Uncovering the Real Health Crisis: Nutrient Deficiency and Insulin Resistance | Dr. Chuck | Ep. 13 Transcript

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Introduction and Dr. Chucku2019s Background

Who is Dr. Chuck? First of all, I'm a really old guy. Everything from trauma, a lot of oncology. 30 years. 35. Wow. As a general surgeon. Surgeons, they're like the badass of the medical industry.

I consider myself a consultant. The food that we eat to a very large degree nowadays is devoid of nutrients. We're in the middle of a diabetes pandemic.

In the allopathic world, they see you once a year and they pat you on the ass and send you out the door and say, eat less, exercise more, we'll see next year.

We look for insulin resistance. You look visceral fat. Your blood work that you do on your patients when they take it to the regular doctor, what typically happens?

Have that doctor read it because I don't understand it. Right? We want to work with people that actually want help themselves in the right way. Welcome to another episode of a Healthy Point of View podcast.

I'm your host, Sam Tejada, and today we have a special guest here, one of our Liquivita doctors from Hyperfit MD in Connecticut. He's in town. They're here not to just visit me, but also participate at the A4M, the American Academy of Anti-Aging Medicine.

The have their Spring Congress here. We have Dr. Charles Guglin, AKA Dr Chuck. Dr, Chuck, how are you, man? I am good, Well, work in progress, that's what it is.

It's like everybody else, right? You're here in paradise. You flew down to paradise, well, at least a lot of people call it paradise How's the weather versus Connecticut?

Oh right now, Connecticut's beautiful. Look, I grew up in the north northeast and I love it up there. So it's a little bit hot for me down here, but I just, you know, love.

Connecticut is just shaping up right The world is, we're all taking a bath in pollen right now. Allergy season. Oh man, you have no idea. This is crazy.

But the sun's coming out and the flowers are blooming. It's beautiful up there. Just this time of year when the trees pop and that bright green, that like super bright, green that you see in the springtime, it's amazing.

So I was just in New Jersey last week, visiting some of the liquid video locations. And I went to take a look at the weather before flying out there, and it was 85 degrees up there and 80 degrees down here.

I like was ready to go with my coat and everything and I'm just like, oh wow. But the big thing is like hearing people talk, they were talking about going to like the spring gardens where everything's like blooming and anything else, which is pretty cool.

Yeah yeah it's um this is the perfect oh now and this time and in fall time are just beautiful um you know you can uh you take the dogs out and you have to worry about putting on three layers outside exactly you just go out in your pajamas if you need to that kind of stuff so it''s really nice yeah awesome love it.

So Dr. Chuck who is Dr Chuck? Well, first of all, I'm a really old guy. I've been around the block quite a few years. Um, uh, graduated medical school in 82 and finished my surgical training in 89. And I was a practicing general

surgeon.

Did trauma for a couple of years in the Hartford area, and then, um, came down to Southern Connecticut and did general surgery in, in New Haven area. Uh, community hospitals.

Just pulling people's butts out of the fire for 30 35 years, you know everything from trauma a lot of oncology 30 years 35 35 Wow as a general surgeon Yeah, so so when you say general surgery and like for the listeners like what did you do as general surgeons?

Oh man, my career spanned the era of subspecialization. When I first started doing general surgery in Southern Connecticut, My partner and I did GYN oncology.

We did babies, we did vascular. Oh wow. I mean, everything but like brain and heart we did. And then one by one these things became a subspecialty, right?

And we get hands, we do everything. The last five, ten years of my career was all… You know, when you're a general surgeon, first of all, you taking care of the sickest people on the planet, number one, and number two, probably 40, 50% of what you do comes from the emergency room.

So you awake all night operating a lot, that kind of thing. A lot of laparoscopic surgery, a lotta oncology. You know, the 20 and the 21st century cancer rates have skyrocketed.

And, you know we have a saying in surgery, he's super healthy, and he is going to live long enough to get cancer. I mean, it's the truth man. It's one of those things.

If you live enough, cancer is gonna get you now because of all the toxins that we're exposed to and things like that. Right, right. Its just nuts. One of the things I talk to patients a lot about is the fact that If you go to your personal physician and he says, what meds are you on?

First of all, he shouldn't ask you, you should know. And you see, go through a list of supplements, especially if you're in my practice. You're saying, well, I'm taking a multivitamin and I take a vitamin D and yada yad, all this other stuff.

Then he'll make some flip comment like, Well, All you doing is giving yourself expensive urine, something like that. It's not true. You know, the food that we eat to a very large degree nowadays is devoid of nutrients.

Of nutrients, yeah. If you lived in the 19th century, you didn't need supplements because your food was grown in dirt, right? Fungus, bacteria, all those entities that bring the stuff that our bodies run on to the produce that eat and to produce the protein that the we eats, eats.

Why Functional Medicine Matters

That's gone now. It's all grown in nitrogen-fertilized soil or hydroponics, things like that. And so you need that stuff and you have to objectively measure it.

Right. So let me ask you this. You know, obviously 35 years in traditional medicine as a general surgeon, What would be the reason why a lot of physicians in that traditional world lack in the ability to understand how important these nutrients are?

