Rebuild Your Energy Blueprint: Functional Medicine Lessons from Dr. Julia Ward Transcript

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Introduction and Guest Background

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And so you can always find a horror story attached to any kind of hormone therapy. And so we just kind of dissect, you know, well, where did this come from?

And I do talk about the Women's Health Initiative study and how that was based solely on synthetic hormones. And that's kind of where hormones in general got a bad reputation because they had to stop that study before it was done because women were dying of stroke, heart disease, and breast cancer.

And they chalked it up to, well, hormones are bad. And they never made that differentiation between, well, that was synthetic hormone. And maybe we shouldn't be giving synthetic hormone that's based off a pregnant horse urine to hundreds of thousands of women.

And there's going to be unintended consequences there. This is Doctor Talks. Welcome to the TBD Fit podcast. Super excited to have our guest today, Dr.

Julia Ward, and she transitioned from conventional medicine to functional and integrative care after being just frustrated with managing symptoms, which we recognize now how often that holds true.

So she's dedicated her work to helping patients truly heal at the root level, especially in areas like hormone balance, gut restoration, fatigue, some chronic symptoms such as mold and Lyme.

Personal Health Struggles and Functional Medicine

So she is a breath and wealth of knowledge here, eager to, to spawn this conversation. Her mission is to help people merely from surviving to fully thriving.

Dr. Ward, I've admired your work for some time. I'm grateful to have you here. I'd love to jump in and just listen to you share your story, you know, how you took the leap kind of from conventional care and into this wonderful world of functional medicine.

Thank you. Thank you very much for having me. Yes, I was in the traditional medical space for many years. And at some point, I think it was when I was around age 45 or so, I was feeling just really run down and tired.

And to the point where I was falling asleep driving into work in the morning, like not even in the afternoon, but in the morning. And conventional medicine just wasn't giving me any answers.

Nobody really understood what was going on or why I was feeling so tired. So when I asked my GYN doctor about bioidentical hormones, she didn't really seem to know what that was.

She just said, oh, you should avoid those. And so for me, I thought, oh, well, she doesn't really know that much about it. So when I started researching bioidentical hormones, and I kind of stumbled upon functional medicine as the overarching umbrella, and it just made so much sense.

It just seems so logical that you would treat somebody from the root cause rather than just giving them a

prescription to treat a symptom. That never really made sense.

to me. And then once I got into studying functional medicine, there's just so many little what I like to call rabbit holes to go down. There's so many little avenues of study and I just love learning all these new little things.

And so it's just been super fun. So that's incredible to hear. I'd love to take a step back. So when you were saying you were dealing with symptoms yourself, was there any sort of specific something that you were diagnosed with or how were you able to overcome your own personal health challenges?

Because what I find, especially as we were discussing previously and we go to a lot of these conferences and meet a lot of practitioners, At some point, all of us get sick and we each have to overcome specific challenges.

And usually we look outward to figure that out. Most of us are looking inward, but I'm just curious kind of what, maybe if you want to shed some light on exactly what you were dealing with and how you were able to overcome that.

Hormone Therapy, WHI, and Patient Education

Yeah, I mean, it was, it felt like chronic fatigue, but I certainly didn't want that diagnosis because I know that in the medical world, the chronic fatigue diagnosis has its own kind of stigma attached to it.

But it's, you know, I was getting full night's sleep, but I was waking up fatigued. And, you know, I was working full time. my husband and I are raising five kids, so there's plenty of reason to be fatigued.

But at the same time, I felt like it was beyond kind of normal, you know, it just didn't make sense. And so I was looking for something and once I, you know, I was in this perimenopausal range, so my hormones were fluctuating.

Once I got some bioidentical hormones on board and specifically in the form of pellet therapy, that's when things turned around for me and I had energy again.

I felt more like myself again. I used the cream delivery method for about a year before I turned to pellets. When I was on the creams, I honestly couldn't tell if I was on or off.

Because for me, perimenopause didn't bring hot flashes and night sweats. It just brought this overwhelming bone crushing fatigue. You know, I just had no energy.

And with your patients then, are you utilizing more pellets than anything else at this point then? As far as hormone, yes. I do have patients who are on creams, but I would say the majority of my patients love the pellets as much as I do.

