The New Weight-loss Revolution | The Longevity Protocol | Season 3 | Episode 3 | E46 Transcript

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Opening on longevity and the art of living well

We spent our careers studying the We spent our careers studying the science of a long life. But what we were science of a long life.

Why energy, pain, and patient communication matter

But what we were simultaneously learning was the simultaneously learning was the importance of the art of that long life. importance of the art of that long life.

>> If you don't feel you don't you don't >> If you don't feel you don't you don't have energy, you don't want to do have energy, you don't want to do anything, let alone sex. So it just can anything, let alone sex. So it just can help to increase metabolic rate.

help to increase metabolic rate. >> Therefore, vaginal cream is not going to >> Therefore, vaginal cream is not going to be the answer that is going to truly be the answer that is going to truly address why you have the pain in the address why you have the pain in the labia in the first place. I always walk labia in the first place. I always walk my patients up. I do that one because my patients up. I do that one because that's the polite thing to do, but also that's the polite thing to do, but also just, you know, I'm sitting a lot of just, you know, I'm sitting a lot of times, so I just I stand up. I'm moving times, so I just I stand up. I'm moving around.

around. around.

Episode intro and France anecdote

>> Do you corggasm? >> Do you corggasm? >> Season three. >> Season three. >> Season three. >> Season three. >> Episode three. >> Episode three. >> 12.

GLP-1s and the new weight-loss revolution

>> Where we of course we've talked so much >> Where we of course we've talked so much about France. about France. really should have heard my fantastic really should have heard my fantastic accents over there. It was really I accents over there. It was really I really really tried.

really really tried. >> No, you were absolutely great and >> No, you were absolutely great and actually I loved it. French John, he was actually I loved it. French John, he was so cute and he would wear like linen and so cute and he would wear like linen and he would fluff his hair and he would he would fluff his hair and he would smile a lot and it's really cute and you smile a lot and it's really cute and you would walk slower.

would walk slower. >> Really? You thought so? >> Really? You thought so? >> I mean you were strolling >> I mean you were strolling which helps with obesity.

which helps with obesity. >> Walking underrated exercise. We're going >> Walking underrated exercise. We're going to talk a little bit about that today.

to talk a little bit about that today. This is episode three, the new weight This is episode three, the new weight loss revolution. loss revolution. I think most people know uh what that I think most people know uh what that basically means, these GLP1s and uh how basically means, these GLP1s and uh how that affects metabolic health and how that affects metabolic health and how that ultimately affects longevity. Um that ultimately affects longevity. Um and

the art and science of living the and the art and science of living the well-be life. Um well-be life. Um unbelievably uh unbelievably uh these are powerful medications. I think these are powerful medications. I think that's a a good word. But they're just that's a a good word. But they're just it is revolutionary. I think that's a it is revolutionary. I think that's a good way to look at it. It's something good way to look at it. It's something really really new. Um extremely really really new. Um extremely impactful. We just cannot deny the impactful. We just cannot deny the impact that it's having from just a impact that it's having from just a medical standpoint with the individual medical standpoint with the individual patient, but the impact that it's having patient, but the impact that it's having socially. Um the trickle down effect of socially. Um the trickle down effect of what it's doing for things like people what it's doing for things like people not drinking as much alcohol. It's not drinking as much alcohol. It's changing so many things and people are changing so many things and people are obviously dumping weight obviously dumping weight >> for the good and the bad of it.

>> for the good and the bad of it.

Patient self-discontinuation and the doctor-patient relationship

>> For the good and the bad of it and >> For the good and the bad of it and that's what we want to talk about today. that's what we want to talk about today.

We've done other episodes on this. Um We've done other episodes on this. Um it's such an important topic and there's it's such an important topic and there's things that are changing and evolving things that are changing and evolving with it that that it's worth certainly with it that that it's worth certainly spending time and talking about this spending time and talking about this against some updated information uh against some updated information uh about as we've now been prescribing about as we've now been prescribing these medications since we've been doing these medications since we've been doing this since about 2020.

this since about 2020. >> Yeah. So, six pushing seven years of of >> Yeah. So, six pushing seven years of of experience with it. Um, we've seen the experience with it. Um, we've seen the good and the bad of it. I've certainly good and the bad of it. I've certainly seen the bad of it when uh patients are seen the bad of it when uh patients are using it in other facilities, online using it in other facilities, online things and uh but again, it's uh it's things and uh but again, it's uh it's changed the landscape of medicine in a changed the landscape of medicine in a huge way. We cannot deny it and I think huge way. We cannot deny it and I think it's really important to continue to it's really important to continue to talk about it and understand it. You talk about it and understand it. You know, I also think it's important to know, I also think it's important to talk about especially in this season talk about especially in this season because this season we're really because this season we're really dedicating to this concept of the dedicating to this concept of the well-lived life and the the potential well-lived life and the the potential conflict that there is between science conflict that there is between science versus the art of living well. Okay, versus the art of living well. Okay, those are the key words that we keep those are the key words that we keep bringing up. One of the things that the bringing up. One of the things that the GLP revolution has really brought to my GLP revolution has really brought to my attention is uh I mean I guess we knew attention is uh I mean I guess we knew this but perhaps it's brought to the this but perhaps it's brought to the attention of the consumer is where attention of the consumer is where research really has its limitations research really has its limitations because I'm still getting patients who because I'm still getting patients who are saying oh I took myself off of that are saying oh I took myself off of that medication on their own which anyways I medication on their own which anyways I don't really think you should do but why don't really think you should do but why you were doing well yes but I didn't you were doing well yes but I didn't think I should be on on it why because think I should be on on it why because they many number of reasons, but what I they many number of reasons, but what I find is that the information that find is that the information that they're usually quoting is information they're usually quoting is information that is perhaps um faulty studies or not that is perhaps um faulty studies or not enough numbers or enough numbers or what's most concerning to me, it's what's most concerning to me, it's information provided from a group that information provided from a group that is being observed that is using the GLP is being observed that is using the GLP medications in a way that we do not medications in a way that we do not prescribe. We are not using GLP prescribe. We are not using GLP medications for fat loss. We are using medications for fat loss. We are using GLP medications for the purposes of uh GLP medications for the purposes of uh stimulating metabolism, balancing out stimulating metabolism, balancing out hormones, and allowing for fat to be hormones, and allowing for fat to be

lost.

>> People look at headlines and they look >> People look at headlines and they look at sometimes just the negatives of at sometimes just the negatives of things. And I mean, when people when you things. And I mean, when people when you say they suddenly stop something, they say they suddenly stop something, they think they just get a new piece of think they just get a new piece of information.

information. information. um that uh I mean this can happen um that uh I mean this can happen hormones and various things that we do hormones and various things that we do with patients where suddenly they've with patients where suddenly they've just made the decision, right?

just made the decision, right? >> And that's good. We we're always >> And that's good. We we're always empowering people. We want them to empowering people. We want them to obviously obviously obviously >> I don't want them to do it because I say >> I don't want them to do it because I say so.

so. so. >> Of course. U but uh to to answer, >> Of course. U but uh to to answer, >> but I want them to do it because I say >> but I want them to do it because I say so.

so. so. >> Well, at least we want them to consult >> Well, at least we want them to consult with us before they make those decisions with us before they make those decisions because I can't tell you how many times because I can't tell you how many times they've, you know, they're swiping by on they've, you know, they're swiping by on their phone.

their phone. they're seeing some kind of quote they're seeing some kind of quote unquote fact they changes how they feel unquote fact they changes how they feel about it. Then they make a decision and about it. Then they make a decision and then by the time they come back a month then by the time they come back a month or two or three months later and they or two or three months later and they say something well I stopped that and say something well I stopped that and then they have all these problems that then they have all these problems that we can literally trace right back to we can literally trace right back to that moment and they just for whatever that moment and they just for whatever reason didn't pick up the phone and let reason didn't pick up the phone and let us know.

us know.

How GLP-1s work and why dosing matters

>> I know I just interrupted your train of >> I know I just interrupted your train of thought but um we can get back to it. I thought but um we can get back to it. I just want to say that this I just want just want to say that this I just want to say that this is a really good good to say that this is a really good good good thing you just mentioned because good thing you just mentioned because >> which >> which >> which >> this thing about the relationship, >> this thing about the relationship, right? Like I'm in a relationship with right? Like I'm in a relationship with you. You're my patient. I'm in a you. You're my patient. I'm in a relationship with you. I spend my time relationship with you. I spend my time getting to know you. I spend my time getting to know you. I spend my time giving you reasons why I think you giving you reasons why I think you should do something. We commit to a plan should do something. We commit to a plan together. We have accountability to each together. We have accountability to each other. You change the plan on your own other. You change the plan on your own without reviewing it with me. and then without reviewing it with me. and then you wait a long time before you let me you wait a long time before you let me know and suffer along the way.

know and suffer along the way. >> You come back worse off often than where >> You come back worse off often than where you were. So I mean we're always touting you were. So I mean we're always touting to people about make sure you have a to people about make sure you have a doctor that listens. Make sure you have doctor that listens. Make sure you have a doctor. Okay, but guess what? Be a a doctor. Okay, but guess what? Be a patient that also remember that I'm over patient that also remember that I'm over here as the other half of that here as the other half of that relationship because yes, patients will relationship because yes, patients will often make decisions

that perhaps were often make decisions that perhaps were not the best decisions. They should have not the best decisions. They should have consulted their tangent.

consulted their tangent. Maybe maybe not attention. Maybe that is Maybe maybe not attention. Maybe that is the core of a lot of this. Certainly the core of a lot of this. Certainly when it when we're talking about GOP1s when it when we're talking about GOP1s and how they're being used or not used and how they're being used or not used >> and all of that and and and by the way >> and all of that and and and by the way uh you know we're always I just when a uh you know we're always I just when a patient comes in and has that I'm not patient comes in and has that I'm not not upset. I'm not uh disappointed even.

not upset. I'm not uh disappointed even. I just don't hold that sort of I just don't hold that sort of frequency or energy with them about it. frequency or energy with them about it.

