Introduction to Proactive Healthcare and Guest Intro

But also you also get all the increased risk of heart attacks and strokes, all these diseases. This is why you see a negative connotation with testosterone replacement for two reasons.

That one reason where you drop lower if you keep your testosterone up, your estrogen is going to stay up. Both. I'm going to stay. So, so am I right in saying that a lot of the negative perceptions that people have is because it's not being administered correctly, using the wrong type. Yep.

And not administering correctly. Got it. And blocking estrogen makes total sense, which I see this all the time. And I tell a patient the reason why you don't feel good or you're seeing all these medical problems, or why your cholesterol is going all over the place, is because you're not doing it correctly.

This is doctor talks real talk from real doctors on the issues that matter to you. Most. Welcome to Proactive Healthcare with life one. Well, that is me and this is brought to you by Excel Medical which is male Excel and FEM.

Excel. I'd like to introduce my esteemed colleague here and guest Doctor Peter for Tino's. Doctor Patino is the national medical director for Excel Medical and no nationally is one of the preeminent experts on bioidentical hormone replacement therapy.

So thank you so much for being here, doc. Pleasure to be here. So doc, tell me about Male Excel. Where did the idea come from and what inspired its creation.

So I'll give you a kind of a short answer. Okay. This, it's pretty long and complicated, but.

How Male Excel and Bioidentical Hormone Therapy Began

Well, my brick and mortar clinic, was called provider, okay. And it's still called provider, and it's basically a hormone clinic where I see physical patients.

That was started about 20 years ago. Okay. So I've got about 20 years of experience with hormone replacement. And Craig, who's the CEO and one of the co-founders, as well as you, wanted to see if we could, bring this kind of replacement hormones to a bigger audience.

And Excel Medical was born from that call. Initially, me and Craig had difficulty scaling. The company and that's where you came in with your marketing experience and, and thankfully so.

And we were able to start a telemedicine company that initially started as an ad company. But when Covid came down and we felt like we could strike hot with starting testosterone and thyroid and all these other hormones, we ended up going into the route starting with what is is, bioidentical hormone replacement.

Okay. It's different from HRT. HRT encompasses all of it. And HRT typically means synthetic hormones. Okay. So you're going to look at premiere in or for women, synthetic testosterone does stuff like that, but it actually is not necessarily natural hormones.

They come from a natural source, typically the Mexican yam or the, soy play. All right. And the structure that we're looking at is called digestion and in digestion and is converted in a lab to the same hormone as in your body.

So, so hence why it's called biotin tacos. And the reasoning behind that is not that we know how a body is going to respond to testosterone, because it naturally makes it.

So why don't we replace testosterone with testosterone, right. And so the other sources we could be getting testosterone from that's about identical would be from the cadaver, but there's a lot of risk of transferring diseases.

So we instead of the term natural it is natural source. But it is actually converted in the lab. A lot of people confuse the misnomer that identical modes are natural.

You can get natural hormones from plants, but they're not the same. All roads in your body and they can harm you. So is it chemically identical to the testosterone I make? Yes.

Can you lay your testosterone on top of that testosterone? It's identical. So we can predict the positive effects. And also the potential side. And then what about synthetic? What?

Like what would that be? Would that be true for a synthetic testosterone? Typically synthetic. That's us. Astronauts have a different chemical structure for two reasons.

One is because they want to patent the hormone and make money off of it. You really cannot patent. And this is from government. You know, this is rules that we have said you can't patent naturally occurring hormones, right?

Those are naturally occurring. So it's not in a company's, best interest to go ahead and make testosterone and try to make money off of it, because it's not you can't patent it.

They're going to try to make synthetic hormones. Right. And that is even with sense why there's no brand name hormone like, you know, like there is Viagra or something.

Yeah, there's I mean, there's brand names, but they're synthetics guys. No brand name. Cool. So I see although the honest with you, they did have some.

But there are some identical hormones, like premature and for example, in women is a typical version of progesterone. But it's the way they manufacture the from atrium that made it, a trademark.

Or they could they can make it a patentable hormone. It wasn't the fact that it was the progesterone itself.

Bioidentical vs Synthetic Hormones

And oh I see. So so they have some bio identical hormones out there that have been patented. And then they have the generic version that you can get in a regular pharmacy.

