Show Intro and Guest Introduction

teach me how my body will respond well to what type of nutrition, what type of exercising, how is my sleep doing, how can I tackle my type of stress, et cetera.

So that's preventive. When you are already in a chronic disease and especially obesity, mental health, it is without doubt the most important, let's say, to sustainability because we know how sustainability goes to you cannot stop doing cardiovascular exercise the obesity medical association has a very clear after you lose x amount of of of pounds if you want to keep them off you have to do at least 300 minutes between 200 and 300 minutes a week of zone two to three um you can talk you can sing it's a lot of time to be invested but how to keep them motivated Welcome to Doctor Talks, the podcast where every episode leads to a healthier you.

Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease. In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors.

If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place. Get ready to unlock the secrets of lifelong health and vitality.

This is Doctor Talks. Real talk from real doctors on the issues that matter to you most. Hello, welcome everyone back to the integrative health podcast with Dr.

Jen. Today we're going to be talking to Paoloa Dalaman, otherwise known as Dr. D. She's a triple board certified MD who finished her residency in pediatrics and adolescent medicine.

She's a diplomat of lifestyle medicine and board certified in obesity medicine. and has a menopause certified physician. She's also the CEO of Somitus, a unique medical home like practice where patients undercover their metabolic health and work towards lasting personalized transformation through the power of lifestyle medicine.

As the voice behind the Double Down with Dr. D podcast, she brings science, soul, and spirited midlife conversations to the forefront, helping people reclaim their vitality with purpose and joy.

Welcome Dr. D, so glad to have you here. Thank you, Dr. Jen. Thank you so much for inviting me to your podcast. Yes, yes. I'm so excited to talk about metabolic health today.

But first, I would love to hear just a little bit about you and your background and how you went from, you know, pediatrics and adolescence to lifestyle medicine and obesity medicine.

Yes, sure. And I'm happy to have you on the other side of the screen because you understand how it is trying to reinvent yourself through all these paths in medicine.

Dr. D's Background and Career Shift

So I'm a traditionally trained MD, a medical doctor, and I went to residency in New York for pediatric and adolescent medicine. And on my last years, I went back to Canada to train to continue with my journey in pediatrics.

But over there, I started the clinic on adolescent medicine, especially women's health, teenagers, and based on dysmenorrhea and all the menstrual disorders.

So this is my first big dive into hormones. and especially women hormones. After that, I received an offer to go and

live in Bermuda Island. I practiced adolescent medicine there for 10 years.

Initially, when I arrived on the island, I was the only female adolescent medicine doctor, so basically all the teenagers were my patients in that island.

So this is how I practiced for more than a decade on adolescent medicine. I came back to the States and like we had a quick conversation, COVID came along in 2019, well 2020 really, and it hit me hard and I was just, I had to re-question many things.

and where I was at that point, how much I was doing in society. And when I was about to drop and say, maybe medicine is not my path, I would love to become a yoga teacher, that was in my mind.

Someone very close to me was one OB-GYN. She's a family doctor, but now she's OB-GYN. She said to me, no, maybe you just need to change the perspective of things.

And this is when she brought me to a conference, which was like women in medicine, where many of these women were already diplomats on lifestyle medicine.

So I questioned what lifestyle medicine is. It doesn't exist. I don't know what is this aborted in that. And then just the description of what lifestyle medicine was totally aligning for what I was dreaming on.

I just kind of put a word on me on, yes, this is what medicine is. This is what I want from I was in my early young adult years to learn and to practice.

So I start exploring that field and I start to fulfill again that purpose that I had very clear from very early that I wanted to practice. And it was through lifestyle medicine that I start just you know, just tightening all the nails on, I want to know everything well.

So with lifestyle medicine, which is the basics of many things, grandma always told you, right? It will, and I'm going to put sunscreen on it. All the way to how we are going to tackle those chronic diseases and why those chronic diseases can totally can be either reversed or improved or at least maintain stable through changes that you can do at home.

