Introduction and Guest Background

Well, the bone density factor with even teeth therapy, with testosterone therapy, and that's not one that you can just look at and measure and feel, but knowing that your body is doing a better job building skeletal muscle and getting rid of fat and in the building of your skeletal muscle, improving your bone health, reducing the risk of fractures and osteoporosis, that's when your 80 year old self can look at you now in your 40s and go, thanks.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hey everybody, thanks for joining us on My EMD Unscripted where the…

usual medical script of treating disease is tossed out and the patient becomes the center of the story and health becomes the point of the visit. So I am thrilled that you joined us.

Last week, we talked to Dr. Jeremy Smith and how he got started in direct primary care. He started My MD Select. So he's the original MD OG. This week we have Dr.

Jamie Kirby. She's our newest hire. So whatever the opposite of an OG is, but she's awesome. And Jamie, once you introduce yourself a little bit, tell us about yourself.

I know, I was actually trying to think of a really clever 14 year old lingo, you know, I'm the Ohio, I'm Sigma, I'm the new Sigma. All of the lingo that my kids are trying to teach me.

I will say none of that because it's cringy, but I am so excited to be on this team and think wellness and pursuing medicine. from the avenue of prevention, catching things early, putting the patient in the center, being a part of the solution rather than just kind of chasing the tail of illness has always been a passion of mine and trying to pursue that in traditional settings was nearly impossible.

So I love the model here at Miami Select and love being a part of it. I've been a doctor now almost two decades, which makes me sound so old, but also gives me street cred.

I actually love saying that now. Yeah. No one on the, on the YouTube channel will believe that you've been doing any doctoring for 20 years, but we'll take it.

We'll take the street cred for sure. Well, I'm counting elementary school. So, so then I graduated med school in 06 and, um, kind of took a roundabout journey through radiology and quit and just saw my passion being family medicine and patients.

And, um, been doing primary care. I started doing a little bit of what we're going to talk about today in Kansas City. And it was very innovative then working with a compounding pharmacy in Kansas City doing hormone therapy up there, kind of being one of the initial prescribers and doing that here has to spend such a seamless transition.

What Bioidentical Hormones Are

So I'm excited about our topic today. So that does bring us to the point today. I think our first sort of topical cast is going to be about bio identical hormone therapy and there's a lot of patients that are, you know, well, yeah, I'm on hormones.

I've got birth control pills. I'm doing testosterone injections and today is going to be a little bit deeper dive into some of the differences and what's going on.

So why don't you start with that? What is bioidentical hormone replacement therapy and like, how do you explain

that to your patients? What's different about it?

Yeah, I think that people will put those two terms synonymously. I'm on hormone replacement therapy and bioidentical hormone replacement, and they're, you know, clearly not the same thing.

And so it definitely makes me slightly uncomfortable when they're all grouped together, both negative and positive, how that can be interpreted by the patient.

So bioidentical just means the other big word is isomolecular or identical to what your own body is making. and your body, your brain, your cells, organs, from organs all the way down to the cellular level are going to perceive that hormone as it's yours.

Like it's going to look like it actually came from your body, your own body made it, but they come from plants. And I think that's the coolest thing. Bioidentical hormones come from sweet potatoes or soy.

I think what we use is from what The companies that we use are using yams or sweet potatoes as the source, and they do lots of fancy chemical extractions of the hormone, and what they end up with is exactly identical to what your own body's making.

So it's amazing. And bioidentical hormone therapy can start at different stages based on the patient. It's not, you know, oh, you hit menopause, now's the time to do hormone replacement therapy with bioidentical hormones.

I'm always going to lean towards bioidentical. I'm going to favor that 10 to one, then doing anything synthetic. Um, but sometimes there is a role for synthetic hormones sometimes with patients, including our testosterone, sippy and eight patients getting their tee shots that way.