So obviously, uh, with the women's health initiative and the hormone replacement therapy and better still by identical hormone replacement theory, what struggles do you find?

How are you guiding? How are you navigating? How are you speaking to patients? Cause often we'll have patients come in and they are diametrically opposed for one reason or another, you know, they saw practitioner or.

Someone in their family, they've heard bad things, obviously. How are you conversing with that, let's say post-menopausal patient to help them understand and educate them that, Hey, listen, this is actually essential.

Like much like your eyes deteriorate over time, probably we should do something the same with your hormones to fix the problem instead of letting you go blind.

Yeah, I mean, I think a lot of it is just meeting the patient where they are and finding out, like, what are your concerns about this? What have you heard?

Everybody loves a horror story, and those seem to fly around the internet like wildfire. And so you can always find a horror story attached to any kind of hormone therapy.

And so we just kind of dissect, you know, well, where did this come from? And I do talk about the Women's Health Initiative study and how that was based solely on synthetic hormones.

And that's kind of where hormones in general got a bad reputation because they had to stop that study before it was done because women were dying of stroke, heart disease, and breast cancer, and they chalked it up to, well, hormones are bad.

And they never made that differentiation between, well, that was synthetic hormone, and maybe we shouldn't be giving synthetic hormone that's based off of pregnant horse urine to hundreds of thousands of women, and, you know, like there's going to be unintended consequences there.

So we talk about that and then if they are opposed to any kind of hormone delivery, you know, we can still help with decreasing their oxidative stress because it's, you know, there's some women that have a lot of symptoms in menopause and some that hardly have any.

And you can kind of trace that back to how much oxidative stress do they have? How much stress on the body? Are they eating right? Are they exercising?

Are they maintaining their weight at a healthy weight? All these things play into the symptoms that they're going to have when they go through menopause.

I had one woman who stopped her hot flashes just by cutting sugar out completely from her diet. So yeah. So there's definitely things you can do. There's herbal stuff I can recommend that are like phytoestrogens or phytoprogesterones.

But ultimately, I feel like the most effective way is going to give back these hormones in the correct amounts, you know, bioidentically. That's really what the body needs if we're looking to prevent aging and signs of aging.

Are you, let's say in terms of our aging population, both in men and women, are there any contraindications, anything you're considering when not to administer hormones for any reason with any of your patients?

If somebody has a history of breast cancer, we're going to be a little more careful. It doesn't mean that they can't use a lower amount or certain types, but we're a little more careful with that.

But in general, most people are going to be fine, again, with the correct dosing of bioidentical hormones. And how deep are you going into determining, I guess, when to administer hormones?

Is it usually after the first visit?

Testing for Inflammation, Gut Health, and Mold

Are you trying to clean up anything internally before administering hormones? What is the order of operations when administering hormones? Yeah, we start with comprehensive blood work for our initial functional health analysis, and that gives us a lot of information.

But if somebody is really chronically ill, like if they've been sick for a long time and we're just trying to figure out what's going on with them, I may not start right away with hormones because sometimes that can throw things off.

It can muddy the water, if you will. You know, we want to find out first, you know, what is, is there a hidden toxin, a hidden infection, something like that.

And we address that first. You know, that's probably the biggest point of contention. Cause I see so many women

that are referred to us that when I take a look at their hormones, unfortunately, many practitioners and not to say that these are not brilliant people, but endocrinologists, especially they're just giving more, giving more and giving more and just people begin to feel worse and worse.

both females and males. So context certainly matters. So I can appreciate kind of how, how you're looking at that lens, at least doing specific testing to ascertain, okay, what their levels are at.

Are there any sort of hidden sources of chemicals, toxins, et cetera, that maybe we need to clean out so that we can open up the receptor sites. In terms of testing, you mentioned it, you know, comprehensive or functional blood analysis.

What kind of other testing do you typically do just in general or often within your patient population, are there certain testing that you like to leverage?

Yeah. I guess it comes down to if you haven't addressed somebody's source of inflammation and maybe that's the gut, then you can give them all the hormones and all the supplements in the world and they're not going to feel the benefit.