>> I'm frustrated for them. >> I'm frustrated for them. >> Sure. Yeah. Yeah. But we will pick it up >> Sure. Yeah. Yeah. But we will pick it up from and we will from and we will >> we'll do our best no matter what.

>> we'll do our best no matter what. >> Absolutely. >> Absolutely. >> Absolutely. >> Um but yes, it's >> Um but yes, it's this conversation right now. Good for this conversation right now. Good for you.

you. you. >> I am really >> I am really >> doesn't mean I don't have I guess an >> doesn't mean I don't have I guess an internal frustration about it internal frustration about it particularly for them. But you know particularly for them. But you know people are people people are going to do people are people people are going to do people going to people are going to people going to people are going to people. They're going to just do their people. They're going to just do their thing. And if you're not into that, thing. And if you're not into that, don't be a doctor. Don't be don't don't don't be a doctor. Don't be don't don't do it, you know. So anyway, we've we've do it, you know. So anyway, we've we've dealt with that a lot with people and dealt with that a lot with people and that's okay.

that's okay. >> Okay. So you're saying >> Okay. So you're saying >> relationship. This is relationship >> relationship. This is relationship medicine. We have to have a relationship medicine. We have to have a relationship in order to utilize whatever tool we're in order to utilize whatever tool we're going to use. We have to have that going to use. We have to have that relationship of trust and communication.

relationship of trust and communication. So we can use I don't care what the hell So we can use I don't care what the hell we we we >> So we can use powerful tools with a >> So we can use powerful tools with a sense of responsibility.

sense of responsibility. >> Correct. That's good. >> Correct. That's good. >> Yeah. Well, it's a Spider-Man. >> Yeah. Well, it's a Spider-Man. >> Oh, you're saying it's Spider-Man. Well, >> Oh, you're saying it's Spider-Man. Well, with great power comes great with great power comes great responsibility. Yes.

responsibility. Yes. >> On on both people's patient. All right. >> On on both people's patient. All right. >> Um because you were about to say about >> Um because you were about to say about how the GLP1s are very impactful etc.

how the GLP1s are very impactful etc. And then I interrupted you. And then I interrupted you. >> It has changed obesity medicine. It has >> It has changed obesity medicine. It has changed metabolic medicine changed metabolic medicine >> uh completely. Um, you know, we have >> uh completely.

The new GLP-1s, compounding, and legal pressure

Um, you know, we have used many other tools for fat loss with used many other tools for fat loss with patients. I mean, even just hormones. I patients. I mean, even just hormones. I just was saying this to a patient just just was saying this to a patient just uh sometime this week and uh we were uh sometime this week and uh we were talking about the hormones like well talking about the hormones like well what other things help with weight loss what other things help with weight loss and she was you know because we're of and she was you know because we're

of course I mentioned and I usually very course I mentioned and I usually very quickly mention the GLP1s. If they've quickly mention the GLP1s. If they've got 20 30 40 pounds to lose I'm got 20 30 40 pounds to lose I'm mentioning it. I put it towards the top mentioning it. I put it towards the top of the list. And this was a new patient, of the list. And this was a new patient, so of course we were going to be so of course we were going to be starting with hormones, too. But what I starting with hormones, too. But what I know is that if I give them the magic know is that if I give them the magic hormones, and they can be profound, hormones, and they can be profound, they're not going to dump the weight.

they're not going to dump the weight. Generally speaking, we don't see people Generally speaking, we don't see people like I didn't change a thing. All I did like I didn't change a thing. All I did was just do the hormones with you, and I was just do the hormones with you, and I just dropped 20 pounds. I'm not saying just dropped 20 pounds. I'm not saying I've never heard it. I have, but that is I've never heard it. I have, but that is rare. a GLP1, they're going to drop the rare. a GLP1, they're going to drop the 20 pounds in in in three to six months 20 pounds in in in three to six months and then that's it's just going to and then that's it's just going to happen almost invariably for for a happen almost invariably for for a higher percentage. So, when we can put higher percentage. So, when we can put it all together, um then it's a it's a it all together, um then it's a it's a transformative story and we just didn't transformative story and we just didn't have that tool before and now we have it have that tool before and now we have it and we're and we're >> nothing so universally effective. And >> nothing so universally effective. And that's the thing that's made the GLPS that's the thing that's made the GLPS for me so special is that they're pretty for me so special is that they're pretty foolproof for anyone. Even for someone foolproof for anyone. Even for someone like myself where I'm never ever that like myself where I'm never ever that person that's like, "Woohoo!" You know, person that's like, "Woohoo!" You know, I got this. So many patients come in, I got this. So many patients come in, they're like, "I did this and I achieved they're like, "I did this and I achieved this like that." And I'm like, "Wow, this like that." And I'm like, "Wow, good for you." But even the GLP ones for good for you." But even the GLP ones for someone like myself are so effective at someone like myself are so effective at helping to maintain helping to maintain my my goals, especially with my visceral my my goals, especially with my visceral fat goals. So, you know, you're talking fat goals. So, you know, you're talking about patients that have 20, 30, 40 about patients that have 20, 30, 40 pounds to lose. I'm talking about the pounds to lose. I'm talking about the the the the typical middle-aged female the the the typical middle-aged female that struggles with that five five to that struggles with that five five to seven pounds of fat that they'll usually seven pounds of fat that they'll usually get around the midsection that isn't get around the midsection that isn't directly related to their diet or their directly related to their diet or their exercise, but most directly related to exercise, but most directly related to their stress.

their stress. >> Yeah. >> Yeah. >> Yeah. >> So, I mean, it's like, wow, what a >> So, I mean, it's like, wow, what a reliable, beautiful weapon. reliable, beautiful weapon.

>> Yeah. and we are I think wielding that >> Yeah. and we are I think wielding that weapon relatively uh well. Um but uh you weapon relatively uh well. Um but uh you know one of the concerns that I think we know one of the concerns that I think we both have um we don't want people to both have um we don't want people to overuse it and that's where I've seen overuse it and that's where I've seen the problems out there. Um whereas it the problems out there. Um whereas it can be used even with someone only can be used even with someone only needing to lose 5 to seven pounds and needing to lose 5 to seven pounds and certainly someone that needs to lose 100 certainly someone that needs to lose 100 pounds. Um but a lot of times it is pounds. Um but a lot of times it is getting overused but how it's being used getting overused but how it's being used is part of the overdosing. Um certainly is part of the overdosing. Um certainly not paying attention to calories in not paying attention to calories in particular protein.

particular protein. >> That's the biggest one. >> That's the biggest one. >> The protein is the biggest one. >> The protein is the biggest one. >> Yeah. I mean there's more is not more >> Yeah. I mean there's more is not more >> right >> right >> right >> and I think most people that are being >> and I think most people that are being mismanaged are having an excess in the mismanaged are having an excess in the dose and as you said with zero regard dose and as you said with zero regard for bone and muscle preservation.

for bone and muscle preservation. >> So what does the GLP1 do just as a a >> So what does the GLP1 do just as a a quick reminder for patients? I mean of quick reminder for patients? I mean of course it's it's helping um to really

course it's it's helping um to really affect insulin secretion. I think that's affect insulin secretion. I think that's a big big part of it. Um, as well as for a big big part of it. Um, as well as for suppressing appetite, that's probably suppressing appetite, that's probably the biggest part of it that a patient the biggest part of it that a patient directly appreciates because they can directly appreciates because they can sense that and they know that, hey, I sense that and they know that, hey, I just don't feel like eating.

just don't feel like eating. >> Yeah, it's slowing down motility or how >> Yeah, it's slowing down motility or how food is moving through the gut, which food is moving through the gut, which keeps you full longer, which is part of keeps you full longer, which is part of the appetite suppression. Um so yeah and the appetite suppression. Um so yeah and and some of the other things that it's and some of the other things that it's doing that I think is important from a doing that I think is important from a side effect standpoint it's affecting side effect standpoint it's affecting the um hedonistic centers in our brains.

the um hedonistic centers in our brains. >> I love hedonistic center. >> I love hedonistic center. >> You don't want your hedonistic center to >> You don't want your hedonistic center to be affected negatively.

be affected negatively. >> I don't want them damaged. >> I don't want them damaged. >> No no >> No no >> but I definitely don't want them. >> but I definitely don't want them.

