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Welcome to Beyond the Scale, where real health gets deeper than just the numbers. I'm Dr. Darren Zubia. I'm Alexandra Dubiak and we are not only partners in life but also passionate partners and integrative care.

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Me and Rebecca. I don't know which side she'll end up on here, but yeah. So this episode kind of geared around like it's not always just your hormones and us taking a look at the bigger picture, you know, the whole picture.

So to start that out, I want to say, you know, things like fatigue, weight gain, brain fog, poor sleep, all of those things can sound like hormones, but, what happens when it's not your hormones?

So I wanna kind of kick this episode off talking a little bit about Rebecca, because I should have done that, when she came on weeks ago for the first episode that we did together, develop her into this, but we're going to do it now.

So I just want to talk a little bit about Rebecca's background, have her tell us where she's been and what brought her here and where's she expecting to go.

You've got the floor, my girl. Nice. So I've been a nurse practitioner for about two years straight out of nursing school. I will warn all UNPs, it is tough out there.

It's hard to find a job as a Nurse Practitioner. What you love isn't always where you'll wind up at first. We got to get some experience First, I dove into home care.

I did 15 years of homecare as a registered nurse. So it felt comfortable for me because it's kind of scary to dive into like acute care setting, or even a family, a very busy, like all family practices are so busy right now.

It's very intimidating. For me, going into Home Care was just like an easy fit. It was home care, wound care for the last two years until I became a patient at Body By Aim 360. And I went through the weight loss program.

I'm starting to talk about hormones as a getting to that age. But I was so impressed by the time Dr. Dubiak spent with me, the results that I received, and just the all around experience that, you know, after I met Dr Dubyak at an event, I went up to him after and I love what you do.

If you ever need a nurse practitioner, please call me. I remember him telling me about you too. Yeah. I think you were sick and missed the event. And I didn't even know you are a part of it really until you guys had called me together the one time.

We talked on and off for a couple of months. So I was so excited that I had become a fit for you guys. But I'll be honest, in nursing school, I loved women's health, every aspect of it.

It's such a small area in the nurse practitioner world. would have been really hard to find a job at a gynecologist's office. So I feel like everything's meant to be.

You know, BHRT is a practice that you don't see a lot of us out there. I'm really proud to lead the way for you guys. So happy to have you here in this practice because your love for women's health, it really does shine through.

I mean, you've followed me for a couple of months and you caught on really quickly. You learned really quick. And you're doing, doing amazing things for our patients.

So I'm so happy. To have. So, next question. I'm curious to know, what would you say surprised you the most coming here to our practice? Which, by the way, I'll reiterate from previous episodes, we're an integrative medical practice, so we kind of like to take the natural side and the traditional side of medicine and put them together.

So I am curious, you know what was most surprising to you? Or interesting? I'll be honest, I was really looking to lose as I'm speaking as a patient, really, i was Really looking To lose like five to 10 pounds and just kind of go through the program and be done.

But I didn't realize there's so much more to it. You know, we have patients coming in with gut health and really we discover they have thyroid issues or they come in with insulin resistance and didn't even know they were borderline diabetic.

There's just so many parts, moving parts. One of the biggest things that I learned is how important genetic testing is also. Your lab work can show one thing, but in your genetic testing, it really creates a pathway and a plan for us to show you which road would be best for you to go down in order to meet your weight loss goals, health goals hormone goals.

So much to offer. Totally agree. I love that. I have to admit, I was nervous whenever you came in because this is so different. You know, it's not for everybody and you do have come into this environment with an open mind and be receptive.

Like, you probably looked at me like I had three heads the first time I told you we were going to treat one of these gut patients with like horrible inflammatory bowel disease with nothing but nutrition, IV therapy and supplements.

For me, for you, in the regular medicine world that we were used to and where we came from, that was unheard of, right? What medication can I give you?

So, your reasons are very similar to my reasons of I've been in this practice now for almost six years, and it's a lot to learn, but truly, I think this is the future of healthcare.

This is what the feature of health care needs to look like. It's healing, but it's also very preventative for patients too. Like we, you know, when I worked in family medicine, we were just always kind of waiting for things to happen, right?

