Introduction and Dr. Thomas's Background

Hi. Welcome back. It's Dr. Jen. So excited for you to listen to this conversation that I'm going to have today with our guest for the Peptide Summit. Today we have Dr. Renae Thomas with us.

You're going to love her accent. We have another Australian person that we're interviewing which is Australian born triple board certified med physician and family medicine, general preventative medicine, public and public health and lifestyle medicine.

She was the 12th physician in the world to be recognized as an ACLM Certified Lifestyle Medicine Intensivist. Her medical residency and training and Master's of Public health were completed at Loma Linda University in Southern California.

Dr. Thomas works as a lifestyle medicine Intensivist and a functional medicine physician at Lifeforce. Welcome! I'm so excited to have you here. I'm excited to dig in a little bit more to your training and studies that you've published to.

Yeah, absolutely. Thank you so much for having me. It's super great to be here. Yes. And tell us about you did publish and coauthored some studies on nutrition and cancer and this I thought was very interesting.

Can you share that research with us? Yeah, absolutely. So as a very, very short background story, I actually got into becoming a doctor because my dad had metastatic cancer when I was super young, and he used a lot of holistic measures, lifestyle measures, and is continues to this day to be cancer free.

He is a medical miracle based on everything that I understand and the images and things he showed me once I was a doctor and actually understood what he went through.

So cancer has always been kind of near and dear to my heart, especially understanding the impact of our lifestyle. So I did some research at Loma Linda University Health with the ABACus Health Studies on Cancer, and with one of their lead authors.

We coauthored a chapter on nutrition in cancer in a pretty common textbook used in nutrition schools. That's awesome. And what an amazing story. And where's your data Today? He's great.

He is living his best life in fantastic health, no medications, nothing. He is doing fabulous. So he is over 30 years clear from his cancer, which is just amazing.

And he's thriving very big inspiration. Yes that's amazing. And and now you get to practice all the stuff you preach and help others live healthy. It's really nice to be able to come to work and not really feel like you're working.

I just feel like I'm sitting back, having a chat, talking about health with all the wonderful members that we see. a lot of them are really educated.

Cancer Research and Personal Motivation

They come in with, you know, really interesting questions and it just feels like a fun chat versus going to work. So I feel very, very grateful. Yeah. So that's how I feel about work.

And if you do what you love, it doesn't feel like work. Now you started working for Lifeforce. Can you tell us a little bit about Lifeforce? Yeah, absolutely.

So I've started working with Lifeforce in August of 2022. I believe the company started early 2022. So I was pretty early and coming on board and Lifeforce is, to the best of my knowledge, the first kind of comprehensive online platform really looking at proactive health optimization and performance, commonly known.

We were founded by Dr. Peter Diamandis and Tony Robbins. So that's where a lot of people hear about Lifeforce. but a lot of other really, really smart doctors involved in the creation.

The biggest thing is we're really offering diagnostic testing. So over 40 biomarkers that are tested every three months, members that join, see a functional or lifestyle doctor after every visit, with telehealth visits every three months after those blood tests.

They have a health coach they work with. we have a lot of nutraceuticals, pharmaceuticals, and then, of course, like a huge educational resources. So it's been a really fun environment to work in.

And probably one of the coolest statistics that came out recently is 85% of our members report a significant improvement in their quality of life within three months.

So that's pretty cool to know that three months of starting at Lifeforce, and most people feel significantly better already. Yes. That's great. That's really great.

And like you said, such a fun environment to work in. So I'm really excited. We're going to dig into semaglutide with you and you know, your talk is called Beyond the Trends.

So support supporting a holistic approach to weight loss with science and peptides at Lifeforce. So this is a controversial some you know semaglutide is it's a little bit controversial.

I feel like people are very, very strong opinions about people using semaglutide. You know, if they're just trying to lose weight or if they're not diabetic.

But I you know, I just think that people don't understand how it works. The people that are very black and white about it. So can you explain to everyone listening what is semaglutide?

Yeah, absolutely. And I totally hear what you're saying. And that's kind of why we wanted to focus, okay. Like it's not a trend. What is it. And like you say, so many controversial opinions.

So can definitely share where we're coming from. But semaglutide itself, FDA approved medication, originally for the treatment of type 2 diabetes, and then from long term support of white meat, management.