>> So always a balance. >> So always a balance. >> Yeah. I like your eating centers just >> Yeah. I like your eating centers just the way they are. Let's leave.

the way they are. Let's leave. But with that said, a uh a GOP1 can But with that said, a uh a GOP1 can affect that where people say, "Well, I affect that where people say, "Well, I don't feel like uh the joy of food can don't feel like uh the joy of food can kind of go down. It can be dampened on kind of go down. It can be dampened on the wrong dose in the wrong way." I've the wrong dose in the wrong way." I've had people just come back and say, had people just come back and say, "Yeah, this the whole the joy of food "Yeah, this the whole the joy of food kind of just goes um again based on a kind of just goes um again based on a certain dose." So, you just have to certain dose." So, you just have to figure out what that right dose is for figure out what that right dose is for the patient so they don't have that the patient so they don't have that negative effect. However, they go, negative effect. However, they go, "Well, yeah, I don't have the food noise "Well, yeah, I don't have the food noise with food noise. I don't have the food with food noise. I don't have the food noise and a lot of people appreciate noise and a lot of people appreciate that.

that. that. >> Um, you know, this idea of the food >> Um, you know, this idea of the food noise and the joy of food noise and the joy of food keeps tying back into obviously this is keeps tying back into obviously this is why we're talking about it keeps tying why we're talking about it keeps tying back into our seasonal discussions about back into our seasonal discussions about the joy of living. We've made comments the joy of living. We've made comments already a few times about really being already a few times about really being that educated consumer, that educated consumer, really understanding the quality of the food.

understanding the quality of the food. One of the things that GLPS are so One of the things that GLPS are so successfully helping my patients do is successfully helping my patients do is it takes out the noise of the things it takes out the noise of the things they normally eat, which often is junky they normally eat, which often is junky convenient.

convenient. convenient. >> Yeah, that's the problem. >> Yeah, that's the problem. >> The alcohol, the crappy snacks, the >> The alcohol, the crappy snacks, the gummy shits, you know. Um, so when you gummy shits, you know. Um, so when you don't have that constant noise, eat me, don't have that constant noise, eat me, eat me, eat me, eat me, eat me, >> you start to regain control of your food >> you start to regain control of your food choices. And it's so much easier to then choices. And it's so much easier to then start to allow your tongue and your start to allow your tongue and your taste buds to really start to develop an taste buds to really start to develop an appetite for things that are better for appetite for things that are better for you. And I don't think that that let's you. And I don't think that that let's say side benefit of the GLPS gets talked say side benefit of the GLPS gets talked enough about. When you are dampening enough about. When you are dampening food noise, you are giving yourself an food

noise, you are giving yourself an opportunity to reestablish a positive opportunity to reestablish a positive relationship with food that's good for relationship with food that's good for you.

you. you. >> Yeah. >> Yeah. >> Yeah. I wish more people did that. as I always I wish more people did that. as I always say, I can't uh I can't force it on say, I can't uh I can't force it on them. They have to kind of understand them. They have to kind of understand that to some degree on their own. But that to some degree on their own. But you're right, that's a that's a really you're right, that's a that's a really really good point about that opportunity really good point about that opportunity to reset um with quality. So the more I to reset um with quality. So the more I think the more people just have think the more people just have opportunity because they're thinking opportunity because they're thinking about these things or they're reading about these things or they're reading about it or listen to a podcast like about it or listen to a podcast like this about the quality of food, the more this about the quality of food, the more they have that in the background than if they have that in the background than if they used a GOP one, hopefully it would they used a GOP one, hopefully it would be easier for that to enter in. Agreed.

be easier for that to enter in. Agreed. So that's a little bit about the So that's a little bit about the physiology with the GOP1. And what are physiology with the GOP1. And what are the three main ones that are out there?

the three main ones that are out there? There is semiglutide. This is the There is semiglutide. This is the classic oepic. Um there's tepatide which classic oepic. Um there's tepatide which is monero and zebound. And now uh the is monero and zebound. And now uh the newest one reat. But let me explain it newest one reat. But let me explain it this way. This is what I say to this way. This is what I say to patients. So the the semiglutide is uh patients. So the the semiglutide is uh it's affecting the GLP1 receptor. A lot it's affecting the GLP1 receptor. A lot of time what they're doing is they're of time what they're doing is they're sort of classifying these as GLP1s and sort of classifying these as GLP1s and that is only one receptor that's getting that is only one receptor that's getting affected.

affected. affected. >> It just happens to be the semutide >> It just happens to be the semutide affects that one receptor. Tzepide is affects that one receptor. Tzepide is the a newer version we call it sort of the a newer version we call it sort of 2.0 that affects two receptors GLP1 and 2.0 that affects two receptors GLP1 and GIP. It's double the effectiveness and GIP. It's double the effectiveness and half the side effects. It's less side half the side effects. It's less side effects on the GP.

effects on the GP. >> Excuse me. I disagree with that. that >> Excuse me. I disagree with that. that it's oh for well whatever it's oh for well whatever >> with the side effects I mean this is >> with the side effects I mean this is clinical clinical clinical >> do you have do you have more issues with >> do you have do you have more issues with that person that person >> no but I mean just in general what I've >> no but I mean just in general what I've observed this is more like my anecdotal observed this is more like my anecdotal evidence um although I have heard it evidence um although I have heard it echoed in other in other papers is that echoed in other in other papers is that I don't think that the umatite I don't think that the umatite has less GI symptoms what I think is has less GI symptoms what I think is that they have less GI symptoms upon that they have less GI symptoms upon starting it starting it >> what I'm finding with the tepatide is >> what I'm finding with the tepatide is that the GI symptoms will happen later that the GI symptoms will happen later >> uh And and that's still good. That's >> uh And and that's still good. That's good. I wanted that good. I wanted that >> cuz at that point the person's had some >> cuz at that point the person's had some progress and then they're like, "Oh, progress and then they're like, "Oh, I've done so great." Like the hell with I've done so great." Like the hell with my diarrhea. You know, it's a lot easier my diarrhea. You know, it's a lot easier than the person who's just starting and than the person who's just starting and is having diarrhea right away. But even is having diarrhea right away. But even that really is quite manageable if that really is quite manageable if you're affecting dose.

you're affecting dose. >> I You're right. And it's it's usually >> I You're right. And it's it's usually well over the three plus mark where well over the three plus mark where they're going to see that. And a lot of they're going to see that. And a lot of patients and I would say most of our patients and I would say most of our patients are on these things from patients are on these things from between 3 to six months. So if it does between 3 to six months. So if it does come come come >> at at therapeutic doses, right? Not at >> at at therapeutic doses, right? Not at maintenance doses, maintenance doses, >> right? And then at that point if they >> right? And then at that point if

they force the side effect later, then we'll force the side effect later, then we'll pull them back on the dose anyway or pull them back on the dose anyway or they're getting to go and they don't they're getting to go and they don't need to be dealing anyway. So but yes, need to be dealing anyway. So but yes, that's the tepatide and then now the that's the tepatide and then now the newest retatide which is the triple newest retatide which is the triple threat is affecting GLP1, git and threat is affecting GLP1, git and something called glucagon. Um all of something called glucagon. Um all of these are receptor agonists. It's really these are receptor agonists. It's really important to understand about this too important to understand about this too that I see that a lot of what's being that I see that a lot of what's being said also they're saying this is said also they're saying this is nonsense. They're calling it a GOP 3 nonsense. They're calling it a GOP 3 because it's the third one that that because it's the third one that that doesn't make any sense. It's they're doesn't make any sense. It's they're just putting a number on GOP one is just just putting a number on GOP one is just the name of the uh the receptor. So the name of the uh the receptor. So saying GLP3 is just isn't scientifically saying GLP3 is just isn't scientifically correct. I don't know where the hell correct. I don't know where the hell they're coming up with this, but a lot they're coming up with this, but a lot of it is just marketing how they say it of it is just marketing how they say it and it just drives. But the problem is and it just drives. But the problem is the marketing is misinforming the the marketing is misinforming the patient.

patient. patient. >> Correct. >> Correct. >> Correct. >> Yeah. Because we need to be accurate >> Yeah. Because we need to be accurate about what we're saying. You have to about what we're saying. You have to kind of organize this as best you can, kind of organize this as best you can, as accurately as you can. Anyway, reit as accurately as you can. Anyway, reit true tide triple threat GLP-1 receptor true tide triple threat GLP-1 receptor agonist um the GIP and something called agonist um the GIP and something called group and it is that much more group and it is that much more effective. Yes, effective. Yes, >> there is uh that much more fat loss with >> there is uh that much more fat loss with that and potential still well actually that and potential still well actually less potential with the uh muscle loss less potential with the uh muscle loss even though it's there. It's less uh even though it's there. It's less uh because I think the glucagon is helping because I think the glucagon is helping to offset that. Um so we just see less to offset that. Um so we just see less muscle loss with it but again it is muscle loss with it but again it is still there. I do not want to let still there. I do not want to let anybody think that they won't lose anybody think that they won't lose muscle on reatride if they don't have muscle on reatride if they don't have their protein rank. They still will.

their protein rank. They still will. >> Yes. >> Yes. >> Yes. >> Uh but it seems to be not quite as bad >> Uh but it seems to be not quite as bad as senutide.

as senutide. >> But there's issues with reatide. >> But there's issues with reatide. >> There is. Um and this is what I really >> There is. Um and this is what I really wanted to go over. So look, Eli Liy, the wanted to go over. So look, Eli Liy, the maker of reat, technically reat has not maker of reat, technically reat has not completed its uh FDA approval. It's not completed its uh FDA approval. It's not fully there. So a lot of what we see fully there. So a lot of what we see with retoide out there is these um where with retoide out there is these um where you can get other peptides. They call you can get other peptides. They call them research use or RSO research use them research use or RSO research use only types of peptides. They literally only types of peptides. They literally say in the bottle um not for human say in the bottle um not for human consumption. Um and then these online consumption. Um and then these online platforms are saying look we're not platforms are saying look we're not saying it's for you but here's how you saying it's for you but here's how you dose it and get it from us but we're not dose it and get it from us but we're not telling you to do it but here's how you telling you to do it but here's how you do it. Um, so everyone knows obviously do it. Um, so everyone knows obviously that people are going to these things that people are going to these things that humans are using these things and that humans are using these things and there's been problems out there. I do there's been problems out there. I do not recommend uh using research uh uh not recommend uh using research uh uh peptides. I just think it's uh very very peptides. I just think it's uh very very potentially dangerous careless.

