The Truth About Weight Loss: Why Muscle Matters More Than Diets Transcript

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Introduction to Muscle Loss and Metabolism

We worry about muscle loss and especially with the newer GLP ones. And to me it's, I want to say, a crime not to focus on, maintaining muscle while dieting because your muscle mass is your primary determinant of your metabolism.

So what does that mean? That means that if you have more muscle, you burn more calories at rest. And if you starve yourself, your body's going to chew up everything they can for energy, including muscle.

So what happens is you lose your muscle, your caloric needs go down and now you don't need as much to, you know, to survive. But it's not just the caloric amount.

That's kind of a simple thing, but muscle secretes. These really incredible signals are called meal times. There's one called Ersan, for instance, that that benefits your body in so many different ways.

So you want muscles for a whole slew of different reasons. One is the signaling effect of the muscles to keep you metabolically, you know, as a, as a race engine, so to speak.

Right. And also to keep your, your, your resting metabolism up. Welcome to Doctor Talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease in each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors.

If you you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place. Get ready to unlock the secrets of lifelong health and vitality.

This is Doctor Talks, real talk from real doctors. The issues that matter to you most. Hi, this is Ray Solano, pharmacist with PD labs.

Doctor Talks Intro and Guest Welcome

For another edition of Doctor Talks. And I've got Doctor Anthony Capasso, one of the leading authorities in weight loss that's going to be joining us today from MD spa out of Jacksonville, Florida.

And we're going to go through some of the misconceptions, the missteps in weight loss today. And then also in our second session, we're going to go through some solutions that work.

And this is probably the most difficult area of medicine because one size does not fit all. But unfortunately everybody wants one size to fit all. So we're going to I'm going to turn it over to Doctor Capasso.

Doctor Pozzo welcome. Welcome to Doctor Talks. And we're going to turn it over to you. I have a little free form here. And what to do. How about that?

Perfect. Thanks for having me. Excited to be here. And, and to be able to show. Well, great. Well, you know, the one of the things that we've done a number of work, over the years is what the misunderstandings, of weight loss.

And I don't think anybody is, is talking about that on the. You know, you've mentioned that many times on the metabolic rates when people do want a low caloric diet, what happens?

So maybe you guys go through some of the physiology of what is occurring with with weight, with weight gain and weight loss and why all these these the basics just don't work.

And what you have to do to, to restart those. How's that sound? If you come up with a simpler question. Right. I mean, come on, those are those are I, I know it looks like that.

And so. Okay, well let's go through a few things. One of the things I think that I don't know if it's a misconception or just, people don't think how important it is.

And any time that you caloric restrict, you know, you're going to, put yourself into a better arena for weight loss. We worry about muscle loss and especially with the newer GLP ones.

And to me it's, I want to say, a crime, not to focus on, maintaining muscle while dieting because your muscle mass is your primary determinant of your metabolism.

So what does that mean? That means that if you have more muscle, you burn more calories at rest.

Why Muscle Preservation Matters in Weight Loss

And if you starve yourself, your body's going to chew up everything they can for energy, including muscle. So what happens is you lose your muscle, your caloric needs go down, and now you don't need as much to, you know, to survive.

But it's not just the caloric amount. That's kind of a simple thing, but muscle secretes. These really incredible signals are called meal times. There's one called Ersan, for instance, that that benefits your body in so many different ways.

So you want muscles for a whole slew of different reasons. One is the signaling effect of the muscles to keep you metabolically, you know, as a, as a race engine, so to speak.

Right. And, and also to keep your, your, your resting metabolism up that. That's right. So the race engine in muscles and how many people are just losing muscle.

So that's, that's the, they don't they don't think about that, do they? No. I mean, it varies. I mean, like if you starve yourself and you're not getting enough protein and, and you're not monitoring that, then, and that's one of the biggest things I'll see today is a lot of, a lot of patients are getting, they're getting their the shots, the GOP one shots, which were phenomenal.

But you they have to be monitored and you have to see someone who is an expert in that and they're getting them in. They're not doing weekly body compositions.

