Introduction to HRT University

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I'm tired. I'm gaining weight. I don't have any muscle. And if you were to only have checked a free testosterone and that is typically derived by, again, we can calculate that smart enough to do that on my own.

He was an online free testosterone calculator. There's a free one by the university of Belgium, put one out. a long time ago, and it still works perfectly to this day, where you literally can plug in your total testosterone, and it'll give you an average of your albumin, which is another protein that also binds up some of the total testosterone.

And more or less, you're kind of subtracting that, so to speak from your SHBG. We're saying okay, of all the testosterone you have stored up inside you, let's say it's 962. Well, if your sex hormone binding globulin, which maybe from an optimal standpoint should be let's just say 25 to 35 as a male, and it's 162. That means that all of that testosterone that you have all 962, the vast majority of it is bound up.

So that's sex hormone binding globulin. So it's holding a hostage. You're listening to the Lifestyle Medicine podcast with Dr. Ivan Rusilko, brought to you by Access Labs, where we explore new perspectives at the forefront of personalized health care.

All right, guys, welcome to the Lifestyle Medicine podcast. I'm Dr. Ivan Rusilko, and we're brought to you by Access Medical Labs. If your doctor's not checking labs, he's not a doctor.

And today we got a treat for you. We got Nico with us. He's kind of a rock star. I got to say, he's the guy who teaches doctors how to actually make money, and actually help their patients at the same time.

So I can't be more honored to have him here. He's a board certified nurse practitioner. He's done a lot of really cool work. So we're going to jump right into it.

And Nico, how are you doing on this rainy Miami afternoon over here? I'm doing great. Believe it or not, it's a sunny and beautiful day here in Cincinnati, Ohio.

It's usually rainy and gray and humid and hell on earth here. So we're doing just fine. I actually grew up in Pennsylvania, near Erie, Pennsylvania. So I've been to Ohio many times in my life.

So I hear you on that one, man. Well, hey, thank you so much for stopping by today, dude. I truly appreciate it. It's a pleasure. Thanks for having me, man.

Heck yeah. So first and foremost, you came up with such a unique concept. It's called the HRT University. I don't know if you did that with kind of a fun little, you know, little jingle there, you know what I mean?

But no, I definitely love the concept. So can you kind of hit how you are actually expanding doctors, not only practices, but minds with how you're teaching them to not only, you know, introduce hormone replacement therapy to their patients, but kind of how they're actually building their practices along with it.

Yeah, absolutely, man. So gosh, where do I begin? I, you know, I was really lucky. Growing up, my grandfather is a retired physician, I spent my whole life I felt like around medicine.

He told me don't freaking go to med school.

Why Hormones Should Be Foundational

So I didn't. And then at the same time, I went into NP school and kind of went about and around about way. But I was really fortunate in the sense that I, I knew I didn't want to do the conventional stuff.

I I knew it felt outdated and old and the insurance model. I just, I didn't like any of it. So, um, I was really fortunate to find a lot of great mentors in my local Cincinnati area who were functional med.

I mean, they were considered total quacks, uh, 10, 15 years ago. And now they're like, the tables have turned, right? The tables have turned. They're total geniuses.

Everybody wants to see them. finally making great money. But again, I kind of stumbled into this world in many ways. And, and hormones always stood out to me as like, man, I've never seen anything so safe and effective and something that moves the needle.

It's a tremendous way you bring up such a good concept with the safety of it. And you know, Back in medical school, NP school, I mean, anywhere you learned about medicine, you'd always hear hormones.

It'd be like an absolute no, but no, no, no, that's dangerous. Don't talk about it. And now it's kind of the for fun. And I love how you've kind of turned HRT therapy into primary care.

Yeah, that's exactly right. I mean, one of the things I've been trying to, maybe I'll try to coin this someday, but I've been saying, you know, HRT isn't fringe, it's foundational.

And once we kind of get that through our thick heads, all of a sudden, this whole universe opens up in terms of, oh, my gosh, when I'm, I don't care what specialty neurology, you know, orthopedics, family med, hormones should always be the star and center of attention in many ways.

No, for sure. So again, obviously, like my this is obviously brought to you by Access Medical, which I think, personally, for me, I've been doing this for about 15 years now.

And I've gone through so many different laboratories. And I find that the foundation of not only medicine, but especially hormonal therapy, it has to start with actual diagnostic testing and not just diagnostic testing, the basics like testosterone and estrogen.

