Introduction and Guest Background

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And, you know, we'd been talking to our patients about the fact that, you know, with the mortality rate is of a fracture, and you know, in your 70s or 80s, your fatality rates like 83% from a hip fracture.

Welcome to my MD select unscripted, where we talk about all the things you wish you could talk about with your doctor, but he doesn't have time and may not know the answers.

So today I have the privilege of a special guest. She is brilliant and beautiful. She's also my wife. This is Stephanie Carter, a physician assistant here at MyMD Select in Tyler, Texas.

And the topic is weight loss. And we sure do get a lot of questions about what is this foreign poison that everyone's putting in their bodies to lose weight.

And we're going to break down the answer to all of that. But first, Steph, why don't you introduce yourself and tell us how we got to this point. Hi, I noticed you did have a little hesitation and privilege of inviting me on your show.

It's just hard to put into words how privileged I really am. So I'm Stephanie Carter. I'm a PA. I graduated from PA school while Clint was in medical school in Houston.

I'm a graduate of UTMB Galveston. We got married and got back from our honeymoon the day before I started PA school. So basically we've been doing medicine together.

So it's the beginning. We started our practice together almost nine years ago, doing primary care together. And I always tell people that if anyone would have asked me if my husband would be either my supervising physician or business partner, I would have laughed in their face.

But you know what? It's been a great few years and we have, we look forward to lots of years to go. So it's fun teamwork. God has a sense of humor, I think.

You have the patience of a saint. I think that's clear to everyone in the few minutes we've already been on the podcast. Lately, we've had a lot of questions about weight loss.

What Semaglutide Is and Why People Use It

Of course, there's so much going on with semaglutide and tear's epitide and compounded versus branded and How many of our patients come in saying, why can't you just eat less and move more and get the weight loss that you want instead of putting this poison in your body?

So what is semiglutide and what's the deal? It does a lot of really amazing things. And I think to answer your your first question about how many people come in and say why can't I just diet and exercise and you know not have to put this poison in my body.

I feel like more people say I've been dieting and exercising for years it doesn't matter what I do either I can't reach my health goals or I've reached them and then I can't maintain them.

But either way, whether they've never reached them or not, they don't want some kind of cheap trick, right? They

feel like in the past, everything we've ever had to offer people for weight loss was dangerous, right?

And so they're kind of, I think, it's good that they have some hesitation right but then when you start telling them that this is this mimics something that our body already does really amplifies what our body some people probably do it very well but not everybody well i think The American diet is pretty hardcore on our ability to, so semaglutide is a protein that our body makes anyway.

It's God's plan for us to be full and metabolize. And ultimately the sort of standard American diet, which spells sad, has tricked our bodies into never being full and until our stomachs are literally stretched.

That's really where semaglutide comes into play here. Cause like you said, everything else has been dangerous up to this point. And so it's not really a foreign body.

The question of whether it's healthy for you may still exist. If someone's on semaglutide, and we'll probably get more into sort of the process and what's going on, but if someone gets on semaglutide, does that mean that their body doesn't work anymore without it?

Or what does that mean? I feel like so many people can do well on it initially for a long time, reach their health goals and then maintain them without it.

I know the studies show specifically for diabetics that they have to stay on it long-term to maintain their A1C levels, but I've seen people who really just had the wake to lose it weren't diabetics do well without it or that they're able to maintain even on a very low dose, like a micro dose after achieving their goals.

Yeah, well, you know, and we will kind of get into how we do it at my MD select and how maybe that's different than many of the places that are just kind of passing it out on the street corner.

Cause I mean, let's be frank, it is everywhere and so many people are on it. And so many of the people that are run into that aren't our patients are like, yeah, I mean.

I'm nauseated all the time and I feel like crud and I hardly ever eat, but I'm losing weight. And so that's good. Is it? Is it though? Is that good? So what about for those that are losing weight on semaglutide?

Well, let's start, let's start with our patients. How do we, do you approach it? Cause you know, we actually might do it slightly differently. How do you approach it with semaglutide in your patients?

Well, you know, we always talk about the multifaceted approach, right? This is not, it's just, it's part of a lifestyle, right? And I don't want to give it to you for you to just, you know, sit on the couch and waste away.

How They Approach Weight Loss Treatment

Partly because we learned a lot about how, I mean, up to 40% of the weight loss can be muscle, right? We start out by talking, okay, you've got to be exercise.