So I started with lifestyle medicine and then I wanted to be more knowledgeable on managing specific chronic diseases like obesity. And then with the whole process through perimenopause and menopause from the personal point of view as well, hormones, the same hormones that I've been dealing with since ever, the same ballet between estrogen and progesterone testosterone brought me back into this new transitional physiological time of the women, which is premenopause and menopause.

And I found that it was very well taken by the community, not only from my friends, but for my patients. And here I am. I decided to create a clinic. A year ago, we opened.

We moved from Oregon to Florida. And with the help of my husband, we opened a clinic on metabolics. He's high in technology. So he said, I would love to gather data that is as precise as possible, and obviously that he has the science behind.

So we created a type of a medical home that I was already used to it to have back in Oregon from the system, obviously, many, many people, many experts under the same roof helping you to navigate together through your metabolism.

based on data that it can be objective out of certain technology and my medical expertise and my experts to help you to cheer you through the path to a right to your own objective decision that you want.

preventive, either it is weight management because you're suffering of obesity or you've been recently diagnosed with diabetes type 2, whatever it is, your path, we can put it together for you and we do inform decisions.

That's one thing that is very clear for me. Education is the base of my practice and the decision comes from you. So that to give you, and this is how Somantis was created a year ago.

And we are in that process of putting our word out there and we're getting a lot of success because people want to be listened to. And many people likes to hold on on this technology, right?

I have a DEXA scan. So body composition is there, right? I can show them how the difference between their subcutaneous versus their reset of thought.

Why Metabolic Health Matters

um the lean mass which is absolutely the muscle is the organ of longevity so your lean mass is a gift please keep it your bone density absolutely as as any of us it doesn't have to be only women in menopause it's bone density how much you can preserve that from your 30s so this is what I do and I'm finding myself Again, I'm happy to be practicing this type of medicine.

I take my time. I listen to my patients. I take every patient in an individualized way and I guide them through depends of what their preferences are based on an education that I'm giving them scientifically based education, trying to clear up the noise that many people has been like, Obtunded from social media and even the neighbors.

So this is me. Right. I love it. Well, I can feel your passion like coming through and and that's I remember when I started out with my brick and mortar.

That was how I was to and I and it just keeps growing and growing and it's So exciting. So I'm so glad you took the leap. And also, your husband is your friend, technically, right?

So I'm like, well, I was just joking. But I'm like, well, like, my husband is my friend. Like, he's my best friend. Like, he knows everything. Anyway, I thought that was cute.

Well, so I love that you have all this different technology to show people, you know, bone density and how much muscle they have. Well, when it comes down to it, this is metabolic health.

So why do you think that metabolic health should be the foundation of our health journey? So everything starts from what one of our courses in medical school, which is called physiology, which I loved it.

So basically it is the whole process, right? This is where root cause is based on. so we start with that physiology that I would say in medicine century we have been learning a lot we don't know everything in medicine many things still come along with we don't know how but this is how the body reacts and then we are always finding these new hormones, new enzymes, a new kind of peptides or amino acids, that it was new inflammatory market.

So we're still learning a lot about medicine, but what we have, at least the knowledge that we have up to now, we at least can put it together in chapters in education.

And then when it just splits into why everybody metabolism can at one point be different, this is when I think technology helps. And a good simple example, it is, I do own as well a breath analyzer.

It's a type of indirect calorimetry, the very old fashioned kind of technology that the registered dieticians been using forever in the intensive care units.

to create TPNs, parenteral nutrition for the people who's in coma. They just, with a mask, depends of your oxygen consumption and your CO2 production.

You can arrive to a very accurate amount of calories that you burn at rest. That's what we call resting metabolic rate and RMR, which is essential for everything that we are doing metabolically-wise.

It's basically the energy that your body requires to stay at rest and vital. So your brain, your heart, everything what your cells do while you are relaxing.

There is a lot to learn about that resting metabolic rate. Why that for me is precise because this is going to be Dr. Jen burning exactly 1,347 calories when she's at rest.

