Introduction to the Summit and Dr. Tina Moore

Hello, ladies. Welcome back to best during the Menopause Transition Summit 3.0, our third year around with all new information cutting edge, like the talk I have for you today, I am your host, doctor Sharon Stills.

And it's always an honor and a privilege to be here with you all and let you eavesdrop on these very important conversations I'm having. And today I have a guest that I'm like, I'm like, super excited about.

I'm like, girl crush, doctor crush. And I've got Doctor Tina Moore in the house. She is a natural path. She is a chiropractor. She is a better ass, she is intelligent, and she gets to the truth about what's going on.

And if you if you followed her during Covid, you know, she gets in there, she does the research and she spits the truth out to you and she doesn't care what anyone else is saying, which I love.

And, you know, I just so align with what she is about. So when I saw that she was now diving into the new bad people, you know, the bad boy on the block, semaglutide, you know, the new dangerous thing that's being touted and all the fear.

And I thought, you know, there's always more to the story, and we just can't get our information from fear based reels or from what the, public is putting out necessarily.

We really got to dive in and do our research. And that is what she did. And she created a course called Ozempic Uncovered. And I was like, I'm signing up.

I'm taking that because I know I've been using it with select patients in my practice and seeing amazing things and seeing life changing things on globally on all of their health issues, not just dropping the 10 pounds.

And so I signed up for her course and I was like, I got to get her on her. She's a very busy lady, but I have like I've got to get her because I want you guys to know the truth and make educated, informed decisions.

So here she is. Welcome, doctor Tina. Thank you. Thank you for that nice intro I appreciate it. I'm excited to be here. You are so welcome. So I mean we've got a half hour so I'm just going to dive in and go film.

So let's talk about semaglutide trends appetite Ozempic like what made you do the deep dive and start educating and learning about this? What made you say, yeah, there's got to be more than this is going to cause thyroid cancer and, you know, stomach blockages and so forth.

Yeah, well, you know, when everybody starts screaming the same narrative, I tend to raise an eyebrow, as you know, and I am like, that's weird.

Why Dr. Moore Researched Semaglutide

When the whole mob goes in one direction, I tend to stand back and let things simmer a bit. So I started looking into it a couple summers ago, and about a year ago I got really serious about the research and I quickly realized this is a peptide.

And I was like, wait a minute. So my background is in regenerative medicine. That's predominantly what I did in practice was regenerative injection therapies and a lot of bioidentical hormone replacement over the years and treated people's pain.

So, you know, the two went together really well. And then peptides came on the scene right as I was closing down

my big brick and mortar and, you know, kind of getting out of the rat race.

I've always seen patients. I still see some patients, though. And when somatic gluten, which is also known as ozempic, we go by Ozempic, is FDA approved for type two diabetes, which is approved for weight loss.

And then there's appetite, which folks know as Monstro. I was hesitant because I just as I was in the early days of Covid, I just wanted to wait and see what was going to happen right?

Like I'm like, well, let's just see how this plays out. And I started researching it. And because my background is in regenerative medicine and pain, that's the first thing I look up whenever I look up a compound of any sort.

I'm like, what does it do for the brain? What does it do for pain? What does it do for neuroinflammation? What does it do for the immune system? Because those are all my issues.

And I was blown away. The of course, as usual, the literature, the scientific data was not adding up to what the media was screaming, what the influencers were screaming, as you said, when we were off the air.

When a health practitioner can't prescribe something, they tend to just hate all over it. So it was the same way with hormones back when I was doing a lot of hormones, a lot of my chiropractic colleagues were like, oh, I can get the same thing done with supplements. And I'm like, no, no, it's not the same thing.

And so once I realized it was a peptide, it was naturally secreted in the body. It's known to be secreted in the gut cells, the L cells of the gut. And that, you know, we're naturopathic doctors.

So I immediately started thinking, well, what if people's guts are all messed up because most of our patients guts are messed up? Like, well, it's still secrete appropriately.