So we're looking at for people with obesity or those that are overweight with a qualifying weight related comorbidity. So things typically it is either a BMI over 30 or a BMI 27 with conditions like high blood pressure, dyslipidemia, diabetes, prediabetes, if someone has nonalcoholic fatty liver disease, metabolic syndrome, PCOS, heart disease, or sleep apnea a kind of the more common ones that you hear coming up, it's qualifying conditions.

And then super hot off the press. In March this year, the FDA actually has expanded that indication for semaglutide, now also covering, risk of cardiovascular disease, heart attack and stroke for those again, with obesity or that are overweight with concurrent cardiovascular disease.

So kind of watching the research there, that'll be interesting. semaglutide itself is a peptide. It can be taken orally or injected. It's sold under brand names.

People have typically heard of ozempic, Rybelsus, Wegovy And it's also available at the moment compounded. And the reason for that is the commercial versions are on the FDA short drug shortage list.

So one thing that that's kind of come out is there's been a lot of, counterfeit operations because of its popularity and its short supply.

What Lifeforce Offers

So that's one thing that we're very careful with. While we are offering some of the compounded semaglutide, making sure that we're using pharmacies that are only using that semaglutide base, there's been some using a salt form that I've run into a little bit of problems.

But anyway, that's kind of a side to what it actually is. So yeah, basically it is a FDA approved medication for both diabetes and weight management. And now cardiovascular prevention.

Yeah, that's a really good point. You need to make sure it's from a compounding pharmacy. That is legit. You're getting what what you what you are asking for because sometimes you're not.

And most of the compounding pharmacies they come have semaglutide with B6 and and and really like the compounded because you can titrate it you know way way much better or specific to that person.

It's more personalized. Yeah. So how does semaglutide work exactly to assist with weight loss if you are using it for weight loss and what are the potential side effects?

Yeah, absolutely. So semaglutide itself as a sense of peptide, it's very structurally similar, and chemically similar to human glucagon like peptide one or GLP one.

And it's actually modified a little bit. So the reasons for the modification of the medication is to actually keep it in your body. More so, GLP one is typically broken down pretty rapidly by DPP 4 or Dipeptidyl peptidase 4 that is hard to say.

and so I am making these modifications that not only, resists breakdown and then it also increases the drug's binding to albumin so it can stay in the body for longer.

So higher effects, by keeping it in the blood circulation. GLP 1s to kind of understand how the medication works. They fall under the class of cretins.

So these are peptide hormones that come after we eat. Basically the body will release them from the intestinal. And there's a couple of neurons in the brain stem that will also release it after we eat.

And these, this release have been eaten. It stimulates insulin release and it inhibits glucagon release. So it helps to decrease our blood glucose levels.

So that's a big part of weight problems is insulin resistance, which we can dive into a little bit more in a moment. So it's really helping with blood sugar levels in terms of weight loss because it mimics the effects of GLP 1.

it starts to be important for things like regulating appetite and caloric intake. And that is at both the gastrointestinal level and the brain level. So it signals a feeling of fullness.

and it also slows our gastric emptying. So it helps you to feel fuller for longer. So from the brain you feel full and from your stomach you feel full is an easy way to think about it.

And then of course, as I mentioned, we see reductions in hemoglobin A1C, which is the average blood sugar over three months. And then improvements in insulin resistance, which we typically measure by a whole lot easier calculation and mission proven insulin resistance is what really helps out with appetite and blood sugar.

Keeping the more steady with insulin resistance. Your blood sugar can do this, and when it crashes, you're starving. And then you might overeat and it kind of goes all over the place.

So kind of leveling the playing field a little bit. And then when it's more level or your blood sugars are not spiking, your body's not going to release so much insulin.

So you have lower levels of insulin hormone, insulin as a hormone. I usually explain to people this is what really drives hunger and weight gain. It's an anabolic pro fat gain hormone, if you will.

So lowering those levels is going to be helpful if you're on a weight loss journey. kind of a smaller effect. But semaglutide also seems to support pancreatic beta cells.

So actually helping your body to make more insulin as well. And now that sounds counterintuitive, but we want enough to bring the blood sugar down, and not so much that we're resistant to it that the body is making more and more.

So ideally, trying to regulate insulin, also inhibits the production of glucagon, as I mentioned, that hormone releases, stored carbohydrates from the liver and also makes our body synthesize new glucose.

What Semaglutide Is and Who It's For

So again, overall, lots of aspects to keep the blood sugar low, which is extremely helpful with, being able to attain and maintain a healthy body weight.