They're not looking at their their macaroni specifically protein. And what's happening is, is that, yeah, they're losing weight, but they're also, you know, metabolically challenging their system from the standpoint of, you know, lowering their color, needs to, you know, again, the anti-aging effects of what muscles do for us.

You know, I think that's the what we see is the ozempic effect. You can just look at people and just know that all of a sudden they're shrinking. And and it's really disproportionate.

We see it in their facial features. We see it in their their their upper body. And it's just it's really kind of weird. But I get what these everybody I guess their what you just talked about, they're not getting enough protein because they're, their GI tract is almost paralyzed to a certain point.

And they really can't consume those, those calories or that they need to or especially just those proteins. Right. Yeah. No, absolutely. The other the other thing, Ray, which a lot of people don't realize, and I, I kind of learned this just from, you know, the sports community, and you know, is how you feed and how you reseed is really, really important.

And, you know, it started with me years ago when I was working with the professional soccer team in Jacksonville

and just learning how to, you know, really drive the best nutrients in these players.

So they perform at their, at their best. But, you know, one of the things that I think is important, if you want to build muscle, the best time to build muscle is, is when you is after exercise and it's giving your body the nutrients it needs to help to reform that muscle.

So, for instance, you want to use amino acids, which are the core of, of proteins. So you want to have proteins after you workout, but you also want to have carbohydrates.

Yes. That's right, I said carbohydrates. And the reason is, is that carbohydrates stimulate the hormone insulin. Insulin is an anabolic hormone, which means it has a tendency to store things.

So what insulin does is it tells the body store carbohydrates and your muscle store fats and your fat cells and store amino acids in your muscle. Okay.

So, eating carbohydrates with proteins after exercise is one of the best ways to maintain muscle mass. Otherwise you're not going to stimulate the that absorbing effect, without having some carbs afterwards.

So what you're saying is the carnivore diet that we three people out of ten call me about, and they're already is not your favorite diet. No, not not at all.

So, you know, because I do a lot of advanced lipid panel monitoring with, advanced inflammatory markers.

Protein, Carbs, and Rebuilding Muscle After Exercise

Right. And I've been doing that for over 30 years. And so what I found and patients that that strictly do carnivore in a lot of them, their inflammation is just really, really high.

And their lipids actually have gotten worse. So, you know, some of it's genetically related for sure. Eating out. But I've seen it in people with normal, you know, the you know, the three, you know, the three, three, three genes.

And so I don't it's one of those things where, I like the idea of getting into ketosis, which we can talk about, how you feel that to get into ketosis, I think is really, really important.

So way back when, you know, the Atkins diet, you know, I can started in and was basically saying, hey, if we if we cut carbohydrates out, there's these benefits for the body, right.

And without a doubt, there are. So how our body fuels itself is it uses it's carbohydrates first. And then once those carbohydrates are getting burned up, it'll start to selectively burn fat.

Right. And and when we're we're in a predominantly fat burning state, we call that ketosis. Okay. Atkins used what we call a ketogenic diet, which is where 70% of your calories are coming from fats.

And, and what happens is, is if you reduce your carbs and the majority of the food is coming from either proteins or fats, your body selectively, you know, essentially burn fats because you burn all your carbohydrate stores down in the muscles.

So you can get into ketosis. That way. The problem I saw early on with those types of diets is that, not all fats are healthy. And, and there's some facts that are really inflammatory, specifically animal fats.

And we know at the core of most diseases we're talking, you know, whether it's diabetes, hypertension, aging, you know, heart disease, strokes, you know, all those types of things, that inflammatory response, that immune response is at the core of it.

And so anytime that we reduce inflammation, typically that's going to be a good thing for our bodies. Because it

allows us to, work at a much, much higher level without that injury.

And so, you know, that's so what you're telling me it's not you. We talked about the start of the show. One size does not fit all. One diet doesn't fit all.

Possibly somebody and I in this time this scheme may be able to do something temporarily. Right. Would you say that you can do it for a short period of time?

Especially if somebody who's got, huge problems with carbohydrate insulin resistance that, being able to have a, that type of diet could at least reset some of their insulin resistance.

Yeah. No, you have to you absolutely have to. I mean, we we know that, glycation age is us, right? So glycation is just is it's just so caramelization in the body.