And then I realized it was secreted also in the brain. It doesn't just come from the gut across the blood brain barrier, it's actually secreted in the brain.

It has a multitude of impacts in the brain. There's receptors all over the brain. And then I just went organ system by organ system and started looking into the data.

This is a class of peptides that's been on the market being prescribed for 20 years now. It started back in, you know, the 90s with Zeta Tide, which is a GLP one agonist that you had to take pretty much every day.

And compliance was low and side effects were high, but it was prescribed safely and effectively for 20 years. And we have data going back as long. So I was like, wait a minute, this isn't just this brand new thing, this new drug that's killing people like the media is claiming and the clickbaity, you know, titles of everything are claiming.

And the further I got into the research, the more I just basically called bullshit on the whole thing that was unfolding last summer. It was just ridiculous all over social media.

And so I did a podcast on it, on my show and the pushback was insane. It reminded me of Covid days. It was so eerie. It was so wild. I have a pretty sizable audience and the amount of pushback and heat I got for that, and the amount of ignorance coming out of people's mouth, they were just completely wrong.

The misinformation that they had been fed and were just parroting. It was so reminiscent of 2020 and the past few years. And I thought, well, this is suspect.

Something is something is going on. And so I just, you know, you know, me, people start bitching at me and it just makes me dig my heels in. So I was like, I'm just going to keep going and I'm going to find more literature, and I'm going to see what else I can dig up.

And it's just been mind blowing. Like the impacts on the cardiovascular system, the impacts on the brain, the

impacts on the kidneys, the impacts on the the data that's being researched right now on Parkinson's and Alzheimer's and the applications alcohol cessation, drug cessation, these peptide are regenerative, they are anti-inflammatory and they are healing.

They are not a drug. They are a peptide. They just got co-opted by big Pharma because of their delivery system being an injectable. It has to be a prescription.

There are lots of peptides on the market that are over-the-counter that you can get from different supplement companies, right? Like BPC one five, seven, TB 500.

There's different regenerative peptides that are amazing. This one just happens to have a delivery system that's been co-opted by Big Pharma.

GLP-1s Beyond Weight Loss

And the data is not adding up with what the clickbait and propaganda media is screaming. So that's where we're at. So here we. Are. So. So here. So you talk about, you know, you just mentioned Alzheimer's, Parkinson's.

So are you seeing this more, more than weight loss? Are you seeing this even for someone who doesn't need to lose weight? Yeah. So that's what got me into it.

I personally had been dealing with some pretty severe, my, my autoimmune disease that I've had for decades really flared in 2021. I was telling you off camera, I was being viciously attacked for opening my mouth and pushing back against the narrative from all sides.

And my autoimmune disease kind of, you know, hit peak level and my spine started fuzing and I was in horrendous pain. I, I joke that I spent most of 20, 21 lying on my back because I was in so much pain, and the just uncontrolled stress from all of it just kept going and going.

I was politically targeted. I was getting death threats. I mean, it was on and on. And my, you know, colleagues were screaming for my license to be sanctioned.

It was it was ridiculous. And I really just hit a wall. And the cortisol, all that excess stress, cortisol did a number on my metabolism. And I was walking into my, you know, a 49, 50 year old self and hormones were shifting.

Autoimmune disease was rocking and rolling. Something I had really been dealing with for decades that I had just very successfully put to bed and kept at a dull roar, you know, I mean, when I met you years ago, I was really at the top of my game and feeling great and really feeling like I'd gotten on top of it.

But as you know, autoimmune disease, it it ebbs and flows. And between that and I think it was the stress, it was just the mass of amount of stress that I was enjoying.

It took me over the edge and I put on 20 pounds. I was stiffening up everywhere. I felt like my entire body was gluing up. I was in a tremendous amount of pain.

And so when I figured out that it is neuro regenerative, meaning it regenerates neurons in the brain, it's anti-inflammatory. In the brain, it suppresses neuroinflammation.