But most of the time the quality of those, unless they're the actual brand, are not very good. They're usually from other countries that use, standard methods of making the hormones to make them cheap.

And then how did you get into this area of medicine? So, I was originally, when I got out of residency and started practice in medicine, I went into I didn't really know what I wanted to do, so I ended up doing some pediatrics, some urgent care and some family medicine.

My training is family medicine. And after a while, I kind of got burned out, especially with the urgent care, because it was, you know, really long hours in the same kind of patient would come in and give them a prescription amount.

Same thing with family medicine. And I happened to be, just working and, and a friend of mine introduced me to a gentleman that owned the provider at the time, and he needed a physician.

And so I went and talked to him. I did not know what it was about until I sat down to talk to him. And he said, hormones are going to get hormones. And, you know, am I biased?

At that time I was biased and I was trained under traditional medicine, and I still am. But I became I heard hormones and I'm on my son. That's I'm going to kill somebody because we don't get a lot of education in school, in

hormones.

I remember taking hormones or something women had. Oh yeah, I didn't think, I didn't think that. Yeah, most people do because, you know, there's a lot of distinct time, time periods in women, right? Yeah. That they have, you know, menopause men are hormonal.

You can see the hormones of their periods of stuff. Men, you know, you kind of see a gradual decline in testosterone. So typically speaking, we don't think about it that way.

So that makes sense. So so yeah. So I went in with him, met with him. He assured me that what we're doing is safe because of the type of hormone we're giving, which was bio identical at the time.

And so I, you know, I did my research, I went to a bunch of different conferences, learned about the medicine, and actually spent time with my mentor, Doctor Rozier, and learned a lot from him.

And basically who we are, where we are now. You know, one thing I know from having known you now for several years, you know, your studies inside out and back to front.

So you always have the evidence to support your argument. So when we're talking about hormone replacement therapy, what makes that what makes it bio identical safer.

Like why why is that any different than a synthetic. That's okay. How about I flip it a little bit to the other way around? Okay, so where do we get that?

Hormones are bad for you. And yeah, this is this is where this all happened. Yeah. It's sad because a lot of, a lot of what's happened with a lot of traditional medicine is they conflate, this term is conflate, meaning they, they take the synthetic, for example, primary okay, which is pregnant mare Uranus, which has estradiol in it, but has a bunch of other estrogens that humans don't have in them and basically equate it to estradiol that's just found in women.

There's two other hormones, estrogen says E1 and E2, but Esther does the beneficial estrogen and women right. And so they do these studies on the synthetic ones because who's usually, you know, I'm assuming the drug companies sponsoring these studies is the drug company.

That's who has a bunch of money. So they do that. So they do that on perimeter. And they see all these negative things that occur when you get pregnant to women.

And so they basically automatically think the same thing's going to happen when you give estradiol. The other argument, typically speaking, when you'll see with a lot of doctors is that there's not enough studies.

Yeah. No, you just didn't look hard enough. This is the problem that I have. There's a ton of studies on hormone replacement, bio identical and synthetic hormones.

It's just not one. And their long term studies to, you know, they're not just short studies like the most recent study. I remember your conference was over 50 or 70 years of studies.

Also, what I you know, we've been using testosterone in like the 40s and 30s even longer than that. So don't tell me there's not studies on this. You know, this stuff has been studied and there's been randomized controlled trials.

The argument that I also get that pisses me off more than anything about this is that, oh, what's the long term double placebo, randomized controlled trial in order for you to do a long term and long term is relative in in size, a long term, double blind, placebo controlled study is only going to run about if you want to keep it really good, maybe 1 to 2 years.

Three years. Okay.

Why Hormones Were Viewed Negatively

That's that would be considered a long term because those studies have to be so controlled. Right? I just read a study, the traverse study. It went for about 21 months, but it was a variation of about 14 months.

Plus the follow up was like 33 months with a variation of 14 months plus or minus. Okay. The that study had a 60% attrition rate, meaning 60% of the patients stopped.

Just got out of the study. So that's the problem. You can't it's so hard to control those things, especially when you don't have these people in one spot.

You know, some people might take the medicine, some people won't. How do you how do you kind of make sure these things are getting done? There's some statistical analysis you can do for it, but these studies and you can't do it for long term because a they're going to be all Uber expensive, Uber expensive because of just how much it cost to keep these studies, the integrity of these studies correct?