You got to be moving. You got to be building your muscle, doing weight resistance and cardiovascular exercise and then eating a healthy diet, right? Because like we talked about, one of the ways it works is by affecting our hunger center.

and decreasing the, you know, movement of food through the GI tract. So we stay, we get full faster. We stay full longer. So that means when we do eat, we have to eat a nutrient dense diet.

So we aren't starving ourselves, right? So we're making sure that we're hydrated. We're exercising. We are giving our body nutrients and then letting that other mechanism work, which we can get into, I guess, which is help telling our Body to stop making its own glucose, which is I think it's a real magic and use our fat stores, right?

So It's this perfect picture of health really if you do it in the right way So I love how I said I love how it affects the metabolism as well. It causes your insulin I mean the reason it was a diabetic medicine was number one you make less glucose, but also it causes your insulin to be released more rapidly, more efficiently, faster.

And then you're after a meal and then the glucose level in your bloodstream goes down much faster. And then it helps your insulin stay lower in between meals so that you can be in metabolic burn mode, losing weight, having energy, feeling good instead of storage mode.

So much of our normal diet puts us in all day long with these high glycemic foods and relatively long lasting high sugars that cause you to release more and more insulin, which cause insulin resistance.

Keeping your insulin levels low decreases insulin resistance. So you got to get your sugar down for your insulin to go down. And once your insulin goes down, then your insulin receptors can become less and less resistant and people lose weight easier and easier and easier to the point that at some point when they're close to their goal weight, we start backing way off on the dose.

Becking way off on the frequency of the doses. So to me, it's like, I got some people like, well, I'm pretty hard headed. I just won't eat. Like, yeah, that's not really how this works.

And then like you said, you know, what are some of the ways we can mitigate against it? Because one of the main side is let's say that you're a patient of ours.

We're not going to let you just be nauseated all the time. That's not how it works. We're not going to let you be exhausted and miserable all the time.

We're going to use half doses, quarter doses, dose it twice a week, slow, get you there very slowly, make it a more natural transition process and therefore keeping your doses lower, which is nice.

But we can't necessarily avoid the muscle loss if people start losing weight pretty quickly. So how else do we try to mitigate that? Yes, I mean, I don't even think we realized at the time when we started using our Sculpt Neo machine to build muscle.

This was before we knew about how much muscle people were losing with the GLPs. But we knew how important muscle was, right, for longevity. And, you know, we've been talking to our patients about the fact that, you know, what the mortality rate is of a fracture And you know, in your 70s or 80s, your fatality rates like 83% from a hip fracture, strengthening the muscle, right?

Weight resistance training and supporting your core and improving your balance and all those things. So that was a really great addition to our practice.

Yeah, having a machine that can, a device, I guess, that can build muscle in a way that you can't build it, as well as burn some fat in some places your body just really doesn't want to get rid of it.

And then tighten the skin around it for all these folks that have the extra, you know, loose skin from all the weight loss and waiting to the very end to address it.

But also we also, it doesn't replace working out. You have to work out and you're just doing one muscle group at a time with, with the device, usually a core muscle group somewhere.

Muscle Preservation, Hormones, and Body Composition

But also we strongly recommend in, in, when, when appropriate hormone replacement. So if your testosterone, especially testosterone, but testosterone and estrogen and females are being replaced properly and you're doing resistance training, that weight loss from muscle can be dramatically minimized.

If you lose enough weight, you're going to lose a little muscle, but we can help put it back on because hormonally, you're 30, not 60. We can help put you where you should be for longevity, quality of life, anti-inflammatory, all the things that proper hormone replacement does for you.

And then we can help build those areas. We can address those difficult to address areas with the device when appropriate. What about, you know, everyone wants to know what diet is right.

So what diet do you put every person on? Everyone's different, man. They're personalized medicine all the way. I mean, one of the things we love about direct primary care is you spend an hour with every patient for every wellness and follow-up visit.

You get to dig real deep into what has worked, what hasn't worked, what, where their barriers are, what their lifestyle is, what's pretty good guess at what's going to work and what's not.

Do you have any general, you know, before digging into all that, do you have some sort of basic outlines you use for your patients or how do you do that?

I think we've always, or at least for the last many, many years, talked about a low glycemic index diet, right? Or low starting out, low carb, right? Like not super, super low, but intermittent fasting is kind of like the mainstays, right?

And then as they learn that and memorize that, they can start understanding about different glycemic indexes, indexes. And with, with semiglutide, I try to be a little bit careful.

I don't want them going too low carb. more nutritive and clean, right? You know, and then we've also do Um, food sensitivity panels, right? People that have inflammatory illnesses and, um, kind of find out like what's causing inflammation in their body.