A very interesting study on semaglutide found that it actually reduces food noise. And I've heard a lot of patients say this too. So food noise, we think of it like constant, unstoppable thoughts just thinking about eating.

People often say things like, you know, the ice cream is, you know, singing to me from the freezer. And it can help to reduce that noise so that people are not eating when they're not physically hungry, which makes it so much easier to stick to healthy food choices.

Yeah. So I. Don't know. yeah. Go ahead and bring that up about the food noise. I've had a lot of women tell me that, that it's just and and they all use the same word food and ways to explain it.

You know, one was she's a stay at home mom and like, so she's constantly like around food or could, you know, have constant access to her freezer and her fridge.

And it just really helped her. And it's balancing her other hormones, because if you balance your blood sugar and your insulin, you're going to balance your thyroid, your cortisol, all of those things too.

Absolutely. There's no no denying that things like this really contribute. I would say in particular, PCOS, when we're thinking about hormonal balance, like really regulating that insulin helps to regulate the weight and the testosterone.

And a lot of those symptoms of PCOS can improve significantly. Yeah, it's definitely a great I agree with PCOS. They are insulin resistant. That is driving their hormone problem.

It's a metabolic imbalance. So and especially not that everyone is overweight that has PCOS because that's not true either. But I have seen people that are thin with insulin resistance, you know, and it doesn't it's not just if you're overweight, you're gonna be insulin resistant, but that can drive it.

So yeah, it's it's really great when you're looking at you mentioned that home air score a lot of times I'll have patients, you know, let's wear continuous glucose monitor.

Let's try to change things with diet first. But you know, semi gluten it's another nice tool in the tool bag. So how does it compare to other popular weight loss treatments currently available.

Yeah there's a lot I don't know how many you want to go through, but I was thinking about this and this particular question because there's so many on the market and it can be overwhelming to know where to start.

I think kind of I feel like we're in line and correct me if I'm wrong, but when I think about weight loss, I always start

out with lifestyle, right? How are you exercising?

How are you eating, how are you sleeping? And how's your stress? Well, we get on top of those things then I'm usually thinking about things like supplementation.

Then of course, all the variable pharmaceuticals. And of course there is still bariatric surgery as well as a last resort. I would be interested. I was trying to find a study for this.

I don't know if you know the answer, but I'm curious how much these GLP one medications have actually reduced, going into bariatric surgery because we've never really had a medication, at least not as far as I'm aware, with a good safety profile that has been able to reduce weight so significantly.

I mean, we're talking 15 to 20% over the course of a year for the average GLP user, that's pretty substantial. Yeah, I almost think maybe, maybe I need to ask some of the local bariatric surgeons and be like, hey, is your practice suffering?

I think one locally is actually doing semaglutide and more of like weight loss programs. But if you think about it, the risk of bariatric surgery, they have forever nutritional deficiencies because part of their stomach is taken out.

oh, one that came to mind that you could probably contrast add a pax that that's popular. Still, I had someone ask if I would prescribe and I'm like, no, absolutely not.

so. Sorry. One moment. I guess going back, what can we do? Right. So lifestyle person. I'm so sorry. I just totally muted myself by accident while I was talking.

let's take let's take a step back for a moment. So let's start with lifestyle for GLP one, because this is the first thing I always talk about when people ask about GLP one.

It can actually be stimulated by certain amino acids, dietary fiber and fatty acids. So that's a great place to start. And I look forward to predominantly doing a mediterranean style dietary pattern high in fiber, high in omega three fatty acids and sufficient lean protein.

So that's a good place to start. I always bring up there's a study called the Broad Study. I'm not sure if you're familiar with it. It was published in nature, and it actually has the greatest weight loss of any randomized clinical control trial over a six and 12 month period where they actually didn't make people exercise and they didn't restrict their caloric intake, which is crazy to think they drop their BMI by about 4.4 points, which is pretty significant.

And that was not only at six months, they actually maintained it at 12. Now, this is, whole food plant based nutritional patterns. So I usually mention things like that, but it's not for everyone outside of that, if you look at all nutritional studies, really the summary that you can come through is the most effective diet and exercise program is going to be the one that someone can stick to.

It seems like dietary compliance is number one. So that's helpful. And especially with working with health coaches, is figuring out what's going to work best for the individual.

what's sad about lifestyle changes is when you look at things like the CDC, they're like, yeah, it's great. Eat healthy, exercise regularly, manage your stress.

You can lose 1 to 2 pounds per week. But then if you look at studies, most people regain that within two years. And about 80% of people regain all of that within five years.