I mean, you have to get super in depth. We're talking about like the all the different extrinsic aspects of like iron panels and things like that, that actually kind of influence how hormones work.

So I'm curious, I always like to figure out every health care practitioner I talk to, what are your go-to lab testing for when it comes to hormones? Gosh, that's a great question.

I'd like to be well, you know, I got a functional bent to me. So forgive me if my lab panels feel extensive.

Core Lab Testing for Men

But, you know, I'm a big fan of test on gas and test heavy, if we have to, you know, I'm sick of I'm a little bit sick of the, you know, I'm not bashing nams in particular, but Like, I don't enjoy the idea of, hey, we'll just guess that, of course, you're in, you know, menopause, post menopause, of course, you're tired or testosterone and S style and progesterone or zero and blah, blah, blah, we can restore those.

And okay, I'll give credit where credit do, of course, that makes sense. But how do we also not know that they're not suffering from severe iron deficiency?

or how do we not know that maybe their thyroid is jacked up, right? Like, so again, we come to this conclusion that yes, hormones are important, but so is everything else.

And we still have to have this very holistic, you know, worldview around patient centered care. No, for sure. For sure. So I mean, so you sit down, say I'm a new patient, I'm in Cincinnati, I roll in, you know, I'm obviously a Bengals fan.

You know, so the whole concept is, what are you going to test for me? I'm 41 years old, let's say I'm I feel okay, you know, I'd like better mental clarity, sexual therapy and sleep.

Do you have a specific panel you do no matter what you fit you? Is there a protocol for the HRT? Yeah, absolutely. Absolutely. You know, I'd say at a bare minimum for a male that you know, that you just described to me, total and free testosterone, or at the very least, a total testosterone and an SHBG.

And I will calculate the free testosterone at the very least. I find that to be really critical. Hold on, hold on. So could you explain to everybody listening?

How do you, how do you actually calculate that? Because a lot of physicians would be like, what first and foremost, what the HHS BBT, whatever he said, you know what I mean?

Okay, so first and foremost, when I'm talking about shg, I mean, sex hormone binding globulin. which is a little tiny protein that every single one of us produces, and copious amounts of it, generally speaking.

I like an SHBG because a sex hormone binding glybulin is really going to help us to clarify and potentially even identify just how much freely circulating testosterone is.

So I always use this analogy with my patients and my provider, frankly, I think of total testosterone as how much gases in the tank of your car. It could be a full tank, it could be half a tank.

At the end of the day, so long as you have even just a little bit of gas in the tank of the car, that's well and good. When I turn the key over, I start the ignition.

I asked people, what actually starts that engine right off the bat? Does it, is it the gas that's in the tank of the car? Or do you think it's the gas that's sitting in the engine and the pistons, right?

Um, and of course everybody will typically say, oh yeah, the gas in the engine. And I say, okay, that's the free testosterone. I love it because it makes the most sense to me in terms of like, we, we, we.

shouldn't rely so heavily on total testosterone. Unfortunately, again, conventionally speaking, that's if you are lucky enough to have anybody check a total testosterone as a provider, they will check a total.

And and Ivan, I'm sure you've seen this 1000 times. 60 year old guy comes into your clinic, he's got a total testosterone of 962. Holy smokes, Bob, you're doing amazing.

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I use an online free testosterone calculator. There are many, there's a free one by the University of Belgium put one out a long time ago, and it still works perfectly to this day, where you literally can plug in your total testosterone, it'll give you an average of your albumin, which is another protein that will also binds up some of the total testosterone.

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It's so that sex hormone binding globins, it's holding it hostage. So you might have a free testosterone of five. And if you know anything about free testosterone, that is quite low.

And we would expect to see all the symptoms of low testosterone. So those I think those just alone are like, worth their weight in gold when we're looking for testosterone in a male like that.

And then again, just to kind of carry over, I'm looking at DHEA, again, another lonely and forgotten male hormone, at least we call it androgen, right?

Yeah, that child, especially as as men get into their 4550 year old, you know, stage of life, we're gonna see that start to drop pretty precipitously.

Thyroid, Reverse T3, and Hashimoto's

And again, for many men, they might say, Hey, Nico, you know, I'm on this TRT stuff, I'm feeling pretty good. But I feel like my sexual wellness is still kind of, you know, not quite there yet.

