Supplements, Hormones, and HRT: A Personalized Approach to Optimal Health Transcript

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Podcast Introduction

The biggest one is the K1 and K2 paradigm. Vitamin K 1 versus vitamin K 2, they're going to keep on saying vitamin k 2 is better, better better. But go look at the research on it.

It's not compelling, yet you're willing to spend 10 times the amount of money on vitamin, K two versus K one, right? Because you think it has a better result, but it really doesn't.

So I'm kind of tell the patients, if you can understand studies, go Welcome to Proactive Healthcare with XL Medical, the podcast where we redefine what it means to age well.

I'm Leif Womwell, your host and co-founder of XL medical, where are rewriting the rules of aging. Join me and expert guests as we explore topics like hormone optimization, boosting energy, losing stubborn weight and achieving mental clarity.

Because aging better isn't just about adding years to your life. It's about, adding life to, your years. Let's dive in. Good afternoon and welcome to Proactive Healthcare with Excel Medical.

And I am pleased to introduce my esteemed guest, Dr. Peter Fettinos. This is the first time we've tried this virtually, but I'm sure we're going to be just fine.

Supplements vs Hormones Overview

This comes from the fact that at Excel Medical, we are launching our own supplements. So we have encouraged our patients to use supplements for years and years at Revida, the parent company, you know, where the original protocol came from.

Supplements have been a bedrock of that business for as long as I've known it, which is many, many years. The relationship between supplements, hormones.

I know for me, it's a bit confusing. Like I knew for instance, that vitamin D is a hormone, which somehow it is also a vitamin and so on and. So I was hoping you can help clear some of the mud for the other people viewing.

Doc and help us talk through the difference between a hormone supplement, a vitamin and a mineral and how they all work. So if you could, do you mind kicking that one off?

Yeah, I can. It's pretty broad. You know, when I first started, you know I had a supposed supplement guru. at Revita and you know we would put people on like 28 different supplements and like it was like literally patients would say this is like a meal replacement of how much supplements I'm taking and I don't know how to be honest with you most of the hormonal supplements, I am very aware of and understand the best are the hormonal supplements or supplements that actually help, for example, calcium with bone mineral density, right?

I tried to keep it to a minimum because there's some out there that can harm you. This push for biotin for your hair, if you don't have a deficiency in biotenin, you won't need it.

It doesn't necessarily going to help you with your head. There's implications that it may cause harm if it's too high in you, so So that this idea that just put, oh, your hair's losing hair, go ahead on biotin is kind of flawed for example, because of the fact that if you're not deficient, then you probably don't need it in that situation.

So which vitamins and supplements do you typically prescribe or recommend as part of a all round HRT program? So it's been, you know, years of in development.

I basically took it down to four major supplements. You know, it was based off of, you know what is the best impact, the other was the window to our world is our gut, from our mouth all the way to anus.

And it's basically, that's the ways things can get inside us and that the things harm us, and help us. So most of it is around, like for example, probiotics are one of the major, major things that I recommend.

Core Supplements: Probiotics, Fiber, and Fish Oil

So what is a probiotic? So probiotics is basically beneficial bacteria that actually are known to be A, in your gut and help you in aid and digestion amongst other things, as well as, you know, will help you know, sugar regulation, you're energy intake, your cravings and stuff like that.

So probiotics are beneficial bacteria that your gut already has or it could be like acromantia, a bacteria used to be in our gut that we just recently found.

I think it was in Iceland or Greenland that found a lot of benefits to that, The other would be, you know, fiber. Now, if you're, the typical American diet is not going to be high in vegetables.

It's going be mostly meat and potatoes. Fiber is a key supplement that will actually clear out the bowel and keep it healthy as well. it's also a good substrate for the probiotic to live on and to work or the bacteria tube.

The others are typically going to be fish oil because there's a lot of cardiac benefits to omega-3 fish oils. So hold on a second, on fish, what is that?

That's the liver oil, right? Of a cod? Well, that's one you could do, you can do cod liver. And what does that do typically? What is it? It increases your good cholesterol, which Unfortunately to a lot of the statin lovers and the pharmaceutical grade companies that are making much of money on statins, the most important cholesterol in the body is not your bad cholesterol, it's your good cholesterol because if your cholesterol scavenges your blood vessel walls and take it back to your liver to be processed.

If you don't have enough good, your back cholesterol will be low but if it is sitting on your vessel wall and doing damage and not being taken off in time, its not good.