I know I'm assuming then saying because there's no financial incentive because you can't it's difficult to pattern a hormone, therefore that, you know, there isn't that billions of dollars of funding, but there is the billions of dollars of funding for synthetic hormones because was the only synthetic, because androgen, which was the study synthroid is that not one that's that's not the essence of that.

But that's a brand. But when they did the reverse study, they used A-B. AB makes androgen. And so they were able to fund it to show that they had the safety for cardiac reasons. Right.

You couldn't you wouldn't find another company doing like maybe a regular testosterone recipient because that's a generic thing. They're not gonna spend the money because everybody uses them.

So if I'm a regular patient, what what difference does it make to me? What am I like? What what are the risks? Am I avoiding them by using the bioidentical, you're avoiding a lot of the side effects.

Depending on which one you're using, you can avoid a lot of the what they consider cancer risk is a lot of. Oh, interesting. Because all the hormones that we're causing the cancer with the synthetic hormones, not necessarily the bio identical hormones, although there are some hormones if you don't do it properly.

That didn't cause problems. Got it. Like estradiol. If you don't get progesterone, you're not gonna increase the risk for breast cancer. We're showing that estrogen doesn't cause breast cancer and it doesn't even worsen breast cancer.

Breast. On the studies we're seeing recently, it's actually the fact of uterine cancer that you get concerned with. So if you get processed don't get progesterone.

With estrogen you can increase the risk for uterine cancer because it liberates the endometrial lining. So there's some things you have to be understand this is this is not an easiest medicine.

And and people make it over complicated. And the they don't they under complicated they think that it's very easy. They think it's simple to do it but it's not simple.

Well, one of the things I'd say most of the most people, in my opinion, think it's all about testosterone for men. Yeah. Like, in other words, that's it.

Because that's that's the way we've been. We basically mentally train these people to think the only hormone that's important for men is distortion. By the way, testosterone is just not a male hormone.

Yeah, exactly. It's a female hormone too. And anybody is telling you that women don't need testosterone. They don't understand the studies. Right? This dichotomy of testosterone for men and estrogens for me, female and

progesterone for female.

Well, progesterone definitely is for female, but estrogen for female, came from studies in the 1930s and 40s. And basically they transplanted ovaries from a female rat into a male rat, and then from a male rat to a female rat.

And he observed it and they said, oh, they got male characteristics of testosterone, a male hormone. They got female. And they there's an estrogen is a female hormone.

But when they looked at the back of those studies and actually looked at it, the male rats retain some of their male, characteristics. They didn't completely go with the female and vice versa.

The female rats. Then they retained some of their female characteristics to become completely male. So it's not so cut and dry. Makes sense then? I hate it when I hear, oh, there's too much testosterone in the room.

Or or estrogen. Do too much. When women are emotional, that's done. That's not how it works. Low energy, difficulty focusing. It might not just be stress, it could be low testosterone and male excel.

We specialize in personalized testosterone replacement therapy with daily dosing, progress monitoring, and a dedicated care team to ensure your plan stays effective.

Within six months, 96% of our patients report life changing results and with our 90 day Excel Advantage guarantee, you've got nothing to lose. Feel stronger, healthier, and more energized with Excel.

Yeah, I know from experience when one of the biggest game changers for me was taking a surgeon where there's a lot of our competitors, block it. Yes. Which is the worst thing you can do, I completely agree.

So tell me why. Why is there that misconception that I need to block my estrogen if I'm taking this? So if I'm taking testosterone. So that came from a book called The Underground Book of Steroids.

Okay, look, in the 80s, the done by one of the, weightlifters he's passed since now and they've re kind of revamped it a couple times since then. I think the latest was in the early 2000s and basically, you have to understand the biochemistry of testosterone.

All right. Testosterone was actually considered the pro hormone or the inactive form of testosterone okay. It's got activity. Don't get me wrong. You get distortion, you're gonna get activity, but it gets converted to two main, metabolites or active forms or what we call hormones.

One is DHT, okay, which is dihydrotestosterone. And that's. Yeah, through, an enzyme called fat reductase, which converts testosterone, ADHD that's mostly done in the skin and stuff to the hair follicles.