This is from years of clinical experience where I've had patients when I first started my practice and Some women would come in and say I just want my hormones tuned up.

Don't look at anything else I don't I don't want to do the gut health test. I don't want to do a micronutrient. I don't want to do anything Okay, you know and those are the ones that we do the hormones and then they come back and like I didn't feel anything different It didn't do anything for me, you know, and you're like, okay.

Well, that's probably because we haven't addressed there's some source of inflammation going on that is Not allowing you to feel the benefits of that.

So I So yes, besides the blood test, when people come into our office, one of the tests that we have is called the glyco check. And this is relatively new technology.

This is something that addresses the health of your microvascular system. So the capillaries that supply your tissues, your end organs, everything like that.

So these are four, five, and six microns in diameter. And just to give you an idea about how small that is, you can take the four micron capillaries, you can fit 20 of those in a single human hair.

So they're uber small. Now, on the lining of all of our blood vessels, whether they're large vessels or tiny capillaries, is a special lining called the glycocalyx.

And it's a clear gel-like matrix. And it's kind of like if you go fishing and you hold the outside of the fish is all slimy. That's basically what the glycocalyx is, but it's lining the inside of our blood vessels.

And the purpose of that is to hold the fluid in the vessel, it's to protect the wall of the vessel so nothing damages the vessel and starts causing plaque, and it houses all the natural antioxidant defense mechanisms, including nitric oxide supply.

So when this glycocalyx gets destroyed or rubbed off or degraded because of aging, genetics, poor diet, not exercising, and stress, stress is a big one, High sugar is another one.

When that destroys the glycocalyx lining, on the bigger vessels, you start to get plaque formation. And on the capillaries, they just stop working. And so you can actually lose a good percentage of your capillary functioning, which is going to have the consequence of starving your tissues, starving your end organs of oxygen and nutrients.

It also will cause high blood pressure and kidney disease and brain fog, like all these sorts of things when you're

not getting enough blood supply to your brain, to your kidneys, all that kind of stuff.

So this test, this glyco check is a high-powered video microscope on the end of a probe that just sits under your tongue for about five to 10 minutes.

And it's taking videos of the vasculature under your tongue. And that's representative of what's going on in the rest of the body. And they have published studies on this.

This has actually been in research mode for the last 15, 20 years. And I can give you a website where you can check this out. So it measures the density of these tiny capillaries in a certain square area.

And then it's measuring the thickness of that glycocalyx lining. So it's pretty incredible, the technology, what it's able to do. And it puts everything into a score from like zero to 10 or more.

And we want 10 or more as our ideal. And so we get that idea as to how healthy is their microvasculature and how we can improve that. How many of your patients do you find are healthy?

So it's surprising. I mean, I consider myself pretty healthy. I work out. I used to compete with bodybuilding and such, and I eat pretty clean. And when I first did my glycocalyx test, it was low.

Like my score was less than one. And I realized that for me, that was because of years of chronic stress, you know, and to the point where, you know, we all start normalizing what stress feels like.

And you're like, oh, I'm not really stressed anymore. But now, no, we're still stressed. It's just, you know, we just know how to deal with it more. So.

Anyways, and there is a natural supplement we can take to improve the glycocalyx lining and it's made of brown seaweed and hyaluronic acid, citrulline, some other stuff like that that's going to help improve that.

So that's really nice because then you can be on the supplement for three or four months and then repeat that test and you can see an improvement in the score.

So it's like the only supplement that I have that we can actually have objective measurements that it's actually working. Yeah. And I mean, supplements aside, I think the power is not only in the test, but also the interpretation of tests to ascertain where your levels are at so that you can begin to focus on improving.

We don't realize we're just this walking stress bomb, chronically inflamed, and then only raising our hands until we have disease set in because we have pain somewhere in the body.

Right. So the good part now is we can prevent certain things. Cardiovascular disease can become a thing of the past. Once we recognize we can test certain metrics to discern, okay, here's how we can fix it.

Right. Fortunately, or fortunately, you know, before it's a little too late. So any other tests that you like that you see, that was profound by the way.

So I'm eager to implement that with our patients here. So the other, I mean, and then depending on the patient, you know, if they're having gut issues, you know, we want to do a comprehensive stool analysis.