But bioidentical hormones, uh, can start in our thirties when we start declining with that testosterone production in our body. And so it's a really cool way to combat aging.

The aging process is a downhill luge, so to speak. I mean, once you start aging, it gets you, and it's hard to keep up with everything that's happening inside your body.

And by testing hormones as early as our 30s, we can see that those levels of testosterone can start to decline with men and women. And we lose hormones and we age, we don't age and then lose hormones.

So we can kind of get ahead of that a little bit with patients and administer what was naturally there. And that's a whole nother discussion as to why testosterone levels have declined over the last four to five decades in America.

There's lots of hypotheses about that. But bioidentical hormones are going to kind of replace what your body used to make and help to replenish and restore the basic cellular functions, those are critical.

They play critical roles in. Yeah, I think, you know, bio or hormone mimicry is a fun way to think of it. It's like, hey, you're getting a little bit older.

Everything's getting a little bit harder. And our patients, I love it. Our patients come into the office and they're like, man, I'm just getting old. I can't, I can't think.

I can't, I can't remember anything. I'm irritable, I'm depressed, I'm anxious. Why is everything so hard? And I'm just, you know, just. Pat them on the back and say, okay, you know what?

We're gonna add a little bit of, we're gonna do some extended testing for you. We can get you there knowing that they just told me that they were low in their hormones and it makes sense.

The natural progression, the way God created us in the beginning was, well, after the fall, I guess we'll say, but a female starts declining in the need to have babies into the late thirties, early forties.

And so the testosterone just kind of naturally goes away. then they hit menopause somewhere around 50 if not sooner but life expectancy was 60 for most of human history and so it was just normal but medicine seems to be perfectly fine with extending life to be a hundred but they want Apparently 70 years of that, 80 or 60 years of that to be without any of the natural processes working correctly that any of the hormone dependent processes, which is almost everything.

So it's been really wonderful. When we started this practice in 2016, I was, you know, in the box residency medicine and I was spending an hour with every patient digging in deep.

And then there was just this wall I would hit where I just couldn't quote unquote, fix them. You know, like, well, I'm just so, yeah, I mean, it's, I feel a little better and I'm eating better and probably I'm losing a little weight and all these things, but I'm just, oh, and then finally my, you know, Dr.

Smith was like, when are you going to start doing some hormone therapy? And I was like, when I'm not the weirdo in town for being concierge medicine, that's, you know, so finally I just, I knew that I was on some hormone replacement and it had changed my life.

And so, um, when we started adding that back in, it was night and day. The patients came back to life. It was great.

Why Hormones Matter for Aging and Symptoms

And I have to be careful because it sounds like snake oil or it sounds like we're just dealing drugs to make people feel good, but we're making people healthy.

It's not just how you feel. It's also, we're looking at longevity, keeping you healthy longer. Yeah. Yeah. And it's, it's interesting to me how many patients will, uh, and friends just in friend circles, uh, in addition to the patient visits here saying, well, I just feel like my hormones have got to be off in some way.

And then they'll go into a traditional base practice and they'll have their hormones checked and they'll be told they're normal. and sent on their way, you know, to do the things like you said.

And here, I'm curious with you, I love that part of your story, how you started kind of seeing the need for hormones here with this patient centered model where the patient is the the center and we get to listen to all their complaints and say, well, what am I missing?

What else is there? And so I really, I love that you took the leap and did that here so that we can be a provider of hormones to patients here in our community.

You know, I didn't really have a choice. I was, I was, you know, I was an ER doctor before this. I was burned out, depressed, low T, thyroid screwed up.

You know, finally I let my doctor, I had approached Dr. Smith and he was, he was like, well, are you going to let me help you? I was like, I'm fine. I'm just busy.

I'm just busy. I'm just tired. And you know, then I decided I was so busy. I was just in depressed that, you know, I don't want to be a regular clinic doctor because they look miserable and I don't want to be an ER doctor anymore.