And the percentage of people that are successful at maintaining significant weight loss, which I think weight loss is significant, weight loss is about 20 pounds, about 1 to 3%.

So sad. So supplements. There's a number that can support weight loss. we have some in our life force

formulations. really they're helping out with weight reduction.

So the the lifestyle factors associated with that. Right. Quality sleep stress management sometimes regulating hunger and cravings. You mentioned B6 earlier, vitamin B12 being one of them.

Magnesium, berberine, cinnamon fiber, acetyl l-carnitine, maybe some DHEA. But I would say after that we tend to go more to medication. So the medications I'm familiar with are typically contrive liraglutide before that went out of favor or Lestat like xenical alli.

excuse me, your Benjamin Topiramate. so all in to some extent, I guess I brought that up because it is a peptide as well.

How Semaglutide Works and Side Effects

metformin hCG I can't say that I have a lot of experience with ADX. I don't know if you would prefer to share more or not. I honestly, that's that's not something that I've been familiar with.

I apologize. No. It's okay. Yeah. Add a pack. So it's, center mean. So it's basically like just a stimulant, and you don't eat because you're not hungry.

And, you know, a few nurses were on this when I was still working, like full time in the ER, and they would lose tons of weight. And then right when they stopped, they would gain it back.

And you have to take breaks on it for cardiac health. And it's really kind of sketchy that it's still that it's still being prescribed. And yeah, like you were saying, the number one thing is lifestyle of course.

And fixing all of that. And and it is great to have these, these things available as other tools. And, and sometimes though I don't know, I'm sure you've seen with your patients I will optimize everything and their gut health and everything.

Get them eating lots of protein, lifting weights, and their weight is just still not where they want it to be. So then we'll just do three months of semaglutide and then they're beautiful, and then they do great and they come off of it, but they don't gain weight because they have the lifestyle down pat.

And and they've been eating protein and lifting weight. So it's really great. It's a great tool now. Yeah. Those other ones, you know, personally, you know, the study, they're just not as good.

It seems. Yeah. When you look at the percentages, nothing is coming up like the GLP ones. Like if you think about control, for example, I really only see that working for people that are comfort eating or have that really strong emotional response to food, because it's really just blocking that dopamine response, we're really told was pretty good.

But it gets trumped by semaglutide in every study. It's the same thing. It's a GLP one, just not as effective. I can't say I've had a lot of success with things like orlistat.

That's the one. The lipids inhibitors. Most people that only really works if you want to have some kind of aversion therapy to eating high fat foods. I think the side effects are most significant in that people are not particularly keen to go there.

to me, yeah, maybe it's about 10% weight loss. So I would say that was probably the best. And that is phentermine and to promote. So forgive me, I didn't recognize the brand name for phentermine.

You asked me one thing about coming to a different country is I don't know all the brand names, and that can be embarrassing sometimes, but I know the drug name, and I know what they do.

Fortunately, the drugs are used internationally. Some of the brand names will throw me off, but that was probably one of the best ones out there. But again, we're talking 1,520% with GLP one.

So much more of a significant, significant weight loss effect over time. Yeah. So if someone's considering semaglutide, you know, you kind of mentioned that you do things differently at Life Force.

So what is your approach to someone if they come to you and they're like, this is what I want, I know, I want it. Like, how do you approach it? Yeah. Great question.

semaglutide, like any medical therapy, as we said, really needs to be prescribed in an evidence based and science supported fashion. So the benefits can be significant, as we've discussed.

But semaglutide therapy also is not without potential risks. So a big part of it. We only at Live Force. Now I know that there's different people doing different things, but we only prescribe it to those that meet the, medical indications.

So those that are outlined by the FDA. So as I mentioned before, the BMI criteria or comorbidities, of course, that doesn't mean we can't help people.

And I never want to discourage anyone that wants to lose weight. But as of now, that's the main target audience that we're focusing on for semaglutide.

So when anyone comes in and they want to talk about it, we do that extensive safety screening, make sure they are an appropriate candidate. There's no contraindications medically or any precautions that we need to go over with them.

And then education, huge part of it. Make sure they understand the benefits, the risks, what the medication can and cannot do. Then what I really like and where I think probably sets us apart is by working with a comprehensive team.

So we have a dedicated nursing team. They check in regularly with the member, they do the dose titrations and monitor for all the side effects. you know, if you look at the label, it's just tightened up every four weeks.