Your question embraces a more global thing in allopathic community. Their hands, they live in a box. The title of that box is standards of care. Standards of Care is dictated frequently by old science, the insurance industry, and the fact that for the most part students nowadays to a very large degree are practicing medicine in an algorithmic fashion where you walk in and you have how you're feeling, what's going on, you've got a list of symptoms, and immediately in their mind, they're going through a list of pharmaceuticals that they can prescribe for you to help you with your symptoms.

So standards of care is what's killing medicine, frankly. In my practice, everything that I do would be considered in that realm, not everything, but a lot of what I'd do in the realm would considered out of that box.

A lot what we do is off-label. We use a lots of off label, Not a lot of pharmaceuticals, but a lotta things we do, it would be considered off-label by theopathic community.

And I understand that, you know, one of the things that I always question is like, first couple years of medical school, when you're going through like biology and looking at like the metabolic pathways, Krebs cycle, all of that stuff.

that really when you start looking at it and look at all of the nutrients that we give to our patients in the functional medicine space, everything from glutathione to magnesium to SAMe, NAD, it's all there.

And if you actually study it hard enough and understand it, That's how your body functions. So like, why ignore it? Why ignore? I mean, I feel like I've seen a lot of medical practitioners, students, that after a couple years of Medical School, they totally forget about it.

Oh yeah. Don't forget the first time you heard the word Krebs cycle was in high school. Yeah. High school biology dude, right? So you left it, I mean, not you, but frequently physicians left that behind long before they went to medical school.

Right. Yeah, it's true. Most of the things that we do, you can find in a standard biology textbook. If it is relatively modern. The whole concept of allopathic medicine now, if you leave surgery aside, is really about giving medicine, giving pharmaceuticals.

The meaning of the word medicine has changed over time, and the pharmaceutical industry has really taken it over. It's a shame, because you have doctors, really brilliant people, super smart people whose hearts are in the right place.

but they're just bogged down mostly quite frankly, because they, they work for insurance. Right. Yeah. So they feed their families. What made you after retiring from general surgery, what made do you want to go into the industry?

Dude, I retired from surgery because I wanted to do this. Okay. I did my last operation in 15, something like that. And I'm referring by the way, those of you, my wife, Francesca's right here.

He's not looking at a ghost by. Exactly. You know, I burned out a little bit, you know, and you reach a certain age and being awake all night starts to wear on you.

So that's part of it. Carrying a beeper all the time starts the wear and that significant part. You know your, your kids grow up in your absence to a large degree that kind of thing.

Um, um, but by that time my kids were launched and, I just want to, you know, I was going to these conferences. I went to AMMG and was go to this conference.

And I'm saying, man, this is where it's going, and God intervened and I met Francesca who was already kind of in this space because she was working in a centigenics practice and she knew the vendors and things like that.

The two of us got together, we started this practice about a single chart. And our practice is exploding right now. I know you guys got the new location everything I'm excited to go up there next week for the grand opening also so part of it I mean we don't you know put it this way in 21 I think looking at my taxes I spent like 65 grand on marketing and 21 and 23 almost nothing because word-of-mouth is just doesn't yeah, right because people looking for it now and You have to understand, I was saying that to the guys before, before you came in, Connecticut to a large degree is 15 years behind the times in pretty much everything.

What's driving this is South Florida, Southern California, Houston, Chicago, places like that. Not really even New

York. Not really even New York. Yeah, there's a couple of center jacks places in New york or whatever.

There's guys that are making a lot of money doing the concierge medicine, quickspin PRP, stuff like that. So to a large degree, we are surfing the crest of a wave.

that started here and started in the West Coast and is just now hitting the Northeast. And you're like one of the first ones there, right? Oh man, we're way ahead of them.

That's awesome. Absolutely. They're very fortunate to have that. It's worked though. I don't have to tell you how much work it is to penetrate the zeitgeist about what medicine is and what it should be.

You've been doing it since you started. Yeah. Um, you just sticking your head out there and people are trying to cut it off all the time. But you know what, you are back by science and we are backed by a science.

And anybody, any doctor who tells one of my patients what I'm doing is wrong, or he's a quack, how many times a patient call me that? So I want to talk about that because we're talking to, and the listeners got to understand this.

My mentor, Dr. Robert Willicks, which you've met, He was a heart surgeon. And you were a surgeon, a general surgeon which surgeons, they're like the bad ass of the medical industry.

They're the guys who have, and rightfully so, can have an ego. So when you get into this industry of functional medicine and someone that's now kind of challenging you, 35 years of medical expertise and calling you a quack, how do you take that?

I laugh. And Francesca can back me on this, probably a hundred times in the last eight years we've had this practice, I've said to a patient, look, have your doc call me.

Have him give me a call and I'll just explain what it is we're doing and why it's we are doing it. I don't get confrontational with people about any of this stuff.

They think what they think and if I can teach them, we have very much a curriculum based practice. I'm happy to explain why we do it and you know me cause I've gotten how many years zilch point shit, dude, nothing Yeah, they probably they don't want to deal that they know they didn't wanna take that risk of Yeah You know you're teaching them.

They know what they no, right? They no what? Yeah and they're not willing to go further to to maybe figure it out, you And not to mention the fact that, again, everything that we do is cash-based because insurance doesn't pay for anything that do.

Even if that doc decides he's going to embrace this kind of medicine, he can't feed his family doing it in the model that he is currently practicing.