And it may be because their DHA is really low. And so again, I think that as far as like a male androgen panel goes, you know, some people feel really, really, really, well, there's a lot of controversy around checking estradiol for men.

And the more I've kind of dug into it, the more the randomized control trials I've poured through, I haven't found anything that really supports checking an estradiol level in the sense that estradiol is a intracrine hormone, which is, or predominantly may I say an intracrine hormone.

So if you remember back in the school, right, we were taught that hormones, they all do similar things, but in many ways there are different types of hormones and how they do those things.

So there are, endocrine and paracrine and intracrine estradiol is predominantly and especially in many intracrine hormones. So a serum value of estradiol is not always necessarily reflective of what is happening on the inside of that human male's body.

So for example, many men they'll get, they'll be given testosterone replacement therapy, and God forbid we check an estradiol level, and your estradiol comes back at 70. And a lot of guys freak out, oh my gosh, I'm gonna turn to a lady Nico, how dare you?

And I would say, well, wait a second, how are you feeling? Oh, Nico, I feel amazing. It's the best I've ever felt my entire life. And I'll say, well, fantastic, good for you.

Remember, estradiol is mostly an intricate hormone. What we're seeing in the serum is mostly waste product, right? It's just the stuff eventually that's gonna make its way into your urine and out the, you know, what ends.

So estradiol, again, I'm not super married to checking that. I have not seen any reason to do so. I think more importantly, checking something like a prolactin is really, really important.

Prolactin's the big forgotten one. That's a huge one right there. Totally. totally, especially when we hear you know, again, a mental say, Oh, Nico, I started taking testosterone replacement therapy.

And again, maybe my erection is really terrible. All of a sudden, a lot of guys will assume because it's in the zeitgeist, it must be estradiol. Whereas almost always, it's a prolactin issue, the prolactin is too high, and things of that nature.

So again, that's another one that I definitely recommend. I'm a big fan. I don't care if you're guy gal, you're getting a full thyroid panel checked. I just it's a it's a no brainer.

It is a must. Every single person all the time forever never. And again, in my opinion, at least a a really reasonable thyroid panel would look like a TSH, a free T three free T four.

And again, I'm a big fan of checking TPO antibodies. At the very least on that initial consultation, right? Like the amount of people you've probably caught, I've been coming in, I'm fine.

And they have full blown hash Shimoda's disease. You know, it's crazy. And again, so I'm curious, I'm glad you bring that up. And again, I started because back in the day, the whole bodybuilding thing and you know, I would get into it hardcore and thyroid is obviously one of the things that can be abused in that industry, not saying that I did.

Um, but back in the day, it's a whole new me. Um, but one of the biggest things that we found is reverse T three. And a lot of people don't really understand.

They're the actual function of reverse T three. Cause you know, you can pretty much tell somebody who has, you know, hypo. I mean, they come in like that's a hypo thyroid patient.

Yet you check everything, every, everything you just mentioned, all of a sudden they're like. maybe not you know and if you add that one thing and again unfortunately you know checking reverse t3 can be a little bit more expensive um but the problem is you might have just now found hypothyroid some that might have had that since they were 10 15 20 30 40 years old whatever it could be and now we just change the entire thing is now they're considered a hypothyroid patient and now you start giving things like t3 and whatever to kind of fix it and you've kind of changed the life so do you deal a lot with t3 or I do.

I mean, well, it's a fair question. I'm not it's another one. It's kind of like Escher Dahl, you know, I was kind of fishing around, you know, what, what is the meaning of checking or reverse T three?

Is it all that impactful? What I found was that and my functional medicine provider for Mary to reverse T three, it is quite helpful.

IGF-1, Cortisol, and Sleep

In fact, if you're giving T four, correct. in right, but I don't give just T four. I prefer desiccated thyroid extractor. So so NP thyroid or armor thyroid a combination of T three and T four.

What I found is that again, even going through the literature reverse T three can be again caused by a myriad of things. stress, illness, sickness, metabolic dysfunction, age.

So all of a sudden, it became obvious that you know, this is interesting. It's expensive. It, it a lot of times was enough to where is pushing my patients away from getting these labs.

And I'm saying, Look, at the end of the day, I'm not getting I'm not changing the way I'm practicing or prescribing for this patient or treating them right.