So I guess I'll just quit being a doctor altogether. I mean, that was the, obvious solution to my problem. I was going to go build tree houses for a living, which I would have been good at, I admit, but this is this is still fun.

And so God opened these doors for me to follow Jeremy into direct primary care and And just once I started getting my hormones replaced and realizing that like the light came back on and yeah.

And yes, I got out of the system at the same time and was able, but you know, it was, I really didn't let him start replacing my hormones until I'd already been in DPC for a little while.

So. Uh, it, it was night and day for me. So I was instantly a believer. And then when I started realizing that women start losing their testosterone so early and that it's an important female hormone and it's just been, you know, we get in our patient visits, we get way past how you doing fine.

Right. Cause we have the time to dig. And then they get into, you know, we do our normal panel on someone who's new to the practice and we don't know what our other goals are and how they feel yet.

It's just the, how you doing panel. And I'm, and I'm almost always disappointed that I don't have hormones on that first panel. I'm like, well, let's go ahead and plan on get following these this, this, and this lab up soon.

But when we do, we can grab some hormones and some. You know be 12 and you know let's let's get into how you're feeling and how we can help you be healthier and feel better and so the the business model if you will the the patient centered model of direct primary care and concierge medicine has been sort of that it's.

it's the vehicle in which a lot of these other therapies can sit because it's hard to do bioidentical hormone replacement therapy in an insurance dominated practice because insurance doesn't pay for it because they don't want to.

The studies abound. There's plenty of evidence, but they just, you know, not, you know, they've already got their, it costs more. They just assume you take a shot of testosterone or do some other.

Right. Yeah. So it's really cool how bioidentical hormones for you, testosterone, not only changed your daily life, but then you were able to then go and impact truly thousands of people in Tyler and make an impact in our community.

And the effect just trickles down. And I think with us, when we can be our own guinea pigs sometimes, because this is a little bit, I know we're gonna talk here a little bit about myths of bioidentical hormones, Um, there's some fear out there with what exactly it is.

And I, and I think the cool thing about, at my, about my MD is it being a patient centered approach to where there's not just one delivery method for bioidentical hormones.

Um, and, you know, patients have heard stories of somebody going to, you know, uh, a clinic and kind of getting inappropriate care or. um, spotty care and not evidence-based and no follow-up.

And so those, when those stories get told, then it can instill a little bit of fear and hesitation with bioidentical hormones because they don't have, they're not all FDA-proof, they're compounded.

And so I think for us at a place like Miami where you can have, um, the attention that you need as a patient and you can talk about those different modalities.

So, you know, you can do for a female, for instance, when they're testosterone. and they're late thirties, they're done having kids and they're coming in with all the memory issues, brain fog, and they're convinced that their kids stole their brain or that they have early onset dementia and their testosterone is undetectable.

You can offer things like bioidentical creams. You can offer the bioidentical trochees and kind of inch them up in dosage on those and kind of wade in the water with some dosages of bioidentical testosterone before you go straight to something like an injectable form of testosterone either.

And for females, I like that conversation, because it puts the power in the patient's hands. They're all the same molecule. You've got bioidentical testosterone in the form of creams, troches, and pellets.

And for some reason, the word pellet can be a little scary to a patient until they see how tiny it is and where it goes inside your body. And it's going to be the same molecule.

No delivery is necessary, necessarily superior. It's just going to be absorbed differently in your body. So I think

when the patient gets to have that choice and decide or try the cream and maybe they don't absorb it very well and they can see a little bit of a difference, but then they say, Hey, I kind of like that.

what would be something where I could get maybe a little bit better delivery and then we can talk about pellets and the cardiac output related absorption of pellets.

So I can definitely speak to my own personal testimony. I'm a pretty high energy person to begin with and get a lot done in my day and juggle lots of things with four kids.

And I felt like, you know, there's no way that testosterone can have that much of an impact on it. on my brain function, I feel like I'm doing pretty good.