A lot of patients here in Houston deal with mold and mycotoxin illness, so we might want to do a urine mycotoxin test. Yeah, so there's just a variety of functional tests that can give us more information than what we were taught in medical school.

So I'm seeing mold come up far more frequently. And I just had a conversation the other day with, uh, Jill, with Jill Carnahan. And she was just expressing how pervasive it is, but also how aggressive it is becoming.

And perhaps correlating that with EMF exposure and 5G and just certainly some sensitive patients and on just kind of being bombarded now. So the signal is constantly high stress.

Um, which, which mold company do you like when you said the urine test, is there one particular? Yes, US Biotech has a urine mycotoxin test. They used to be real time labs.

And just from what I understand, they're the most accurate, most reliable one of all the ones that are out there. Yeah, that's what we use too. What's interesting again with these GI patients, because you said GI, right?

It's almost like everyone is struggling from GI. It's in our air, in our water, in our food, in our soil. What I find typically is that patients struggling with GI will get them better, but it's not, you know, 75, 80%, which they love.

And I was like, no, no, I need 110%. I'll do a toxin test, mold every time. And it's not a little bit. It's quite often quite a bit of exposure. Certainly compile those also years of environmental toxins too.

When you're cleaning someone up, do you have specific nutrients that you like to use or treatment plans that you consider when with some of these very sick patients?

Well, if it's something like mold, the first thing is we have to get them out of their moldy environment. And so that's really the hardest part because that involves professional mold inspection companies and then possibly remediation by a professional company.

So if you're still being exposed to mold on a daily basis, it doesn't matter what supplement or what antifungal I give you. I can make you a little better, but you can't get 100% better.

And I think that's the hardest thing to deal with. Yeah. There's also another lab that I use for mycotoxin testing, and that's a blood test. It's called My Mycolab, and that's looking at your IgE and your IgG response, so your immune response to the mycotoxins.

So that also can be helpful, especially to see, like, is somebody really still living in a moldy environment? Their IgE response might be higher. Yeah, certainly.

So that's the one we would compile the blood with the urine as well. Same labs that you're using. Are you then finding a lot of success with specific binders, whether it's charcoal or bile sequestrants or anything in particular otherwise?

Mold Recovery, Stress, and Family Life

Yeah, and again, I've prescribed a variety of different binders and we've generally had success with the binders combined with some antifungals and some herbal stuff to kind of clear people out and making sure that they're out of their moldy environment.

That's the big thing. Step one is get out of mold. Step two is see step one. Step three is see step one and two, right? That's the tricky part for all of us.

And usually we see it, right? But the level of kind of microtoxin or spores, let alone that are emitted into the ear, often indestructible, I mean, can be debilitating.

So you're absolutely right. It's when you said the, I mean, obviously that's stress on stress. When you said stress to me, that's the elephant in the room.

I can't even imagine you. So you have five children. I didn't realize, maybe let's take a left turn. Tell me how to manage five kids. Any sort of tips and tricks?

I have some that I hope to be an inspiration mentor for, but anything that you can suggest for just our parents who

listen in? recognize that this is a difficult job and you have to kind of give yourself a break every now and again.

And kids are wonderful. Our kids are all grown and out of the house now. So that's why I can focus more on my practice. But when they were in when they were little and and you know, growing up, it was like I was in survival mode.

I was not thinking about eating organic or, you know, like we actually did have mold in our house. I think the kids found some black mold. They're like, hey mom, look, look at this.

You know, we had a pipe that had been drilled into inadvertently in our laundry room. And there was like a shelf over top of it. So we didn't realize until we saw the shelf was warping.

We pulled it off and there's all this black mold. But fortunately, none of us had really strong reactions to it. And that's the weird thing about mold is that some people are going to be a lot more sensitive to it than others, just based on genetic makeup and how much toxin you already have.

What's your total toxic burden at this moment in time? And how good of a detoxer are you? Right? And so that's why it makes it so difficult because you can have a family and maybe two members out of the family are affected and the others are not.

And so you're like, well, what's wrong with you? That's why it has, you know, it can be really difficult for people who are affected by it because they feel like they're going crazy and nobody else is having the same symptoms.