It was never the preventatives was like, We just check a box. Did you get your colonoscopy? Get your mammogram, and okay, well see you next year. And then in the interim, people come in and there they have all these crazy things that happen and it just, it snowballs.

So I love that we try to mitigate that a little bit. You know, we tried to prevent things before they happen, and avoid medications and procedures and surgeries and all of that stuff.

I should be here, I don't think I'll ever go back. I agree. I'll be honest, I was blown away of everybody's results. So in like traditional medicine, you have high blood pressure, and you come in and get prescribed your blood-pressure

medication.

You have cholesterol, so you get cholesterol medicine. And then you maintain it. We're here finding why you've got high pressure. how we can prevent or decrease your high cholesterol or make your cholesterol better and fix the problem, not just maintain it.

That's what we're all about here. What I love most about it, I don't want to have to resort to giving you a blood pressure medication and not that I won't, right?

This happened a couple of weeks ago. We had a guy that came in here, he's having all these crazy symptoms and he'd been to multiple doctors out where he lives.

He's from like almost two hours away from here And I listened to everything that he was saying, you know, it was a long consult and I checked his blood pressure and his pressure was, gosh, I don't remember, was like 200 over 120. Yeah, crazy.

And so, You know I did start him on a blood-pressure medication, but he's also somebody that has to lose a decent amount of weight and clean up some of his lifestyle behaviors.

So we're working at that. You know, all these symptoms that he was having, he's thinking with something else, it was just his blood pressure. I put him on a blood-pressure medication, I have him monitoring it and his pressure is under control and he hasn't had any of these weird spells that was he having like passing out and like dizziness and all of this things.

So, prevention is truly the key. How is it to have time to look at the whole patient rather than one complaint? I think that kind of ties like back to a little bit of what we were just speaking about.

You know, I, think it's super important that we get to spend the time listening to our patients because somebody that mentored me while I was a nurse practitioner school, they would always say to me, if you spend enough time with your patient and you ask enough questions, the patient will actually tell you what's wrong with them.

And that is so true. If you have the time to spend with a patient and get the details and ask the questions, the patient actually does just provide the answers to you most of the times.

And so our consults here are anywhere from 45 minutes to an hour. I never had that time to spend with a patient when I worked in the regular medicine world.

And it's so important because how do you get to know a brand new patient? Everything about them, everything that they've been through, the symptoms that their having, their history, all of that, going over their medicines and their allergies.

How do pull that all together in even 30 minutes isn't enough. I feel like the first 30 of our consults are spent listening to the patient And then the other 15, 30 minutes that are left are spent talking about what you're going to do about it, coming up with a plan for it.

So it's sad in the regular world. You're just at the mercy of insurance companies and the organizations that you work for, that have to see X amount of patients in a day.

It's something that I'm proud that we're able to here. We don't have worry about all those extra things. Yeah. How about, you know, a woman says, I'm gaining weight and I am exhausted.

The exhaustion. It's all of us. You know where do you even start with that? Yeah, fatigue is everything like relates to everything. Everybody is tied to every every part of our any system.

It could be anything So I think again just what we were talking about like diving deep and just doing that thorough

assessment Do my homework. What's your lifestyle?

What your diet like are you exercising? what's Your alcohol intake? How do you sleep at night? Do you have trouble falling asleep? You know, what your normal routine?

just really finding out what a patient's habits are is crucial sometimes because, again, we're so habitual. It could be easy change. Checking out lab work and really pinpointing where, you know, the deficits are and just really creating the appropriate treatment plan based on symptoms, labwork, history, lifestyle, really helps create the whole picture for the patient.

Yep. I agree. Why don't these symptoms automatically mean there's a hormone problem? I mean, we know fatigue, like from the question that I just asked you, because that's always a big one.

It overlaps, right? These symptoms, there are so many vague symptoms that overlap. And sometimes people just want to be able to say, oh, is my hormone.

But it's not necessarily that. You know, it can be related to so may other things. Fatigue, sure, it can be your hormones. It's not specific to hormones, right?