And it is definitely like you said, like a light went off and the ability to maybe juggle a little bit more. And I didn't even realize that I was sleeping as poor as I was until I started testosterone therapy and night sweats.

I think that's another really cool one too. We haven't gotten into estradiol at all. We mainly talking about testosterone, but estradiol, you know, we, we do that with postmenopausal women.

And, uh, so it always kind of gets the, the blame for the sweats and the hot flashes, which yes, that is, that's going to be the cause of all those vasomotor menopausal symptoms.

But testosterone is a key player in poor sleep and night sweats. And a lot of patients don't know that.

Delivery Methods and Patient Choice

So when you educate them on all the things that testosterone deficiency causes, then we can enhance their life and make them feel so much better not change the sheets every morning and take off their soaking wet pajamas.

So yeah, so I think the different modalities is critical too, that patients can understand that we're not trying to push one particular delivery method.

It's all the same bio-identical molecule just delivered in a different way. And then we tailor that to each patient. And pellets sound like a commitment.

It's like, oh my gosh, a female, it's three months, whether I like it or not. And it's like, hey, if you stop a cream tomorrow, If you take a cream in the morning, it's gone by the evening.

Right. To the point that if you really want good therapy, you probably ought to do the creams twice a day, which ultimately a lot of those patients get the results they want.

And then some of them just decide they're like, yeah, but the hassle factor, man, that's legit. And so I was like, Hey, we have other ways to do it, but there's nothing wrong with what you're doing.

Only thing I like better about pellets for me is because as the doctor, they're like the control freak aspect of it. I like to know what their level is.

It's a little harder. As soon as a testosterone or estrogen hits your liver, it's gone, which is why we can't do it orally. Well, you can kind of do it orally with females, but it's really hard on the liver.

We're not into that, but it would just be impossible to do it with males. And so, you know, there's salivary tests and things that can help with the creams and the trochies, but I like to be able to say, nope, you're still tired and depressed, but your testosterone is awesome.

And so there's lots of reasons to be tired and depressed, but so many folks getting the initial testosterone and estrogen replaced back to a healthy 30 year old level, I say estrogen on women, we don't put them back at a 30

year old level.

We want more of a hormone replacement therapy dose, but on men. And on the testosterone women, we wanted at a nice 30 year old level and get you back where you were.

And even if you didn't feel like you were getting Alzheimer's, I mean, just the heart benefits, the bone benefits, the brain, the skin, your whole, every cell in your body has a testosterone receptor.

Most cells in the body have estrogen receptors. The data on hormone replacement is that if you do bioidentical hormone and you do it well, your risk of cancer goes down, your arthritis goes down, your dementia risk goes down.

When your hormones dry up, you die faster. And when we were, life expectancy with 60 is perfectly fine. It's like, yeah, it's just, you know, you don't live forever and you get to go to heaven.

It's, you know, it's a good trait. But we've got, we've gotten our poor, my parents' generation, our parents' generation, it's unfortunately that they've been, life has been extended, lifespan has been extended, but not health span.

Not health span. Man, I really think there's a good entire generation of men and women who went without hormones because of the study that was done, women's health initiative.

And so if we can, try to help patients dispel some of those myths and give them resources, then we can help them to feel better. You mentioned a couple of them with regards to the potential benefits of testosterone and estradiol.

I don't know if we want to camp out on some of those, start with one or the other, because I think the cool thing about going back to testosterone, because I think this is an important topic that I like to talk about with patients.

I think sometimes women believe that we need to get on testosterone to improve our libido or my libido is in the gutter and I need to only get on, you know, the main reason why I'm getting on this is so I can boost my libido.

And I think that's a, that's a, not a poor motivator for females because you're like, well, I'm doing this for someone else. Like, right. Right. I don't see the motivating, why would I put this medicine in my body?