That tells me a lot about your body. And that tells me that you are not going to fall into that category of the registered dietitian telling you, well, because you're a woman and your size is average size, so you should be eating between 1,200 to 1,600 calories.

It's a range. Everybody is different. The second part is the macronutrients. When you are at rest and you are burning those 1,347 calories, Do you do it mainly through carbs or you do it mainly through fat?

That's what we call the fat burning efficiency. So yes, many of us, including the nutritionists and the RDs and the sports medicine, we all know what resting metabolic rate is, what macros are, and how fat burning efficiency works, but we apply it as a general rule.

when there is technology that it can go precise. So this is when metabolism becomes individualized. If I sit in front of you and in front of me and I explain to you after gathering all this data how your metabolism is working, what's working well and what can be improved and very unique to you and that includes genetics as well, right?

That's another conversation as well.

Obesity, Motivation, and Sustainable Change

Say genetics at the end is like, what is your tendency to develop X or Y and based on your genetics, on your microbiome, on the data that I'm collecting altogether, we almost create this perfect recipe of how to make your most optimal metabolism continue supporting you for the next years to come.

And this is when Peter Ratia comes with his longevity and his health span and not life span. And I totally this is my way of thinking. So this is when I think metabolism plays a foundational role on any of our health from cancer to stress and depression to diabetes to autoimmune to chronic pain, everything starts there.

Yeah. I mean, it's, it's hard sometimes, right? It's hard to be the doctor that says metabolic health is so important because we're going to ask our patients to do hard things, to change their diet and to move their body.

So what, what do you think the biggest challenge, you know, with that, right? Obesity medicine is very challenging. I mean, how How do you give them hope?

How do you work through them when they've tried with them when they've tried everything, when they're struggling and they still just can't get metabolically healthy and lose the weight?

Correct. I think especially you talk to obesity, right? Which is a chronic disease that has so much behavior. behavioral health behind. First, and without doubting it, you need a team.

I'm not the kind of person who thinks that solo would work. You don't need it underneath the same roof, like I'm trying to put them all together here, but you could just collaborate with a team.

One of these person in the team, which is essential, is a behavioral therapist who understands how to continue doing motivation, right? This is like motivational interviewing, pinpointing to what exactly is triggering certain conditions that this person with this is suffering right now.

What comes from your mental health? What comes from your physical health? We add on the technology and together you start putting that. I want to tell you something.

When we start treating obesity or any weight management, when they overlap, because sometimes overlaps with diabetes, sometimes overlap with the obesity range on a menopausal person, and we put them together, there is a lot of motivation in the first three months.

And so now we're about to talk about sustainability, which is a big word. This is where the magic is supposed to happen. And sustainability comes from almost a shift in your mind and the mind of the patient.

And as long as one, you give them autonomy after you pass the educational part, which is they will, they will have the educator in their body. They will know what is best for them.

they will know oh when I do intermittent fasting this way or this way it works otherwise no I feel horrible when I do intermittent fasting maybe you're going to be a smart snacker whatever it is going to be we meet the patient where they are and it's going to fit their needs and their preferences and then we support them by three months and I tell them that in advance they're going to start seeing a little bit of a change is normally in a human being mentality, the things are starting to get a little more of a routine.

So we have to start pulling in into that motivation. Everything starts from what is your objective and what motivates you to arrive to that objective.

I always make a joke that for me, my best patients are the ones who arrive here that they are already scared. So they already went through a scare. the other doctor just diagnosing with something, whatever it is.

Malignant is somehow that we can do something about it. Diabetes type two, pre-infarctus, things that makes you scared. Some people is very much into preventive and this person is intuitive and say, okay, I'm arriving to this age, I'm gonna continue being as healthy and we do VO2 max here.

So we go, let's see how you're doing with your VO2 max. We're gonna continue keeping that VO2 max where it is. So that's the preventive side and these kind of people is already in a mindset where it is their health is one of the priorities.

As much as brushing your teeth is a priority in your dental health, these people invest into their, teach me how my body will respond well to what type of nutrition, what type of exercising, how is my sleep doing, how can I my type of stress, et cetera.