Your, whole glands and your sweat glands have the most amount of fiber, alpha reductase. There's other places in your body that does it, but that's the main place, okay.

And the other conversion is to estradiol or estrogen. Oh, isn't that fascinating. That is aromatase. Does that right. There's a 5050 production.

Testosterone, Estrogen, and Blocking Estrogen

You put one testosterone you're gonna get 50% of his or testosterone. And then you're gonna get 50% estrogen and 50% DHT. What a lot of the weightlifters, especially in this book, they think that DHT is the muscle building hormone, and it does build muscle, but you can't efficiently build muscle without estrogen.

Got it. The channels that push sugar from outside of your muscle cell to inside of your muscle cell require estrogen to function properly. You will get fat, or if you block estrogen, you will build muscle if you block estrogen.

So why did they do it? Why exactly what was the point? They did this. And by the way, in that book, if you look and you read it like most people should read it, that one, to understand where this mentality comes from, they do say it in their book, the most effective testosterone was the one that aromatase the most.

Yet they still want to block it. Estrogen, they said the most effective testosterone I'm going to say it again was the one that I aromatase the most. I didn't say it.

They said in the book yet they want to block it because they think the muscle building hormone is DHT. The why? So why would that make any difference if you block it?

Because it has an effect. So once you become DHT, you don't go back. Once you become estradiol, you don't go back. Okay? Right. If you block aromatase, what's it going to do?

It's going to put a wall or a, you know, a dam to prevent you from going to estrogen. It's going to force everything down to DHT. Got it. So the reason why they do it now, I understand they want to force it down DHEA.

Now there are some of these people to argue. Well, estrogen comes from fat too. And we don't we want to block estrogen from fat because it can drop your testosterone production.

Yeah. But if you give an aromatase inhibitor does the same thing. It's going to block it's going to block the estrogen. But it's also going to block from testosterone too.

So you're dropping estrogen in either case. We know from numerous studies, not just one, that an estrogen blockade will increase your risk for heart attack, stroke, osteoporosis and Alzheimer's disease.

I can we know that it will increase your risk for prostate cancer, So exact opposite. Yeah. And we know from the Finkelstein study and like you asked me, I know my studies.

In 2013 it was published in the journal medicine. That is a randomized controlled trial. They showed that you will get fatter and your penis will stop working if you block it.

That was one of my I remember learning about that. It seems so counterintuitive that messaging is a fundamental sexual hormone for men. Yeah, because it's actually the reason why it works for erections, especially in improves the basal reactivity of the muscles in your blood vessel.

So think about it. I mean, what do you need to happen? You need your muscles to relax, to get you in the blood vessel to give you a reaction. And that's what estrogen does.

They give them the ability. That's why it's so important for it. And people ask me how much I do, I use. I said, well, if you really want to know, use enough to where your penis will stop working and you're old enough.

I'm joking, I you don't mean I as an artificial intelligence. No, no, I really haven't. Yeah, like I know I am. I also correct in saying it's partly because if you end up using a big lump of testosterone like a week, take it once a week or once a month or whatever, some of the, some other protocols do that, that it crashes and burns and you end up with a estrogen that crashes and burns alongside it rather than a steady level.

Yeah. So, what I like to tell my patients is that when they talk to me about weekly injections versus, daily injections or daily creams, but, application does testosterone release just on Mondays?

Nut releases every day Wednesday morning. So, yeah. So you want to mimic how your body uses testosterone. The argument that they say against that and they want to do the weekly is that they say it's a 7 to 8 day half life, for example.

Scipione. Yeah. So you could just inject it once in a week and it's going to stick around. But it's a half life to me. It gets half and half. You do see rollercoaster effects.

You will hear from patients. Absolutely. They'll come back and tell you, hey, you know, I'm by the end of the week when I need to do my next shot, I'm, I feel like crap.

That's not good. Because what's going to be super, super hyped up in the beginning. And you said it once when you start going down your maybe your baseline, let's say was a 300. Yeah.

Right. And you gave it and you went up to 708 hundred right. Yeah. And then you can start going down. Do you think it's going to stop at 300. Oh no, no it's going to go lower. So you're going to like a lot worse.

What happens is that means you're going to be exposed to suboptimal estrogen and testosterone levels, which puts you at risk for gaining the way, doing all things.