And that's an important part of our, and sexuality is a big part of who we are. So that is an important part of our health, but it can't be the only reason.

To me, that is an added bonus that comes along with the territory of improving mood emotional regulation, our memory, anxiety, forgetfulness, the brain fog.

The brain fog is a very relatable symptom that most women would raise their hand in regards to, you know, aging and being told for years that, you know, welcome to motherhood or welcome to perimenopause, welcome to menopause.

That's just the way it's gonna be instead of, hey, we've actually got something to help that can help make you feel better. And you're not alone. It's universally true.

Everyone loses their hormones. It's how we were designed, but we've, you know, lifespan healthspan conversation again, it's, you know, it's, you're not alone.

And it's, you not only can you fix it, you sure, because of all the other things that it's doing for your body, even it would be, you would be better off for it.

Now, no one's going to go through all this if they don't notice any difference, but, um, there are, you know, objective benefits that are, that you can't even necessarily sense in the day to day.

Well, the bone density factor with even teeth therapy with testosterone therapy. Um, and that's, that's not one that you can just look at and measure and feel, but knowing that your body is doing a better job building skeletal muscle and getting rid of fat and in the building of your skeletal muscle, improving your bone health, reducing the risk of fractures and osteoporosis.

That's when your 80 year old self can look at you now in your forties and go, thanks, thanks for doing that. Right on. Well, and you know, right now, you know, Peter Attia will say that your, your grip strength in your forties and fifties directly correlates to your life expectancy, right?

So your ability, that's why just doing cardio is not enough. You got to build some muscle with that, but your, you know, with, with your hormone depletion, it's almost impossible to add muscle mass after the age, I don't know, we'll say 60. It's just your body's like, no, we're in the decline mode.

And so by keeping your hormones rolling through your 40s, 50s, 60s and beyond, you can continue to build, if not maintain your skeletal muscle core and your bone strength.

So it's been pretty much a life changer for so many of my patients. I've got so many poster child that came in frustrated and grumpy.

Benefits, Myths, and Safety Concerns

And over the last few years, they're down 100 pounds, not just from the hormones thing, but part of just, you know, full therapy care, but they're also they're, they're healthy and strong and can think and their mood and they're just, it's, I love it.

I keep their profile picture from when they first come to the practice. I keep it in their chart. And I, you know, when I sit with them, I just pull it back up every once in a while.

I'm like, Hey, look, this is who you were. And they're like, Oh my gosh, you got to get rid of that. Like, no, no, no, that's, that's the best part of my day right there.

Yeah. Well, you got to keep running the opposite direction. Cause if you, I mean, and so looking at, looking at where you once were and not wanting to be there as a reason enough to keep sprinting in the other direction.

So. Yeah, I think the success stories are, you mentioned, you know, some of your poster children or poster patients here at the practice. And I think my most satisfying texts or messages through our system of patients hugging me after vacations or after a wedding or big events where maybe they would have struggled through or not felt as great, had a hard time handling the responsibilities of their work or an event and have no less than hugged me and thanked me, have seen me out in public and squealed and hugged me and said, this is my doctor who's been giving me hormones.

I feel so much better. And not just that feels good. So you don't always get that that immediate improvement and things that slow going a lot of times with our, and that's why it's worth it.

Anything that's worth it is usually a little bit hard, but sometimes when you're administering bioidentical hormones, sometimes that effect is really immediate.

So I love the actual faces that I can picture as to why we're doing this, you know? And for the people that are like, yeah, but, you know, my mom had breast cancer or, you know, my dad had prostate cancer or, you know, my dad had a heart attack in the sixties.

So I probably shouldn't do hormones because obviously they increase your risk for all those things. How do you sort of combat all that? Yeah. Well, that's when usually I'll pull up some studies there.

in the office with them and, and because I, I want to be, uh, we all here at Miami want to be practicing evidence-

based medicine and we're not over here functioning on an island, uh, practicing medicine different than the rest of the world.