The fish oils, the omega-3s, DHA, and the EPA are probably the most beneficial aspects of fish oil. And then omega 3 is the only ones that are known to help reduce heart disease.

Omega 6 and 9, actually 9 can be detrimental. omega 6 is kind of neutral. That's like your olive oils and stuff like that. So what a lot of people don't realize when you do this blend, omega-3, 6, and 9, six and nine will repeat with three at the receptors and actually will cause it to be more detrimental.

So I don' do a blend. I just do omega 3 fissure solely. Well, I feel like I should be taking notes. That didn't even know there were any difference between omegas.

There is. And then you got these people, oh, we're going to put all three into one. Oh, it's going be cool. No, because it competes. It makes omega three not work properly.

The other is multi-vitamin. We don't have enough multi vitamins. Our foods are nutrient poor unless you grow your own food and you know what you're putting in it.

Most of our food is nutrient-poor because of the crop rotation and the amount of ultra process. Even a fresh vegetable today doesn't what it did 100 years ago.

You can see it, even in Europe they have standards like if you go And again, I'm going to Greek heritage. You go to Greece, you see a tomato in Greece.

It's way, way different from a Tomato here. Absolutely. A lot redder, it's a lot juicier, has a better flavor. And that's because they don't adulterate it.

The person who grew that just dropped it off two minutes ago, right? Here we got these greenhouses and all these other, but I just got done at a wedding this weekend.

And we went through Concord and we passed these, all these greenhouses and stuff. It was crazy. There was some amount of green houses and you know, that's just kind of what we do.

We do crop rotation and the industrialization of food, basically. Now, those are the non-hormone supplements. I have several hormones. So, there are supplements out there that are hormones and you alluded to one, which is vitamin D, right?

Yeah. That one's for me. Yeah, I've never understood why it's a hormone and a vitamin. Well, it is not a Vitamin. It's an hormone, and it acts more like a Hormones, but I don't know why they called it Vitamin D.

The vitamin word People take it as, oh, I could take or not take, right? And that's the worst thing you can put on something like vitamin D because it should be hormone D, hormone d3.

Because of the, with all the stigma on hormones, you might make people run away from it because they think hormones cause all these bad problems, which is the stupidest thing I've ever heard.

But it's more like a hormone because of three reasons. It's made from cholesterol. Not to say that the other vitamins are not made from cholesterol or fat.

I'm just saying the first aspect, because your sex hormones like progesterone, estradiol, and testosterone are all made cholesterol. So, cholecalciferol is the chemical name for vitamin D.

Vitamin D and Other Hormone-Like Supplements

It gets converted from an inactive form, D2, to an active form D3. That's very hormone-like. You know, you look at thyroid, your testosterone, they go from in active to inactiv form.

And this is why they say get sunlight because the sun, the enzyme in your skin is activated by sunlight that converts D2 to D3. And the last thing about vitamin D, it just doesn't work on your bones, right?

Be honest. It works on you bones. Your muscles, your heart. immune system. It's probably, from what I've read, it's one of nearly every single American is deficient in vitamin Ds.

Yeah, but think about it. Think about our ancestors. Do you think our ancestor's living in houses? No, exactly. You think they live in cars? In an office?

We spend very little time in the sunlight. And now with this fear of causing cancer, we see less and less people out in the sunlight or they're taking these chemicals on their skin that's reducing that vitamin D.

There is some interesting studies, there's a book that actually looked at this that, actually our melanoma and cancer risk went up when we started protecting ourselves from sunlight.

And a lot of it may be linked to the vitamin B may the issue there, but that I don't go that deep into it. So we synthesize our own then from sunlight, which I know is one of the theories of adaptation of lighter skin in Europeans is to allow that to happen.

Because there was less sunlight back then, right? So you supplement it? Well, not less sunlight, but like in northern hemispheres. Yeah, of course. We see less sun, right?

So typically speaking, that's what happens. And so that is why the skin was lighter and allows for more of that vitamin sunlight to get in and activate the vitamin D.

So that makes sense. You know, and the other hormones that are vitamins that I give are DHEA and pregnenolone. Tell me what those are, tell me about DHEA.

So DHA is the mother hormone for your other hormones, so it makes testosterone, estradiol, and progesterone in women. It's also, you know, very effective at reducing stress hormone.

Is it cortisol? Yeah. They're diametrically opposed. When cortisol goes up, DHEA goes down. And when DHA goes, up cortisol, goes now. So if you're stressed, you'll typically see it for somebody with lower D HEA, or you know, see somebody's doing better as resilient or resilient for stress, against stress.