I was like, game on because if anyone understands pain, they understand that it starts in the brain and it's driven by the brain. So if we can mitigate that system and we can calm down the micro glial cells, which it's been shown in the data to impact positively, I was like, And the way I described it to my husband, I was like, I feel like my husband's an electrician.

And I was like, I feel like a, breaker blew in my house. Like, if this was my house, I felt like I just needed to reset the breaker, and the breaker was in my brain.

And if I could just reset that. And so I walked around for months talking to everybody I knew who was using it clinically, talking to every physician, compounding pharmacist, strength and conditioning coaches, people who knew clients that were on it.

I wasn't hearing any of the horror stories. Nobody was having the horrific side effects. And I was like, And I kept saying, I'm going to try it because I want to see if it resets that breaker.

And sure enough, it did. And my thinking was just like, we apply hormones, we apply them at physiologic doses, and the dose is dependent on the individual in front of us. Right.

Like the core of naturopathic medicine is we treat who's in front of us, and we're trying to stoke their vitality, their vitality. So the dose makes the poison on this.

And the way that the brand name prescriptions are, they are prefilled pens. They are pre dispense. You can only start at a certain dose, which I think is too high for a lot of people, especially folks like myself, who are really metabolically optimized, something I didn't preface this with.

But you know about me as I strength train several times a week, I walk my talk. I keep my waist circumference small. I eat really well. I eat a high protein, lower carbohydrate diet, more protein, heavy meat, heavy.

I get my sunlight. I've built my whole life around take being able to take care of myself and having the time to do that as an entrepreneur. And so. And I have access to, like, some of the coolest stuff out there that most people can't get their hands on.

And if they can't get their hands on them, they can't dispense them in their clinics. The way that I can use them on myself. So like I was putting exosomes in stem cells, I mean, I had access to some really cool stuff and everything that I knew to work well, to sort of reset that circuit wasn't working.

And when I got to looking at GLP ones, I found some literature showing a pretty good literature. And it's this is kind of a well known fact in the the obesity and diabetes community, those with obesity, diabetes and fatty liver, that whole metabolically unsound group of people, they have GLP one deficiency and we don't know, is it chicken or egg like which started what.

And I got to thinking, well, I wonder if there's others of us who are GLP one deficient, but maybe we're just a tiny bit deficient, you know, like some patients need a tiny bit of thyroid hormone or a tiny bit of testosterone.

And so I started dosing it really low personally, all my family members, all the patients I have, I was like, all right, I called up every single person that I could think of that would benefit from this for a variety of different reasons, from Crohn's disease to PCOS to acne to depression to heart disease, cardiovascular disease, you know, high blood pressure, the whole gamut, early stage dementia, all of it.

I was like, do you want to try this? I want to see how it works at the appropriate dose for the individual. And the results have been mind blowing, just really phenomenal.

And the only way to get that dose is through a compounded version. But at these lower doses, when folks are doing all the things, as I call it, you know, in air quotes, like they're doing all the things you and I preach, which is make your life metabolically sound, make sure you're insulin sensitive, you know, eat the nutrient dense diet, get out in the daylight, set your circadian rhythm, make sure your sleep is optimized and protected.

Make sure you're exercising regularly. Make sure you're mitigating your stress like all the things right? When folks are doing all the things they really don't need a big whomp and dose.

And when compounded, it's incredibly inexpensive. And so what I was finding was that several of my patients were able to swap out a multitude of medications that were cost prohibitive and difficult to take and potentially had side effects for little tiny doses of simply type it.

I mean, I like that the proof is in the pudding there. And so that's the higher we are. So if it's something that you're doing small doses weekly, monthly.

Is it something you view. Is this is a long term lifetime treatment. Right. Well I'm going to stay on it forever. Just like I'm going to stay on all my other hormones forever and my thyroid forever and my adrenal support forever.

But with peptides and hormones, we cycle them. And so the cycle is dependent again on the individual and how long those cycles are with the doses. Now some folks I have one patient on it, only one who is struggling with obesity.