But instead of doing that and like you mentioned, doing with the, compounded ones, we very specifically titrate it. If someone's feeling great and losing weight, maybe we don't change the dose, maybe they need more, but it's very, personalized in terms of that dosing and working really closely with the nursing and the medical staff.

The other part, as I mentioned, members are getting over 40 biomarkers tested every three months. So we can be really proactive about the safety, the efficacy.

And also, again, we're trying to do this holistically. It's not just about weight loss. What other conditions have they got. What do they have that might be limiting them in their weight loss success as well.

Like we said, do they have insulin resistance, their hormones all over the place? What else can we do to really optimize their success? And then I would say arguably one of the most important pieces, the role of the health coaches, you know, who's going to partner with them outside of their medical visits, making sure that they're not over nourished or undernourished, which can also happen on semaglutide, making sure they're doing physical activity, making sure they're working out with weights.

We want them to preserve their muscle mass. You know, some of the studies on semaglutide show that about 50% of the weight loss is lean mass. That's definitely not what anyone wants to be losing.

you know, making sure that they're getting good sleep, they're managing their stress, all of the things that, like you said, you're going to set them up for long term success.

we do also look at synergistic nutraceuticals in supplements and making sure we're covering any nutrient gaps and minimizing side effects. Like I said, I think we have a pretty, pretty solid methylated b-complex like force methylation, vitamin D and K, and then looking again, insulin resistance, hyperlipidemia, hormones.

What else is going on? So that's a big part of how we're doing it differently. And the big part that we like to emphasize is we definitely want to support you with your weight loss journey, with or without peptides like semaglutide, but making sure it's a long term picture.

No crash diets, no extreme workouts, nothing radical really. Just focusing on holistic health. You know, we want to help you lose weight if you need to, but also get a healthier body and longevity and all the good things that go along with that.

I agree with you.

Comparing Weight Loss Treatments

Semaglutide and peptides in general are great tools, but they're really part of the solution. So really putting it in that holistic plan, looking at someone's lifestyle, their goals, their health conditions, their mindset, their environment, really helping them thrive and live as long as possible in good health, as long as possible.

Yeah. That's amazing. I love you do all those adjuncts to just giving the prescription and you won't find that everywhere. Unfortunately, now it seems you can just anyone can go online and click on a link for semaglutide and just get it prescribed by them, by someone that doesn't know what they're doing.

They're in it for the money and that's that could do harm. Because if you're not doing it right and you're doing that yo yo dieting, that's terrible for your health.

Yes, it's important to lose weight because you want to decrease that inflammation, because weight does carry inflammation and that ages you and that causes metabolic problems, cancer, all of that.

But but it really should be done a right way. So that's why I love that you talk about all the other things. And are you obsessed with protein goals like I am for patients?

You know, I really never used to be. A lot of my background is in plant based nutrition, where protein is not emphasized as much as other nutrition. And then I realize that, like, because in my head I was like, okay, I need to emphasize protein.

Like people are eating beans, tofu, they're eating their lean meats. No, some people are eating. Absolutely not. And I didn't really realize that until I went into clinical practice and started talking to people like, what are you actually eating?

And, you know, it might be like coffee for breakfast, then maybe like a sandwich with salad or something for lunch, or a salad for dinner, or maybe some crackers.

I'm like, oh, wow. Like you're not even meeting your minimal needs. So I know it live. For us, we're pretty specific, especially if someone's doing semaglutide to make sure they are meeting adequate protein goals and doing strength training, which I'm particularly passionate about because we want to maintain lean mass, especially over time.

I mean, we've done a bunch of articles through Live Force that I've contributed to that really looks at a sharp decline in your lean muscle mass over time when we're not 21 anymore, unfortunately.

and really holding on to that really improves your metabolic health, your hormone health and your overall longevity, your your decreased mortality. So I think that that protein discussion has to come in, especially when some people just really aren't eating any at all.

Yeah. Definitely true. When I turned 40, I was obsessed with hitting protein goals and muscle and and heavy weightlifting and that's what I try to encourage my patients.

I'm like, we're talking about lifting heavy weights and I'm 5 or 10 pounds or like pick up those 15, 20, 25. So yeah, it's fun. So you personally do a lot of weight lifting.

So actually kind of fun story. before I finally finished medical school, I actually competed in bodybuilding for about eight years. So strength training and strength training got I think I started strength training when I was 16.

so it's been a long time. It's a big passion of mine, and I try and get all my patients in the weight room in one way or another, and I share with them.