Building the Practice and Patient Demand

I would say now, you know, fast forward to where we're at today. We're starting to see a lot more of these general practitioners move away from traditional medicine and going into a lotta these so-called alternative treatments, right?

That now are becoming more mainstream. And you're startin' to even see even a lots of the, not the insurance companies, but a lof of studies coming out where now it's actually becoming part of like the initial steps of primary care.

You know, which is, I think it's a beautiful thing because it is finally, you're starting to see a little bit of shift, but it isn't there yet. You use the word alternative.

For 50,000 years, shamans and witch doctors and priests and grandmothers, grand mothers, okay, The home remedy treating and making people well solely on anecdotal evidence.

Okay. And anything that is not backed by frequently either NIH or pharmaceutically funded, randomized peer reviewed, data driven science is considered alternative in a world where you and I exist solely because for those 50,000 years, lines and lines of civilization have survived on anecdotal evidence.

Right. Okay. So when people use the word alternative, um, when somebody who's in that box use, the world alternative to refer to me, I get a little frosty on that.

You can use it legit because you're in it. Talking about that, and I can't talk too much about this, but I want to throw it out there. Recently, our New Jersey franchisee got put in a position with a new potential deal for Liquivita.

Myself and Dr. Davis, we've been on these Zoom calls And it's actually, we were so surprised by it. It's one of the biggest hospital systems in New York that wants to actually create a wellness center.

And they want Liquivita to be it, but they wanna support it and they actually wanna run research behind a lot of this stuff that we're doing. So what I'm noticing now is that Even a lot of these guys that are in the allopathic medicine that Are starting to notice that most of their patients that?

Are coming in and and their patient their good patients are seeking this type of treatment, right? So if they don't get with the times and start getting involved in it, they're gonna be left behind Yeah, so now you now we're actually seeing I mean who would have thought an actual hospital system.

Yeah and You know, but they have to do it, right? I've had a couple patients who went to that Princeton Wellness, whatever it is they call it and they said, you know We went through this we went Through this mill and we you, uh You did the whole thing their whole offerings and They said basically it was just uh, it Was just sexier allopathic medicine there was they weren't doing anything new Wow and so If these people want to do it right, they have to listen to you guys.

They can't say, look, this is how we do, maybe we can introduce what you do as a sideline in what we're doing, that isn't gonna work for them. Patients are not looking for that kind of thing.

Now they're looking you, dude. And unless those guys listen what your saying, unless these guys open their ears to what's happening out there, their gonna fail.

We'll get them educated. They'll love it. So, all right, we got the new facility that you guys just moved into. It's opening up. Out of all the services that your offer, right now what's the hottest service that's happening?

The hottest service is kind of mundane, frankly, but it's people 35 to 75 who feel like shit, excuse my language, and are out there seeking some kind help from their doctors and they're getting nowhere.

And they know that it is going to take something. Quite frankly these are people who understand in a fundamental way they need to spend some of their disposable income on their health, okay, because insurance is not doing it for them.

If you fall off a ladder, you need your insurance, okay? God forbid your heart vapor locks on you. You need insurance. But these people who just, they feel terrible.

They're sick all the time, or what do I hear in my practice every day? I'm tired and I've fat, right? It's America. Our whole concept of body composition is warped by the media.

We had this misconception that fat and protein were demons in the 70s and 80s, and we all got fat on sugar. Talk about a COVID pandemic. We're in a middle of a diabetes pandemic right now.

Um, and in the allopathic world, for the most part, they don't talk about insulin resistance. They don' t talk, you know, where they do, y- they see you once a year and they pat you on the ass and send you out there and say, eat less, exercise more, we'll see next year.

We look for insulin-resistance. Right. My practice is, one of the things I follow closely in my practice, is visceral adipose tissue. You have to. And you're using the DEXA scan for that?

Yeah, you use the DeXa scan that. And now we're usin' total body MRI for it as well. So you saying that that food pyramid is probably no good. It's upside down.

Exactly. Yeah. I think that's one of the biggest issues because same thing out of all the other wellness centers that we have is people are coming, they feel fatigued.

They can't get an answer. The answers they're getting are very generic. Get more sleep. Go do this, go do that, And no one's actually diving deep under the hood, right?

They're not actually even looking at the patient. I mean, heck, I got patients that come in and say that their doctors don't even touch them. So let's talk a bit about some of the testing and diagnostics that you run initially.

And I know there's a whole other part, also lifestyle, questionnaire, assessments. Let's talk about how you go through your process at your clinic when a patient comes in and says, I'm feeling tired.

They come and see me. The first consultation in my practice is always free, and I spend probably an hour with them. Francesca does all the work in the practice.

She does everything except the doctor part of it. She she's always knocking on my door. Yeah, you know 15 minutes this guy's not paying anything, so But I do that initial consultation is always free It's anywhere from a half an hour to an our we kind of go through everything that ails them what they perceive to be their issues Family history all the obvious stuff, right?

the onboarding process of the practice, which is inviolable as far as I'm concerned. Because a lot of people come in with blood work in their hands that their doctor has done.

And you know what that is. It's that executive panel that they do every single year. You know, it's mostly about cholesterol and sugar. Quite frankly, all they're looking at is hemoglobin A1C and their fasting glucose.