Cut those out. It's another fun approach to the whole diet thing, but for pure weight loss, I guess you also have to make sure they're getting plenty of protein and proper hydration, right?

For, I mean, constipation is a side effect of simulutide, but so we're learning more about that, right? and proper electrolytes, trace minerals. There's just so much to learn.

Yeah, and you know, so many of our patients come in with, I mean, they've been listening to that podcast or that podcast and, you know, the secret to weight loss and it's, you know, I've had some people find out the hard way that like, oh, that extreme diet is actually fairly inflammatory for me, right?

Like, I think I love to eat bacon all day, but as it turns out, that makes me feel bad. Whereas a different patient can go carnivore or whatever. And, you know, I had a patient today who's 40 pounds down on carnivore, not doing semiglutide, uh, cholesterol was a little high, you know, we'll, we'll get a calcium score, see what that looks like.

But really he's already on a little bit of a stat and that was his choice. So he just increased it a little to, to match his, his dietary, but he feels so good.

So it's not, and then. his inflammatory labs were low and all his labs were looking better other than the cholesterol. So it was like, clearly this is not an inflammatory diet for you, it works.

But there's some that it would be, you know, the opposite and they would feel bad. And there's, you know, I'm not a huge vegan sort of, you know, I feel like animal protein has its place in our, you know, bodies scientifically.

But in the meantime, you know, if you go vegan and that's what, you know, makes you feel better and less inflamed, you just have to really focus on your protein.

Protein is key. You can't build muscle. You can't maintain muscle. You don't stay full. Your metabolism suffers. Your insulin is high if you're not getting enough protein.

And you're usually, you don't supplement more fat. You supplement more carbs. So really, that's really the one of the only diets that I'm just not huge on, but not to say it's personalized medicine.

If it works for you, I'll work with you and help you get there. You know, kind of wrap it up. I think the take home here for us is there's so much misinformation and so much, so many people making money on doing this incorrectly, either follow this simple diet and you'll lose a hundred pounds.

Take, you know, or here's your prescription of semiglutide. Good luck. And so. I think the take home here is that it's a personalized approach. Semiglutide, Tiers epitide, those guys, we can get them compounded for now, which we really prefer because we like the quality that it comes in and we can microdose.

Diet Strategies, Protein, and Personalization

Whereas on the pins for the branded guys, you got to have it, you know, you pick a dose for the month and they only come in certain doses and, you know, there's no half steps.

So I really like the compounded stuff. There's, there's question of availability coming up. There's some question of how the new regime is going to handle that.

But in the meantime, there was usually going to be a way, even if we have to get it at a discounted price from the manufacturers to make it work. But when you pair it properly with proper diet, lots of protein, get some resistance training, Cardio is not bad, but you got to get some resistance training, get plenty of fluids, the other electrolytes.

It's a good time to be alive because until now it was always stimulants and crash diets and tapeworms, right? Like nothing's been a very good idea since the 80s.

That's what I wanted to touch on too, that safety, not just how safe it is, but the cardiovascular event reduction and the trials and then so much research going into just that anti-inflammatory effect and MS patients and so forth.

I just think it's going to be so fun to see, you know, in the next five years even what we're doing with this because if it's anti-inflammatory. Yeah, it's anti autoimmune.

I mean, I don't know if it's because our diet is so, you know, pisses off our immune system so much and we're able to simplify the diet and try to get clean and not be starving all the time.

Or if it, you know, it's like in the studies for the cardiovascular benefit, it was beside the fact, because we're talking about diabetics in these studies.

So it's beside the fact that it lowered their A1C and lowered their sugars and lower the weight. independent of all of that, their hearts were safer. They had less cardiac events on it than off it.

So it's going to be fun to see. The future of weight loss is interesting. Getting into the peptide world where we use proteins that were God's idea and were designed a certain way.

And then we just, by the miracle of modern food technology have filled our bodies with chemicals and preservatives and additives instead of food, food, food.

It's just going to be fun to see what comes next down the pipe. I think it's a fun time to be alive. We've had a few generations now of the American diet really causing a lot of disease and morbidity.

and mortality. So I'm excited to be a part of the Longevity and Health Quality of Life Now movement. And don't you think also just depression? I think it's been a little demoralizing for people to have been told oversimplified instructions on how to be healthier and just reduce your calories and that It's, it's been pretty, it makes people lose heart, you know?

And so it's just, it really is. It's fun time to, you just see the spark return to people's eyes. Like, okay, this really could work and it's safe and I could feel better and, and get up.