It is not specifically to your thyroid or diabetes. Like, there can so many other things going on with, you know, the general symptoms, fatigue, exhaustion, anxiousness even, like, I'm feeling depressed, or I am lightheaded, dizzy, sleeping, not sleeping.

There are so much factors to play into that. You have to look at it, which is why that comprehensive blood work panel that we do on every single patient before they ever even step foot in our door, it gives us a really nice baseline of what's going on with them.

Like what is happening with the patient or what does not happening what the patients because these vague symptoms. Sure, we can all assume what it is or we think it, but you need the facts.

You need to details and the more details that you have about a patient, the better decisions you can make for your patient. Right. a care plan that matters, because they could think it's their hormones, but it could be their thyroid, they can be having some metabolic issues, like be diabetic and not even know that they are sleep apnea.

And I mean, let's be honest, what patients are eating, a lot of them even think that their doing a great job every day. eating, and then they come here and they learn, Wow, you know, what I saw that influencer doing on Instagram really isn't doing me any service here.

Like, it's just not helping, so they're not sleeping. But another one is we have patients that come in here that are on 10 medications. Well, medications alone can be a cause for some of these big symptoms.

You know your stress affects that. So, you know, hormones, I don't ever downplay it. Hormones can be a part of the picture, but it doesn't mean that they are the entire reason for why you're feeling.

And I guess this next question here, how much overlap is there between hormones? Thyroid, metabolic health, nutrition, sleep, stress, gut health blah blah, kind of relates back to the previous question I think.

I think we've already kind of answered a lot of that because I, you know, went off on a tangent there, so. No, that's okay. It was perfect. I just think to add to it too, it's like, we don't just listen, like fatigue I know has been our hot topic, but we want to say, oh, I'm tired.

And if it is a BHRT consult, okay, just going to put you on progesterone and I'll see you in 90 days. Like, We want see it. We wanna know it all. Yep.

So we wanna now the details. For sure. So why can comprehensive blood work uncover things patients weren't

expecting? Patients always have an idea of what they think is wrong with them, you know?

And again, doing the bloodwork paints a bigger picture of the patient. The patient could come in and tell me about their symptoms all day long, and we can make guesses on that, but there is so much overlap of symptoms between disease processes and things that can go wrong.

the blood work is important. It really helps narrow down, okay, well, it's not your hormones at all, It's actually your thyroid or, you know, and we even test thyroid antibodies on there.

So sometimes it is an autoimmune thyroid issue, which a lot of people can feel really poorly with that, And then that becomes more about inflammation and things that trigger inflammation in the body because auto immune diseases are heavily seeded with inflammatory things.

Blood work is important. You know, sometimes patients do call in newer patients and they say, do I have to get the blood work done before I come in? Yeah, if you are truly interested in the services here, you have the have bloodwork done.

We have know what's going with you because we're not gonna take a guess at this. Right, right. I mean, it is just one piece of the puzzle, but I couldn't imagine doing a consultation without it.

You know, we have patients that come in for gut issues or thyroid issues, like you were talking about, weight loss is integral, and they have high cholesterol, just genetics, you know.

Like I said, genetics are so important. They could be young and have cholesterol and not even know so we can easily treat that and, turn that around for them at a young age because you don't want to let that go for 20 years and Let's shift gears for a second here.

We're going to hit the GLP medications. So now that you, I know you were doing wound care. Even getting into the whole GLPs thing when you started here was probably very different for you.

I'm curious, what have you learned from working with using GLPS medications? What would you say you found most interesting or the process of how we do it?

Anything surrounding GLPs that you kind of learned that was new to you? Well, there's so many uses for GLP's. You know, people take it for diabetes. Some people takes it in for inflammatory disorders in a lot of people.

Most people will take for weight loss. It's a hot drug right now. What I love that we deal with it here is you're paired with nutrition coaches. And they are brilliant.

I think they're one of the best pieces, I know we say pieces of a puzzle or tools in our toolbox. They're a secret weapon here. they call you, they keep you accountable.

When I was going through the program, i had so many questions. You know, like I like to have a drink on the weekends. Like what's the better drink of choice where I'm not putting myself in 500 calories in a glass.