potentially dangerous careless. >> Yeah. Yeah. So please don't use those >> Yeah. Yeah. So please don't use those types of types of >> and I just don't recommend patients >> and I just don't recommend patients ordering their peptides online and ordering their peptides online and self-managing their care period. I mean self-managing their care period. I mean I just don't think that's I just don't think that's >> that's not safe and there's no reason to >> that's not safe and there's no reason to do that. There's enough options out do that. There's enough options out

there there there >> right now. especially if >> right now. especially if >> yeah there's people that are relatively >> yeah there's people that are relatively wellversed in it out there. Um so wellversed in it out there. Um so anyway, Redat True Tide is not fully anyway, Redat True Tide is not fully approved but nonetheless it's being used approved but nonetheless it's being used out there and um there are out there and um there are competentarmacies competentarmacies competentarmacies uh that are uh prescribing uh that are uh prescribing and so we as long as it's a what's and so we as long as it's a what's called a 503A or 503b outsourcing called a 503A or 503b outsourcing competent pharmacy we will we will use competent pharmacy we will we will use those uh of course um so what has those uh of course um so what has happened now Eli Liy u because we're a happened now Eli Liy u because we're a true tit just these what has happened true tit just these what has happened with these uh medications since roughly with these uh medications since roughly 2020 or before. They don't want their 2020 or before. They don't want their market share to be affected for this market share to be affected for this particular medication. They probably particular medication. They probably will not officially come out until 2027.

will not officially come out until 2027. So, they have started suing and there So, they have started suing and there was uh six different uh people that were was uh six different uh people that were sued. Um this all just came out on sued. Um this all just came out on August 12th, so this is relatively soon.

August 12th, so this is relatively soon. Um there was a California med spa that Um there was a California med spa that was affected. Uh another uh pharmacy was affected. Uh another uh pharmacy that was sued and then one two three that was sued and then one two three four research use only uh online outlets four research use only uh online outlets that were named in this lawsuit. So six that were named in this lawsuit. So six total entities that were that were total entities that were that were listed. So this is what's unique about listed. So this is what's unique about this too is that they actually went this too is that they actually went after a doctor and usually they don't do after a doctor and usually they don't do that. uh the usual leaders working at that. uh the usual leaders working at the level of the manufacturer. So this the level of the manufacturer. So this was quite unique to to also kind of was quite unique to to also kind of attack uh you know a private business attack uh you know a private business ran by.

ran by. >> But I mean how do you feel about this >> But I mean how do you feel about this because because because this is this is questions of this is this is questions of availability. This is questions of availability. This is questions of monopoly on on a product. This is monopoly on on a product. This is questions of what is actual patented by questions of what is actual patented by a company versus a more generic that a company versus a more generic that can't be patented. M can't be patented. M >> um I mean I I think that >> um I mean I I think that we're seeing a national we're seeing a national suffocation of the compounding pharmacy.

suffocation of the compounding pharmacy. >> Oh, always. Yeah. And >> Oh, always. Yeah. And >> it's always a battle >> it's always a battle >> and that's always a problem for me.

>> and that's always a problem for me. >> Yeah. Yeah. Because the compoundingies >> Yeah. Yeah. Because the compoundingies to me represent medical freedom, right?

to me represent medical freedom, right? That's certainly what we've seen for 20 That's certainly what we've seen for 20 years working with competitive years working with competitive pharmacists and pharmacies. Um they are pharmacists and pharmacies. Um they are there helping the relationship to be there helping the relationship to be established between doctor and patient.

established between doctor and patient. that you need care that they want and that you need care that they want and need. Um, so need. Um, so >> the technology is there for >> the technology is there for customization because you're working customization because you're working with a compounding pharmacy, then I with a compounding pharmacy, then I think it's our duty, it's all of our think it's our duty, it's all of our duty to defend that even if we're not duty to defend that even if we're not the ones using it because we're always the ones using it because we're always looking for individualized this and in, looking for individualized this and in, you know, individualized approaches.

you know, individualized approaches. People love that term. Um, but suddenly People love that term. Um, but suddenly not when it comes to our pharmaceutical not when it comes to our pharmaceutical needs, needs, needs,

>> right? Well, then yeah, because this is >> right? Well, then yeah, because this is all in the end, this quite obviously is all in the end, this quite obviously is all about money. Look, when I say this all about money. Look, when I say this is this could be a trillion dollar is this could be a trillion dollar medication, not billions. We're talking medication, not billions. We're talking to to create to cross a threshold a to to create to cross a threshold a trillion dollars. This is big money and trillion dollars. This is big money and they're not taking any chances at this they're not taking any chances at this point. They're wanting to make sure point. They're wanting to make sure they're launching this to where they they're launching this to where they have a unique uh market share when all have a unique uh market share when all this hits in 2027. So you know uh back this hits in 2027.

Visceral fat, menopause, and cardiovascular health

So you know uh back to what you had said something about to what you had said something about patent and all that and right now at patent and all that and right now at this point they are going to argue that this point they are going to argue that they do have a direct patent on this they do have a direct patent on this particular molecule. Um so that's particular molecule. Um so that's arguable and I think that's relatively arguable and I think that's relatively that's reasonable. Um but again people that's reasonable. Um but again people want to be able to have access to these want to be able to have access to these things. That's the other argument there.

things. That's the other argument there. For a while they were allowing a lot of For a while they were allowing a lot of the semiglutide and turzepide to be the semiglutide and turzepide to be compounded without any restriction compounded without any restriction because they were saying there was a because they were saying there was a shortage. Well, that shortage is there shortage. Well, that shortage is there was a shortage of the ash.

was a shortage of the ash. >> Uh yeah. So now it's way we're way past >> Uh yeah. So now it's way we're way past those shortages. This is part of their those shortages. This is part of their argument uh as well. So either way I argument uh as well. So either way I think it's important for people to think it's important for people to understand what's going on uh for any of understand what's going on uh for any of the doctors providers listening to be the doctors providers listening to be careful regarding rea. Um, I think it's careful regarding rea. Um, I think it's I think that's right now at least I think that's right now at least letting the dust settle to understand letting the dust settle to understand what's going to go on. But aside from what's going to go on. But aside from those six that were mentioned, they're those six that were mentioned, they're also um also um they're basically letting they're they're basically letting they're they're sort of tattletailing also on they're sort of tattletailing also on other people that are potentially using other people that are potentially using it or talking about it on their website it or talking about it on their website um to the uh to the FDA. So in the end um to the uh to the FDA. So in the end obviously the pharmaceutical company obviously the pharmaceutical company can't really uh dictate the practice of can't really uh dictate the practice of medicine and these types of things um or medicine and these types of things um or come you know through a medical board come you know through a medical board situation that's not their purview but situation that's not their purview but they can certainly report to the FDA and they can certainly report to the FDA and recommend and say there's these issues recommend and say there's these issues and that is there's a couple hundred and that is there's a couple hundred that they have recommended across the that they have recommended across the world it's not even US they're pushing world it's not even US they're pushing out into other countries out into other countries >> from a consumer perspective though it is >> from a consumer perspective though it is a good medication a good medication >> very much So that's >> very much So that's >> so good. It is really good.

>> so good. It is really good. >> So you know know that you always have >> So you know know that you always have options and of course it's never just options and of course it's never just the medication it's how you use it etc.

the medication it's how you use it etc. >> You know so switching back to sort of >> You know so switching back to sort of the physiology we'll get a little bit the physiology we'll get a little bit out of that uh out of that uh >> of GLP specifically. Yes. Um and you had >> of GLP specifically. Yes. Um and you had mentioned uh visceral fat. That is is mentioned uh visceral fat. That is is super super super >> um because that visceral fat is what is >> um because that visceral fat is what is leading into more issues with leading into more issues with cardiovascular disease and diabetes for cardiovascular disease and diabetes for patients. It is the fat that we want to patients. It is the fat that we want to get rid of and these GOP1 these types of get rid of and these GOP1 these types of uh medications

really work well for uh medications really work well for that. You know, there's a lot of garbage that. You know, there's a lot of garbage on the internet about health, but one on the internet about health, but one thing that I think has been reliable is thing that I think has been reliable is that picture of the drawing where the that picture of the drawing where the person is appshaped versus pear-shaped.

person is appshaped versus pear-shaped. Yeah. And it always says how when you're Yeah. And it always says how when you're appleshaped and you have the fat in your appleshaped and you have the fat in your midsection, that that is more closely midsection, that that is more closely correlated to chronic inflammatory correlated to chronic inflammatory diseases. That is very reliable. This diseases. That is very reliable. This idea of visceral fat is particularly idea of visceral fat is particularly important to me because of the patients important to me because of the patients that I work with, but then also just that I work with, but then also just again, I fall perfectly into that again, I fall perfectly into that demographic. When estrogen starts going demographic. When estrogen starts going down in the female, fat is no longer down in the female, fat is no longer being stored in places like the cheek, being stored in places like the cheek, the breast, the butt, all the places the breast, the butt, all the places that make the female more uh, you know, that make the female more uh, you know, desirable from a a reproductive desirable from a a reproductive perspective. But that correlates not perspective. But that correlates not just to beauty, that correlates to just to beauty, that correlates to health. So visceral fat is going to be health. So visceral fat is going to be deposit. Visceral fat is that fat around deposit. Visceral fat is that fat around the organs, which is important. We need the organs, which is important. We need fat around the organs.