But also you also get all the increased risk of heart attacks and strokes, all these diseases. This is why you see a negative connotation with test after room replacement for two reasons.

That one reason where you drop lower if you keep your testosterone up, your estrogen is going to stay up. Both. I'm going to stay. So, so am I right in saying and a lot of the negative perceptions that people have is because it's not being administered correctly using the wrong type. Yep.

And not administering correctly. Got it. And blocking estrogen makes total sense, which I see this all the time. And I tell the patient the reason why you don't feel good or you're seeing all these medical problems are why your cholesterol is going all over the place, is because you're not doing it correctly.

So let me ask you, of all of the patients that you have and now, you know, we have thousands and thousands of them. What what is a typical experience.

Like what typically happens to somebody when they start and you know what what are the effects and how does that work for the new men. You know, the new patient.

So let me get a little bit more direction. Do you ask for for the fact of how their experience is when they come in and meet with our providers? No, I was talking about how they feel hormones when they when they start supplementing the hormones, what typically happens.

So typically seeing, there is no timeline of you're going to feel I hate this. This is the thing that angers me more. Anything everybody's different. Yeah. Makes sense.

Your receptors that way the receptors respond to testosterone on the amount of a hormone called sex. More and glob it in your blood. Tells you well, just how you respond to testosterone.

You know, how your cells inside your cells, response to testosterone, even your stress level will not just how you respond to testosterone, too. So if you're really stressed, you're gonna respond differently from when you're not really stressed.

Makes sense. So what I hate is when they say, oh, by this, by 30 days, you're going to feel your libido is going to get better, your energy is going to get better, and this is going to get better.

And then another 30 days you can expect to build muscle and this and this. That's not how it works. And what you're doing is you're getting this false sense of expectations for these patients.

You know it depends on the patient. Got it right. Everybody's different. You can predict some things. But for the most part it's different person to person.

Yeah. And one of the hardest things we have this this medicine is managing the expectations of the patient because they heard from their buddy. Oh his libido got better after the first 30 days.

My libido hasn't gotten better in 60 days. Well, maybe it's because you're not high enough. It doesn't mean it's not working for you. That makes sense.

Or maybe it's the way your body is responding to it. Everybody has a little bit of genetic differences that makes them respond to hormones differently.

So you cannot predict. But I would, I do I do cheat a little bit and say, hey, the closer you get to your optimal level, the more I'm going to know what you're going to, what's going to improve.

That makes sense. So so we typically say about 6 to 12 months is a good kind of period of time to really see whether we're going to be 100% improved and optimal and where we want to be.

Will you see an energy boost? Maybe, but you may see libido come first. Yeah. Makes sense. And there is the oddball patient that I have where their numbers, their cholesterol becomes phenomenal.

But they haven't seen a different yet. Yeah. Or they start losing weight and they haven't seen differences in how they feel inside. And that can happen.

But sometimes it's a gradual improvement. Sometimes it's like a switch I'll see.

Dosing, Timing, and Why Levels Matter

All of a sudden they prove, yeah, they'll come back after like I've seen it three times in a row and all of a sudden the fourth time they come in, man, all of a sudden you made that last adjustment.

Oh so and so better. Yep. It just can't be predicted. And I hate when I see it because it's not correct. You cannot say that. You just are. Now you just don't.

I know I personally felt it almost straight away and that's why people don't like that. You know, that I have some people that took them. And unfortunately, I have to say this two years to feel better.

Got it. But they stuck with me. And guess what? They are now? They're with me for life because they feel great. Yeah, exactly. And so it's all about understanding the science and telling.

I like to explain the patient from a scientific side. Hey, this is why you may not be seeing this different. Well, let me ask you one more question. And so if levels levels then are all over the place, depending on your background, what you came from is that is it therefore how you feel and respond more important.

Yeah. And if you look at the research, that's how we should be doing it. Yep. We've gotten to the point where we've come to come over reliable labs. Labs are a great tool.

Yeah, but but there's there's a lot of studies that are coming out now. And I've been looking at them where they're showing that doctors just in a lot of doctors just just look at the labs.

They know how you feel about it. You feel they may hear from you, but you say, I feel this in this or something else. Your number is normal. But there's so many studies that show that labs can lie.

We've come a long way with labs, but they just don't tell you what's going on inside yourself. Because what do labs checked? Blood levels. They don't check inside your cells.