They're not going any deeper than that, even when it comes to sugar issues. So we do a boatload of bloodwork. we do everything. We do vitamin levels. So we'd do autoimmunity, um, deep, into the hormones.

I mean, some of these people with an endocrinologist will bring their annual blood work to me and there's nothing in there. And this guy's running their endocrine system.

Um, so deep deep into hormones and then the usual stuff, cholesterol and all those things. When all that stuff comes back, I sit down with them and we call the lab review.

Diagnostics, Lab Review, and Consultant Approach

It's about two and a half hours I spend with Oh, wow. Put them on the DEXA scanner, right? That's part of it. If they want a VO2 max, we do the VO to max.

So, you know, VO 2 max is not built into that evaluation, but frequently once people find out what it is, because they had no idea what is it, a lot of these athletes, they wanna do that right away.

Right. And each of those numbers means something. But each of these numbers means something in the context of all the other numbers. Right. And each one of those numbers mean something else in that context that person

that's standing in front of you.

Okay? And it is never explained to them. They have no idea what's going on. Frankly, these people will bring this panel to their own doctors and they'll say, you know, what is this?

What is he doing, I was just gonna ask you that actually. Because you were saying how they bring their blood work from their doctor, which you could grab it and read it, right?

But your bloodwork that you do on your patients when they take it to the regular doctor. What typically happens? Have that doctor read because I don't understand it.

Yeah, it's that kind of thing. Right, exactly. Homocysteine, what's homocystein? No, they've never had it drawn in their lifetime. The simple markers for inflammation.

The cardiologists hang their hats on CRP, high sensitivity, but the fact of the matter is that's an acute phase reactant. That's got a 19-hour half-life.

Right. Um, that is virtually meaningless in terms of your overall cardiovascular risk. But the cardiology community looks at that as if it means something.

I mean, you need to parse this stuff out. And so at the end of that consultation, they have a clear idea. It's a snapshot, right? Right They have clear an idea of what I think And I tell people all the time, there's only one contract people sign in my practice.

They need to maintain a relationship with a personal physician, because I consider myself a consultant. Because what does a Consultant do? He gives his best advice, like Francesca says all time.

He can lead a horse to water, right? So I consider myself a consultant. I give them my best advice This is what I think that you should do and we can help you with all of it, right?

um and like In this day and age we're closing 100 of people come through the door because they're some of them are desperate But some are already looking for what it is.

We do. Yeah, you know, yeah because it's out there now It's out there and you guys are one of the few only that offered in your area too. You guys were one Of the first so it's like it online stuff like that, you know There's a few testosterone mills in Connecticut just like there are in Florida But you can teach a chimpanzee to give somebody testosterone, right?

Yeah, and those dudes that come through the door all they're trying to do is score testosterone I sent them on their way I mean we do the whole thing but you And they say well, you know, I can get this stuff in the gym I say go ahead, no do it.

Yeah, and it's so so dangerous because they don't know what they're really getting and you Know, but that's not the type of clientele. We're trying to deal with to begin with You know It's like we want to work with people that actually want help themselves in The right way, right?

So I get a lot deeper than that. Yep. So That is the kind of bulk of what we do. We do a lot of this stuff. Um, we, were talking about this before we did.

A lot. Of services we. Do regenerative medicine. Stem cell stuff, stem cell harvesting. Are you guys doing that for like injuries or are you going for age management purposes?

Well, the PRP stuff is everything from, you know, shoulders, hips and knees to erectile dysfunction, things like that. We're also doing stem cell harvesting and we're having it cultivated in a lab in Chicago and now we are actually doing, I shouldn't say this out loud I don't think, But the patients that are in the practice were interested in having

their own autologous stem cells cultivated and then used for their hips, knees, shoulders, or whatever, we provide that service as well.

The kind of thing that Tony Robbins went down and paid $60,000 and the Dominican Republic did something like that. And our own little practice in Connecticut, we do that stuff.

That's awesome. We do all the aesthetics. I'm a surgeon. Why wouldn't I be doing aesthetics? It's an age management practice. And a lot of people, a lotta the women in the practice and the men are interested in that part of it as well.

So we everything from sculpture to Botox, you know, that kind of thing aswell. Vo2 max resting metabolic rate the dex is scanning. We see a lot of athletes the whole She bang, you know, and this is how you and the little Vita side lounge IV therapy.

You see you lot a cancer patients from For the IV trips. Yeah, cuz you they go to smile, which is the cancer center at Yale And they get chemo and they send them home and They feel terrible and they feel terrible for two or three weeks.

So what are you doing with these cancer patients? Why are they seeking IV drips and what kind of IV drips are giving them? A lot of them come from naturopaths.

We have a big penetration in the natropathic community. You guys allow natruopaths in Connecticut? Yeah, yeah. Oh, really? Wow. There's only like, what, 14, 15 states or something like that that allow them.

I didn't know that. Here in Florida, you say natriopath. They try to put you in jail. Get out. Really? I think the last couple of natiropats died off a few years ago.

Yeah, they don't allow it. Well, Bridgeport up until a couple years ago had a naturopathy school. So there's a lot of them in Connecticut. Oh, wow. And so a lotta patients seek, especially patients with stage four cancer, seek natiropathic help just because they wanna feel better.