And why are they being affected this way? We were having to overcome the same burden, so we found mold in our house because I started seeing symptoms, not only myself and my kids too.

And we had some friends over interestingly the other day and the mother, she came by with her kids. Kids start sneezing nonstop. And she goes, who turns, then she goes, do you guys have mold here by chance?

And they go, actually, yeah, we were starting there to remediate. She goes, cause he's allergic to mold. It was just like instantaneous that reaction, right?

So when he said, sir, but his twin brother, no reaction. Right. Right. Literally twin brother. No response. So interesting. Yeah. Yeah. Because with our patients, right, I often say this one plus one doesn't only equal two, right?

Depending on genetic predispositions, your environment, your toxic burden, how you, your phase one, phase two, detoxification pathways, capabilities. So you're absolutely right.

Everyone is different. And that really, I think, defines what we do with personalized medicine. What else are you layering in to make this Uh, very, very specific for your patients.

Cause I see you're not treating symptoms clearly. You're, you're definitely figuring out what's driving this. Are there other things that you're looking at considering or kind of what else are you doing in your practice that you see, um, is really setting up your patients for success?

I guess we always talk about diet because what you're eating on a day-to-day basis makes a huge impact on how you're feeling on a day-to-day basis. And I have a health coach that will walk people through some dietary plans.

But for the most part, we're trying to get people eating whole, clean, unprocessed foods. organic for the most part if possible. We have a number of bio-oxidative therapies like ozone therapy and hyperbaric oxygen therapy as well.

And I love our hyperbaric oxygen chambers because they are so good at decreasing inflammation healing wounds, just repairing tissue in general, and they will stimulate your stem cells after a certain number of hours.

So it's very anti-aging. And so that can really be beneficial, especially for people who, you know, a lot of our patients have chronic inflammation. And whether that shows up like arthritis or, you know, maybe it was a sports injury or a traumatic brain injury.

a variety of different things you can treat with the hyperbaric oxygen chamber. What frequency are your patients usually using? It just depends. We pretty much keep the chambers running, you know, most days we have a constant flow of people coming in.

It's certainly not every patient that comes in that's using the chambers, but the ones that are dealing with, like I said, either healing something or dealing with chronic inflammation, we have a goodly amount of autistic kids that come in and use the chamber too, because it really helps with autistic kids, you know, can get there.

Because again, it's just very healing for the brain. It's getting more oxygen, more repair to the brain. Yeah, it's reducing the oxidative burden. The hyperbaric has become almost ubiquitous now, which in some respects is great to see.

I know, unfortunately, we lost my mother-in-law some years ago. And after having a stroke, when I flew to the hospital to say, hey, let's get her an hyperbaric ASAP.

They look at me and go, we don't have one here. And this is like the second time, the second biggest hospital in Miami. I go, how is it possible? And often in Europe, it's like standard of care.

So it's quite a disconnect still I see, unfortunately.

Hyperbaric Therapy and Pediatric Benefits

That's great to see that you've been able to leverage that was such high success. Do you see behavioral change? Cause I don't have that data. I'm interested with autistic children, like pre post.

Yeah, generally they do become more verbal. Behavior kind of settles down. So that's what we've been seeing. That's tremendous. Are you doing anything else than to kind of mitigate, you know, as you mentioned previously, stress, right?

That's the elephant in the room. And I didn't realize that until I had kids myself. So I'm on this path too, learning one day at a time. Stress to me is really kind of what's crippling all of us.

And especially in America here, it's just gas. We don't know what the brake pedal means. It's just going through, we burn out, we get sick, we raise our hand because we need help.

And then we repeat the cycle all over again. Are you taking your patients through stress or like using any sort of nutraceuticals or breath work or just anything that you see that's beneficial for your patient population?

Yeah, we have a variety of nutraceuticals that have adaptogenic herbs in it that will help reduce stress, things like L-theanine, ashwagandha, things like that.

I usually talk to my patients about mindset and how it is important to carve out a little bit of the day for themselves to kind of get in that relaxation mode.

And that can look different for different people. For some people, it's meditation. For some people, it's yoga. For some people, it's gardening, dancing.