They'll see a D H E A that's a little bit higher. It's also keyed into belly fat. I think that that is part of the cortisol thing. so it reduces belly, fat, which may be related to reducing the, cortisol.

Okay. and helps memory sleep and lowers your cholesterol. Very important supplement. Typically speaking, now, if you're a woman and you hear this and your like, I'm going to grab off this shelf, most of what's available is for men.

It's the 50 milligrams and up. You don't want to do that because if your have 50mg, there's a high likelihood it's going cause acne. Women typically are 10, 15 and 25mgs based on which decade in life they are.

And you don' really want start it before 40 years of age. Pregnant loan is the parent-parent hormone. Its way up there. But there is some really good information.

I actually did a lecture on it recently. of it being very good for memory and cellular repair. And the other thing it's been, it, if you're near exhaustion, so they did this in airline pilots who were in their exhaustion.

It doesn't do it. If you just slightly tired, is if your exhausted, you take pregnant alone between 100 and 400 milligrams, It will take you back from being exhausted to completely normal with energy.

They've shown this over and over again. Why is that? What's the function? We don't know. We know the mechanism, but it is pretty interesting that it does that.

So it So I get pregnant alone for women and men for memory. I also give it to shift workers, people who work shifts because typically they're going to be tired and stuff.

So that's generally when I give that to, and it may help boost other hormones. Interesting thing about DHEA, D HEA will increase estradiol, which is good in men and testosterone in women.

Hence why you may get a little bit more of an acne reaction with women. But the main side effect with DHEA is acne. I haven't really seen any side effects with pregnancy.

That's exactly what happened to me when I took DHA. It looked like a teenager about two weeks later. Yeah. And that's unfortunate. Then you can kind of titrate up or down to kind fix that.

The last one is melatonin. There's a lot of controversy with melotonin, you know, and you really can't overdose on melotonin and the studies that show benefit are far exceed any study that shows any negative.

In fact, a lot of these studies that showed negativity to melatonin are automatically presented that way to be negative, they already have the bias built in.

Melatonin is a hormone. It's part of the melanin in your skin. Basically, it's in that kind of cascade. Melotonin usually spikes when you're going to sleep from the penile gland, not the penis, but the penal gland.

And basically, that gland releases melatonins in a pulsatile fashion while you are sleeping. There's a lot of benefits. They're seeing benefits in breast cancer, they're seen benefits and prostate cancer.

Heart disease, actually helps with that. Which we're finding that it's probably the fact that helps with sleep and gets you a nice deep restorative sleep, which that alone in itself is, we've seen so many studies show that if your sleep is off, you're more likely going to die rather than if you keep a healthy sleep.

So melatonin is phenomenal for that. That's pretty much all the supplements I recommend. I have a question for you. So in my prior to working with you, I would have assumed that a hormone was prescription and a supplement was over the counter, but that doesn't sound like that's the case.

No, that's not how it is. Yeah. So, you know, it's funny, because supplements are not really studied extensively. Some are, some are. Most pharmaceutical companies won't try to patent it, mainly because you can't really patent naturally occurring.

A lot of these are naturally occuring. This is what's happening with a lot of this biologic, moving stuff to biologics to prevent compounding of those medicines.

So most of these, the supplements are not. They're not, they're naturally occurring, so you can't patent them. So anybody can make them so they don't care because they want the next drug that they can patent to make money off of that nobody else.

That brings me to another question. And so if anyone can makes them, how is, I'm assuming there's a huge gradient in quality. Like in other words, one vitamin C is not equivalent to.

Yeah. Is that correct? Vitamin D3 is a good example of it. Vitamin D3 is a great example that you have to really know what your quality of vitamin D 3, which is kind of funny.

I usually say stay away from the Chinese products because they're, you know, that most of them are made for cheapness. They're not made. But it's funny, there's a Costco brand.

and we compared it to like a high dollar one that got off the internet and the Costco one was made better than, and I would have been, I was floored by it.

I like, okay, you know, but you can see these values. We can these numbers and see if you're absorbing them or getting the higher level. So, there is quality differences.

You are correct. Agility's tried to keep away from Chinese products. Again, because they want to it cheap and cheap usually means it's not going to be good quality.

But I've been surprised before and I'm not going to say any other things beyond that.

Medication Interactions and Supplement Quality

I mean, there's some American products that I haven't seen that are crappy too, so. Yeah, of course, and of the ones that we have are of high, high quality.