So that's preventive. When you are already in a chronic disease and especially obesity, mental health, it is without doubt the most important, let's say, to sustainability because we know how sustainability goes to you cannot stop doing cardiovascular exercise the obesity medical association has a very clear after you lose x amount of of of pounds if you want to keep them off you have to do at least 300 minutes between 200 and 300 minutes a week of zone two to three um you can talk you can sing It's a lot of time to be invested, but how to keep them motivated.

So just pushing and pushing and having your cheerleaders along the way, you can arrive to a point of creating a habit. And habits can be created. There is a lot of books being written about it.

And that's, for me, the most important. But I always tell everybody, life happens. And it happens to all of us. And life is a roller coaster. Otherwise, it's not going to be fun.

It has to be a roller coaster. The fact that you already achieved all this doesn't mean that if next year we go back into some time here, it doesn't mean that you fell down.

It means that it is down in your roller coaster and there is going to be an up afterwards. There is always learning and it's not a de-learning. It is just a matter that life happens and we have to tackle life as all these new things come to our life and how our metabolism responds to those new things.

Things that we can control, things that we cannot control, but we try just to make it in little baby steps and a right to the habit again that puts it up into that roller coaster.

This is my answer to you. I know it is not a straight one. I hope I wish, but it goes person by person. But I don't believe that has nothing to do with willpower.

Willpower is not something that we bring into the conversation because that was the misunderstanding for many, many years. especially people that has been suffering with obesity.

And this has nothing to do with willpower. It's like if you tell a diabetic that because of his willpower, now he has to inject insulin. So it is a chronic disease.

It is a chronic disease that is related to lifestyle without doubt, but has nothing to do with willpower. Yeah. And it, there's always a lot of shame with it too.

And, and that's awful. And, you know, I don't think everyone's the same. I do think some people, they, they do, they do overeat for whatever reason emotionally, you know, stress eating.

Hormones, Perimenopause, and Menopause

And, but I also have patients that they have restricted so much they you know and that's some willpower i mean when they tell me what they've been doing i'm like you have willpower this is not a willpower issue so i think that's when we have to bring in other things you know like supplements peptides weight training different things so definitely it's it's a lack of knowledge and that's what's really frustrating is especially with america they're so so much obesity issues and we didn't get into toxins and our food that we have where it's pretty bad but yeah it's it's multifactorial and I love that you really sit with patients individually and just give them the respect they deserve where if they're going into an insurance model physician office that they probably will feel that shame and that guilt, you know, and it's not their fault.

So let's talk about hormones. You have such an incredible passion for hormones and I love that we share this passion and it's important to have more female physicians, women physicians out there advocating for ladies during perimenopause and menopause.

So I would love for you to share menopause through a holistic lens. Yes, so everything is started and again I'm going to go back into my whole education and education requires not only knowledge from your side but also time and eye contact with the person that you have in front of you and that's what we don't have as physicians when we are in the system seeing patients every 10 minutes.

So when I was doing my dysmenorrhea clinic back in Canada, then often we, and we had enough time. It's just that the system is different there. So we will be seeing, so the specialist, they were referring to us, so I will have a good one hour with the patients.

But what I noticed is the teenagers had no clue about their period. No, zero. They had no clue why they had it, why not. Some of the patients were told by their mother about their period when Because you're going to have a period.

We won't believe it. Even in this century, there is girls that they are not taught that they are about to have their period. Like, seriously. I had one of my nurses that I adore that told me that her mother never explained to her that she will have a period.

She's a nurse. Their mother never explained to her that she will have a period. When she got it, she thought she was dying. And she went to the bathroom and locked herself until a friend of her came and said, you're not dying.

I'll explain to you what it is. And that was a 13-year-old explaining to another 13-year-old what it was happening to her body. That just happened in this century.

My nurse is young. So she's in her 30s. So I'm telling you, this is such a lack of education. Then once I start teaching those teenagers, and those teenagers come from, middle to late adolescence, right?