Yeah, drinking your calories. Right. And I know Dr. Dubiak likes to bring up all these websites that people are getting their GLPs off of and how unsafe they are.

He's right, though. It's so important to just Eat right, drink right. Make sure your bowels are moving. Taking the appropriate protein intake. Are you doing a little bit of strength training and muscle preservation?

All of those things are so important. Our health coaches are the ones that I think really catch, you know, if you're having an issue with the GLP and you are not responding appropriately.

Like, there's so many things that you need to talk about and need you to monitor. while you're on it and I just I think

it's an incredible program to go through here and have the support that you do.

I love it. It's amazing. Yeah, like, oh, I have no appetite. So I'm not going to eat all day because I don't have a hunger response anymore. The hunger now trigger for that.

Like, no, you don' You don't let that happen here. That's not the goal of it. You know, you mentioned how, Dr. Dubiak, he's always talking. He always gets upset when patients are talking about like, oh, I could just go get this online for like $50 a month.

And he, it like blows his mind. It blows my mind too. You know and people will just take it. They have no idea where it's coming from. It doesn't say like their website one company, you know, we did we looked at I think you were here the other week.

We tried to look at the patient like hey, I found this company and we Looked at it, they don't have a medical director listed. And it's cheaper than everywhere else, and so they will be drawn towards that.

And that's actually very dangerous for so many different reasons, you know? So we don't let people do that here. You have to fill out a survey for us every single month telling us about your symptoms, anything that has changed.

It's incredibly important to know the details before you keep refilling medications like that, because they can be dangerous. People will just take it into the point where they don' eat, like you said.

Where they have no appetite and they think that is okay. So then they start to lose muscle mass and their hair starts falling out. And then, they call you up and think, you know, there are these companies and say like, oh, it's the medication.

It's causing all these things. Yeah, in a roundabout way, It is not the medicine that directly causes that. Because of how the medications works and you're not eating, now you are malnourished.

I think there's two previous episodes about our pharmacy that we use and how important it is to make sure you use the appropriate pharmacy, FDA approved drugs, and, Yeah, Darren did two episodes with Dan Powell from one of our pharmacies and they talked a lot about like all the, you know, the regulations and the FDA auditing that they're subject to and everything.

So it's very, very important. I'm not saying all of the online companies that do the GLPs are Not legit, but you should ask questions if they're not readily available on the websites.

So another fun part of the practice is our IV therapy. Where does that fit in with everything else that we do here? Anywhere. You know, because what we do here is so individualized for each person, you know we get each individual person's history, we got their individual labs, We might get individual, other advanced testing like our food sensitivity or advanced GI testing.

And so we have all this information about that specific person. And then, you know, there are ingredients that we can put into an IV and inject them directly into your body, and they bypass the gut.

So the IV therapy literally fits in almost everywhere in this practice, because there're things that can give you to help with weight loss. But, our patients aren't always just coming in here for weight-loss.

Usually there's other things going on with them. They usually have gut health or they have thyroid problems or, you know, they're having muscle cramping, like there's so many things.

And so, being able to utilize IV therapy, especially in our GI patients where their guts are not functioning properly, so you bypass the gut, right? You're giving them some good nutrients, some vitamins, and some minerals, amino acids, And we can customize that all directly to the patient.

So the IV therapy is actually one of my favorite parts of the practice because we really customize to that to person based off of what we know from their labs and what their symptoms are saying.

I mean, it's not a cure-all, but it works well in conjunction with the other things that we do as well. Yeah, it really gives our gut patients time to heal and still get the appropriate nutrients they should be getting orally, but sometimes they can't tolerate it, you know, at the beginning.

So just replenishing those nutrients for them in the weeks as they're healing is huge. Huge. Yeah. Totally. Well, speaking of gut, when do gut symptoms deserve further investigation?

You know, if we're talking about on like a non-emergent scale, right? If you suddenly are somebody that has like severe severe abdominal pain that makes you so painful that you're throwing up or you have blood in your stool or your vomiting blood like those sorts of things like you got to go to the ER for.

But in general, we've all experienced GI symptoms, right? I have, you A lot of times, they've been periodic, right? Oh, you got sick, and then it all gets better, or you have a couple days where you feel bloated and it gets even better.