Oh yeah, I used them. You know, I've been doing this, you know now 18 years and I kind of whittled down the ones that worked the best. So what's the relationship then between nutrition supplements and hormones?

How does that work together? Supplements is the term. If you look at the same term supplement, it's most of what you're getting as far as supplements is through nutrition.

You're just supplementing. You're supplementing nutrition. In an ideal world, you wouldn't need to, I'm assuming. It would come from your food. You get your zinc and your selenium and vitamin D and magnesium from whatever you're eating.

Again, that's the window to the world for us. That's how we communicate between our body and the word. And that is by eating or whatever we're consuming.

Yep. I'm assuming also the modern world stress any supplement. Any medications that people are on, would that deplete your supplement levels? Are they related in any way?

Absolutely. So for example, statins, which you know, I am not a big fan of statin. CoQ10, is a powerful antioxidant and energy producer. It's a part of the enzyme, it's part the Krebs cycle and everything.

That gets depleted with statines. So when you take a medication, you need to know what it's going to affect. Most people that I see on statins are not taking CoQ10, which is crazy.

Wow. Well, I need make sure of that because I know my mom just went on to statin. So I needed to make she's worried. You got to get her off. Why is she on a staten?

I have no idea. Does she had a stroke or a heart attack ever? Nope. She's a woman, right? Yes, she is. Go look up how many studies have been done on women with statens and you'll see that it They're not really, they're extrapolating studies in men, especially older men and to women and younger men.

And it's not, you can't do that. You have to give it to those group of people to see benefit. They are not doing that, actually you're seeing an uptick in breast cancer with statins as well as Alzheimer's.

Wow. I'll be on the phone to her straight after this. Question for you, our approach at Xcel Medical for both male and female is very, very highly, it's highly personalized.

It's about your situation. So when a patient's coming to you for HRT, how do you assess their nutrient needs? Or is it a general, general levels? Like how, do determine what one person should take them, what another shouldn't as far as a supplement?

No, it's very simple. You mean supplement nutrition or? Yeah, supplement. Well, I know more than I can eat most people, unless they're farmed the table and they are growing their own stuff and know what they put in it, most of them are going to be depleted.

I always say to you, there's no one size fits all with hormones and technically speaking, no, one-size-fits-all with vitamins and supplements. But I now that being normal or suboptimal is not right.

Most of the time, especially if you look at the Recommend Data Allowance, when you're looking at these research, most of research on recommended data allowance was they could never figure out what the optimal levels were.

They just figured out the minimum amount that would keep you alive. So when look back at a label of any kind of medication or a can or supplement, that's how much it's just to keep your alive, well I don't want to just keep me alive I want it to see what's making me feel the best I can feel.

Usually it's three to four times what you see on the back of that label. That's right. One of my favorite things as far as making me giggle is those glow in the dark cereal boxes.

And then it says fortified with a hundred percent of your vitamin A or D or whatever. I'm like, golly, I am sure that's just pure health food right there.

Yeah. It's, it just, It just a 100% and that means that the minimum is to keep you alive. So, I get it. So if I was to paraphrase, would it be that supplements and the hormones that we offer are two legs of a stool along with, like,

how do they interact?

Are they both fundamental to health? in a way, I guess. Yeah, you're doing well. That's a good analogy.

Personalized Supplementation and Lab Targets

What I see is that you are a three-legged stool. Okay. And supplements are probably a mixture of both the hormones that your giving as well as the nutrition, right?

They're part of that nutrition branch. Obviously, exercising is the other leg. So usually I say hormone, nutrition and exercise. But then nutrition covers this, right?

Supplements and hormones. It covers both of those, which shows kind of how important they are because they can affect both your hormones and they're a part of the nutrition issue thing.

If any of one of these legs comes off, the stool is going to come tumbling down. Yeah, you can probably get through a lot of stuff, but you won't ever be a hundred percent of where you want to be, especially if we're talking against diseases.

So I have one last question for you. We've talked about a lots of different things as far as the supplements and I'm, I speak this language, so it's, if someone is just brand new to this, it sounds a bit overwhelming, all the different supplements.

And so how do you, how does someone get started in this and what would be What would you recommend somebody brand new to this who is looking to get to as healthy as they can be?

What action should they take? Well, I think, you know, they should call us. I mean, obviously, because we have all the, we're covering the three things that's going to prevent and promote health, hormones, diet and exercise.