fat around the organs. >> We right, we need it for temperature >> We right, we need it for temperature regulation. regulation. regulation. or cushioning. So, it's very important or cushioning. So, it's very important if there is an accident and you know if there is an accident and you know your organs are protected. But the your organs are protected. But the female that is going through female that is going through permenopausal changes is going to have a permenopausal changes is going to have a much more difficult time keeping that much more difficult time keeping that fat out of the abdomen and keeping fat out of the abdomen and keeping herself healthy because in part estrogen herself healthy because in part estrogen is going down. So when you are affecting is going down. So when you are affecting um metabolism through the use of these um metabolism through the use of these GLP1s, you really just get a much easier GLP1s, you really just get a much easier time keeping that pear-shaped body.

time keeping that pear-shaped body. >> Yes. And all of that back to this rule >> Yes. And all of that back to this rule and how that relates to cardiovascular and how that relates to cardiovascular disease. I mean just in general uh most disease. I mean just in general uh most of the uh this just semiglutide we have of the uh this just semiglutide we have a decreased 20% risk reduction in a decreased 20% risk reduction in cardiovascular disease just with cardiovascular disease just with semlutide you know the original semlutide you know the original semlutide.

semlutide. semlutide. So we are improving cardiovascular, So we are improving cardiovascular, visceral fat, inflammation. Inflammation visceral fat, inflammation. Inflammation equals disease. Disease equals equals disease. Disease equals inflammation. We're helping with all of inflammation. We're helping with all of that, that, that, >> right?

>> right? >> right? >> Um and so therefore, can we say, do you >> Um and so therefore, can we say, do you think it's safe to say that this is a think it's safe to say that this is a longevity medication?

longevity medication? >> 1,000% as long as you're not replacing >> 1,000% as long as you're not replacing one illness with another. So you're one illness with another.

Muscle preservation, protein, and body composition

So you're improving your statistics for improving your statistics for cardiovascular health, but you are cardiovascular health, but you are increasing the incidence of bone damage increasing the incidence of bone damage and bone breaking and muscle loss and and bone breaking and muscle loss and brain function because you have such a brain function because you have such a dramatic loss of fat. So these none of dramatic loss of fat. So these none of that is good. You're not flip-flopping that is good. You're not flip-flopping one thing for the other. Yes, it is one

thing for the other. Yes, it is absolutely longevity medicine if you are absolutely longevity medicine if you are treating it as a longevity medicine.

treating it as a longevity medicine. >> It's not what you do, it's how you do >> It's not what you do, it's how you do it. Uh for sure. Um, so, uh, back to it. Uh for sure. Um, so, uh, back to since you said the muscle, it's a good since you said the muscle, it's a good segue into talking about that. Um, segue into talking about that. Um, if anybody's going to use one of these if anybody's going to use one of these medications, please, please be careful medications, please, please be careful regarding muscle growth.

regarding muscle growth. >> Yes. >> Yes. >> Yes. >> And it's relatively speaking >> And it's relatively speaking simple uh because it is uh just simple uh because it is uh just mathematics.

mathematics. mathematics. >> So, we always look at body composition >> So, we always look at body composition carefully. uh we've got a special scale carefully. uh we've got a special scale and they can look at that very very and they can look at that very very accurately and understand where muscle accurately and understand where muscle already is on a patient's body and then already is on a patient's body and then we say okay here's your metabolic we say okay here's your metabolic requirements for uh protein in order to requirements for uh protein in order to at the barest minimum maintain or at the barest minimum maintain or optimally here's what you can do to optimally here's what you can do to achieve to gain muscle. So if we put achieve to gain muscle. So if we put patients on uh the hormone and peptide patients on uh the hormone and peptide regimens that we put them on and they regimens that we put them on and they hit their protein numbers, they are not hit their protein numbers, they are not losing fat. They are usually excuse me, losing fat. They are usually excuse me, not lose muscle. They are usually uh not lose muscle. They are usually uh maintaining or even increasing their maintaining or even increasing their weight.

weight. weight. >> So for for people at home, >> So for for people at home, you can't just manage your weight on the you can't just manage your weight on the scale. It has to be an actual body scale. It has to be an actual body composition. And there's a lot of tools composition. And there's a lot of tools for doing that if you don't have one of for doing that if you don't have one of these machines. Um, but if your scale is these machines. Um, but if your scale is just going down and going down and going just going down and going down and going down, but your face is getting more down, but your face is getting more gone, then most likely gone, then most likely >> you're losing that muscle.

>> you're losing that muscle. >> Listen, this is really important. I was >> Listen, this is really important. I was um reading about something the other day um reading about something the other day regarding this and and I and I see this regarding this and and I and I see this so much and I think it's important segue so much and I think it's important segue or just completely parallel relationship or just completely parallel relationship to what we're talking about with losing to what we're talking about with losing muscle.

muscle. muscle. Women become skinny fat. It is so Women become skinny fat. It is so unbelievably common to me. It's shocking unbelievably common to me. It's shocking to me now that we've really just for so to me now that we've really just for so many years looking at this and measuring many years looking at this and measuring talking about this and what the GOP ones talking about this and what the GOP ones have sort of brought forward and talking have sort of brought forward and talking about weight loss and fat loss even about weight loss and fat loss even more.

more. more. >> Women are classically skinny fat. It's >> Women are classically skinny fat. It's just so incredibly common. But here's just so incredibly common. But here's the thing. So we think, okay, woman's the thing. So we think, okay, woman's 110 lbs, but she's 35 to 45% body fat.

110 lbs, but she's 35 to 45% body fat. And we see that all the time. that And we see that all the time. that percentage of body fat because they have percentage of body fat because they have such low bone and muscle that the amount such low bone and muscle that the amount of fat that they have on them is a of fat that they have on them is a decent amount, but it's also just decent amount, but it's also just relatively high relatively high >> and that is insulin resistance. So, let >> and that is insulin resistance. So, let me say it again. 110 lb woman at 35 40%

me say it again. 110 lb woman at 35 40% body fat is insulin resistant. She is body fat is insulin resistant. She is pre-diabetic, pre-diabetic, pre-diabetic, but she's 110 pounds. So, we don't but she's 110 pounds. So, we don't usually think about it that way because usually think about it that way because we're thinking about it's obesity and we're thinking about it's obesity and someone is really really large and someone is really really large and that's the person that is going to be that's the person that is going to be diabetic or pre-diabetic. No.

diabetic or pre-diabetic. No. >> Yeah. And I can also say that it's a lot >> Yeah. And I can also say that it's a lot easier to be skinny fat. It's a lot easier to be skinny fat. It's a lot easier for women to say, "I just want to easier for women to say, "I just want to lose weight. I'm going to be skinny." lose weight. I'm going to be skinny." Okay. Versus, "What I want is to get Okay. Versus, "What I want is to get lean. What I want is to be fit." I mean, lean. What I want is to be fit." I mean, on a regular basis, I say to you like, on a regular basis, I say to you like, "Forget it. I'm just going to not eat. I "Forget it. I'm just going to not eat. I mean, forget it. I just, you know, I'm mean, forget it. I just, you know, I'm struggling." No, but she does say this struggling." No, but she does say this all the time.

all the time. >> I do say it and I say it because I get >> I do say it and I say it because I get frustrated with the process of putting frustrated with the process of putting on muscle mass. It's very difficult for on muscle mass. It's very difficult for me to put on muscle mass and then keep me to put on muscle mass and then keep it. It always feels like it's borrowed.

it. It always feels like it's borrowed. Like I, you know, I I someone lend me Like I, you know, I I someone lend me their bicep and then I have to give it their bicep and then I have to give it back. That kind of a thing. But the idea back. That kind of a thing. But the idea is correct, right? So for for me, I is correct, right? So for for me, I understand intellectually this is not understand intellectually this is not correct. And of course, I strive to keep correct. And of course, I strive to keep getting stronger. But for the average getting stronger. But for the average person, I can't tell you how many of my person, I can't tell you how many of my girlfriends are like, "OH MY GOD, YOU girlfriends are like, "OH MY GOD, YOU LOOK SO GOOD." AND THEY'RE JUST TALKING LOOK SO GOOD." AND THEY'RE JUST TALKING ABOUT cuz they got skinny. And I'm like, ABOUT cuz they got skinny. And I'm like, "Actually, no, this isn't good. Your "Actually, no, this isn't good. Your butt is hanging and you look like you're butt is hanging and you look like you're 80." 80." 80." >> Right? And that's that's been this is >> Right? And that's that's been this is all tied into what we were talking about all tied into what we were talking about with protein and really hopefully with protein and really hopefully helping particularly women. I don't have helping particularly women. I don't have this problem generally speaking with this problem generally speaking with guys. This is kind of almost uniquely a guys. This is kind of almost uniquely a female issue. Uh but I guys do. Um, if female issue. Uh but I guys do. Um, if you are 110, 120 lbs, you are 35 40% you are 110, 120 lbs, you are 35 40% body fat. What happens is then they go, body fat. What happens is then they go, well, yeah, they still feel sort of well, yeah, they still feel sort of puffy and fluffy, they want to get puffy and fluffy, they want to get there's something they want to get rid there's something they want to get rid of. There's fat there that they want to of. There's fat there that they want to get rid of. It's true, but really that's get rid of. It's true, but really that's not the focus because if they just have not the focus because if they just have more muscle, but they're so obsessed, more muscle, but they're so obsessed, back to what you said, they're so back to what you said, they're so obsessed with the scale.

obsessed with the scale. >> So, they can't get they just go, "No, I >> So, they can't get they just go, "No, I I still need to lose 10 pounds." when I still need to lose 10 pounds." when no, you just need to gain some muscle, no, you just need to gain some muscle, increase your metabolic rate, and then increase your metabolic rate, and then maybe some fat's going to come off or maybe some fat's going to come off or you'll certainly just look better. You you'll certainly just look better. You look different.

look different. >> You definitely look better. And I would >> You definitely look better. And I would say that this this recommendation is say that this this recommendation is really good for females, again, per really good for females, again, per postmenopausal females. It's also good, postmenopausal females. It's also good, I would say, for those boomers, the I would say, for those boomers, the males that have had cardiovascular males that have had cardiovascular disease already and they have a stomach.

disease already and they have a stomach. Yeah. Yeah. Yeah. >> And these are usually highly industrious >> And these are usually highly industrious people. You know, the let's focus on the people. You know, the let's focus on

the male population that are what, 65 and male population that are what, 65 and above. Is that right? Um, these are above. Is that right? Um, these are people that are already starting to have people that are already starting to have illness. So, their doctor, one of the illness. So, their doctor, one of the first things they say is, "You got to first things they say is, "You got to lose weight. Let's put you on the GLP." lose weight. Let's put you on the GLP." Okay, great. You put them on the GLP.