Which is important the way where their brain is being already developed. Once they learn just the cycle, as beautiful as the cycle is, right? Our estrogen and then going down in our progesterone and how we can teach them how we feel, then we connect again their intuition with their body.

And connecting the intuition with their body was the first thing to treat dysmenorrhea. because that's how they understood. They said, okay, my prostaglandin is starting.

So they understood exactly at one point and how, and how many of other environmental factors will affect the level of pain to the point of PMS. Another thing that has been dismissed is being used almost as a pejorative type of treatment of concept when he says, oh, you're PMS.

And PMS is indeed a syndrome, and it touches a lot of systems. So I was seeing all these teenagers with PMS. I mean, PMS can put you even in a mental health institution.

People will think of it just went bizarre to me. And it is a hormonal imbalance. So that was my exposure at the beginning. Then I understood all this physiology behind.

I said to you that I love physiology. I explained it to my patients in a very specific way and that I was very proud because then the teenagers can go through years.

Then it comes the years of fertility, which requires again information and a lot of education, regardless what your objectives are. Fertility, no fertility, you wanted to understand where you are into this big range.

Then once you are pregnant, again those hormones play a role. The hormones are our companions from fetal life, all the way to our menopause, postmenopause years until we die.

And I'm talking about mainly our estrogen, progesterone, and testosterone. So now that I'm personally arriving to perimenopause, then I start noticing some changes, right?

Some changes in myself, things that I'm used to it, a little bit on my Brain, right? I'm a little bit of a type A personality, so I'm like, no, no, no.

What is happening? I don't forget those little things. This can't not be. It was a little, my son said once, I wrote down in a little post, the date of birth of my son, and he goes, this is not my date of birth.

I'm like, what? That for me is like, one second, I gave birth to you and I can't not make a mistake in what number in your date of birth, what is happening to my body?

I refuse, I refuse. And because I'm huge in lean mass and muscle health, I start noticing as well. I refuse to lose my muscle. I refuse to lose my bone until I can.

I'm talking about, again, what you can control and what you cannot control. And I think you can control a lot of things from the preventive point of view before you arrive to this point.

So I start to dive deep into that knowledge and what is happening, and I open this amazing new world of awareness that is out there in social media. So, I discovered Dr.

Marie-Claire Haver and I love her approach to perimenopause and menopause. So, I was practicing lifestyle medicine. I was seeing a lot of women in midlife.

I noticed that hormones had to do a difference. I wasn't sure exactly who would need replacement, who doesn't, why, which symptoms, at what level, how much, how to play with that because again, is so intuitive and unique that the replacement has to be and let's don't call it replacement because everybody says it's not replacing because it's a physiological state so the treatment the MHT the menopause hormonal treatment it's so individualized because everything depends on how your body is going to react to the specific hormone and the specific dosage.

And that's why I'm a little bit of a high critic of who is doing hormonal replacement without the knowledge and just for the profit. And it is very individualized, is very unique to the woman, and it comes from Even teen years, what kind of metabolism on those hormones you've been thriving through, right?

How was your years in fertility? It was difficult for you to conceive or not? Do you had a lot of miscarriages? Do you have a syndrome called PCOS, which is pretty common, and we actually try to ameliorate that syndrome with lifestyle changes.

So all the way to here you are in premenopause and where those symptoms fall into your life, how much it is influencing your daily living, how you or you are not.

And next is here is the information that it is about hormones this make an awareness with a new generation our mother very few of our mothers were talking about because it's being considered something normal in the life of a female and it shouldn't i'm not saying it's not abnormal i'm just saying it should not be dismissed and men and kids and teenage everybody should be should be aware of This is what happened to us.

Boys, they understand that girls get their periods. It's okay. They have to understand the physiology of a woman. So in general, the population should understand the physiology of a woman going through perimenopause and menopause.

So once I opened this world, I noticed the impact that it was doing. in many in from many many perspectives and the approach as well from many many perspectives and I loved it because it's a holistic approach and that's my word although it has been overused a little bit but I love my word holistic because it's a little bit of the whole goodness of each branch of healing and medicine so there were a lot of options And there were a lot, but it's like Dr.