So I'd much rather check my in my opinion, a free t three is really like the creme de la creme. And of course, I completely agree on that one. Now. So there's also a lot of again, you know, unfortunately, and maybe fortunately, but more unfortunately, social media now has kind of dictated wellness medicine and it's every calm, dick, and hairy influencer who's just like, oh, I just picked up a book and now I'm an influencer and whatever.

So now you see a lot of things and a lot of literature coming out, and even I have patients coming and asking me about things like Hashimoto's being linked to parasites.

Now, do you have any thoughts on that? Boy, that's it. Trust me, I get it. So I might as well bring it to you. I love getting other opinions. You know, I agree with you, Ivan.

I think in the social media sphere, all of a sudden, it goes through cycles, it's for you know, several months, it's

mold, and then it transitions over to parasites.

And then from parasites, we go to heavy metals for a little while. And then maybe it comes back to mold. I think it's very plausible that all of those things have a connection with Hashimoto's disease.

I think it is quite clear in the literature that it does at least appear to start in the gut, which again, most diseases do. So I'm not, I do not think that Hashimoto's disease is strictly a problem of parasite.

I don't I don't find that to be the case. I've never seen any good literature to point to that direction at all. I mean, for example, we've seen I completely agree with you.

Yeah, sure, sure. You know, we've seen the associations with gluten and celiac and all that kinds of stuff, too. You know, so and I think, again, it is a autoimmune like disease, if not, we could say it's completely autoimmune.

most autoimmune starts in the gut. So fair enough. And I, and I, in fact, in my course, I'm a big fan of saying, hey, we really need to be paying attention to that.

If it is a gut issue, we should be doing maybe some gut testing or particularly even considering just adding some gut healthy things like colostrum and maybe lotus naltrexone and different things like that.

No, I think that's a great no really isn't I think gut health is something that's really overlooked. You know, I mean, it's not as glamorous, you know, I mean, but people don't realize it's not sexy.

Exactly. We were once nothing but a cell with a mouth, you know, I mean, like, so I mean, that's kind of the first brain I always like to joke about. And also, when it comes to this one, too, a lot of physicians that I talked to, and again, even when you see we talking to AI and stuff, everybody leaves out IGF one.

So what are your thoughts on IGF one testing? And it's relevant, especially all the peptides out now today, like Sir Marlin CJC test some more and all these all these other things.

I like IGF one, I do. I think, you know, it's interesting. I remember when I first started working with my mentors way back in the day, we were still using a growth hormone.

So if that tells you maybe how old I'm now getting, and it was like pennies on the dollar at one point, now it's a bazillion dollars. But you know, when we when when we got to finally get to these amazing peptides just from more than all that stuff.

I just think I think an IGF one is a no brainer. expect and I would caveat that a little bit with especially for males and females over the age of say 4550. You know, I think checking an IGF one for a 20 year old is, I don't know.

It's a little overkill in my humble opinion. Sure, it could be low. But if I were to like stratify, or try to be really cautious about who I'm checking that for, at the very least, I'm going to look for those men and women who likely are seeing the, you know, tail end of their growth.

Yeah, absolutely. you Yeah, no, so yeah, SuperZoog again, like I always like to kind of correlate it as well. I mean, I love tech and cortisol, DHEA and IGF, which kind of gives you a, in my opinion, again, I'd love to hear yours, kind of a bastardized version or a kind of a synopsis of how somebody's sleeping.

Because if they come in, IGF is bottom down, as well as cortisol is high, DHEA is high, and we're low. So I mean, they could be in adrenal stress or adrenal fatigue.

I kind of sit there and it's funny, you know, you can sit there and be like, oh, IGF is, you know, bottom third, cortisol is, how's your sleep? I kind of got you on that one.

You know what I mean? So I'm curious. Do you see that correlation to or? That's such a I love that point.

Absolutely. You know, it's funny. cortisol is another one of those ones.

I do check it is it's quite rare that I'll check it. But I do check it. You know, I always I always think of cortisol at this point as like a look, this is a very downstream thing.

I'm going to assume that if you're not sleeping well, and you feel like crap and blah, you know, your cortisol is probably jacked up. Whereas again, DHA so far upstream, same with IGF one or at least the, you know, growth hormones and whatnot, the anabolics that if I'm looking at stress hormone versus anti stress hormone, I'm usually going to assume that if you're feeling a certain way, probably your stress hormones are through the roof and your anti stress hormones are down in the dumps.