Okay, great. You put them on the GLP. They start losing that fat. They start They start losing that fat. They start losing that visceral fat. In theory, losing that visceral fat. In theory, they're getting healthier, but they they're getting healthier, but they start having atrophy in their start having atrophy in their extremities and they start having extremities and they start having weakness.

weakness. weakness. >> So, now you're increasing the chance of >> So, now you're increasing the chance of them getting injured. This is not the them getting injured. This is not the therapy that those patients need if therapy that those patients need if they're going to use it in an isolated they're going to use it in an isolated fashion. You want to use the GLPS while fashion. You want to use the GLPS while on a muscle building program. So you're on a muscle building program. So you're you're using the medication for fat you're using the medication for fat loss, but you're not doing a fat loss loss, but you're not doing a fat loss diet. You're doing a muscle building diet. You're doing a muscle building diet.

diet. diet. >> And I think that's where you're going to >> And I think that's where you're going to get the magic. get the magic. >> That it's exactly where the magic is.

>> That it's exactly where the magic is. It's it's almost invariable. If patients It's it's almost invariable. If patients can become convinced of that and they can become convinced of that and they follow through with that protein follow through with that protein requirement, um, that's usually enough.

requirement, um, that's usually enough. And a lot of times people will say, And a lot of times people will say, well, do I have to exercise? Do I have well, do I have to exercise? Do I have to lift weights in order to gain muscle?

to lift weights in order to gain muscle? And I would say the answer is is no. You And I would say the answer is is no. You don't have to. You can still gain muscle don't have to. You can still gain muscle with the appropriate hormonal profile with the appropriate hormonal profile with protein, but it certainly makes it with protein, but it certainly makes it easier if you're, you know, stimulated easier if you're, you know, stimulated with some level of weight training.

with some level of weight training. >> I think it's difficult in the average >> I think it's difficult in the average American's life that's not doing manual American's life that's not doing manual labor.

labor. labor. >> Okay, it's my turn to interrupt. I have >> Okay, it's my turn to interrupt. I have to interrupt. to interrupt. >> What? >> What? >> What?

>> I just heard this so I won't say this to >> I just heard this so I won't say this to you. you. you. >> Okay, >> Okay, >> Okay, So, so daintio um So, so daintio um and this sucks. I'm sorry ladies, but if and this sucks. I'm sorry ladies, but if you're into Pilates, you're into Pilates, >> I like Pilates.

>> I like Pilates. >> I know. >> I know. >> It's hard. What are you going to say? >> It's hard. What are you going to say? Say it Say it >> that they follow this is a study and >> that they follow this is a study and they followed a group of women. They they followed a group of women. They were doing Pilates and they were be were doing Pilates and they were be measuring bone density and after I think measuring bone density and after I think it was 12 or 18 weeks, whatever it was, it was 12 or 18 weeks, whatever it was, they lost bone.

they lost bone. They lost bone. No, They lost bone. No, >> they lost bone. >> they lost bone. >> I say no to that. First of all, that one >> I say no to that. First of all, that one study. And secondly, what were they study. And secondly, what were they eating? They lost bone because what?

eating? They lost bone because what? >> Because Pilates and some of these types >> Because Pilates and some of these types of exercises are not enough to stimulate of exercises are not enough to stimulate bone growth. You need 4.

Exercise, walking, and building a better routine

2 times your bone growth. You need 4.2 times your body weight to press down on that bone body weight to press down on that bone in order to achieve true bone in order to achieve true bone stimulation. I know this sucks. I know stimulation. I know this sucks. I know Pilates is really cool, but Pilates is really cool, but about it being really cool. It's about about it being really cool. It's about the fact that it's difficult and it is the fact that it's difficult and it is >> it is difficult.

>> it is difficult. >> It is it is restorative. It's >> It is it is restorative. It's therapeutic. It's muscle resistance. The therapeutic. It's muscle resistance. The issue issue issue >> that isn't all true, but if but if we're >> that isn't all true, but if but if we're doing it for the sake of bone, um then doing it for the sake of bone, um then it isn't all it's cracked up to be. Um it isn't all it's cracked up to be. Um so I think it's so I think it's >> I want to join Pilates for the sake of >> I want to join Pilates for the sake of bone. I don't think anybody does that.

bone. I don't think anybody does that. So fine. Thank you for that information. So fine. Thank you for that information. >> I mean doing certain exercises hopefully >> I mean doing certain exercises hopefully that they're thinking. Yeah, fitness and that they're thinking. Yeah, fitness and or their bone health is certainly over, or their bone health is certainly over, you know, 40 years old. Starting to you know, 40 years old. Starting to think about that.

think about that. >> Here's where I will say that that's even >> Here's where I will say that that's even remotely useful. Okay, remotely useful. Okay, >> you just don't the answer. Okay, here we >> you just don't the answer. Okay, here we go.

go. go. >> No, you haven't spin nothing. This is my >> No, you haven't spin nothing. This is my therapeutic approach. If you want a therapeutic approach. If you want a doctor that throws out the data when doctor that throws out the data when >> Because why do I say that? I say that >> Because why do I say that? I say that because when we focus on the data, we because when we focus on the data, we usually are finding ourselves in a usually are finding ourselves in a reductionistic world. Yes, that is reductionistic world. Yes, that is important piece of information. If the important piece of information. If the person is doing only Pilates, you're person is doing only Pilates, you're never going to hear me say that one type never going to hear me say that one type of exercise of exercise >> who's like, I only do yoga. I'm the yoga >> who's like, I only do yoga. I'm the yoga person. They don't do anything.

person. They don't do anything. >> It's like that like that meme where the >> It's like that like that meme where the girls got like this incredible body and girls got like this incredible body and they like they like >> you didn't get that during yoga, you >> you didn't get that during yoga, you know? I mean, because know? I mean, because >> see a lot of these influencers, you >> see a lot of these influencers, you know, they got it from getting under know, they got it from getting under that bar and kicking their own ass with that bar and kicking their own ass with weightlifting and then they evolve into weightlifting and then they evolve into saying, "I'm now the influencer who saying, "I'm now the influencer who loves yoga. I'm now the influence who loves yoga. I'm now the influence who loves Pilates or whatever." loves Pilates or whatever." >> Okay? I don't I don't know about doing >> Okay? I don't I don't know about doing one thing and not doing the other. I one thing and not doing the other. I think variety is going to be the for think variety is going to be the for women in particular, although I think women in particular, although I think this is very true for men that what you this is very true for men that what you need is a certain amount of weight need is a certain amount of weight resistance, a certain amount of an resistance, a certain amount of an exercise like Pilates or a yoga that's exercise like Pilates or a yoga that's really more focused on stretching and really more focused on stretching and you need to walk and you need to that's you need to walk and you need to that's what I was going to say have sex.

what I was going to say have sex. >> Okay. >> Okay. >> Okay. >> Wow. You you rounded it out there. That >>

Wow. You you rounded it out there. That was very good. I was very good. I >> seven times a week.

>> seven times a week. >> That is the goal. >> That is the goal. >> That is the goal. Well, I was going to >> That is the goal. Well, I was going to say something before you told me about say something before you told me about the Pilates.

the Pilates. >> it was so good, guys. It was like >> it was so good, guys. It was like to everything. You would just not even to everything. You would just not even have to listen anymore to any other have to listen anymore to any other podcast.

podcast. podcast. >> All right. I don't remember. Hopefully, >> All right. I don't remember. Hopefully, it comes back to me. it comes back to me. >> Um, okay. So, we said protein is >> Um, okay. So, we said protein is nonnegotiable.

nonnegotiable. nonnegotiable. Must have the protein. Um, by the way, Must have the protein. Um, by the way, that is one gram of protein per pound of that is one gram of protein per pound of lean body mass. So, you've got to just lean body mass. So, you've got to just look at muscle and bone. There's ways, look at muscle and bone. There's ways, >> but it's a lean body mass desired. So, >> but it's a lean body mass desired. So, like if I'm 118 lbs, um, a little meteor like if I'm 118 lbs, um, a little meteor than I should be, but not stronger than than I should be, but not stronger than I am, than I should be. Um, I'm not I am, than I should be. Um, I'm not telling myself, well, I have 70 lbs of telling myself, well, I have 70 lbs of lean muscle. I don't know if those lean muscle. I don't know if those numbers are correct. The point is I'm numbers are correct. The point is I'm not eating 70 lbs or 70 70 gram. I want not eating 70 lbs or 70 70 gram. I want to eat enough for the muscle I'd likely to eat enough for the muscle I'd likely to have. So a minimum diet, to have. So a minimum diet, >> whatever.