There's that subset of people that get sent to us by the integrative oncologists as well who want big doses of vitamin C, let's say, or glutathione, those kinds of things.

When you say big dosages, what are those dosage at? We start 25, 50, then get a G6 PD on them, and then I'll go up to 100. Wow. And that gets a lot more aggressive at that point.

Absolutely. The G 6 PD, I'm happy you brought that up, especially with high dose vitamin C. Tell the listeners kind of like, what's the purpose of running the G six PD tests on the high-dose vitamin c?

It's a liver enzyme that genetically many of us do not have, and it takes that liver enzymes to help you metabolize those big doses of vitamin C. In the oncology world, they typically draw that at the beginning before chemotherapy anyway, so a lot of people come with it in hand.

But the ones that don't, we do that. Frequently, it's just people who want a full boat, like what you guys call a liquid lift, what we call liquid-lift, which is like a Full Boat IV just because they feel terrible because And the whole, the allopathic method of giving people chemo is to give it to them and just send them home and they feel terrible for the next two or three weeks until they get their next dose.

If they, sometimes they'll send him down to the emergency room for a liter of saline. I mean, what good is that? I means, seriously. Because they don't do it because insurance won't pay for that.

And so they come to us for kind of thing. But you also see a lot of hungover dudes on Friday mornings and Saturdays and flu season. We see lot a people.

A lot of athletes who are going to go for a big mutter and they want to get ready for it, that kind of thing. And those cancer patients that are undergoing chemotherapy, radiation, people have to understand that it's not just killing the bad cells, but it kills a lot your other cells and it puts a lots of oxidative stress into the body.

When we do that high dose vitamin C, antioxidant of vitamin C, it's helping reduce a lot of that oxidative stress. So I bet these patients feel fantastic after doing it.

A lot times it their kids that bring them in. The kids probably see such a better quality of life. Because it is one thing to go through the chemo, even if the chemos being very successful, the treatments, but if a person is just like, in a wheelchair and dragging and very fatigued and tired and feeling horrible, what kind of quality of life is that for your parent?

So, let me ask you this. What is something when it comes to the allopathic medicine that is a bit bothersome to you that you would want to see change in the next few years and for them to start adapting to it?

Okay. Number one, it's in my head all the time. Women are third-class citizens in medicine in this country because we've completely abdicated their care to the GYN community.

God bless the gyn docs.

IV Therapy, Cancer Support, and Regenerative Treatments

They're great at delivering babies and they're good at taking their stuff out when it's not working for them. But a post-menopausal woman who seeks care in a Gyn doctor's office might still be looking into an empty well.

There's nothing there. The 20-year-old girl who's ravaged by premenstrual syndrome, who spends three weeks out of every month miserable because she can't cope, because just metabolically, hormonally and metabolical, she's under the weather all the time.

What do they get birth control pills, right? There's one treatment for everything in the g1 community It's bcp's right the birth. Control and that is i'll tell you lately i've been hearing more horror stories of These young girls on all these birth controls that they're just totally messed up illl tell your story fertility has been crazy Oh, yeah, you know, it's just it"s bad.

Yeah One of my good friends brought her daughter to me just a couple of years ago. This girl was captain of the hockey team, straight A student, one of leaders in her high school, you know, a trail of friends behind her all the time.

Um, junior in high school withdraws, spends all her time in her room, quits the team, gains like 30 pounds, um, doesn't want to talk to anybody. Doesn't wanna be anywhere.

Everything about her changed and her mother brings her in and, you know, we did the blood work and all that other business like that. And her hormones are just like.

Now what they, what Neil Rousier would say, never even bother doing hormones on a pre-menopausal woman because it changes every day and it does change every time.

So there was nothing in the hormonal analysis that gave me a clue about what was happening. And then just by virtual conversation, you know, when did all this start?

Blah, blah, and it just turns out that she was having some PMS issues and she started on birth control pills and this all started when she's placed on her birth controls pills.

And literally taking off the birth-control pills changed everything. Just one story, right? Just on story. But it's rampant. It's that kind of thing that's going on all the time.

That's a thing, a real bug that I've got. A lot of these young women, they're looking for answers. And a lot them are going through their teens all the way through the 20s and then they get off the birth control in the 30s because they are ready to conceive and have kids and now they have all kinds of issues.

Forget about the infertility part, just the way they feel. And I have one of the influencers who speaks publicly about this. So I'll talk about it. Jen Selter, she has over 14 million followers.

She's experienced that, and she got off the birth control, I'd say, give or take, probably about a year ago at this point, And she's still trying to get her body to where it needs to be.

There's a lot of questioning, there's lot doctors that she seen, She posts about all the time. It's something that We we have to create the awareness so people understand like hey if you're gonna be putting your daughters or If you get a be the patient get in on all these birth control Understand what you potentially gonna to be dealing with right?

I mean what they're doing is Manipulating their entire hypothalamic pituitary axis their entirely consistent with one goal in mind. That's to keep them from ovulating Wow You know, think about that, you know?

Yeah. If you have sex, put a condom on that dude and, IUDs, okay? You don't have to have a hormone eluding Iud. The Egyptians were using Iuds thousands of years ago.

You take a little pebble and you stick it in a woman's cervix and she will not, through the cervics and the uterus, and they will no conceive. It's simply an irritant.