I love that trio. I love the way you look at that, especially with sleep. I think that's fascinating. People don't realize sleep is the most complex thing we do.

You can go out there and have sex or play sports or whatever. That's A to B. There's so many cycles of sleep and stages and hurts and this, that and the other.

And I always sit there and tell people it takes about 35 to 45 minutes to get into delta sleep.

Progesterone and Prolactin in Men

And if your dog moves, your partner, you know, has flatulence or something weird, I mean, like you're waking up, you miss that entire delta sleep cycle, your IGF starts to suffer from it.

Yeah, and I even it's funny, you know, and it anytime I've ever prescribed from Orland, you know, of course, you always have that one guy who's like, Nico, I don't understand.

I thought I was gonna have a six pack in three hours and you know, look like the Hulk. And I'll say, Well, that's not really how that works. Remember this.

But they always say, but I'll tell you what, I'm sleeping like a rock. Very true. And again, that's my favorite thing. I love it so much. I actually went and I kind of cornered Dr.

Sleep. You know, it's one of the products we have. Yeah, absolutely. It's super unique. I'd actually like your take on this one. So the actual formula I kind of created was a mix of CJC, Ipermoralin, Sermoralin, and then what I actually mixed into it as well.

So this is a sublingual trochee five times a week. It's going to be Tadilafil and actually Oxytocin. reason I'm using both of those is because oxytocin helps with the alpha stage of sleep.

And then a lot of people don't realize when it comes to the actual people having to get up and pee and all that kind of stuff, you take the dillaphil small dose, I'm talking 1.5 milligrams, it enables your body to kind of not have to get up that one extra time to pee.

So the amount of delta sleep you get, it actually induces more delta sleep, let alone the somorlin, the CJC, nipromorlin. I mean, you're getting some of the best sleep in the world.

I think three nights of sleep is better than any medication you could ever get. God, I love that. Can I steal that? I'm just kidding. It was a great one.

What a formula. I love that. That's such a good formula. I really, really like that. Again, if you can give somebody for sleep, I sit there and think I mean, every every hormone benefits from it.

And that's why I think for me, IGF one testing is probably not only business wise, it's a very lucrative thing to find. But when it comes to actual, you know, getting patients to concentrate on sleep, yeah, I want to have is like you

said, a six pack better sex, but how's your sleep?

Why sleep like, good luck getting any of that. You know, I mean, like you said, it's so so true. So I'm glad we share the same sentiment on how important sleep is.

That's great. But one more. And again, this is always a unique one. I always like to ask about what are your thoughts on progesterone testing in men? I love, well, first of all, I love progesterone format.

I think it's fantastic. Um, I really do. And I know that's a controversial one. Um, as far as the testing goes, where I kind of land at the very least is.

I've again, I've had some mentors check it time and time again, and they would tell me, Nico, this is the optimal range and this, that, and the other, I have just not found that to be.

consistent enough. And I don't know if you found that either. What I have found is that, you know, especially if it is truly like way below the limits, and the guys feel terrible.

And what would that be anxiety, restlessness, insomnia, certainly BPH is a huge one that I use for a lot of my guys. You know, any of those guys who generally have suffered from TBI or things of that nature, I have found progesterone to be extraordinary.

I I've seen some people dose it a little bit too high. And we've seen those seen that in the studies where it's mostly like I am injections at like 50 milligrams or 100 milligrams.

Most of my guys do fantastic with like three, five, maybe 10 milligrams almost, and almost always again, I like to and I'd be curious about this too with you, Ivan.

I typically for a lot of my guys say they're mostly dealing with anxiety and insomnia. I would prefer a PO, a capsule versus some of my guys. Oh, no, that's not my problem.

But my problem is my prostate is killing me. I'll typically go with like a trochee. Do you do you kind of like see something similar? No, yeah, actually, I never used a trochee, actually.

No, that's that's actually a great concept. I might have to steal that one. But no, I see a lot of people, especially when it comes to obviously the prostate, I'll use the capsular version of it.

I see a lot of people who are suffering from sexual issues with it for men. The progesterone really kind of gives them that little click and also that plays on prolactin as well, which again, I'm glad you brought up prolactin.

that's such a massive, massive hormone in men that is super important. It's funny too, because I find, you know, what, at least what seems to be going around in the zeitgeist of no progesterone for men, I've heard progesterone causes inflammation for men, which is like, blatantly not true.