Make sense? The way you check inside the cells is talking to the patient. I got it, you tell me little better, or I don't feel better. How? Different people respond to different things.

And we need to do the whole thing. We just don't need to be just looking at one thing. There was a study in the, I think, 1990s and there were three series, but I have a few of them and basically they were looking at where does a

doctor get the most information to get to make a diagnosis?

Guess what. When number one was I would have guessed it would be labs, but probably not correct 72% to 76% of the time. Just talking to the patient. Oh interesting.

During the physical exam yeah. Was equivalent to doing labs. Both were 11 to 12%. So it so it was how the person felt. Yeah. What they're telling that makes sense.

It's old adage in this medicine doctor Rozier like I always say he's going to say this this in a patient long enough. They tell you what's going on with them.

If you listen even longer they'll tell you how to fix it. So it's listening to the patient. This is why we develop that assessment that looks at your symptoms that every eight weeks you check to see how you feel.

That's assessments more important than the bloodwork makes total sense. But I do use blood work because there's certain numbers we got to hit on certain things.

Yeah. Like for women it's especially you want to be above ten on your progesterone because it's protected against breast cancer uterine cancer ovarian cancer. Got it.

So there's certain levels you want to hit for. But I can have somebody above a thousand on testosterone. And let's say they're 1200 and they're still having symptoms of low testosterone.

Regular medicine is going to say, oh, it's not testosterone. I know enough to know. Maybe this person doesn't respond at 1200, maybe responds at 1500.

And then I take him up. And then what is the rate limiting step? Well, if they start getting side effects that I know I've got too high, like total said. So you adjust back down and you say maybe there is something else.

So I would think one of the most common feedbacks that I've been reading is that I've been to my primary care, and he says everything's normal, but I still feel like crap.

I just call and that and they've been they're getting frustrated. And this never ending loop, is that something that you run into? So, what I do, I experience is a lot like I see a lot of the patients that I get are patients that are disenfranchized with traditional medicine.

They they've not been heard. They've been looking on the internet. They talked to a friend they've been trying to find, hey, I've gone to my regular doctor.

I got people that go 2 or 3 times and explain to them, hey, I don't feel right. Something's wrong. They either get ignored, or they put on an antidepressant or some other kind of medication that doesn't really fix the problem.

It comes up, or they run a bunch of blood tests on them and continue to tell them they're normal. But, most of my patients, especially the ones that I've had coming to me recently, they've gone to these other clinics and doctors and they just don't get the answers that they're looking for, because correct me if I'm wrong, but you could be normal and still feel like crap.

Well, that's that type of thing, right? Normal is based on old sick people that normal is based on includes everybody throughout life. And if you're looking at bloodwork, right. Yep.

They don't really stratify by age unless you're in younger ages. Like if you're in a teen, because a testosterone level and a 20 year old is going to be different from a 14 year old.

Right. We know that for a fact. A 20 year is going to have way more testosterone, a 15 year. But it's interesting when you look at the way they look at blood work for people who are older, 20, 30, 40, 50, 60, 70 year old.

There is no stratification by age. Now a 20 year old has a testosterone. Their their normal range is I think now is 268 to 918 or something. What do you think it's for a 30 year old to 68 to 9, 18.

Interesting. 40 year old to 68 to 9. 18. 50 year old to 68. All the way up till 80. Whatever you say. 90. Well, I know if I get a 20 year old at 200 or 300, there's something wrong.

There is something wrong with that person. And you're telling me he would be considered? No, they would be. If he's above 300. In traditional medicine, they think is is normal.

I've only ever found one man above 1000 at 80 years of age. Wow, what a machine. Yeah. So he was married to a 40 year old woman, so maybe that's part of it. No.

But it was interesting. But I've never found, you know, generally speaking, if people don't stratify, we cannot lie at younger ages because we know there's puberty and not puberty, and we know what 14 year olds gonna have a different testosterone from an 18 year old.

So they have to stratify by age, right? Yeah. Yeah. Well, then why don't you stratify by age? And every age makes total sense. So they contribute. It's a monetary thing. Yeah.

You know and lab core is not going to go off on the health. These people at every age. And say everybody's level should be there because it can't cost them money.

Right. They use whatever is in their database and in all of their blood that comes from their database comes from hospitals and doctor's office, because it's readily available blood.