And it's just like whatever kind of like works for you. But it's important to make that time and not skip it and not think, oh, I'm You know, I think especially as parents, we tend to prioritize other people more than ourselves, right?

And we somehow think that doing something like meditation is like a selfish in a way. But when you think about it,

it's so needed, right? Because if you are burnt out and you don't have anything left to give because you've been so stressed, then you can't be effective in giving to other people.

We also have something called the Brain Tap. I don't know if you've heard of Brain Tap. It's like a headset system. It connects to an app on your phone and it takes you through a guided meditation.

And in the background, it has these binaural beats and on the visor, it's flashing light. So it's causing some brainwave entrainment. And so it's literally putting you into that parasympathetic mode that rest and digest relaxation kind of stuff.

So I love the brain tap because it's just like, it's doing it for you. You know, it's working. Whereas like sometimes when you're doing a meditation app, you're like, well, am I, am I doing this right?

I don't, I don't know if I feel it or not. You know, you have to be consistent with it. So are you tracking HRV at all with yourself or patients? So not right now.

I had done the heart math in the past, but we kind of didn't keep up with that. But certainly a lot of my patients are wearing things like the oral ring or the whoop strap, so they know what their heart rate variability is doing.

I remember when I did the brain tap, I think this was, I mean, some time ago over a year ago, uh, funny when we were going over my results, she goes, this is not, uh, typical let's have you come back and do it again.

Cause what happened was it was actually eliciting more of a stress response for me. So when you said that, you know, you're. What happens is that this quote really hit me hard growing up.

I saw my parents, they sacrificed their lives for, for myself, my, my brother and I, and this quote really hit me because. I thought that should be what life is.

We slave for our kids. We slave for kind of, you know, we almost put ourselves last instead of the oxygen mask first. And so the code is when you're selfless, you lose your sense of self.

And I go, my gosh, that's exactly what's happening with all of us, unfortunately, right? We put ourselves, especially kind of as practitioners too, our patients often come first too.

So when I did the brain tap results, I was like, man, cause the stress burden is already so high. And it's like, this was, instead of calming, somehow it was really driving further that sympathetic response.

So we did it again. I repeated the same results. She's like, yeah, you need to, you need to get more brain tap training, but started with the lowest, the lowest cycle working backwards.

So, no, I empathize there. We use a lot of adaptogens too. We're proven ideally getting that from food.

Stress Management, Mindset, and Recovery Tools

So are you diving deep into nutrition with your patients? Because I know nutrition is so personalized in response to our microbiome, right? How deep is it?

Or is it kind of just superficial? Let's try to eat the rainbow. Let's try to get in fiber or. My health coach kind of takes over that portion of it because I just can't be doing everything and that's, yeah, I'm focused on other things but I do kind of hand them over to the health coach for more personalized in-depth nutritional guidance.

And then is the health coach responsible to like meet with them at a certain cadence? Yeah, she meets with them, you know, as much as I do throughout the year so to keep them on track.

And how often typically are you seeing patients? Is it like till they're done? Usually about at least five times a year,

sometimes more if they need it.

Certainly my more chronically ill patients, I'm going to be communicating and seeing with them a lot more frequently than that. Got it. In terms of, I think maybe expanding on that a little bit further.

So I get an understanding of the breadth and depth of what you're doing. Are there any just clinical pearls that you've seen over the last however many years now?

That it's like seeing patterns, right? This really kind of almost helps everybody. Are there specific clinical pearls that really work well for not only yourself, but obviously your patients?

I think, you know, trying to find, you know, if it is fatigue, like, what is the source of that inflammation that's going on? And a lot of times it is the gut health.

You know, so much of our health in general is really centered around if our gut is not behaving, then nothing else works right. You know, I actually was out of the country at one point at a music festival and picked up a stomach bug.

And I think the whole festival picked up this stomach bug. It was a disaster. But what I didn't realize is that you get over a stomach bug within a few days or a week or something, but then that set me up for a more complex situation called SIBO or small intestinal bacterial overgrowth a few months later.

And I forgot that there was that connection, you know. But it really, you know, it affected things like my energy, my skin. I was getting rashes because of the SIBO condition.