I could play with my grandkids. I could play with my kids again. And because my joints won't hurt so much when, when I get some weight off, you know, those like.

just reality, the reality of the situation of people feeling encouraged and better. And healthier for it. Now at some point it'd be nice to not be on it.

It'd be nice, but there's some people that probably will always want a half dose every two to three weeks as they find themselves randomly in the pantry at 10 o'clock at night looking for carbohydrates, right?

Like that's something that it has its place as a, you know, low dose maintenance. And there's some people that, After being on it for six, 12 plus months, losing tens, if not more pounds of weight that they've just retrained their body on how they do what they do.

But there is no such thing as getting to a goal weight and then going back to your old habits and maintaining your weight. I mean, you can use these medications to maintain your weight, I guess.

and try to go back to your old habits, but it won't work. Your old habits don't, they don't fit in with this lifestyle. So it's, it's pretty exciting.

The possibility is coming forward. Yes. And using, you know, the continuous glucose monitors, that is so, people love it.

Safety, Long-Term Use, and Future Research

They can actually see, we like to give it to them like before they start simple gluten and they can watch, you know, how their levels change with different carbs, you know, mixed with proteins and whatnot.

and then see how it changes on some glutide. I mean, it's powerful, even whether or not they started GLP, right? I mean, just that knowledge of seeing what their sugar actually does, that's a really good tool.

So many of my patients are like, well, beer made my glucose go really high, but bourbon didn't. And I was like, oh, well, just be careful. It's got other side effects.

But you know, finding out what, oh, that was surprisingly high. I know the first time I wore it and I had, coffee with some cream and probably a little sugar in the creamer.

I was like, whoa, you know, I haven't even got to work yet and it's 140. I'm a diabetic, I'm a diabetic. You know, I was just sure of it. Of course I'm not.

It came right back down and all of that, the numbers look great. The averages are great. The A1C is great, but it's like, wow, what do I need to do to make it not do that?

How do I adjust what I'm doing so that I'm not fighting these spikes? Well, okay, let's wrap it up. Um, if you had to pick which one of us is better at following our own health advice.

Well, I'm probably going to say you. Yeah. Nice. I knew, I knew invited you on this podcast for a reason. I think it just comes down to being stubborn and old and, and, and a lack of joy.

So it's easier, it's easier when you have no, when, when you're just an old joyless old bald guy to, uh, to stick to some of these things. I do tell people all the time, if you're going to start on this, whatever this journey, this whole journey, do it with your spouse.

Do it with your partner because you're going to be a lot more successful. So probably it's a balance between the two. Yeah, absolutely. If, if, if the rest of the family was eating the other way, it would, yeah, man, be terrible.

And the other piece that I would add before we leave is that doing a body composition analysis, you know, at the beginning and along the way. to support what's my muscle mass doing?

What's my fat percentage doing? Because, you know, eventually the scale is just not detailed enough. If you're losing 40% muscle and you're happy that you're losing weight, you're just missing the picture.

So some body composition, we use a stycoo. There's other brands out there just to let you know all of that part. So I would definitely encourage people to, whether you're on semi-gluten or not, whether you're on a weight loss journey, let's make sure that you are aware of how you're doing and make sure that what you're doing is right.

Other than that, guys, thank you so much for listening. We hope that clears up some of it. There's gosh, the story on semaglutide enterospeptide has, you know, it's barely been started.

Uh, there are many chapters yet to be written, but so far as a physician and as a team at here at Miami select, we've been very happy with. how having this tool has helped us to take care of our patients, help them meet their goals, help us meet our goals, quite frankly.

Our staff looks amazing. To be able to be more personalized, I mean, this is technically a direct primary care based podcast, and it's really that non-insurance world that we're in that allows us the freedom to sort of play in this sandbox where patients need the help, but insurance doesn't want any part of it.

Maintenance, Tracking Progress, and Closing Remarks

Whether it be hormone replacement, weight loss, body composition, longevity, preventative medicine. That's just stuff that, that you have to have a, a, you have to take, takes time and you need to be in a business model outside of the insured insurance system in order to make it work.

So we're thrilled that we're getting more and more tools in our toolbox. It's, it's makes being a doctor and a physician assistant much more fun. So if you're in the area, look us up.

We're in Tyler, Texas. Otherwise you can check us out at my MD select. tyler.com and just send your questions in and let us know where we were wrong. And in the meantime, don't forget to follow us and it's okay to rate us.

We're big boys and girls. We understand we're starting out this thing. This is early in the podcast voyage, but thanks for following along and we'll catch you guys on the flip side.

Steph, anything else? I think you covered it. Thanks for having me. 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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