Everyone else, by the way, kind of lost the layer of fluff. My 20 pounds just fell right off and I landed at what I call my fighting weight, which is like my ideal weight that I've been at forever and ever, where I feel strong and I haven't lost any muscle mass.

We can talk about all the terrible side effects that they claim, which are mostly untrue. so everybody's really just gotten down to a good weight. So maybe it was five, 10 pounds, maybe it was 15 that they had to lose.

I only have one patient on it for severe obesity and type two diabetes, and he is requiring a more standardized dose. So folks who are more metabolically unsound are definitely requiring a higher dose.

And I suspect they'll be on it for life. But he already had one foot in the grave. He had so many other issues coming up, and things were just getting significantly worse and worse and worse.

And it was like, well, it's like six and one half dozen at the other. Do you want to stay on these five different pharmaceuticals for life that are giving you horrific side effects, or do you want to do something about it?

And what I did notice is that because of the impacts on the brain, the the quelling of that neuroinflammation, most people start to feel significantly better.

You were mentioning off camera that some of your patients are having really profound, you know, it's been life changing for them. It's not just the weight they are having.

This body wide. These you've got GLP one receptors. We all do everywhere in our body. So we're having this body wide healing phenomenon, this regenerative phenomenon on and this anti-inflammatory phenomenon.

And GLP one receptors are present on our immune cells on our mast cells which we know you know, are trouble some buggers. So like when they're gone rogue.

So we're having what I'm seeing is this shift in these autoimmune conditions. And these lifelong conditions. So to answer you, they might be on it forever, but we're going to cycle it.

We're going to keep the doses as low as possible so that these are effective forever. Because like any hormone or peptide you can burn out receptors. You can get receptor insensitivity if you crank it too high.

And I think what's happening with the conventional model is people are being brought on it too high of doses, and then they are being cranked up very quickly.

Dosing, Side Effects, and Safety Concerns

the standard dosing protocol is 16 weeks and they crank them way, way up on obscenely high doses. That's not to say that some people don't need higher doses, but I certainly can't imagine that anybody would need the highest possible dose unless they were severe, highly metabolically compromised.

I'm in my patient base, which is generally healthy people trying to get healthier. you know, we just got to tinker with them a little bit. Those folks are having really, really great impacts with low doses, and nobody wants to go off of it.

So we'll see. We'll see how it goes. I'm not going off it. So I'm sure people are wanting to know, how do I know if I'm GLP one deficient? Is there a test?

There's not a test. There's no good test out there. But just like anything, I've always been someone to treat a some based on symptoms more than I am concerned about.

Labs, and we make sure to do it safely and slowly. I'm a big, slow and low fan. I've done this with all types of hormones and all types of different treatment strategies.

As you know, as a physician, sometimes we just have to try something to see what happens. And if somebody has a profound result, then we know that they probably need a little bit.

And I find this with thyroid. Thyroid can be pretty easily diagnosed on symptom picture alone. And labs are not always terribly accurate if they're autoimmune, which most people are.

So, you know, sometimes we just have to titrate them up and see how they do. And I found that to be the same with this peptide or any peptide. I will say I'm not a fan of traditional dosing strategies with most peptides or most hormones.

I found that I have to treat the individual in front of me and keep close tabs on them, because we all respond differently. And I have taken standard dosing of hormones and myself personally, and every single time I have, I go sideways on them.

I feel awful. So I'm a big fan of utilizing pretty much including pharmaceutical drugs. You know, I have a license to prescribe and I'm not afraid to use it.

And I've done the same with most pharmaceuticals or most prescription items. I'm very careful to titrate my patients up to where we start to get symptom resolution, and then we decide what we're going to do.

And with anything. You know, this the program you're in, my ozempic done right university. I talk about this more in depth, but you have to have a short term strategy and a long term strategy, right, with anything.

So people will feel really awesome on these peptides they get in a traditional model in the our Pathak model, they get cranked up on really high doses, and then they find themselves six months in and their insurance drops them.