Right. And we, we follow our diabetics, by looking at a protein in their blood called hemoglobin and the hemoglobin A1. C is how much sugar has occurred over the last three months.

Ketosis, Diet Quality, and Inflammation

So, you know, we don't want that. We don't want insulin resistance. We want to we want to eliminate that. So reducing carbohydrates is important specifically for that.

And so getting into ketosis is important. The most important thing is making sure that if you are having fats and ketosis that they're healthy fats right.

They're low inflammatory fats. You're making threes for instance. You know, the reason the omega three fishers are so good is because they turn into your body's natural anti-inflammatory fish.

And, and anti-inflammatory substances. Morrisons and resolvent and those quell that inflammatory response down allow the body to work at a much more efficient without getting injured or damaged.

And so the for the people that are that are looking for that quick fix, unfortunately we are nobody wants to do exercise. Nobody wants to change their diet.

Nobody wants to. They just want the quick fix. You know, help me to be able to understand what is some of the the things that they can do. Day one to do something to get started.

You know, for instance, what we tell people is, is to reduce their take the sugar out of their diet for three days back to back, okay, that just to try to get some level of their blood sugar levels so their body can catch up, you know, maybe reset some of that insulin resistance at that time and then be able to see how they feel.

Give yourself a break. Give their pancreas a break. And it seems to get people noticed. Okay. So and you yeah, unfortunately we got a short attention span worse now than ever.

Everybody we do a number of, products with appetite that even then people are saying, you know, I want to lose 5 pounds in a week where we would say, wow, a year ago or three years ago, 2 pounds in a week was a goal.

But we're we're in this hyper phase, for people. So maybe. Do you have any, any ideas or suggestions we can give people to explain to them what steps they need to do just just to get started.

I mean, the simple things you mentioned, one of them was just listen, you have to get rid of your sugars, which are the same thing as carbohydrates and starches.

You have to reduce those, especially if you're insulin resistance. If you're overweight, you're probably insulin resistant. And there are, you know, there's blood tests that that can prove that.

The problem is, is that the more fat in your body, the more fat your body has. It produces substance called a dip. Okay. And so is that actually make you insulin resistant.

They make you want to hold on to that fat. So you have to kind of work extra hard when you get to that point. But again, reducing carbohydrates I think is one of the things.

The second simple thing that I tell my patients is just cut back on the amount of food that you eat and that, you know, if you reduce your calories, your body's, you know, you're going to start burning stuff, even if it's carbohydrates.

So and I'm not anti-caa by any means. If. You need to feel your body the way that your body needs is if you are an athlete, you're going to need a lot more carbohydrates.

If you're younger, you're going to need a lot of carbohydrates in your diet. But it needs to be balanced. Right. But you need to have, colorful, foods.

If you want a variety of foods in your diet, good sources of protein, healthy fiber, you know, just the stuff that we all know. And what happens is our foods are loaded with, so much junk that it really stimulates, our cravings.

And I noticed this, gosh, 20 years ago. I remember, right, I came home from work and I grabbed a yogurt, and I had the. And I ate the yogurt. And this was one of the yogurts that has, you know, the fruit at the bottom, which is really good.

But I had these intense cravings, like 35 and 40 minutes later and I was like, wow, you know, what I did was I loaded my when I did, I looked at the yogurt and I saw how many sugars and carbs were in there, and I'm like, wow, I just gave myself this basically almost as much as a can of soda and carbohydrates.

And my body just reacted. And what happened was, is my body's insulin went up because the sugar went to high and insulin drove the sugar down.

Insulin Resistance and Practical Diet Reset Tips

As the sugar was dropping, I was getting these these crazy and so I realized, like what I put how I feel myself determined, you know, basically how I was going to feel, even when I was younger, I remember if I didn't eat the right way prior to, competitive, tennis matches, I would crash out really, really hard.

I would play well, so I'd have to get some protein in. And I just, I learned that, you know, I have to a protein in addition to some other things. I had a few myself the right way while I was playing, before I was playing, after I was playing.

And, and that really helped me understand how how food affected me personally. And I and I realized after I started reading certain things and looking at certain things that that really when and how we feel is, is the one of the most important ways of kind of staying healthy.