So it wasn't until I could address that, that those things would go away. And I felt more back to my normal self. How long did that take for you to recover?

Several months, because part of it was just like figuring out what was going on and recognizing a pattern going into it. And then doing some testing, like the stool test, comprehensive stool test, and a breath test to look at the SIBO components.

And then were you treating that with something like stifaxin or just herbals, or how were you hitting that? I just treated it with herbals. Yeah, and that seemed to do the trick.

Other people might need more stronger antibiotics and things like that, but for me, it seemed to work well with the herbals. So it sounds like obviously gut GI microbiome, it's a huge theme and obviously even popularized now more so with a lot of these testing companies.

So what percentage of your patients all have gut issues? Oh, well, hopefully a low percentage. After they're fake, hopefully no percentage. But coming in, because you mentioned a couple of things.

You said skin issues as an example, right, Flair? Yeah. Who would always quote like that? I mean, we get derma girls and people have rashes and I test and I see parasite or obviously high load of gram-negative bacteria, if you will.

So they're not always connecting the dots with like depression or anxiety, mental. Yeah. ability and skin. So my curiosity, because you see a broad range of people, how many of that really have GI cleanum to do?

Yeah. Um, I mean, it's a good percentage. Uh, not, not everybody wants to dive into that because they're like, Oh, I have to do a stool test, you know, and there, there isn't as much awareness at how much the gut affects things like, like mood, like skin, um, all, you know, sleeping all this different things.

Um, but once we can, yeah, once we can get a handle on that, it would really make a lot of progress. Yeah, and certainly waking up with energy, as you struggled with some time ago, you mentioned.

And just on a personal curiosity, so what inspired the bodybuilding? Because I think you mentioned that early on. Did you used to compete when you were younger?

Yeah, just my last competition was about three years ago. I've been working out at the gym to relieve stress ever since high school, college, basically.

Nutrition, Body Composition, and GLP-1s

But for all the time I spent in the gym, all the time I spent stressing about diet, I felt like my body was just sort of like, it just never really changed much.

It was okay. And I wanted to get to that point where I looked really amazing and cut and had muscles and everything else. So I looked up, I found a trainer who took people from, you know, got them to stage ready basically.

And what surprised me the most was that it was mainly, it wasn't like my workouts didn't change significantly. I was still doing an hour to hour and a half at the gym, maybe five, six days a week, but it was the dietary changes that made all the difference.

It was eating high quality protein four to five times throughout the day, that fed the muscle and then cycling carbs and things like that that made a huge difference with how my body composition looked.

We say that all the time that nutrition is really the driver. Exercise is where you sculpt physique. Exactly. I just can't discount that. The problem is we just live sedentary lifestyles, so we're not moving enough and we're certainly not lifting heavy enough.

Yeah. I mean, you just can't exercise your way out of a bad diet. You just can't. And some people are like, well, I don't want to give up my wine. I'm like, okay, well, it's a choice.

It's a trade-off. You know, if you don't want to give up wine, then you're not going to look at like maybe like you want to look. So it's, yeah, it's all sort of a trade off of balance.

Are there any big dietary things that you see people are doing wrong or like misnomers within the nutrition realm of you see, again, specific pattern of people think they're doing something right, but often it's…

I remember a few years ago when the GLP-1s came out, the semaglutide, the terzepotide, which is the ozempic and monjarno. When those first started coming out and you started seeing people get on them and they just, I just want the shot.

That's all I want. I don't want to do anything else. And they would literally forget to eat because it cuts out your appetite and they'd start eating once a day.

And then they'd come back. I only had one patient like this and you know, came back and she had lost weight, and we have a body composition scale called the in-body, and it uses electrical impulses to run through your body.

It measures muscle, fat, and water where everything's located. And it clearly showed that she had lost weight overall, but she had lost muscle mass and actually gained percent body fat.

And I'm like, you're kind of going in the wrong direction here, because you're not eating enough to maintain your muscle mass, and yet you're gaining fat.

Now, overall, her weight was down, so she was really happy about that. But I'm like, this is not healthy. This is not what we should be shooting for. It's only more metabolically unhealthy, right?