You know, we're, we're in line with evidence-based practices. The issue that, that you can run into with bioidentical hormones is that there's very few studies But so what we can do is kind of go back and look at the fallacies and the ones that were done with the synthetic hormones and kind of show the difference of the.

The faults in those studies and why we really can't always trust everything that we're going to see on the news. And the big pharmaceutical companies that are making these synthetic hormones are going to be the ones that can fund those studies.

But I think, but tangibly, so in answering your question with say, let's say heart attack, you know, my dad had a heart attack. I'm worried about. testosterone causing blood clots or causing like a, you know, blood caught in my leg or causing a stroke or heart attack.

Then you have to, one, make sure that that patient doesn't have some sort of hypercoagulable state that is untreated. And, you know, if, but if the reason which most heart attacks are and coronary artery disease caused by hyperlipidemia and metabolic cyst syndrome and maybe diabetes, then The issue lies in treating the underlying problem, which is one testosterone deficiency we know plays a role in cholesterol metabolism.

So testosterone plays a role in cholesterol metabolism and keeps our fat to a minimum and helps us to build muscle, which then is also, and I think this is interesting too, most of our bioidentical studies are observational instead of, you know, placebo randomized studies because nobody's going to sign up for those.

But in observational studies, testosterone is going to help with cholesterol. It's going to help with our body mass index and our building of skeletal muscle, like we talked about, and our lean muscle mass.

which then place trickles down all the way to cellular level to where we have enhanced glucose uptake and our A1C goes down and our lipid group. Insulin resistance decreases.

Yeah. Yeah. So the benefit to me in those settings outweighs the any sort of Concern and usually that's enough for a patient and then there's been no studies that show that testosterone replacement causes heart attacks or causes drugs or causes prostate cancer.

It's just that men have testosterone and men have heart attacks at young ages. And so it's an association that's completely off base and. with your testosterone mimicry replaced, you're more likely to get up off the couch, do a little exercise.

Maybe you have a little bit more energy. Maybe you have enough energy to eat a little better instead of just craving some carbs and going to bed. And so there's a lot of sort of indirect benefits as well.

And then estrogen as well on the post-menopausal females with bone health, skin health. I think it's fairly heart neutral. I don't know that it's beneficial, but it certainly, You know, one of the big players is everyone worries about breast cancer, um, with, with estrogen and the, uh, women's health initiative study in 2001. We don't have to get all into it, but it was, it was done with non biochemical, a lot of synthetic mimics of estrogen and progesterone, which at the time seemed like a reasonably good idea.

And they did the study to prove that it makes you healthier because it made sense that it would. And then as it turns out, you use the wrong. chemicals, the wrong wannabe hormones, it turns out it's not good for you.

Yeah, yeah. most of our patients are, when they come to us, they've already kind of usually come to that conclusion. These are the conversations I usually have with people outside of the clinic who are still deciding, right, at church, dinner, school events, and, you know, what are you doing over there at my IMD?

And that's where we have these discussions as to whether or not those studies are even valid and can be trusted.

And I think the intent with all of those studies was to truly And the intent of all doctors is to try to find what is best for our patients.

And so I know that the intent with the fear of hormones is because doctors are caring for their patients. But you mentioned the other concern that people had with breast cancer or, you know, my mom had had breast cancer and I was told that, you know, I shouldn't be on hormones.

And I think we have certain responsibilities that we have as bioidentical hormone administrators, providers, prescribers here at IMD. And we take that really seriously.

And it's important that patients know that. And other doctors know that in town, know that we don't take this lightly. And for each of those patients that has a concern like that, and for each patient in general, for females, for instance, a post-menopausal female or menopausal female, however you want to view that, because you never really like, when did you go through the door of menopause and you go out the other door?

You don't really, you just walk into menopause and you stay there, unfortunately. But for those patients who need estradiol because of its cardiovascular benefits, because of its metabolic benefits and bone health and vasomotor symptoms, those women need estradiol.