You know, especially when you're really active. So to give people a kind of a recap, if you're simple things, if you're eating something and a couple hours later you're hungry, right?

You probably spike your blood sugar levels because you want more, right? And you probably had had a too high of a carbohydrate intake. Possibly. I mean, possibly.

But, you know, there are some people that empty quicker. Okay. So, and so that's where the GOP, you know, the GOP ones can help. And so there's natural things that you could do to suppress it.

So there's, there's certain, you know, we'll call them kind of phenotypic traits, that we run into. And one of the one of them is, is, you know, this idea like I eat and I'm hungry 30 minutes later.

And so, you know, if their GI tract is emptying really, really quickly, what happens is, is they don't get that those satiety hormones or, you know, when the stomach descends that tells the brain I'm full, right.

And, so the GOP wants slow that process down. And so that's why it works. It works for a bunch of different phenotypes. But, just because of its effect.

But one of the things that, that I'll, I'll tell patients that have that is, you know, prior to your meal, eat some proteins. Right. So, you know, that's that's perfect.

My, my patients that overeat, like, if, if their phenotypic trade is, you know, if you put them, you know, at an all you can eat, restaurant, you know, they're going to eat 30 and 40% more than anyone else in that place.

You know, they have a problem with the the stomach and the brain, connection, you know, essentially saying, hey, I'm, I'm, I'm full, you know, don't need any more. Right.

And so that's where things like, you know, drinking fluid while you're eating and then, fiber, which is great. Right? So eating a bunch of fiber stands, you know, she is one of my favorites, you know, for that, chia products is because, you know, you drink a bunch of water with them and you feel full that those are good, good tips, for people.

Now, we talked you talked a little bit about the GLP ones dip ones. How do you feel about that in your practice? As you know, you've you've been through all the different, medical, modalities from fen phen, phen, tyramine to hCG.

So on the category here, have we just regurgitated therapies or are we on to a breakthrough here? Yeah. So I would just tell you that the GOP ones are here.

They're here to stay, and they work. There are patients that I never thought I would be able to lose weight with that. The GOP ones work very, very well with the most important thing if you're going to do one is make sure that you're being monitored by someone that is doing this.

You know, we've that unfortunately, in my area, I have ENT doctors, cardiologists that are prescribing in this. I mean, you can get it online. And you know, you, you're you're going to hurt yourself if you're not monitoring.

So that's all I can say. And I really, truly think it's negligence for anyone to prescribe it that is not doing, body composition and follow up lab work.

Because you can really you can really hurt people, you know, with medications. They are, they're, you know, the GOP one in the GI. C you know, the combination, with, up side, for instance.

They are they are great compounds are great peptides.

GLP-1 Medications, Monitoring, and Muscle Loss

And, you just have to understand, you know, it's effect. So it's for instance, it's got a direct effect on fat cells. And the reason it works so well is it actually turns on fat burning and shuts off fat storage.

So it's signals that on off switch, which very few things do. And I think that's why, you know, in the last it works. It really does. But it also has an effect in the hearts.

Right. It helps you utilize sugar in the heart. It helps utilize sugar in the muscle. So if you're burning more sugar in your muscles, what happens is, is the muscles don't have any fuel anymore to fuel them.

And the muscle starts to get chewed up itself. That's why we see sarcopenia or muscle loss with the GOP ones. There's a neuro plastic effect in the brain, so it helps to, you know, improve memory and brain function.

And I think, you know, it's it's probably somewhat of a direct effect, but it's probably also an effect of the, insulin resistance, that gets lowered and, the better sugar utilization that occurs.

So it affects a lot of really, really interesting areas. I think it is, phenomenal. I think that it's really helped people that I never thought, could help because one of the hardest things, when you try to lose weight is, it's just controlling your appetite.

Right. And, and one of the reasons is if you eat a particular way, your flora, you know, the gut biome grows certain bacterias, and everyone's a little bit different.

It's like the symphony of of, fungus and bacteria. And if, if the bacteria are predominantly the ones that like carbohydrates, you're going to crave carbohydrates.