And so if you're somebody that starts to experience symptoms that started out as like maybe mild, then they just start getting worse and worse. not to the point where it puts you in the ER, but like if it gets worse to a point when it's tolerable but you don't understand, you gotta go and see somebody, right?

Persistent, and if its lasting, we all experience every once in a while. But if you have had like bloating, constipation, diarrhea, abdominal discomfort, everything you eat bothers you for the past year, like it is time to go see someone, Yeah, you gotta give it up.

You gotta go and be looked at and have that further investigated. you've already seen this. We've got tons of patients that come in here with their number one goal is gut health.

Yeah. I think it's important to mention too. It's really nice to like work in tandem with third GI specialists because you know, they're very I mean, we're structured, but they're very like, We're gonna do your colonoscopy.

We gonna treat you with this and treat with that, and then I'll see you next year. And I think it's just really important to continue working with us and monitoring a little closely and being on top of your symptoms and knowing when something's not right, you can call us.

Well, and yeah, also let's consider all the patients that they self-medicate themselves, right? They treat themselves for long periods of time. They buy all these supplements and I'm taking probiotics and they're trying to do it on their own, but nothing ever gets better.

So at that point, don't do on your own. Just come and see us. Let us go through the history with you. Maybe we do some advanced GI testing on you that gives us a ton of answers.

That GI test that we did is one of my favorite tests. The genetic tests that we handled last year, amazing, and we've done the advanced GI tests for years.

It's my favorite. And it uncovers so much for patients. Why it's not a standard test is beyond me, because it is really cool. I mean, if you have a gut problem, you're going to find out through the GI map, for sure.

You are. it It is awesome. My favorite, it so revealing. why does a body-binding 360 put every patient on the same program? I mean, I think you could probably easily answer this.

I'm not the same as you. You're not. The same. As Kimmy that works at the front desk, everybody is completely different. We're all made up differently.

And we all have different symptoms. So we. All have. Different genetics. we, all come from different backgrounds. Were all different, you know, different ages, whatever it is, we're.

Not the. Same. and we can't be treated the thing. so again, love that we can be so personalized here for patients and really customize what we're doing we have so many avenues to collect so much information about the patient that it really helps.

Paint a thorough picture and our care plans are better as a result of that for sure. Everyone has the most positive outcomes though that's what i will say is similar.

This last little part here that we wanna do on the session is we're gonna do like a myth or fact little session. So the first one, myth of fact, Rebecca.

If all my basic blood work is normal, there can't be anything contributing to how I feel. Oh, that's a miss. Easily, easily. So I mean, even healthy patients come in wanting to lose weight.

I can refer back to one of the last episodes we talked about. You know, I see women that their hormone levels really aren't all that bad, but they still can't sleep at night and they so have a hot flush here and there.

And it's still okay to put them on low doses of hormones. So even though your labs might not be telling me the same way you're feeling, it's still important to monitor them as you go and options along the way.

So if I'm gaining weight in my 40s, It has to be the estrogen, right? It just isn't all the time. We also talked a little bit about this in one of those previous episodes in the last couple of weeks, you know, because when we get to this stage of the game, late 30s, early 40s or into your 40's, we automatically sometimes want to blame it on hormones, right?

We have the answer. We know what it is. And it has to be that. It's not always. I have to look at the bigger picture here and consider all of the other things like your sleep, nutrition, activity.

What's your insulin sensitivity look like? What medications are you taking? Stress. Aging in general affects all that. And it's usually more than one factor, not just it is my estrogen.

Very well could be. Even if it your estrogen, it likely a lot of other thing too. Likely a part of it, but not a problem. Everyone needs hormone replacement during menopause.

That's a myth. Not everybody has, you know, the severity or severe symptoms. not everybody's the same. You know we have to do that thorough history, see if there's any risk factors.

What are your goals? What do your preferences? So no, not Everybody wants to go on hormones. Everybody gets excited about hormones like we do. I think they're like, everyone should be on Hormones.