Cholesterol, Statins, and Hormone Production

We just saw a COVID study, like a randomized control trial that was like, they pump these guys in the ICU full of progesterone, and their hospital stay was like, two weeks less than, you know, the controls.

amazing. But then the sexual side of a lot of people's Oh, you give men too much progesterone, it's gonna, you know, give them a saltpeter kind of effect.

And I've seen the exact opposite, which is typically if this is dosed appropriately, think about guys who can't relax, right? Like, good luck having a healthy erection if you just cannot relax.

So yeah, absolutely. And for the prolactin point, too. Well said. Really well said. Yeah. Yeah, and so this is the one

I always get in trouble with, especially with my, you know, obviously I have patients who have teams of doctors from Cornell and all this kind of stuff.

So I always love being this cowboy from Miami who gets, you know, gets in arguments with these well world renowned credential doctors, was the fact of cholesterol.

And again, I don't think any physician understands where does testosterone come from. Where does DHEA come from? Where does estrogen come from? So now you see people come in, zero heart history, zero history of anything when it comes, any type of atherosclerosis, their cholesterol's at 202, statin, immediately.

And what happens? Now you take all the cement that builds every single sex hormone in your body away, what happens to your hormones? They freakin' fall like you can't believe.

So one of the biggest things I have to battle with is if I wanna start replacing hormones in people who are on cholesterol medication, Do I try to get them off cholesterol medication first?

Because normally, if you bring them a higher, healthier cholesterol, more likely they're gonna have more ability to actually create the sex hormones. Or do I just say to hell with it?

I'm gonna go through just give them testosterone, even though I know what they're doing is creating this problem to begin with. Boy, oh boy, you're you're asking me to get some hot water, man.

I'm kidding. I would tell you I would tell you this such a good question. Such a good point. I am maybe I'm a little cowboy. I tell all these people to get off those meds.

I have never seen a statin and I don't think the literature has either that remarkably and overwhelmingly changes someone's life. And again, I think this is where that idea of hormones are foundational.

Okay, so you're saying let's just say a statin magically gives someone an extra days of life compared to placebo, which is basically what we've seen in these long term randomized control trials.

At the very least, could we not consider the fact that as you said, cholesterol is a vital portion of our human physiology and perhaps it is the loss of hormones that is leading to myocardium, farts and risk, uh, atherosclerosis.

I'm almost thinking like, w w wait a second. You're, I know where you guys are heading, which is like, we have to do something about heart disease. The problem is you went in the direction of let's patent something and make money versus let's just use the things that we're missing.

bioidentical hormones and see what happens. And we have gone that way. And what we see is a decreased risk in all cause mortality. Exactly. Go figure.

Right. And it's always, I love getting arguments with AI. That's my favorite thing. Even though I'm building an AI, I love getting arguments with it. So I always, I always love to bring up the point is, you know, cholesterol is just doing its thing.

It's floating through your veins. It's being fine. There's no issues with it. The whole aspect of when cholesterol becomes dangerous is what, when the Tuna Intima has a nick in it, has some type of damage to it.

And what do you think the number one cause of that Tuna Intima damaging is? High sugar. So the whole aspect is, do we treat high sugar for heart disease?

We're to worry about cholesterol, which is responsible for 25% of your brain's weight, every cell membrane in your body, all of your sex hormones, hell, even vitamin D starts out as cholesterol.

So we have this whole focus on being like cholesterol bad, sugar good, and it's just the most asinine mismanaged,

or I would say diabolical thing, I think big farmers ever done, it's a trillion dollar industry.

And now you see all these physicians coming out and just being like, you've got to be in a statin. I went to Yale, I'm like, it's coming to almost to the point where the more credential a physician is, the less I actually believe them.

You know what I mean? Like, so that means you're more dogmatic, right? Yeah, exactly. Exactly. It's insane. It's just like, why? You know, the common sense is not common anymore in medicine, except in the wellness industry.

Yeah, agreed. Yeah, it's pretty, pretty terrifying, man. But again, I'm so happy that we, we, we kind of share similarities. So I always like to ask, you know, all of my guests here as we finish, if there's two questions, okay.