And these peptides are ridiculously expensive in the brand name form, which is so silly. I don't know if you saw that study that came out like a month ago, they or maybe more.

It was somewhere in early April. I think they figured out that it cost these companies about $5 to manufacture a month's supply, and you can buy it for about 60 bucks in Germany, and you can buy it for about 150 bucks in Canada.

And in the US, it's around 1000 a month. So it's a racket. That's why I'm a big fan of compounding. But that said, you know, the the proof is in the pudding.

Like if people feel better on it, we're getting the results we want, then I would assume they probably have some need for GLP one. And GLP one plays really intimately with our other peptide signaling hormones.

our other appetite hormones like leptin, ghrelin, insulin, they don't play together. And those or those, they're all hormones. They're peptide signaling hormones.

They don't. Oxytocin is another one. They don't work well if GLP one isn't present. So I speculate that a lot more people are actually having GLP one issues than we would otherwise think.

We're only looking at the severely obese or the severely diabetic. And you and I know we don't treat that way. We

treat Preventatively right. We get them on the front end. And so that's been my argument.

I think why I'm taking a lot of heat is because I'm suggesting people talk to their doctors about utilizing these in an effective way early on, because when a woman walks into my office and she's around my age and she says, I just put on 20 pounds out of nowhere and I don't know what's happening, and I haven't changed anything.

I'm active. I'm fit. They eat like saints. They're doing all the things that's concerning. That's insulin resistance. That's the beginning of a very bad path.

And my argument is like, why are we not treating then? And if we have a tool that's effective and it heals your metabolism. So I've been on it now probably nine, ten months.

And when I go off when I'm in an off cycle and that's how long that is depends on the person. But I'm not gaining any weight back. And I am not having, you know, any of that, like the whole rebound phenomenon I think is happening because these people aren't using that window of opportunity to change their lifestyle habits, and they are being cranked out on crazy high doses.

Exactly. Because that's what I'm seeing, too, with patients that they're not having that rebound in. And at first I was like, are you sure? You know? And they're like, And I'm like, I need it. No, they're not.

And what we're hearing, like you say, is noise. So, so with the nausea or the vomiting, do you just think that's because people are overdosed? Yep, I think so.

We have GLP one receptors in our nausea centers in our brain. You know, there's areas of our brain that are responsible for nausea and vomiting. And some people are more sensitive than others.

I am a puca like I am totally admitted puca. So I was very concerned about going on this. And I think that that bed of GLP one receptors is going to be different for each person.

And so some people are more impacted by it. But no, you just don't dose them into that side effect. And that side effect is transient. The gastroparesis concern, the paralyzation of the stomach.

Number one, those who are using this most often, folks who are dealing with type two diabetes and obesity, those folks are already predisposed to gastroparesis because the the hyper sugaring of the vagus nerve.

So I think that in many of the cases we're hearing about, folks are sitting on the edge of gastroparesis that's undiagnosed because their vagus nerve has been severely compromised by all the years of excess hypoglycemia.

And then they're cranked up on a dose and sent over the edge. the thyroid cancer in the last month, the data coming out around that, it was all correlative.

It was never conclusive. The black box warning is on rats, rodents, rats, rats get very commonly get this random occurrence of medullary thyroid cancer.

It's spontaneously occurring. And what they didn't tell you is in that study, those rats were put on very, very high doses, super physiologic doses. And the control group also developed medullary thyroid cancer.

This is a type of cancer that's very rare in human beings. And we don't have the same receptors to GLP one in our thyroid the way that the rodents do.

And so basically in the last month, they've come out and said we just have no conclusive data that this is a concern. So I'm not saying throw caution to the wind.

Always talk to your practitioner. Of course, if you have any history of thyroid cancer in your family, if you personally have any history, obviously this is a concern.

Those with gallstones or history of gallstones, that's a real concern because it slows down gastric emptying. And if you get put on too high a dose, it will crush your appetite.