Yeah It doesn't take hormones, not that I'm a huge advocate of IUds anyway, But in the post-menopausal set, you know, we're talking about young women, the women between 45 and 60 are going through menopause.

The whole attitude in GYN community is estrogen exists to stop hot flashes. And I'm 68. Every mom in my community had a hysterectomy, because back in those days, what's it there for?

It's just going to cause cancer, so let's get rid of it, right? And the GYN community still thinks that the only reason a woman needs progesterone is to protect her uterus, which is ridiculous.

Every single cell in a woman's body has progesterone receptors, especially their brain, their heart, and their breasts. It is the balancing act that makes a women a Woman.

And these guys, they slap an estrogen patch on them for their hot flashes or whatever. A lot of docs don't believe in the concept of estrogen dominance and things like that.

You know, it's not worthy of arguing quite frankly, but breast tissue especially is very respectful, very responsive to estradiol and what progesterone is the balancing act.

It is best sleep medication on the planet. Every single post-menopausal woman that comes to me complains of difficulty sleeping and you put them, you replace pro-gestrone, okay, get their blood levels back to where they were when they're pre- menopause and they sleep like a baby again.

Just like a baby. And they're kissing my ass for what? Because I read some stuff in a book and just pay attention to it, you know? And so that's a little bit of an issue with me.

So let me ask you this about women. Caloric restriction is another one, but we'll talk about that later. With women versus men, would you say as a physician, throughout the learning process of how to treat hormones, would women be more complex?

Oh, God, yeah. Yeah, right. Jesus. That's probably why a lot of doctors in the functional medicine space would just focus on men. Oh yeah, the women in my practice are having blood work done four or five times a year.

Are you doing like urine hormones too or? Not blood, straight up blood. Blood, okay. Straight up, blood if I was a student of the whole urine thing, I would do it, but a lotta the guys that I follow who are older than the guys that you follow, quite frankly, you know, the guy's who've been around for a long time.

Right, right. They pretty much use, do blood. You know the whole urine and hair and stuff like that in my, in Connecticut, where naturopathy is a big deal, and California, same thing, comes from practitioners who aren't allowed to draw blood, come from the practitioners, who can't do anything invasive like draw a blood And, you know, God bless when they're doing the best they can with what they have.

I've met such a variety of physicians that are, when it comes to women, that they are doing their urine, they doing blood, doing this. And it's, I don't know what the gold standard is.

We do blood too, at Liquivita, but I keep on hearing a lot about the urine stuff also. Yeah, it's, um, you know, somebody comes into practice and you spend five minutes taking their blood or you give them a jar and just say every piece, every drop of urine that you create the next 24 hours, I want in this jar.

How many times are you going to get somebody to take that jar home and do it right? Maybe they'll say, okay, but then they're out at McDonald's or something and they, they go to the bathroom and it undoes everything, that kind of thing, But yeah, and another thing I have a problem with is the whole concept of caloric restriction as being a path towards successful, we talk about fat loss obviously in our practice, just like you do.

Are you using any of the GLP-1 drugs? Yeah, we are. But there's a contractual element in my practice. I will not prescribe those for anybody who is not working with a weight trainer.

Oh, really? Yes. Unless they're eating protein macros consistent with their lean body mass. and they're working regularly with a trainer. I mean, I would ask them for a ticket from their trainer, but I want them to be honest about it, because what do we know?

We have millions and millions of people on these medicines now, and we that for every 10 pounds they are losing, they losing a significant amount of muscle mass.

And their resting metabolic rate drops. Look, put it this way, it is no different than any other form of caloric restriction. It's no different than a gastric bypass.

Men are not great at this, but women are really good at starving themselves, okay? I hate to make gender difference, and it is true. We suck at it, they're really at good it.

And so that man or woman who goes on a GLP-1 agonist, let's say their resting metabolic rate is 3,000 calories a day, somebody like you, your resting metabolism is probably about 3 thousand calories per day.

Womenu2019s Hormones and Menopause Care

And you got one of these things and you want to get into your army uniform for a ceremony or something like that, right? And so you wanna drop 20 pounds and go on these medicines to drop your 20 lbs.

Now your resting metabolic rate is 1600 calories. Then you go back and successfully lost those 20lbs and in those you lost about 4 or 5 lb of muscle mass.

Not only have you lost the caloric expenditure that would have naturally come from the muscle mass you've lost, but your metabolism has reset. Right. And now your resting metabolic rate is 1600 calories, 1200 calories.

You've done the ceremony, you've been the mother of the bride, okay, or whatever it is that you were losing that weight for, and you go back to eating the way you eat, And you gain all that way back, but now it's all fat.

So you started that journey, let's say, with a 30% body fat, now its 36%. And, You have resting metabolic rate of

1600 calories a day. So I want all of the viewers and listeners to understand because this is the importance of having the right medical practitioner treating a patient with the GLP-1 drug because there's a lot of these cash cow clinics that are just prescribing it.

People can go online, telemedicine and just get it, And everything that you're talking about, all these calculations and stuff, when you go to a clinic like Hyperfit MD or to one of the Liquivita locations, we're not just prescribing it to them.

We're doing blood work, right? We are doing an RMR, resting metabolic rate. Were doing body composition analysis so we get a baseline. we can see how much lean mass they have versus the adipose fat, the visceral fat.