So the first one is any type of healthcare practitioner, whether it's a nurse, nurse practitioner, whatever doctor, if you could give them any advice, getting into this industry fresh, or they're coming right in, they're, they're traditional medicine training.

They have no clue about it. What's the best way to get into this industry that's going to be the most effective for the longterm, both efficacy for your patients, as well as financially for yourself.

I love that question. You know, I think, I think there's two extremes that I've seen recently. Uh, one extreme is let me take, uh, 15 bazillion courses and get into the Institute of functional medicine and go through this rigorous training and blah, blah, blah, blah, blah.

Um, and I've seen the opposite, which is let me just do nothing and let me just paint my name on a door and I'm now a functional medicine provider. I don't think either of those are probably the best approach.

What I would say is don't let people stop you from treating people in a functional or integrative perspective. You know, just just the very fact that you're adding vitamin D three into someone's life, and maybe taking away a statin is in my world enough to call yourself an integrative, you know, that's a good place to start.

As you become more and more involved or interested, I think starting with more foundational things, like hormone replacement therapy versus say something that's a little bit more out there not not in the sense of out there weird but out there in terms of it's a it's a lot is a bigger barrier to entry, like hyperbaric chamber therapy, right?

Like that, that's, that's, that's cool. And that's really interesting. But like, that's a lot of money and very expensive and really difficult to get into.

Whereas HRT is here now. And it's, it's relatively affordable for all patients. It's, it's, it's one of those things, again, that moves the needle, right, the literature and data is there.

I'll make a plug I have HRT University again like taking a course like that I think is a great entry point and we want to focus on hey, I I made this course as in like I you should know nothing about this because you don't none of us I don't care if you went to university or or Emory.

I don't care which kind of doc you are. You don't know this stuff because none of us were taught this and that's okay. And now let me teach you because and again, I didn't know any of this stuff either way back when and I do now.

And I just want to help guide you and hopefully even include a lot of that functional stuff I do I have a very heavy focus in that course. So when we're talking about thyroid, I talk about gut health.

It's not just here's hypothyroidism. Here's the numbers you look at great protocol. Again, it's principles over protocols is is kind of the name of the game, right?

Love that. You got you got some good one liners here, my man. All right. Second question. Second question. If I'm a patient who's now you know, I've been through the whole factory based version of what traditional medicine is,

and I'm like, screw it, I'm going to jump into the actual wellness industry.

Advice for Practitioners and Patients

How is as me as a patient, what should I be looking for in a practitioner to kind of make sure I'm not jumping down some some some just as devious and, and horrible route?

Yeah, that's I love that question too. And I'll speak to this, the same extremes again, just because someone is more and more and more credential does not inherently make them special.

That being said, I'm not a huge fan of the quote unquote, tick tock health coaches of the world who are like 0% credential. So I think there must be a fine balance.

I think it is very reasonable. to suggest that you see a licensed medical provider at the very least. I think that, you know, even though you and I both are conventional training, probably only 10% of it was like really all that helpful.

It does give us a look. I'm being generous. It does give us maybe at just a hint of we kind of know what we're talking about. We did see some things in school that do still carry over to today.

And maybe from there looking for some accredited type of and again, it doesn't have to be HRT University, it could be any any course or curriculum or whatever that this person has taken.

Do they have years of experience there? And then frankly, as simple as this sounds, a good Google review. Like these are real people leaving real responses.

I think medicine, I always say this even in terms of the business side of things, we're still a word of mouth industry. You know, you can you can have all kinds of flashy stuff and interesting whatevers and a really pretty office.

But at the end of the day, if you're a good provider, it's probably because you're changing people's lives and hopefully for the better. And hopefully you're seeing that in some more organic way, not just a provider telling you they're the best.

word of mouth. You know, I mean, I think that's the best way to go about it. So heck yeah, man. Well, Nico, thank you so much. It's been an absolute treat having you on here, man.

Again, HRT University, check them out. Again, this is the Lifestyle Medicine podcast brought to you by Access Medical. Check us out on Spotify, on Apple.

Send a pigeon. You'll find us somewhere. But it's been an absolute treat having you, my man. And again, I definitely look forward to definitely using some of the information you gave us today, man.

Thank you so much. Ivan, you're a legend. Seriously, thank you very much for having me as well. Rock and roll, my man. Have a good one. Thanks for joining us today on the Lifestyle Medicine Podcast.

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