotransmitters, she became balanced and functional very quickly in a matter of a few months, which anybody, any of you that know about bipolar disorder, it's usually months or even years until people's meds get balanced, and they become functional.

Fatigue, Testosterone, and Recovery

She really got functional in a matter of a few months. And the first thing she did was cook dinner for the family. That was the big landmark. By the end of eight months, she had a part-time job.

She was back to volunteering. And she really felt like a new person, she looked like totally different person. She looked me in the eye, engaged. So that was a somewhat unusual problem.

Most of the people I see have depression, not bipolar disorder with manic depression. But she made a really quick turnaround in talking to her psychiatrist.

We both discussed the fact that getting her hormones and all these other brain chemicals balanced really facilitated her recovery. Anyhow, the last story I want to tell you about has to do with fatigue.

Harold, who's a 51-year-old gentleman, came to see me. And he was really overweight, diabetic, really concerned about his cardiovascular health. He had stopped exercising, stopped riding his motorcycle because he so fatigued, and stopped playing tennis.

The thing that really propelled him to come here was that he had a girlfriend who was 30 years old, 20 years younger than he was, who is pregnant and going to have a baby in two months.

And he said, how am I going have the energy and the wherewithal to be a daddy to this new baby the way I feel? You know, I've got to do something. And so, we did testing.

His testosterone level was really low and I was anxious to work on his cardiovascular health and other things, but that's not what he wanted. He wanted his energy and his libido and erectile function back.

And, so his thyroid was very under-functioning, his DHEA level is very low. It was a quarter of what it should be. He was 50, he was on the really downward slope.

And so he took my advice. He got started on a program to get his hormones replenished and actually within a month he said, wow, I'm feeling so much better.

So he really was relieved because he could see like the baby was in the way and he is doing better, so that's our fatigue story.