And when your appetite gets crushed, you stop eating. And when you stop eating, your gallbladder gets sluggish because it needs something to pump it. You know, it needs that peristalsis of the gut to go.

And so we're seeing women who were already on the edge because, you know, who's most at risk for gallstones. Our tribe here. Yeah. Women who are middle aged and and, you know, the curvy, the curvy middle age woman who's fertile and got that estrogen dominant.

So like the woman. Right. And yeah. Female fab 40. Fertile. Right. Yeah. So the women most likely to probably be put on these peptides are already sitting on the edge of a potential gallbladder issue.

And then they slow down, you know, and we have to we got to put a little blame on the patient. What are they eating. Are they just eating. Are they still eating?

I'm not saying everyone, but a lot of people just eat garbage and then they just eat less of that garbage when they go on these peptides because they're less hungry.

So are they still trying to crush high fatty foods, cheeseburgers, fried foods, chick fil A? They throw a gallstone. A gallstone is the number one cause of pancreatitis, the second largest cause of pancreatitis is fatty pancreas, which comes with metabolic syndrome and obesity and type two diabetes.

So what I'm saying is a lot of these folks are sitting on the edge of that already, and then they're being cranked out on a peptide at too high of a dose, and they're getting thrown over the edge.

It's unfortunate, but this is the group already most prone to these conditions. And I'll go back to thyroid cancer very quickly. The number one cause of thyroid cancer that puts you at the highest risk is obesity.

And the second highest risk group is those with type two diabetes. So I'm not saying that we don't have any conclusive evidence that GLP one lead to thyroid cancer.

But if they did, we're already again looking at a group of people who are potentially sitting on the edge of something. And so I, I say, what's the risk tolerance?

Do we you know, the health in every size movement, I think, has done a disservice to a lot of people struggling with obesity, because it has led them to believe that it was safe to continue down that pathway.

And there's really in my opinion, in my clinical opinion, there's really nothing safe about carrying excess weight around. It's really in time it will become pro-inflammatory and in time it will compromise someone's metabolism, which leads you down a path of horrors.

And at the end of that path is, you know, that people say, oh, I type two diabetic. And that's been normalized. If there's nothing okay about that, it's it's a your metabolism is severely compromised.

By the time you get that diagnosis, your mitochondria are severely compromised. And the further path on that is, you know, retinal damage, blindness, losing your toes or your appendages, kidney failure, a life of dialysis, cardiovascular disease will probably take someone out first.

And if that doesn't happen, then they get to go headlong into dementia and Alzheimer's, because that's type three diabetes. We know that forever. And so it goes.

And cancer is on that list, you know? So my argument is we've got 90 2018 data showed that we had 94% of U. S. adults sitting in a cardio metabolically busted state.

And I'm sure that's gotten significantly worse since lockdowns, especially since I live on the West Coast. I live in Oregon. It was crazy here forever, for years.

So my argument is like, what are we waiting for?

Choosing the Right GLP-1 Approach

We have something that is potentially quite safe if done appropriately and could really pull a lot of people out of a downward tailspin. could you speak quickly to the difference?

Because I'm sure a lot of women are wondering, like, what is the difference? How do I know if I need semaglutide or any precipitated and sure. So some of the tide is just a GLP one agonist.

And what GLP one does is it again, it's naturally secreted in our bodies. And it stimulates amongst other things, it stimulates insulin and it reduces glucagon without getting too confused.

You know fancy schmancy that those are just two big signaling peptides that are critical for your metabolic health. And then TRS appetite is a dual agonist.

So it's got the GLP one in it. And it's a chip agonist. And GIP essentially stimulates glucagon. And you think that would be something that you don't want necessarily happening.

But the way that they work together they harmonize. And the results are showing. I think initially when I got into this, people were telling me that the side effects were worse with semaglutide and less with turns appetite.

But I really am not finding that. I'm finding people having actually side effects. If the appetite is too high too, and it's it's really easy to go too high.