And so then it's our responsibility as doctors to dive into their history. What is their breast cancer risk? And if they have a close family history of breast cancer, have they been evaluated for the BRCA gene?

Have they had their appropriate breast cancer screening? And we also collaborate with other physicians at the Breast Center and making sure that that this patient is not at a heightened risk.

Now, the benefit outweighing the risk in a lot of these situations, breast cancers are fairly common, which is unfortunate for us girls. It doesn't mean that every family member of a mom who had breast cancer when she turned 75, that that means her daughter can't have bioidentical hormones.

So that each of these cases has to be considered on an individual basis and giving bioidentical estradiol, bioidentical testosterone in my opinion. And the big key there is making sure patients know that we're practicing with safety parameters.

So we won't continue to give you hormones if you're not able to get your breast cancer screening, because then I could be unknowingly giving you estradiol and you have an estrogen receptor positive tumor.

You know, how am I going to know that if you're not having your appropriate screening and the levels that we're giving are just enough to really help them maintain their bone health.

And so those have been through observational studies shown to be beneficial for women. And so that benefit outweighs the risk as long as we're being responsible and making sure our patients are having all of their cancer screening and protecting that uterus.

women who have a uterus, you've got to be on progesterone. That's not one that you can toy with, or I'm just feeding your little endometrium with estradiol and causing you to bleed when you're 67. So we will not do that.

And if you have a uterus, we're going to be on a progesterone and and bioidentical progesterone, which is very different than the progestins that we're studying in the women's health initiative.

Like we could beat that horse for a lot longer and we probably shouldn't. But I will say that estradiol is not been shown to be a breast cancer risk factor.

It's Maybe protective, maybe not, but it's certainly safe to take unless you have an estrogen sensitive breast cancer already. Similar with men and testosterone.

Low T is a prostate cancer risk factor.

Screening, Risk, and Personalized Treatment

it's low T times time that increases your risk of prostate cancer. So if you replace your testosterone with bioidentical testosterone, you're actually protecting against prostate cancer to some degree.

But if you get a prostate cancer, it by definition will have testosterone receptors in it. And we're gonna back off on that until that is solved. And I do have patients that have been past prostate cancer.

It's all been cleared for long enough that even the urologist is like, yeah, it would be okay for you to get back on testosterone replacement at this time.

We're a little gun shy with breast cancer patients on that. Maybe you could get away with some testosterone because there's been studies where testosterone helps treat breast cancer.

That's kind of front edge stuff. We play within the rules of the game. But I like the idea of that. That's some cool cutting edge stuff with testosterone being used to help treat.

I think that's where medicine is headed with kind of looking outside the box because a lot of our, and I think it's also important for us to say as doctors that we're not pushing back on all big pharma medicine and no big pharma is bad.

We're going to only give bioidentical compounded medicines over here at IMD. But in this setting, for some reason, I really hope that maybe there gets with time and the future hormones that they can become a little bit more mainstream because unfortunately doctors are having to leave their traditional practices in order to come receive bioidentical hormone therapy from us.

They can't get it at their traditional practice because it's not offered there. So they have to, so we've got doctors over here getting bioidentical hormones and then doctors truly having to leave If they want to be an admin like to administer bioidentical hormones or prescribe them, they're going to feel more comfortable outside the traditional setting.

So, but we're not pushing back on all traditional medicine here. But it's just something that we're willing to kind of do something that we know is going to be better for the patient.

And, um, which is going to involve doing something that's unfortunately not FDA approved yet, you know? Well, and it goes, it goes back, you know, if you, you have to just follow the, you follow the money, like they say on the movies, whatever it ultimately the continuing medical education classes are sponsored by people that have financial, um, gain from you being there and buying their product and hearing their spiel and And so there's just not really an avenue where it's just in a direct primary care world where insurance has no say and those other products have no sort of access to us where we can just it's me and the patient and whatever.

their needs are, let's see about finding us a safe, effective way to treat that. So it's been a blessing. It's been God's little miracle for us to have the model in which to practice.