Haver said, menopause is inevitable, but suffering is not. You decide how much you want to suffer. You don't need to. And then the next is, what is it that we're missing that might be preventive, right?

There is certain things that menopause doesn't talk to us, and you don't feel it. And maybe later on, it's a little bit too late. An example is osteoporosis.

An example is cardiovascular disease. An example is Alzheimer's and cognition. So this came to me like a big wave of knowledge that I love it and I absorbed it.

And knowing my hormone ballet, I said, OK, let's teach now women in premenopause and menopause about what is happening to their bodies now going down.

The waves were dancing in a different way. This is a different type of rhythm. but you have to know it and then again intuition comes in which ones are your symptoms, how much you need to treat them, which ones you can do things that it will prevent for of of of ailments in the future and then we start from there and I'm here to help what's available for you, what you are not or you are candidate for And what is a lot of other world, like the functional world, it's actually very beautiful when it comes to the whole hormonal.

There is a lot of supplements that are just going to ameliorate a lot of those symptoms as well. The supplements have to be very well known of what the side effects you can actually overlap.

Like a woman that is a breast cancer survivor with estrogen positive receptors should not be exposed to certain of teas or certain herbs that might just going to contribute to reappearance of breast cancer and so on.

So this is how I got involved. And now that since at the beginning, I was a little reluctant about social media. This is too much noise. It really bothers me.

It might be a waste of time. I understood the social media might be. channel of education if it's well done and that's like you Dr. Jenn. I'm very proud of all of these.

Many of my friends are doctors and they've been really advocating there for good education and try to clean that noise and explain to patients what is happening to them and because it's social media doctors the one that are taking the time.

It is social media doctors that is giving them the validation of, we know that you are suffering and maybe you already went through 10 doctors and nobody did eye contact.

And yes, many of us, we went to the private side and not because we needed to be private, but because the system is made for that at this point. Right.

I agree. And with what you were saying about menopause, you know, testing and not guessing and making sure that you go up slowly on the hormones until you get to that right spot.

And it's really sad when women aren't given the option of hormone therapy. I was just talking with someone and they have a coronary calcium score that's pretty high.

And it's like, where did this plaque come from? She wasn't on bioidentical hormones right at the gates post-menopause. And you have this window of five years that you need to get on estrogen.

And it's just frustrating. Women deserve better. We need to be given the choices. She wasn't even given the choice. And now we're trying to get her, you know, back on Esther dial to make sure that her brain, you know, her heart's protected her bones, you know, even though we missed that sweet spot.

So I, I'm with you. Like we need to talk on social media about this. We need to You know, even, I don't know give a little poke to colleagues that are seeing women that need, you know, to know about their hormone choices you know for prevention of heart disease and bone breaks and bone mineral density and all this stuff so.

Clinic, Social Media, and Closing Remarks

I would say to you just keep going with the social media and you have your podcast too and I would love for you to share with our listeners, if they live in Florida, how they could visit you and your beautiful facility and how we can find you on social media and your podcast.

Yes, thank you, Dr. Jen. I'm in South Florida. I'm in Boca Raton. My company is called Somantis, S-O-M-A-E-N-T-I-S. So that's the website. And I'm on Instagram, DR underscore D underscore Aleman, A-L-E-M-A-N.

And I'm here to do virtual consultations as well. I love to put my stethoscope on people's chest too. So if you are here in South Florida, I will be happy to have you over to our metabolic clinic because we have all the technology here.

It's a full two days of assessment and then you will have your personal dashboard blueprint given to you so you can tackle either by yourself or we have the team to provide to you.

And my Double Down with Dr. D is my podcast and I just love it and I'm loving it. It's a source of education as well. Thank you, Dr. Jen. Awesome. Thank you so much, Dr.

D, and we really appreciate your knowledge and your passion. I can see it shining through you. All right. Thank you. Thank you for tuning into Dr. Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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