And then we are trending it throughout that weight loss journey because we don't want them to lose that lean mass. So I love the fact that you said exactly what you've said and about them making sure they're intaking the right macros and the micros and making that they have the trainer because if not, you're going to get these people that are losing, I mean, they actually look like sick cancer patients.

and now one of the big things is the whole, they call it the ozempic face, where now it's like, and you know, I saw it on the news the other day where they're talking about, oh, it because they losing the fat in the face.

No, not just losing fat on their face they actually losing muscle also. And now they look sick and there's some of these celebrities where got these before and after pictures.

What are you doing for those patients that are just like? Scalding them. You gotta wake them up. I'm older than all of them. You can. So I get to scold them, yeah.

Yeah, I mean, try not to let that happen. And I never heard, to be honest, the Ozempic Facebook. It's all over the place. If you Google it, whenever you get a chance, you'll see it.

The media has reached out for me to comment on it and now it's becoming more of a thing. Today on social media, actually saw some of the things. Really?

I'll definitely look it up when we're down here. So, which is kind of good for our aesthetic side, right? Share some fillers in there. Exactly. Somebody loses 30 pounds of Ozempic and they come back to me for fillas.

Maybe I should do that. Make a lot more money. But, you know, ultimately, like having lean mass. It's part of longevity, right? And this is one of the things, as people start aging, we talk to a lot of elderly that come into the practice, and we talked to them about the importance of doing a bunch of functional training and building lean mass.

So, listen, GLP-1 drugs can be very beneficial, but it has to be done right. So, you know, having a practice like hyperfit MD that actually does all of these diagnostics and can actually give people the true data, and even tap into your wearables, your oar ring and your Apple watch to understand how many calories you're burning throughout the day and stuff is important.

Yeah, cool. Definitely, definitely. So Dr. Chuck, where do you see the industry, the health and wellness industry going in the next five to 10 years? On the allopathic side, it's all gonna go boing unless they completely eliminate insurance from the picture and it becomes a national healthcare system, national Medicare for everyone, okay?

There's too much money in it. When something that is made from 35 cents worth of plastic costs $500 for your physician to procure it or your hospital to procure it, It's just wrong.

And I see more and more people, especially my kids are 37 and 33. They are totally woke to this stuff, man. My kids work out every single day. In fact, they embarrass me sometimes.

I'll go visit my son in L. A. and we'll hang, he'll take us, we go to the Botanic Gardens or something like that, or

whatever. And then all of a sudden he will disappear for like 45 minutes.

Where'd Zach go? He was six o'clock and he'd gone the entire day without doing any exercise. He went out in the backyard and you worked out. Wow. That's awesome.

Yeah. And they're, they are, uh, there are not singular individuals. They're there. Um, age group is really becoming woke to this stuff to the point where they understand that it's critically important to their health.

They want it, they don't want to be a statistic in the system. And what you're doing and what we're going is where medicine should go and it is going.

Awesome. But I gotta be honest with you man, if insurance start paying for what I do, I'm opening a bar. Simple as that. As soon as they put the handcuffs on things that are considered alternative or outside the box, which they do, that's the first thing they, because to them it's about money.

They have shareholders that they are beholden to. It's got, they make noise about it being about medicine. And it is to some degree about medicines. About making the sort of bottom tier standards of care available to everyone.

They're not about at all any of the stuff that you do and stuff we do. So when they get into this space, I'm out of here. By that time, it'll be a while.

I'll drop dead. You tell Francesca, she's going to come one day to ask me about something and I will be dead! In the world of longevity now, you might live to 150. Well, create the blue zones, how they say.

All right, so to wrap up here, the functional medicine space, you see a lot of stuff happening. We go to these conferences, they get bigger and bigger.

What is something that is a bit frustrating for you? The whole, for instance, the whole field of epigenetics and things like that. I want the people who are funding this kind of science, I what more money coming into that kind science so that we can learn more.

You know, this whole concept that your genes are your jeans and they're either on or they are off and we all know that that's bullshit now. We have to understand in a much more fundamental way on a molecular level how our body works.

And I think that in this practice we're kinda doing it.

GLP-1 Weight Loss and Muscle Preservation

Also, and again, this is again a little bit mundane, but in our world, it makes a difference. The woman who comes into me, I have a box of Kleenex on my desk, dude, for a reason.

I go through a Box of kleenexes a week. Wow. the woman that comes in to me who is having hot flashes and night sweats, complete mood change. In the last three years, she's turned into an apple, despite her efforts.

She's working out, doing some kind of exercise, five days a week. Um, She is starving herself, and doing it the wrong way. It's one of the things people learn in our practice.

Uh, um, starving yourself, thinks that she is going to, frustrated about not being able to lose weight. She loves her husband, but just can't get it up for him because she has no libido.

And when they do have sex, she's having pain, dryness, pain that kind of thing. The works, right? And I'll say, okay, we can help you. There is science that can you in this practice is built on that science.

This is what it's going to cost you, insurance doesn't pay for it. I'm sorry about that. but this is a medical practice,

but it's also a business. This is what it is going to cost you.

And she's like, oh, I got to go home and I've got talk to my husband. Right then and there I'm seeing man bam. So I gotta talk my to husband, and Francesca can tell you this happens all the time.