And then when that deteriorates, something else will arise, unfortunately. And we don't see that usually until again,

often it's too late. But the problem becomes is that quick fix mentality gear that we've adopted that like everything is for convenience.

We want it quick, we want it now, we want it fast, we want it cheap. And that's happening on the inside of us. We're just internalizing kind of all that.

The bad and then unfortunately is just making us unhealthier, but yet we think we're doing something good. Yeah, we understand muscle is the organ longevity in some capacity and same thing with protein and Latin means prime importance.

It's critical to get enough to preserve lean mass so that you can improve your basal metabolic rate to burn more calories at rest. And then repeat that cycle instead of the quick fix.

But out of curiosity, since you brought up GLTs, how many of your patients are you using in your clinic? I do use them. Yeah, yeah, I do use them. And we always start with a really low dose.

And I think for some people, it's a tool. And if you use it correctly, it can be very, very helpful. But it's not a magic shot. I tell people like, If you're giving yourself a shot and nothing is happening, if you're not losing weight, it's not like the shot's going to make you lose weight.

It's what you're putting in your mouth or not that makes you lose weight. The shot is just there to help control your appetite. Now, I will back up and say there are some anti-inflammatory effects to it.

And for some people with chronic inflammation, that can be really helpful. But even then, they just need a tiny microdose. You don't need huge amounts of it.

Are you doing any other microdosing? If somebody wants to do injectable testosterone, I recommend doing three or four times a week instead of like once a week or once every other week.

So that's sort of microdosing. Yeah. You're not doing anything else outside of that? We're in the state of Texas, so there's a lot of things with a lot legal here.

We'll definitely keep it at that. Again, type and place. Well said. I like to use JLP's as a metabolic crutch is what I call it. Let's jumpstart your healing journey.

Let's jumpstart where you want to take things. But devoid of lifestyle changes, people balloon back if they're not willing to make that trade. And while we don't see that, because we don't administer that without making it very, very understood that we need to prioritize fitness and strength training or some component of exercise.

Genetic Testing and Personalized Medicine

And then also naturally protein to make sure we're preserving the muscles so that when you jump on the in-body, you'll see things are going better. But certainly equally, if not more important is your blood chemistry, like certain markers are going to be improving too.

Yeah. So that's well said. This has been absolutely wonderful. I love the breadth. Again, the experience you bring is tremendous. So I have some great takeaways here.

My final question I love to ask all my guests, I always end with, if you could have one superpower, what would it be? That's a great question. I'm not sure what superpower.

I guess If I could put my hand on somebody and just intrinsically know where to go, where's the problem? What do I need to focus on first? I think that would make life a lot more simple.

Any religion aside, that sounds like a God finger. Well said. No, that would certainly make things more efficient. And

hey, who knows with AI and how quickly that has exploded.

Just like the tool that you mentioned to, you know, assess your glycocalyx health, your endothelial health. Yeah. Oh, I forgot to mention the other test that we're using.

We've been using a little more of lately is the genomic testing. So I use IntellX DNA and I love that test because it's just a cheek swab. And then it gives me like a whole blueprint of what supplements, what lifestyle interventions, you know, what dietary interventions are going to work best for you based on your genetic makeup.

And I think that's been incredibly helpful for my patients. Yeah, we use the three by four, same thing, simple. I mean, what companies are doing is remarkable, right?

How we're able to act as such a big data and now input that into AI to even get a very customized program. Obviously we're still doing a lot of the legwork, but in time, I think that's going to be very much algorithm driven.

But needless to say, I mean, that's the epitome of practicing personalized medicine. Yes. So appreciate what you're doing because we're just really on the cutting edge.

I think of where science is evolving into medicine as well to be able to even faster improve patient outcomes, which is what this is all about. So I genuinely appreciate your time in the conversation.

I look forward to connecting in person. Hopefully, I know we spoke before the call, maybe at Burning Man sometime or some other music festival, because we share a similar music interest, which is always awesome.

Music heals. That's another instrument. It does. It's all about frequency, vibration. It's amazing. Yeah. Spreading love. So everyone, thank you for joining in.

Look forward to seeing you here next time on the TBD Fit podcast. Julia Ward, you are absolutely incredible. Thank you for your time and I look forward to connecting soon.

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