It doesn't make us smarter. It doesn't make us better. It just makes us lucky. And I really hope that the outside of this business model and outside of direct primary care and concierge medicine, that our colleagues will start writing some bioidentical creams to the local compounding pharmacy.

That's not too much. It's just, where would they be exposed to that as being better, right? Where it will come, the patients will demand it. Yeah. Well, and if we can get one partner over here and a couple, then inevitably the other partner ends up showing up because somebody feels really great and the other one wants to feel good.

Or we get friends of friends, but that also brings up a good point. Once you treat the husband or wife, then the

other one, it would be good for them to pop through our doors and see what we've got to offer for them.

Yeah, that's true. I do when I have a you know, a 60 year old male with low T and no libido, I do have that conversation every time. Like, hey, you need testosterone for a hundred reasons, but it will increase your libido.

And if your wife is perfectly happy with never having sex again, I don't want to be a problem in your marriage. So y'all need to have this. And then we can also help her with her side if needed.

So. Okay, so let's see. Anything else we want to close this up? How can people reach you, Jamie, if they want to touch bass? Yeah, well, I'm here at Miami three days a week now and then my appointment or availability on those other days.

And that's because I'm teaching at UT Tyler med school or working urgent care a little bit, but you can reach me here at Miami. You can text the number.

I'm sure we'll list it here at the bottom with our contact info. I'm also on Instagram, Jamie Kirby MD. And if you, start following my MD select you'll see me listed as one of our doctors and you might see us both of us actually on some goofy videos that we like to lightheartedly show a little bit of what we do here so you can reach out to me social media and usually when you become a patient I'm going to give you my private number so bonus.

And if you don't, the, our patients have a hundred percent access to us anyway. So yeah, that's right. We've, we've made that access is not a problem.

So I think it's important to just one more little tidbit in there that it's important for, for, for patients, whoever's ends up listening to this, just to know that we will tailor your bioidentical hormone therapy to your needs.

What's convenient for you. Cause trophies, your friend might do trophies, but you don't want to do trophies because you travel all the time and they need to be refrigerated.

Access, Practical Tips, and Closing Remarks

So you thought you wanted to do cream, but then you don't absorb the cream very well. So then we're going to dabble in a little bit of pellets. And so I think with each patient, we're going to listen to you and figure out, we don't think there's just one right way to do it.

There's many different ways that we can get you. And even I will have the conversation. We even touch on this. I kind of, I thought maybe we'd have time.

We both like to talk, but where we can kind of boost our own bodies. What are some natural testosterone boosters and can we boost it enough to maybe get a patient who's a little younger to hold off on testosterone therapy or, or if they're hesitant about it.

Well, here's some natural ways you can boost testosterone. And that's what you'll get here is that individualized care. Um, or we can find what works best for you.

You know, they call that a tease in the business. We should do a whole episode on, on, cause we will, we'll do supplements and we'll do, you know, nutraceuticals and we'll, we'll touch on a lot of things, but that'd be a great episode one day.

And, um, You know our our patients are getting a little spoiled and we want to you know spread the gospel of this direct primary care and the opportunity to to be in a doctor patient relationship and you know all over the country and all over the world where.

Docs are setting up practices like this so that the patient gets to be the boss, the pilot and the doctor is the co-pilot. And it's really shared decision-making all day long.

It's a beautiful thing. So, all right. Thank you so much, Dr. Kirby for joining us today. I suspect we'll have you on many times. It's fun. I love it.

Thanks for joining. Thanks everybody for listening. Our contact info is in the show notes. Feel free to like and follow us at some point and eventually we'll be good enough to deserve that from you.

But in the meantime, thank you so much and have a great day. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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