>> whatever. >> whatever. >> Okay. Of course. And by the way, all >> Okay. Of course. And by the way, all these things can be discussed and you these things can be discussed and you know uh figured out for the patient that know uh figured out for the patient that they come to see us. We we calculate they come to see us. We we calculate that all out and explain it very very that all out and explain it very very clearly.

clearly. clearly. >> You can't stop eating your way to sexy. >> You can't stop eating your way to sexy. You can. I don't care. That's it. You can. I don't care. That's it.

>> Yeah. Because women need to focus on >> Yeah. Because women need to focus on gaining muscle and we hopefully have I gaining muscle and we hopefully have I think more of a revolution towards that.

think more of a revolution towards that. I think people are talking about it I think people are talking about it more. I've never had an easier time more. I've never had an easier time having this discussion with women than I having this discussion with women than I have in the past couple of years. Um have in the past couple of years. Um they've just because there's been sort they've just because there's been sort of Dr. Gabriel Lions and and and others of Dr. Gabriel Lions and and and others that are out there on podcasts out there that are out there on podcasts out there very much championing this concept.

very much championing this concept. Thank God, finally. Um, so people are Thank God, finally. Um, so people are hearing it more, so they're they're open hearing it more, so they're they're open to the conversation. Um, so yes, it's to the conversation. Um, so yes, it's always been that the sort of meatthead always been that the sort of meatthead idea. We would say, oh, it's just the idea. We would say, oh, it's just the bodybuilders that are the ones that are bodybuilders that are the ones that are doing that. Uh, and and no, that is the doing that. Uh, and and no, that is the key to health uh for both men and women.

key to health uh for both men and women. >> The idea of the bodybuilder gaining >> The idea of the bodybuilder gaining muscle and having that muscle is key to muscle and having that muscle is key to longevity. Well, we should all want to longevity. Well, we should all want to be bodybuilders. I mean, what do you be bodybuilders. I mean, what do you want to be a bodybuer? Like, no, that's want to be a bodybuer? Like, no, that's not what you want. So, you can't not eat not what you want. So, you can't not eat your way to sexy.

your way to sexy. >> Well, I mean, you say that, but women >> Well, I mean, you say that, but women come in and say they they they cannot come in and say they they they cannot get in their mind to think to gain get in their mind to think to gain muscle because they think they're going muscle because they think they're going to be bulky. They just think that. Or to be bulky. They just think that. Or what happens if they don't lose the fat?

what happens if they don't lose the fat? They just gained muscle, but they didn't They just gained muscle, but they didn't happen to lose any fat, but they gained happen to lose any fat, but they gained three, four, five pounds of muscle, three, four, five pounds of muscle, which happens with our patients all the which happens with our patients all the time. It's actually easier in some cases time. It's actually easier in some cases with hormones to just gain muscle than with hormones to just gain muscle than it's fat. They gain the muscle, but now it's fat. They gain the muscle, but now they feel, well, I'm puffier. I just I they feel, well, I'm puffier. I just I just my the scale went up.

just my the scale went up. >> And all of that is true. Those are >> And all of that is true. Those are individualized cases. And this is one of individualized cases. And this is one of those places where the GLP is so those places where the GLP is so helpful. The GLP what will help you lose helpful. The GLP what will help you lose those pounds of fat while you're those pounds of fat while you're building the muscle.

building the muscle. >> So really what we're talking about is >> So really what we're talking about is this idea that if you're you if you want this idea that if you're you if you want to lose fat, great. Don't lose muscle.

to lose fat, great. Don't lose muscle. In other words, those are two completely In other words, those are two completely different conversations. You just have different conversations. You just have to find a way to make them live in the to find a way to make them live in the same life.

same life. >> Yes. And that's a great point. So, what >> Yes. And that's a great point. So, what are some of those tools to be able to do are some of those tools to be able to do that to make it relatively easy and it's that to make it relatively easy and it's easy to incorporate? Number one, uh with easy to incorporate? Number one, uh with protein powders, high quality protein protein powders, high quality protein powders that we um will recommend.

powders that we um will recommend. >> Wait, no, excuse me. Number one is the >> Wait, no, excuse me. Number one is the dosing of the GLP1. dosing of the GLP1.

>> Oh, I thought we were just talking about >> Oh, I thought we were just talking about the muscle to be able I mean, yes, of the muscle to be able I mean, yes, of course, that's course, that's >> we're talking about putting them >> we're talking about putting them together, right? So you want to lose the together, right? So you want to lose the fat, you're going to use the GLP.

fat, you're going to use the GLP. There's no I don't care how much protein There's no I don't care how much protein powder you drink. If you're overdoing powder you drink. If you're overdoing your GLP1, it's going to be extremely your GLP1, it's going to be extremely difficult because you're breaking it difficult because you're breaking it down.

down. >> Dose makes the poison. Dose makes the >> Dose makes the poison. Dose makes the cure. Dose, dose, dose. So we will cure. Dose, dose, dose. So we will always make sure we're focusing that.

always make sure we're focusing that. That's step one. Then from there, the That's step one. Then from there, the lifestyle things they need to do. Yes.

lifestyle things they need to do. Yes. Ongoing basis that should hopefully be Ongoing basis that should hopefully be something that's easy for them to something that's easy for them to incorporate. Protein powder. I think incorporate. Protein powder. I think liquid protein. So, protein powder liquid protein. So, protein powder >> and we're big into bone broth because >> and we're big into bone broth because that's nine grams of protein for one cup that's nine grams of protein for one cup of bone broth. So, this is easy. It's of bone broth. So, this is easy. It's gentle in the system. And then creatine.

gentle in the system. And then creatine. So, again, something that everyone's So, again, something that everyone's

talking about. We've been taking talking about. We've been taking creatine since the 90s since it first creatine since the 90s since it first came out. Um, so it's far beyond just came out. Um, so it's far beyond just muscle, but it was a big big key for muscle, but it was a big big key for preserving muscle while you're on a GP1.

preserving muscle while you're on a GP1. Everybody should be on creatine if Everybody should be on creatine if they're on channel. they're on channel.

>> And you know, bone broth is so easy to >> And you know, bone broth is so easy to use. I think people always just think of use. I think people always just think of like, oh, I can't drink a cup of bone like, oh, I can't drink a cup of bone broth. Well, you don't have to. I mean, broth. Well, you don't have to. I mean, um you you can make your rice with it.

um you you can make your rice with it. You can make your soups with it. You can You can make your soups with it. You can you can mix it into your egg when you're you can mix it into your egg when you're making an egg. Every little bit that you making an egg. Every little bit that you add is going to contribute to your add is going to contribute to your intake of protein for the day. And intake of protein for the day. And that's really important, especially for that's really important, especially for the smaller framed people because when the smaller framed people because when you're talking about the input and the you're talking about the input and the output, every little bit starts to output, every little bit starts to really make a difference.

really make a difference. And also, you can mix chocolate protein And also, you can mix chocolate protein powder with chocolate milk and it's powder with chocolate milk and it's really good. And it's like I mean that's really good. And it's like I mean that's an easy 30 to 40 grams of protein.

an easy 30 to 40 grams of protein. We have discovered that this this that We have discovered that this this that you know it comes with this little bit you know it comes with this little bit of extra sugar, but you found some of extra sugar, but you found some versions that are not so crazy with the versions that are not so crazy with the sugar side of it, but the protein is sugar side of it, but the protein is just through the roof just through the roof >> and it's delicious. It makes me so >> and it's delicious. It makes me so happy.

happy. happy. >> What else, baby? >> What else, baby? >> Um, yeah, this the holistic GLP1 model, >> Um, yeah, this the holistic GLP1 model, I think, is what we're talking about.

I think, is what we're talking about. You you said it correctly. Obviously uh You you said it correctly. Obviously uh the the medication dose itself, the the the medication dose itself, the nutrition, the protein uh we very much nutrition, the protein uh we very much talked about uh strength uh training and talked about uh strength uh training and and how important we think that is at and how important we think that is at least I do. Yes. I think a whatever I least I do. Yes. I think a whatever I whenever I say to for patients about whenever I say to for patients about exercise and do something that's fun. If exercise and do something that's fun. If we're starting all with people very we're starting all with people very unconditioned, the first thing we're unconditioned, the first thing we're always just saying is walking. So don't always just saying is walking. So don't get me wrong.

get me wrong. >> Yeah. >> Yeah. >> Yeah. >> I'm not trying to just come down on the >> I'm not trying to just come down on the whole Pilates thing per se. I just want whole Pilates thing per se. I just want to make sure that it's not always what to make sure that it's not always what people think these things are. They get people think these things are. They get been sort of tribal about their been sort of tribal about their particular choice of um exercise and particular choice of um exercise and they think and and it's very cool. It's they think and and it's very cool. It's very chic and all of that and what you very chic and all of that and what you don't think it is.

don't think it is. >> I don't know. I think that's funny. I >> I don't know. I think that's funny. I guess it's a trend like any other. I guess it's a trend like any other. I mean, and also mean, and also >> it's about the trend instead of well, >> it's about the trend instead of well, what is it actually doing? know, I look what is it actually doing? know, I look really cute in my Pilates outfit and and really cute in my Pilates outfit and and the trainer that I go to is really the trainer that I go to is really good-looking and so good-looking and so >> I mean sometimes I wear tennis skirts >> I mean sometimes I wear tennis skirts and I've never played tennis.

and I've never played tennis. >> I didn't wear tennis skirts. I like >> I didn't wear tennis skirts. I like them. them. them.