Yeah, but not everybody feels that way. So, you know, we can do a very baby step approach to it and, go from there. Yep. GLPs mean I don't have to worry about nutrition.

Ugh. I want to like stand up onto my soapbox right now. That is such a myth. You know, the patients that come to see us, they said, Oh, I was on a GLP before I came here and it quit working for me.

My weight stalled. They didn't do anything. And you ask all of them, like 99% of the, you asked them well, did you change anything with your lifestyles?

Like what you eat and your exercise? Well, no, You know, it's not a miracle drug. You have to make changes. Like for us, the GLP is a tool that we can use to help get you where you're going.

But in the meantime, you know our nutrition coaches, they are educating and walking our patients through what it

looks like to eat healthy, but in a realistic way.

So that is like, that's on here, I think. All right. You can be at a healthy body weight and still have poor metabolic health. Oh, that's a fact. So I think this one too, genetics play a big role, you know, in your metabolic house.

Totally. It's more than a number on the scale. You have to consider like glucose regulation, insulin sensitivity, lipids, blood pressure, body composition, your lifestyle.

There's just so many factors that go into it. So we've talked a lot about mostly, you know, we introduced Rebecca today and we talked about, how not everything is hormone related, that it can be your symptoms can be related to a lot of things.

We don't ignore hormones, but we got to get the whole picture and really decide what is going on. And usually hormones are part of that. So Rebecca, what would you say at this stage of the game?

Like what are you most excited about learning going forward? Are you excited? About continuing to learn and get experience in BHRT, like the other pieces of a business?

What do you find most interesting? So I mean, I've really been diving into hormones. I love hormones, all things hormones I'm like kind of a closet nerd.

Like I loved reading studies, listening to other podcasts, seeing what other providers are doing. You know, things are always changing in the medical world.

So, always want to know what's the latest and greatest. But in terms of growth and learning, being able to tie it all together, Dr. Dubiak definitely does a phenomenal job on the weight loss, the gut health, metabolic health.

Everything. I just really want to be able to tie all aspects of care with every patient that I see. Lastly, this is kind of a similar question in one of the other episodes, but I think you asked me the last time.

So I'm going to ask you on this one. Like, what do you wish more women knew about advocating for themselves when they know something has changed? Before it was specifically about hormones.

You know, today we've kind talked about. Hormones, like it could be other things and we kind into all of that. So it just, in the general picture, like, you know, what would you want women to know?

I think it's important. Again, I know we touched on it in previous episodes. I just really think, it is important to come in and discuss everything. Throw it all out on the table.

Tell me all about yourself, You know. Mm-hmm. You just have your lab work to go by, but that's not the bigger picture. I don't want women to wait until it's too late.

And I think we see that more often times than not. I thank the Tylenol analogy that I use, like when you have a headache, you take your Tylinol before it gets too bad.

Yep. of a hormonal imbalance to come in and talk about it. And it might not even be appropriate for hormone therapy at that time. We have supplements we can do until things change earlier on.

You know, they need to know that even if you're prescribed hormone, therapy, you know we see you periodically because things will change. Things might get worse, things might better, and it's not a one size fits all.

So, and you started that relationship earlier versus later. You know, you've already started a trusting relationship with someone earlier that you recognize that something isn't right.

And you establish a relationship. With a provider, it makes a lot easier when something changes for them to come

back and be like, Hey, I know we talked about this six months ago, but like I feel worse now, You Know, It makes it easier for the need to do that and to stay with you in the process.

We'll do better in the end. Right. And I think, too, just knowing, like, we're a phone call away. You know, you don't have to go through the on-call system and call you back weeks later.

Like, You could message us through our portal pretty much 24-7, and we'll get it as soon as we get in office. So I think it's just nice to know like we truly care.

Yeah, we do. And, you know, it is not the patient's job. Like you guys don't have to whether it your hormones, your thyroid, metabolism, gut health, nutrition.

That's what we are here for. So, yeah, well, on that note, great job! Thank you. Thanks for having me. I know. Well, you guys will see more of Rebecca in the future.

And I'm sure her and I will be doing more episodes together, and look forward to it. But for now, we have to go and get back to work, so we'll see you later.

Have a great day, everyone.