Like if you only need a tiny bed, it's really easy to get a little bit too much. And so I since I've been talking about this online and being on a couple different podcasts, I've got people messaging, hundreds of people messaging me, telling me, oh, I'm microdosing it.

And I'm like, no, you're low dosing it. And they're like, I'm microdosing and I'm still having horrible side effects. I'm no, I'm like, no, you're low dosing it and you're still being overdosed.

They're overdosing still. So neither, I would say, have a more favorable side effect profile. They both can lead you into some pretty uncomfortable places if taken at too high a dose for too long. But, the data around appetite is showing better improvements in visceral fat.

Both are showing good improvements and help with cardiovascular disease. The select trial that ended at the end of 2023 and was published, showed 20% reduction in severe cardiovascular events in those who were 40 years old and older.

They were obese, but not type two diabetic. I would say it's only a matter of time until they ended up type two diabetics, so they probably were on the path.

But really good, really good data. They're showing reductions in cardiovascular disease. And then just recently, the argument for the last few months from people was, well, would the cardiovascular disease improved because they lost weight?

Of course. Right. You lose weight, your heart conditions get better. Everything. And yeah, of course. Well, my argument is that everything I'm telling you here has a mechanism independent of weight loss, the way that these peptides work in the body.

And so just recently they came out and said it was in fact independent of weight loss. They still had phenomenal

reductions in cardiovascular disease.

So pretty pretty cool stuff coming out. And the data is on that one was just was semantically tied. So I'm just sharing that for differences. That doesn't mean chance appetite isn't going to have great impacts potentially on, you know, cardiovascular disease and other things too.

I think it's just preference. There's a price difference. Depends on what you can get. Some people have a preference. Just saying one makes me feel better or worse.

So I think they're both great. And so for someone who wants to try it and is working with a physician low and slow, I think I write that in like every patient's chart from around here.

Okay, but so are you saying start with low doses? If you are having symptoms, your dose is too high. You want a dose to where you're asymptomatic. Yeah, absolutely.

The dose is too high for most people I think. but again, those who are severely metabolically compromised, I've noticed, don't even feel they can. They can start at the brand name starting dose and they don't even feel it.

They're fine. So I, I think it's just a varied depending on the person. And I'll say that if you go to low, you won't get any impact. I've got people messaging me that too.

I'm taking a tiny dose. I'm not getting anywhere. What's the goal? What's the long term goal? Are we talking weight loss? Are we talking what I'm talking about?

My conversation really is I'm using it for a lot of different things. I have nothing to do with weight loss. So it it depends. And I go into that in my program pretty deep.

I have a whole module about it. I have a whole module about how to find a physician to work with, because that's another problem people are running into is like, how do I find somebody who can do this for me? So, it's just varied.

It's like anything that we do as naturopathic doctors, you got to treat the person in front of you and not the condition. And the dosing matters based on and as decided upon what the short term and long term goals are.

So there you have it in a nutshell. there's a I could, you know, but I mean, I just want to point out obvious this woman knows her stuff. This is an actual expert on these peptides.

And so what I wanted to do is open up this conversation because I feel like this can be a, you know, we're talking about menopause here. We're talking about our sacred second act.

We're talking about aging gracefully. And just like I talk about, yes, I'm going to give you your hormones because we don't want you to have hot flashes, but we're really looking at hormones for the amazing effects they have for your brains, for your bones, for the prevention, for a long term health.

And so now we're having the same conversation about a peptide that, you know, it's kind of like how estrogen was demonized. Cholesterol has been demonized.

So I don't I don't know who chooses who demonize them. But it's like, you know, this amazing peptide has been demonized. And I hope by now you're realizing, well, that's not true.

And so this opens up the conversation. This opens up curiosity for you. I want to she has like I said, I'm taking the course. And so where because I know if I was in the audience listening, I'd be like, how the heck do I learn more?

Yeah, yeah. Well, so there's so much more, right? And I just want to say this really quick. I don't use anything as monotherapy. Meaning folks are thinking that GLP one is the end all, be all solution.