Gosh, I probably started at the gym, maybe 80 pounds, soaking wet, like I couldn't lift anything. I used to have to curl my drink bottle because I was so weak that I couldn't lift any of the weights.

And now, you know, I could play with the heavy weights and I love it. But I think that the big part of it for me is just quality of life and long term functionality.

Like one of the statistics that I remember learning that was horrifying. It was when I was doing geriatrics or, you know, patients over 65. Is that one of the number one reasons to get admitted to a nursing home is that you do not have the strength to sit down on the toilet and stand back up again.

So, I mean, when we think about stroke training, a lot of people think about the core movements, including things like squats and deadlifts, but really you're mimicking daily life actions.

Can you pick your groceries up off the floor? Can you sit on the toilet and get back up? Can you get yourself out of bed and having that muscle that goes so, so important with quality of life and function?

sorry, quality of life and longevity functionality over time. So I think that's a big part of it for me is like, gosh, imagine being able to prevent going to a nursing home just because you worked out like that's such a different quality of life.

Yeah. And it's very empowering to, you know, when when you are strong, when I can carry in a, you know, gosh, what were we carrying? And my husband and I and I'm just like, oh, like you're strong.

And I'm like, yeah, I've been working my butt off since my last baby. and he was a bath tub. Yeah. We had to carry it down in the basement. And, you know, I wouldn't.

I don't think I'd be able to do that as much. I was lifting, but not I didn't cross over to the free weight area. Do you know what I mean? We're like the smith, and the Smith machine is in the racks because the other the other scientific article I was reading that really changed my mind about how I lift weights where I don't do as many.

You know, of those machines that are already set up, but I do more like free weights and I do more of those is grip strength. So grip strength has has a, you know, it's linked to your, mortality and morbidity.

So that's that's another thing.

Lifeforce's Personalized Approach

And like you said, groceries and piano and all of that. And, and you know, we're talking about health and lifestyle and, and peptides. But you know, muscle just is right up there with longevity.

So you definitely hit those weights if you're not if you're a lady listening, it's not going to make you look bulky. I mean unless you like really try I mean, I do joke with my daughter.

I've been we've been going on trips and stuff or when I'm in my little phase and I'm eating more and I'm like, oh, I'm

just bulking. Like I say a joke, but but yeah, but then I'll do some fasting and I'll be fine anyway.

yeah. So, at life Us could you take us through kind of what to expect if someone would sign up, like they would get to. Talk to you. Or someone like you?

Absolutely. So every person that signs up with life force, the first step is they get our biomarker panel taken. It used to be over 40 biomarkers. I think it's over 50 now.

And by biomarker panel I mean it's a blood test. One thing that I really like about life force is you can actually have someone come to your home. So that's what I do.

I'm having my repeat. I'm both a patient and a doctor at Life Force. So I'm getting mine done. On Thursday, they come to my house at 5 a.m., but that's my preference.

They don't always come at five. You can pick your time, but I like to do it first thing in the morning, so then I can go work out and get ready for work and start my day so they can come to your house.

Or you can do a walk in at Lab Core, whichever you prefer. shortly after that, they'll get their results back and we have a really cool dashboard if you haven't seen it.

It's very cool. It shows, it'll show your biomarkers not just what's normal but actually what's optimal. So we don't use the traditional lab ranges because they can be either huge like the testosterone normal lab ranges 150 to 950.

Like that's so big that it's basically useless. So we have to find optimal ranges of where someone's A1 they should be, where their cholesterol should be, where their hormone should be.

And it's very clearly shown. So we have like a light green for normal, dark green for optimal and red if you're out of range. So it's really nice to look at those graphs.

And they will track over time as people start to get more and more lab work done. So you can start to see your trends, what's going from red, and also will give a percentage of how many is optimized.

So it's almost like a game. I've I've never I've had so many people say to me, I've never been so excited to get a blood test done, but it's, it's you're competing against yourself to be optimized.

Once you get that back, you can go ahead and get scheduled with one of our doctors. So, we're predominantly functional medicine doctors. So you'll go ahead and you'll have some.

You know, we'd like to say we're expert functional doctors. That's no way to say about myself, but most of us have significant board training in out of, you know, additional extracurricular training on top of that.

So what we're going to go through is all of those biomarkers. So I usually pull them up and we talk through them. What do they all mean. You know, what is that homocysteine level.