She'll call back two hours later and she'll say I can't do it. I never done this, what I want to do is I wanna say put your husband on the phone. He's obviously put a price point on your health, right?

Don't let Dr. Chuck talk to the husband. That's right. He's obviously put a price point on your health. You leave the room. I want to talk your husband so he can come up with exactly how much he thinks your help is worth.

And that same dude, I'll guarantee you, one Wednesday a month is spending that money at a cigar bar with his friends or something like that. or he's out on his boat drinking six-packs or these guys who play golf, right?

You know, you belong to a club or you play in a municipal course and you're playing three times a week and your dropping $500 a month on golf. In our practice, We are not a rich practice.

Our practice is priced because we want our neighbors to be our patients. We live three minutes from our office. I love that. And we wanna our patience to beat our neighbor's.

So we're never gonna get rich doing this stuff. It's not ridiculously priced, okay? I don't charge for time, I'm not charged for phone calls, and I charge anything.

Uh, uh, charge my time. Okay? And it's really, it a ridiculously minimal charge, especially when you think about the fact that Everything that we do from the bioidentical hormones and things like that are all bundled into that prescription that subscription Nobody pays anything extra in my practice here for that monthly subscription.

It's ridiculously low price for what we that I find extremely frustrating people that think Because we've learned that health, we think that healthcare is free, dude, right?

Because if we work, if were a civil servant, it comes off the top of our salary, so we don't even see it, okay? If we worked for a big corporation, comes of the the of top our salaries, So it feels like it's free.

But it ain't free not by any stretch of imagination. And when you see what we do for the price that we it it cheap as hell. Okay, and I find that very frustrating because and as I said before earlier in the game I think that people are beginning to understand they need to spend some part of their disposable income on their health But they're not there yet not in Connecticut not a kid we'll get there.

Well, we're gonna make it happen. We'll definitely make happen We're working on it. Yeah, so dr. Chuck Now that we're wrapping up, give us a few fun facts about yourself personally.

What do you like to do on your days off from the clinic? Francesca and I spend 24 hours a day together. I play music. We have dogs. I'm still taking piano lessons at the age of 68. I played rock and roll when I was in college.

James Taylor Paul Simon Stevens blah blah, blah and you could make you can make a hundred bucks in a weekend and that was basically covered my everything except my tuition I Love my kids.

I spent as much time as I can my boys in their their family They haven't brought me any babies yet Francesca's son just had a baby about four months ago So we finally have a grandchild rats.

Congrats. Um, I I haven't taken her on a vacation in eight years, except for these conferences that we go to. Hey, make a little vacation out of it. Right, yeah, we do.

We do weekends here and there.

Future of Wellness, Personal Life, and Closing

Um, We're Harley people, have been Harley People. we ride our motorcycle a lot, but that's getting dangerous. Yeah, with the crazy drivers. Crazy drivers, people on their phones all the time.

The ambient speed on the highways in Connecticut pre-COVID was like 70, which is easy to do on a big Harley, but now it's 85. The cops aren't stopping anybody.

So we're selling the Harley. We're buying a boat. Oh, there you go. Yeah, we live by the shore. But I got to be honest with you, the vast majority of our time is spent in the practice.

And you enjoy what you do. That's awesome. Like me, I work around the clock, But you couldn't do it if you didn't. And part, you know, part of what I love about it is learning something every day.

We were talking about that before, before this all started. Like I said, all those years I was a surgeon, I read my literature and things like that, but that was mostly about killing rats for things.

You know? I never wanted, was never into that. I always wanted to be treating patients. And now the stuff that I've read is very patient-oriented and oriented to really science on a molecular level.

The stuff you guys are doing is remarkable. That stuff I learned, I love learning that stuff. That's awesome. So Dr. Chuck, where can people find you?

In Milford, Connecticut. Our website is hyperfitmd.com, easy to find. And our phone number is 203-890-9777. Francesca is the voice of the practice. She's got a sweet accent.

I can never replace her, she'll always be answering the phones, and we answer the phone. You know that, when you call your doctor's office, When somebody's speaking to you on the phone, you can tell if they're smiling, right?

You call a doctor's office and they pick up the call and say, hello. You know, write, Hello. They consider themselves to be a wall between you and the doctor.

Francesca is a conduit between patients and me. That's her job and she understands. Yeah, that's crazy. When I worked at the fire department, one of the dispatchers that everyone was just like, And she had like that COPD voice and it was just rough.

It was like, and she worked a night shift. So it's just like you would wake up in the middle of the night to go on an emergency call, which was this like God forbid the person was calling 911 at the worst time of their life.

This is who they're getting. I agree, you gotta have someone. You can smell the cigarette smoke on your phone. Right? You gotta the Francesca instead.

Absolutely. The person who's nice, bubbly, who has a nice accent, too. Yeah. So I love it. Dr. Chuck, it was a pleasure to have you on the podcast. Thank you for having me, man.

This was fun. Yep. For those of you guys who are in Connecticut, go check them out. Hyperfit MD, they have a Liquevita Lounge inside of it, Go check them out.

And even if you're not in Connecticut, make the trip over there. If you want to get treated by a good doctor, Make it happen. They're Not expensive. they care about your health.

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