Why fat loss is really about freedom and longevity

>> Um, you know, the thing about Pilates or >> Um, you know, the thing about Pilates or any exercise like weight resistance and any exercise like weight resistance and yoga blah blah is if you do the same yoga blah blah is if you do the same thing over and over again, you have an thing over and over again, you have an increased chance of injury as well. So increased chance of injury as well. So that's that's why I like the variety.

that's that's why I like the variety. Um, you know, I think a lot of times we Um, you know, I think a lot of times we think about this idea of lifting think about this idea of lifting weights. Um, I know you've used that weights. Um, I know you've used that concept of this tells the body we still concept of this tells the body we still need this muscle.

need this muscle. And I actually think that there's no And I actually think that there's no exercise that is more consistently exercise that is more consistently reliable and never trendy and always reliable and never trendy and always cute. There's nothing that beats walking cute. There's nothing that beats walking because walking really tells those because walking really tells those muscles in your body like all those muscles in your body like all those little accessory and stability muscles little accessory and stability muscles that are very difficult to work out um that are very difficult to work out um when you're doing weights because you'll when you're doing weights because you'll fatigue maybe before you even get a fatigue maybe before you even get a chance to really get those muscles chance to really get those muscles activated. When you're walking, you are activated. When you're walking, you are using everything in the human body to using everything in the human body to really to really stay optimized. And the really to really stay optimized. And the other reason that um the walking is so other reason that um the walking is so good is because it really is very good is because it really is very impactful on visceral fat. So you can impactful on visceral fat. So you can get deeper into the core. Like when get deeper into the core. Like when people say they run because they feel people say they run because they feel like it keeps them skinny, running like it keeps them skinny, running actually endurance exercises actually actually endurance exercises actually are a pro- fat storage exercise because are a pro- fat storage exercise because your body from a developmental your body from a developmental perspective believes or a physiologic perspective believes or a physiologic perspective believes I'm going to store perspective believes I'm going to store this energy in the form of fat in case I this energy in the form of fat in case I need it for a long run.

need it for a long run. >> But that doesn't happen with walking. So >> But that doesn't happen with walking. So we really do get a much more effective we really do get a much more effective visceral fat burning walking.

visceral fat burning walking. You know, I wanted to round this out too You know, I wanted to round this out too about why patients um well, why any about why patients um well, why any patient wants to do anything, their why patient wants to do anything, their why in general. And I often talk about that in general. And I often talk about that with patients because the grandkids and with patients because the grandkids and what's the reason why you're here um for what's the reason why you're here um for whatever the things are that are whatever the things are that are bothering you that you want to change?

bothering you that you want to change? What what was the motivation? And so, What what was the motivation? And so, what is the why u behind fat loss? I what is the why u behind fat loss? I mean what what happens when someone when mean what what happens when someone when someone loses 40 pounds and maybe gains someone loses 40 pounds and maybe gains 5 pounds muscle parallel hormones what 5 pounds muscle parallel hormones what does that mean and a big part of what it does that mean and a big part of what it means for patients is it's freedom it is means for patients is it's freedom it is freedom from so many things they are freedom from so many things they are just they come alive and so patients just they come alive and so patients need to figure out what exactly it is need to figure out what exactly it is for them but I'd say generally I think for them but I'd say generally I think it's about freedom you achieve a certain it's about freedom you achieve a certain type of freedom with that kind of fat type of freedom with that kind of fat loss loss loss >> that's a really good question John you >> that's a really good question John you know I think that there's usually the know I think that there's usually the two reasons why a person wants to lose two reasons why a person wants to lose fat, one of them is health, the

second fat, one of them is health, the second one is aesthetics, how they feel, how one is aesthetics, how they feel, how they look. Um, and this is why the they look. Um, and this is why the conversation of the GLP1 and relating it conversation of the GLP1 and relating it back to muscle mass and relating it back back to muscle mass and relating it back to longevity is so important because you to longevity is so important because you if you think of the Sophia Loren of uh if you think of the Sophia Loren of uh the past or um the past or um my god Marilyn Monroe, I couldn't think my god Marilyn Monroe, I couldn't think of her name for a minute. uh Monica of her name for a minute. uh Monica Beluchcci, like these are very luscious, Beluchcci, like these are very luscious, beautiful women that are beautiful women that are um voluuptuous, but they're not fat.

um voluuptuous, but they're not fat. So, they have a good amount of fat. I So, they have a good amount of fat. I mean, fat is what makes breast tissue.

mean, fat is what makes breast tissue. Fat is a big part of what makes the butt Fat is a big part of what makes the butt on the female look so attractive. So, on the female look so attractive. So, it's not really about being skinny. It's it's not really about being skinny. It's actually about finding that beauty point actually about finding that beauty point for yourself that correlates to the for yourself that correlates to the effort is worthwhile. I look and feel effort is worthwhile. I look and feel good. I have this freedom and I have the good. I have this freedom and I have the health for longevity.

health for longevity. >> Yeah. And that's what I think the GOP1 >> Yeah. And that's what I think the GOP1 can do for a patient in the right can do for a patient in the right context, done the right way. Certainly context, done the right way. Certainly what we've been talking about today. I'd what we've been talking about today. I'd also say that to to not uh to not fear also say that to to not uh to not fear the GOP war.

the GOP war. >> No. No. To embrace it. >> No. No. To embrace it. >> Yes. but to be careful uh to choose >> Yes. but to be careful uh to choose someone that really knows what they're someone that really knows what they're doing. Choose someone that looks at it doing.

Closing remarks and where to find more information

Choose someone that looks at it holistically that has this sort of holistically that has this sort of comprehensive approach that we've been comprehensive approach that we've been talking about today and many of the talking about today and many of the other things that probably said but other things that probably said but >> and hold yourself accountable if you're >> and hold yourself accountable if you're not eating.

not eating. >> Yes. >> Yes. >> Yes. >> It's not going to work. >> It's not going to work. >> Right. And which by the way, just back >> Right. And which by the way, just back to the whole protein thing that you said to the whole protein thing that you said close this up.

close this up. Patients will sometimes hit their Patients will sometimes hit their protein. Let's say they need 100 grams. protein. Let's say they need 100 grams.

they hit the 100 grams, which is only they hit the 100 grams, which is only 400 calories. They really need maybe 400 calories. They really need maybe 1,500 calories based on and then they 1,500 calories based on and then they actually their overall calories were actually their overall calories were low. So, what happened to all that great low. So, what happened to all that great protein they just ingested? They just protein they just ingested? They just used it for energy, not for building used it for energy, not for building muscle. So, there's a Yes, I know it's muscle. So, there's a Yes, I know it's complicated and it's complicated and it's >> it's not complicated.

>> it's not complicated. >> No, it's complicated in the sense it >> No, it's complicated in the sense it should be you have to be on top of it in should be you have to be on top of it in that sense. The mathematics of it is that sense. The mathematics of it is pretty straightforward. Um, but yes, pretty straightforward. Um, but yes, achieving it, it's it's not always the achieving it, it's it's not always the easiest thing. People get distracted.

easiest thing. People get distracted. There's other things that come up why There's other things that come up why

they don't eat, why they chose what they they don't eat, why they chose what they chose that particular day. I get it. Um, chose that particular day. I get it. Um, that part's complicated, but in the end, that part's complicated, but in the end, it's just mathematics is what I always it's just mathematics is what I always say to patients. And not to I'm trying say to patients. And not to I'm trying just trying to say, look, it's it's that just trying to say, look, it's it's that simple. Let's just bring it down to the simple. Let's just bring it down to the number and then let's see what you can number and then let's see what you can do with lifestyle in order to just do with lifestyle in order to just achieve that. And the rest will take achieve that. And the rest will take care of itself. You'll get the success care of itself. You'll get the success and you'll get the freedom that you're and you'll get the freedom that you're looking for.

looking for. >> Yeah. And you'll look hot. >> Yeah. And you'll look hot. >> That's always important to some degree >> That's always important to some degree is always perspective.

is always perspective. >> I mean, we think so. >> I mean, we think so. >> Yeah. >> Yeah. >> Yeah. >> Thank you. >> Thank you. >> Thank you. >> Thank you.

>> Are you liking what you're hearing? Do >> Are you liking what you're hearing? Do you want to hear more? you want to hear more? >> Are you loving this great content? And >> Are you loving this great content? And do you want to ask us a question?

do you want to ask us a question? >> Please like, subscribe, and comment. You >> Please like, subscribe, and comment. You can find all of our links on our social can find all of our links on our social media featured articles, basically media featured articles, basically everything we cover at linktree everything we cover at linktree longevity protocol pod. And if you want longevity protocol pod. And if you want to understand and hear a little bit more to understand and hear a little bit more about our personal lives, follow us on about our personal lives, follow us on Instagram at the sex docks.

Instagram at the sex docks. >> Here's where you can comment and ask >> Here's where you can comment and ask questions that we will directly answer questions that we will directly answer in our videos.

in our videos. >> Be sure to subscribe to our Substack. >> Be sure to subscribe to our Substack. This is where we get far more This is where we get far more information for you, protocols on information for you, protocols on longevity and health, and definitely the longevity and health, and definitely the notes for today's episode. And finally, notes for today's episode. And finally, if you're ready to make a change, a real if you're ready to make a change, a real change in your own life, feel free to change in your own life, feel free to check us out at our private practice at check us out at our private practice at hormonezone.com.