What how do we know that hemoglobin A1 C is a three month measure. Why do I feel so tired. And we try to link that back to people symptoms. So if they're coming for weight loss for example we talk about all the different things.

You know, is it your hormones. Is it your blood sugar. Is it a combination of a whole bunch of things? Do you have no B12? So you're exhausted and you don't want to work out, like really looking through all of them and trying to correlate them with symptoms.

Then I would say to people, what's your number one priority? What do you want to work on today? And so then we focus down on that and we come up with lifestyle changes that they're going to, go through with their health coach, which I'll bring up in a second.

We go through supplements that might be helpful. And then for certain people, we might be talking about prescriptions, whether that be hormone replacement peptides or other prescription drugs.

Then after their doctor's visit, they'll get a nice little note summarizing all of that. I don't expect them to remember anything I said, especially because I tend to talk fast.

I'm excited. I want to give you as much information as I can in your doctor's visit, so you get a nice little summary that'll show up on your life force portal, so you can always go back to those who have like doses, how to take things, etc.

then they connect with their health coach. The health coach will connect a couple of times throughout that month, during throughout the month between their doctor's visits.

That can either be text, email, calls, video, whatever works best for the person. They're working on accountability. They're working on nutrition, exercise, sleep, stress.

I talk to my son, clients about skincare, whatever works best for you. and so they're really the main contact that they'll have touch, touch and support with unless they're using our nurses for medication titrations.

And then as I said, labs are every three months, which means the doctor's visit is every three months. That's a typical life force. 101 of what to expect if you are one of our members.

I love it. That's so fun and have rewarding because, you know, I know functional, integrative medicine, it can really change people's lives. Do you personally have a favorite peptide?

Oh good question. So at Life Force we only have three. So we have semaglutide some Maryland and one for one. And I think they all had their role. I would say that I probably prescribe some more than the most.

So if I had to do it on, which do I prescribe the most? Probably some more. But I think they're all great. I think they all have their role. They're all very different.

and it's really just working with the individual on their main goals. Yes. And that goes with muscle and really liking liking the muscle. I guess, are you allowed to say what your favorite is, that you maybe have used yourself.

So some might be really boring. I've never taken a peptide myself. Not yet. I thought about it. I thought about some more, but I mean, not I. It feels weird saying this, but my growth hormone levels are like in the three hundreds.

Like there's no reason for me to take them all more yet. but maybe in the future. but yeah, I've actually never taken a peptide myself. Right. Okay. Hey. That's awesome.

Well, you know, I mean, gosh, I went to Mexico, and I feel like the last day I ate something a little funky. for spring break, and I was hitting the BBC 157 oral hard and and, some other things, some other supplements and I it only lasted like a day, like hard, you know, where some people would be down for like a week because I'm like, I have to see patients and I have to work.

And it was the solar eclipse. I'm like, I gotta, I gotta get better. So anyway, yeah, they're great, but yeah, if you don't need them, I think that actually brings up a great point that we haven't really talked about a lot about the summit.

If you don't need something, don't take it just because other people are test your labs. Listen to your body. You don't take things that you don't need because super therapeutic.

Like if you were having your growth hormone even higher, that's that's not good. Our body wants us to be nice, you know, dab in the middle or, you know, optimal, not super therapeutic.

And especially with things like testosterone or growth hormone, people can get a little out of control. And that's not

it's not good either. You can have too much of a good thing.

And, you know, not only for the risk factor that you're talking about, but sometimes you're just wasting your money. Like I will tell people, you know, if your levels are already great, you're kind of just pouring in a full cup and then they're like, oh, it didn't work for me.

I'm like, but you already felt good. It's hard to feel, you know, it's kind of like sometimes you're not going to get any clinical benefit just because it works best for your friend.

Protein, Strength Training, and Longevity

You know, maybe their levels were low and now they've corrected them. But if yours are great, it may not be the right one for you. Now, that's not to say that we can't treat your symptom.

If you're having similar symptoms, but maybe a different alternative pathway is going to be best for you. And I think that really brings out the whole part of personalized medicine, which is where we're really going in the future.

I believe with medicine, you can't just expect to treat everyone the same way as every patient. That makes your life easy. But unfortunately, we're learning more and more.

We're doing more, you know, genetic testing, microbiome sequencing, gut mapping. Like so many things, we're getting more and more information that we're realizing that treatments need to be tailored so much for the individual.

Yeah, it's absolutely personalized medicine for sure. Is is the future. But probably not being covered by insurance because. That's just not. How they work.