And in that is included supplements. If you can't get to us, find a good functional hormonal doctor, cause they'll cover those same issues. What I would say is you're going get a fire hose amount of stuff.

Especially if you go to somebody who's specialized in this because they want to, I'm not trying to be mean, but the more supplements they sell, the money they make, typically speaking.

The biggest one is the K1 and K2 paradigm. Vitamin K 1 versus vitamin K 2, they're going to keep on saying vitamin k 2 is better, better better. But go look at the research on it.

It's not compelling. yet you're willing to spend 10 times the amount of money on vitamin K2 versus K1, right? Because you think it has a better result, but it really doesn't.

So I'm kind of tell the patients, you know, if you can understand studies, go look at studies. You know AI, for all its negatives, it's got a great ability to search for studies look it up.

And I always tell patients there's observational studies and then there is interventional studies Observational studies, they don't tell you anything other than, hey, you need to do an interventional study.

Interventional studies are what happens when you give something and observational study is what you see when just look at baseline levels. Two different things and this is a problem with traditional medicine.

They can conflate the two or they confuse the usually. If you see a lot of good studies, let's say on K2, that show when they give it to people and they have a control where they don't give to the people, and I see big benefits, hey, more power to you.

I will be behind K-2. But I haven't seen him, to be honest with you, maybe somebody's found one, may be he's

done recently. You know, K1 is tried and true.

We do know it works, you know. It's going to help with bone and that's mostly what you're going be using it with to get good absorption of calcium and vitamin D.

So without being overly pluggy, our own range that we're launching right now, will that cover somebody? If they follow your guidance, they take the HRT and they do this, we cover their basis.

Of course. And on top of that, adding more stuff, right? We're not being complacent and saying, hey, this is all you need. We're launching this first round with pretty much everything that I do.

Right. And then if we see something new and it's compelling data, we're going to use it. If it was not, I'm not going use because if it ain't going work for you, not gonna use.

It's like, for example, a good example is. I like berberine, but I don't like it for insulin resistant because there's not a lot of great research that shows it beneficial.

I actually used it in my clinic for a little bit of time, and then I just said, you know what, I'm not seeing the benefit. And this is a good option, or was a great option for people who have PCOS that didn't tolerate metformin or GLP-1s, for example.

It didn' work. So I started looking and actually been to a couple of conferences, is showing compelling data that it works. Inositol is a molecule that's inside your cells that actually helps you process insulin and it's one of the breakdown points of people that are insulin resistant.

Choosing Evidence-Based Supplements

And so that I would recommend and I wouldn't do that for women who have PCOS or people have any kind of insulin resistance. There is some really compelling for inositil.

Barbarin is good for Other things like GI cleanse to get rid of that bad bacteria. I've seen that work, but I haven't seen it really work well for insulin resistance.

Okay. So that's kind of how I kind evaluate these things. You know, sometimes I'll use them to see how they do. Sometimes I'm mostly going to look at the studies and say, Hey, yeah, this doesn't look like it's that compelling.

I do recommend berberine for people that want to do a GI cleanse to get rid of a bad bacteria if they feel like they want a clean. I don't recommend it for insulin resistance.

So you can see how sometimes I will add it or not. Maybe that's something we add in the future if some people want do insulin cleanse or GI cleansing.

But if I'm going to insulin resistant and they wanna supplement, I am going do inositol. There's probably other things out there that will help, but that's…

So in other words, what you're describing is the way that our approach is really personalized. It's down to you what your trying to do and there's no one size fits all solution.

And what's you can afford to, right? Yeah, that true. That's true, it cracks me up. I was laughing to myself. When I first met you guys, maybe I took a Flintstone.

And I'm like, you're gonna be the average of your peers. Now every morning I like this sack of vitamins. I was like what the heck is all this stuff? I have no idea, but I feel great.

So, and I am 103 years old and know I don't look it. Yeah, 124. Yep. That was funny. Someone did say that the

other day. They said, oh man, you're that testosterone guy.

You're like 60. I'm like, yep, absolutely. If you look like, you know, your 40 years old and when you're 60, that's a, That's the win. Right. That a win without using plastic surgery.

Well, Doc, I really appreciate your expertise as always. It's always fun to pick your brain and learn new things. So, uh, thank you guys for watching and, um, see you next time.

Thank you for having me. Bye guys. That's it for today's episode of Proactive Healthcare with Excel Medical. But your journey to feeling amazing is just getting started.

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I'll see you in the next episode.