Right? Yep. Well, who do you typically goes to the doctors office and hospital people.

Symptoms, Labs, and Patient Experience

Not great. Not great. Yeah they're older right. Yeah. So these values we're seeing is values that are more skewed to old sick people. The other thing that I get, which is interesting, is how many machines do you think lab core uses to process these labs?

Oh, I would imagine hundreds of different machines. Do you think they process your lab on every machine? Every time? At the same time? Oh, I would hope so, because that's what we do.

We do? Yeah. We have 2 or 3 machines. Right? We have more than that. Yeah. I don't know where we have now, but we have a few. But but we would try to put it on the same machine at our place.

But they don't have they may get they may get to a different location in the lab. Right. And they may send it somewhere else. I know that there's variation between machines. Wow.

Because I've sent two lab samples for the same patient drawn at the same time, two different places at lab core. And I know they did all two different machines because two different results came out. Wow.

Well let me. So would my own levels naturally change in a day. Like if you if you check if you check me at 8 a.m. and then you check me at 8 p.m.. Yeah. Would would they be different. Yes.

So therefore that indicates there's about don't go by that alone. That's that's an intrapersonal variation. Yeah. So would it be significant or it can be.

Yes. So that well let's say you're at the beach. You're relaxing. Probably going to be not much of a change. People hardly even talk about controls 203.

There's over 200 symptoms. I mean, that's unbelievable. Like where from what? Yeah. Tell me, tell me what would

happen to me. What? So, so so a lot of people, you know, see the cosmetic side where your hair is going to get center on your head because without it and without it.

Okay. You're going to see, skin thinning. You're going to see nails get brittle. You didn't used to take thyroid. Yes. Oh, yeah. I lost my hair. Well, you guys, so, so, thyroid, basically is going to help with the skin, the hair, the nails.

It's going to help with metabolism, energy building, muscle, decreasing fat. Yeah. Well, you do that, right. Oh, wait a second. I thought testosterone build muscle.

No. Yes I thought can build muscle and increase and decrease fat as well. And say and estrogen as well right. Yeah. That's did you need estrogen to build muscle. Yeah.

And that's you didn't actually when that study with the Finkelstein study showed a decrease in belly fat. Wow. So so tell me why then so is thyroid the bedrock.

Is that the foundation? If you came to me and said I can only do one of these. Yeah. Which one do you think I would pick? Well, I would assume testosterone.

There's so many more benefits with thyroid. Thyroid is so important. I mean, muscle aches and joint pains, libido, mood, constipation or verbal issues, heart issues, if you have any of those things, thyroid is important and so is it. Why?

Why do we have low lower than optimal thyroid. Like why is my thyroid multiple reasons. As you get older you tend to age. Endocrine disrupting compounds have become more saying these are things that were born to that these are things in our environment.

Microplastic could be. Oh, God, that affect our production of these hormones. And they do damage to these glands. They also affect how we respond to these hormones.

Stress hormone, I assume the modern diet. Oh yeah. That's an incredible thing because I, I saw this fascinating thing the, just the other day on the ingredients in a simple I won't obviously name what it was brand product that most American households have and said when we were kids, it had four ingredients.

Now the list is about that long, the same thing. I'll give you an example, Eric. You know, Eric, you just would come back from Canada. He sent me two pictures.

Picture of a ketchup bottle. I don't need ketchup because he's got too much sugar in it. Yep. But a ketchup bottle from Canada and a kitchen bottle from United States.

Oh, my. The ketchup bottle from Canada had four ingredients tomato, sugar, spices, and one other thing. Yeah, the the commitment to the ketchup bottle from the United chapters.

It had high fructose corn sirup, corn sirup. What had a, some aluminum steroid or some kind of, some something, I guess, for a preservative. It had, tomato paste in it.

And it also had something else in it. And I'm looking at I'm like, this is why we're we're dying. This is why we're getting lobbies. This is what's causing a lot of our pain.

Is that the stressor that makes the average person need like why thyroid, in other words, is that the pressure on modern society that causes us to need that they're finding the endocrine disrupting compounds are probably becoming more the number one reason why we're needing hormone.