But but definitely you have to advocate for yourself, whether it's joining a program, whether it's advocating for yourself at your own doctors, you definitely have to.

And yeah, I think that we really need to see a shift in medicine to this. Proactive is what we tend to call ourselves at Lifeforce, like really trying to be as healthy as possible before something happens.

And that's why, you know, sometimes I joke with people, I'm like, yeah, I'm being really strict on you about your cholesterol, but we're trying to prevent heart disease.

I don't want to wait to tell you, oh, now's the time to take a SAT like, no, let's fix your lifestyle so that you don't have to worry about having high cholesterol in the future.

You know, let's not try and reverse something that's relatively hard to reverse, like heart disease. Let's just not get heart disease in the first place.

And I think that's really the approach, why we're we're doing so much testing and really looking at things and being very strict with what we consider optimal is so that you can live in good health for longer and longer.

I, I often share with people I was very fortunate my grandfather would do great health until 99. Like that's goals like you died of something very simple very quickly.

Like that's kind of what you want. Like live all your life in good health. He was a professional tennis player, super happy, super healthy. And then 99 was like, all right, we're done.

Like, you know, that's kind of a life you want. You don't want to be you know, typically it's around 40-50 where these chronic diseases really emerge.

And then you live another 20 years in poor health and you don't have that quality of life. So I think that's where, you

know, personalization and early intervention.

But it's also never too late. I don't know about you, but I see people like in their 80s and we completely shift their health around, so it's never too late.

But maybe start early if you can. Yes, I love that. And that's so important to hear. You don't want to wait until that horrible diagnosis. You want to catch it before.

And yeah, I gosh, my young patients, you know, in their 20s or 30s or even 40s, I'm like, okay, how can we prevent breast cancer? Because that is such a big diagnosis for women.

And I'm like, let's look at how you metabolize estrogen, but let's talk about alcohol. Let's talk about liver health. So I, I definitely agree. Let's prevent it before it, you know shocks your life.

And then you're like, now I'm going to change. But even then sometimes a diagnosis doesn't change people. So, you know, I just hope that, you know, having conversations like this, someone listening will be like, oh yeah, I should start.

I should start now. It will make a difference, you know? Don't think it won't make a difference because it does. Absolutely. I have seen remarkable results at any age.

Like I sometimes I almost believe that like sometimes I, I would say cholesterol is a really impressive one where sometimes I'll say someone's levels because I always review their biomarkers the day before I meet with them.

And I'm like, man, I wonder if they started a statin? And then they're like, oh no, I just started eating healthy. I'm like, oh my gosh, like, your results are amazing.

Like, I got you started medication. And that's so empowering for them because they're like, oh wow. Like I did this. Like I was able to take control of my health and improve not only my biomarkers, but how I'm feeling and my long term health trajectory.

Membership Details and Closing Remarks

I love the empowerment of this kind of medicine, like it's really putting the power back in the driver's seat of the patient, rather than me just telling people what to do.

They're really learning about their body, learning how to optimize their health. And that goes such a long way and feel so much better as well. Yes, absolutely.

So exciting. And I read that you guys have a special offer for DrTalks attendees. We do, pause for one second. I can't remember what it is. I have it right here.

You do? I'm so sorry. I had a real and I closed it. Let me. I do know it'll take me one second to pull it out. It is. Oh, gosh. How embarrassing. It's $249 for the initial diagnostic and membership.

There you go. So the normal price, if you go on to our website at the moment and say you wanted to get started, of course it's locked in with me, so I can't see it.

I want to say that's half price, but I also don't let me double check. So our typical so our original diagnostic price is $549. At the moment it's discounted but not as much as the special offer.

So the special offer will discount it to $249 for that diagnostic and membership. And then after that it is $129 per month. And that $129 per month gets you a lot.

So that'll get that that same diagnostic every three months and your doctor's visit every three months. And you will

also have the health coach and then all of our nutraceuticals are discounted as well with a membership.

So brings a lot in. I was surprised that they're able to keep the price that low. It's pretty cool. Yeah that's exciting. So awesome. Well, it was so nice talking to you today and learning more about Lifeforce and everything you do.

So it's my absolute pleasure. Thank you so much for having me as a representative. Us on your wonderful summit. I can't wait to watch all the rest of the talks.

I there's some really cool people speaking, some really interesting talks, including your own. So I'm looking forward to watching it as well as being on it.

Thank you so much. All right. Thank you, Dr. Thomas. Thank you so much. You take care.