The bacteria, you know, through the vagus nerve triggered the brain to, you know, crave certain foods. So, you know, what I've found in the clinics is that it takes about two weeks, at least two weeks before, you know, of really cleaning up the car, observe a diet before the craving stop.

So two weeks, you know, go ahead. Wow. That's that. That's so you're what? You're you're really you understand the science of weight loss. So all the everybody that's jumping into this really doesn't understand all the steps that are required.

And it's really, you know, it's it's really disservice because they're just going to get worse. Yeah. I mean, I feel for, for patients, you know, so because, you know, I was, I was talking to another, physician colleague and he was telling me that, one of his patients, was, he got significant, kind of, brain dysfunction and and.

Because the person that put him on the, jury once I treated up really, really quickly. And I've never, and I haven't heard of this, as, you know, a side effect.

I mean, I know there's some visual issues with there's appetite reversal. They come out, I think, in multiple studies. You know, sort of just making sure you have a regular bowel movement every day.

They're relatively well tolerated, with the exception of nausea. But you know, they really need to be treated slowly. It's not about how quickly you can lose weight.

It's about finding the dose that works for you without side effects. So, you know, so, you know, for me, anyone that is not that doesn't have the background is not really helping people out.

And, you know, it's it's sad, that that occurs, but it occurs because, you know, financially, it's, you know, a way for people to make money, very, very quickly without really understanding, you know, how complex nutrition, weight loss, metabolic systems are, you know, and if you haven't studied that and don't understand, like, you know, I'll give you an example.

I've got patients that will come in back exercise on a regular basis. I'm talking almost daily. And, and, and they've got some insulin resistance. Right. And their diets are clean.

Like, I've looked at their diet, so their carb carb counts are low. So, you know, where do you go with that? You know what? What is you know, how do you evaluate that?

And so, you know, those are simple answers for me because I've been doing this for such a long time and hard for you to read. Right. And so what we what we typically see is, is it's, it's a stress cortisol issue.

They're either overtraining, or they've got some type of gut dysbiosis, bloating in those types of things. And so, you know, we need to treat them differently.

We have to put them on a functional cleanse. We have to figure out, you know, why their bodies inflamed and not

losing weight. Is it because they're not sleeping?

Is it because they're overtraining? Or is it a gut issue? So if you're not looking at all that stuff and you're just giving someone a script, it's malpractice. As far as I'm.

So you have to get the blood test right. You've got to be able to give them a program.

Personalized Weight Loss and Closing Remarks

You got to be able to follow up with them, okay. And you got to tailor it to the in the diet changes they have to do. So you've got about six things that they have to do to as part of their body composition.

Don't forget we've talked about a body composition. Yeah. And being able to get their body composition. So all these things are not occurring. You probably are not going to get the best effort.

So I guess you're probably not a fan of mail order. Oh, is that the pill that shows up in your mailbox? Because it's getting it's getting insane. And so we just we we're seeing it all the time, but we, we really want to be able to connect you with practitioners and, and so just in our close here, I know that you've been doing this for a long time.

And your practice is still open for new patients. Yes it is. And so maybe you can give a little bit of, your plug for your website because we're going to I'm going to take pieces for this and let people know for sure.

Not a problem. So, the website is. In the med spa. Com. Well, let's do it one more time. Let's Volcom it. Let's do it one more time. It had it caught in a bit of bad signal.

Okay, okay. Go. Okay, so the website is spin MD med wspa.com fin MD med wspa.com. There you go. And we'll find out more information of all. And if you want to contact us please give us a call at PDE labs r x.com.

Check out our website. And you know we've got a have tremendous amount of archives of radio shows we've done together. There's still on our our website as well.

So we'll have to do a best of in the future. So yeah. Thanks a lot for your time today. I think we got enough, this is another edition of Doctor Talks, and we had a nice conversation, but the important.

Okay, in closing, get with the medical professional when you're doing weight loss, don't give up. It's a journey. It's it's not a sprint. And take the first steps because, my goodness, it's the best investment in your health.

And I think you would agree with that. I would, yes, we'll take care. We'll see you next time on Doctor Doc's. Thank you, I appreciate it. Good to see you again.

Is thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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