That's what I was meant for, why our hormones tend to suffer. That's both thyroid and testosterone. Any of the estrogen of nutrients in foods that are a good example of what we've done with women is makeup. I mean, they put a lot of petroleum products and pick up a lot of the hormones.

Sex hormones are made from cholesterol, which is, oh, basic. Right. And so they put these petroleum things in there that mimic and kind of disrupt the way your body responds to these hormones.

And so we put these chemicals on these women's face and to make them look pretty. But we're causing all their problems I imagine also the prevalence of birth control is caused.

Well yeah. Birth control for different reasons. For biological reasons, we're killing our women with birth control. Yeah. Okay. We're increasing the risk for breast cancer, depression, heart attack, strokes, all these diseases, clots.

And the problem with that is, is that because of men being lazy and we don't want to use testosterone for birth control, right? Which we should. We bet we put all the birth control stuff on women.

But the chemicals we use for birth control, women are the same chemicals they used in the Women's Health Initiative. It wasn't estrogen or estrogen and progesterone, it was the progesterone north or down, which are synthetic progesterone which caused the problems.

There were synthetic primary, which is coming from pregnant Maria. And those were the ones that were causing the problems. So is it fair to say then that there's there's a ton of additional stresses that are on modern life that this this really is starting to push the tide back the other way?

Thyroid, Modern Stressors, and Hormone Decline With Age

Well, you look at it. Yeah. Because you look at it, food was even though it was not as readily as the biggest difference, our stress was probably more physical stressors back in the old days, which is good for you. Yeah.

Because if you're running away from a beer, you're using that stress hormone. Nowadays, most of our stress is mental stress, right? Yeah. The chemicals we have in our foods now. Right.

Like I just told you that ketchup. Right. We didn't have that in the foods we ate thousands of years ago. Right. Because they didn't have those chemicals to put it in.

So that did it. Like even modern medicine, we're put these things that our body doesn't even recognize in them, can it? So can we wrap it up with the one last thing.

Can you tell me about the the. I love your analogy. I remember it when I first went to provide all those years ago about the fact that, you know, we were designed to live this long, and that's why it naturally went down.

And like, you know, in other words, we you were eaten by a bear at 30. So, so is all we designed naturally to have our hormones go down through time. Like, why? Why does that happen?

So this is, I'm going to try to make it very simple. Humans were never meant to live past the age of 40 as far as evolution, as far as our hormonal lifespan and whatnot.

Just because everybody now lives more than 40 and they have more than in more than 200 years ago, they think that this is the norm. This is not the norm. Yeah.

For 300,000 years of evolution. Yeah, yeah. We, we we didn't live past the age of 40. And the main reason it's not anything inside me knew this changed.

Right. It's everything around this has changed. Our technology advances have extended our lifespan. But nobody's told our genetics. And generally speaking hormonal lost starts in your late 20s and early 30s.

Got it. So late 20s early 30s right. Yeah. And then you see about a ten year buffer and then about 40, 45 you start seeing it drop off. And that's when an old days, if you and a 20 year old were run away from a bear, you would eat, right. Yeah.

Because you had less. You get cool. And that's it's a control for our population. Right. And you saw it die a double level of this. So what I mean by that, you saw young kids die because they didn't have their hormones, because they're young and they couldn't find themselves. Right.

Yeah. Makes sense. And, you know, we had a lot more exposure to diseases, right. You know, take hormones, have a big part of why our immune systems get better.

Right. Makes total sense. And then we had the older people that lost their hormones. They ended up die. The people that live the best 20 year olds I know.

The other part of that is the people they weren't worrying about. You're at your peak for not worrying about disease when your hormones are at your penis, which is the total opposite of the myth.

Yeah, yeah. Exactly, exactly. And it's funny because you know what I tell my patients is you're not supposed to live past the age of 40, but if you are.

So what do we do for this? Do we just tell you this is normal? For you to break down and just fall apart? Now that or do we say, hey, this replace what's missing in your body with the same thing that it's missing up until the day you die, so you can have the best life that you can have.

That makes total sense. That's all we're trying to do here. And we're trying to reduce the risk of these diseases that can come as you get older. All these diseases, or we call it diseases of aging, are hormone deficiency diseases.

They're related to being hormonally division. Cool. Well I say, well, doc, thank you so much for being here. I learned a lot and I enjoyed it, and I hope it was interesting to you guys out there. Thanks for watching.

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