It's not.

Resources, Course Details, and Closing Remarks

It's just one of many tools in a comprehensive tool belt. And that's what I teach. Inside my course I have a free program. I have a free four part video series that just touches on part one is Beyond Weight Loss, where I talk about all the other benefits in the body.

Part two is all about the big scary. As I go in deeper about some of the sensationalized claims that are being made about the side effects, part three is the dose makes the poison.

I talk a bit more about that. And then part four I talk about the big mistakes folks are making, like not protecting their muscle because these don't actually cause any muscle wasting at all.

They are regenerative to the muscle. It's people not protecting their muscle. So I talk about that in part for the video series and that's all free. It's at Doctor Sina.com, it's Dr.

Tina. Tina with a way forward slash ozempic uncovered. And from there, they have the opportunity to buy the big deep dive course that you're in, which is like, I lay it all out.

What my clinical reasoning is, it's for clinicians, it's for the general public. And I'm just trying to make the most comprehensive, well-researched program out there, period, so that everybody can get their needs met, because this peptide has the potential to change the world in a really favorable way if we use it.

Right. But if it continues to be abused and overdose the way that it's happening, I think we're going to see it get shut down and that that's concerning to me.

So I just especially menopausal women I hear you ladies, I am there and it is a bitch when things start shifting so quickly on you. And I don't want to demonize menopause because it's a phenomenal time of life.

Like you really step into your power. But I want everyone stepping in, feeling fit and strong and metabolically well so that they can live another however many decades with, you know, full quality of life.

Exactly. And I just want to say I made the mistake of listening to the class while I was out hiking. And this is a class you want to, like, be sitting and taking notes because there's a lot of information there.

And even as a physician, I was like, all right, I got to go back and listen to them again. You know, it's like, it's a lot. Yeah. It's good. So, you know, and the four part, part free, you know, start there because there's a lot of good information there.

If you want to take the class I'll see you there. And you can put in Dr. Stills and you'll get a nice discount. yeah. Use, use that coupon code guys, because at the end you're going to be given an opportunity to purchase.

But Doctor Stills gives you a better discount. And you know, this is you know, this is why we do the summit, right? Because we we are in this place in the world where you have to be your own best advocate.

You're not going to get the information in your GP's office or at your Ob-Gyn office. That's just not happening. Or even, you know, we were talking about before, you know, you're not even going to necessarily get the correct information in your natural pass office.

And we are both Natura paths. But there are there is a wide range of natural paths and how they interpret our medicine. And so I just, you know, so many of you suffer and so many of you have chronic illness, either actively occurring or potentially waiting in your future.

And this is a way that I wanted you to be aware of. That can really be a game changer for you. And I don't want you

being misled by the noise out there.

And so I, you know, you can tell she knows her stuff. This is, you know, something she has researched and I just you know, I'm kind of like you two when everyone's running one way, I'm like, yeah, I'm going to go over here.

There's just there's another story and something's off. So, you know, here you have it, like what you've been hearing is sort of B. S. and so here's the truth.

And, you know, speak to your doctor, you know, find the right doctor who can help you get on the right dose and see if this is the right thing for you.

And I agree 100% with what Doctor Tina said. You know, never are we saying one thing is the only thing. You know, there is no magic bullet and you do have to do the work and eat right and move your body and get your sun and all of these important things.

But when you do all those things and then you add in these little peptides and the hormones, the magic starts to happen. And, you know, we'll be having this conversation when we're in our 120.

Right? So yes. Amen. We want you to be there with us. So, thank you, Doctor Tina, for coming. I mean, I just I just admire and appreciate you. And, you know, you are a, gift to to health and wellness to all the people you serve.

So, thank you for being here and being an important part of the summit. And thank you everyone. You know, go back, listen again. Go check out her free video series.

And, you know, just start having a different conversation and not looking so much at those you know what you said. Clickbait, right? We don't want to get our health information from clickbait.

We want to get it from well researched physicians. So all right, everyone over and thank you. I.