Introduction to FemExcel and Dr. Brody

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Diet, exercise alone is probably not going to be the key to helping them lose the weight. Okay. So what, tell me about insulin. I'm really learning for the first time.

So insulin resistance to me, I think diabetes or is it type diabetes type two or how is that related to cancer? It can lead to diabetes. So kind of going back a few steps as we put on weight, there's fat that covers the organs.

That's called visceral fat. This is Dr. Tops. Real talk from real doctors on the issues that matter to you most. Great, welcome to Proactive Healthcare with Excel Medical and FemExcel specifically today.

I'd like to introduce my guest, Dr. Lorna Brody, and could you please tell me about your role with Excel Medical, in particular with FemExcel? Sure, thanks, Leif.

I am a double board certified OBGYN and gynecologic oncologist, and I've been taking care of women for over 25 years now. Great. And then what brought you to FemExcel?

What part of your journey brought you to this point? Great question. So in the oncology world, I noticed that most of the patients were morbidly obese, likely had PCOS, insulin resistance, and were developing pre-cancer and cancer of the uterus.

So I figured if I could get to these patients maybe 10 years before, they wouldn't have wound up on my OR table. Wow, so tell me about you. So you performed surgery when people are, you know, I guess when it's reached a critical point, is that right?

Insulin Resistance, Visceral Fat, and Cancer Risk

So I took care of ovarian cancer, cervical cancer, uterine cancer and other GYN cancers. So whether that was surgery, chemotherapy or prescribing radiation.

Wow. Wow, and then so, I guess this is an open-ended question, but what can be done, lifestyle, et cetera, years in advance to stop somebody getting there?

Definitely getting a hold of the insulin resistance, which so many women have. I think most practitioners don't recognize or understand what's going on with a lot of females and they start to gain weight and nobody seems to know how to instruct them of what to do.

Diet, exercise alone is probably not going to be the key to helping them lose the weight. Okay. So tell me about insulin resistance. I'm really learning for the first time.

So insulin resistance to me, I think, diabetes or is it diabetes type 2? How is that related to cancer? It can lead to diabetes. So kind of going back a few steps, as we put on weight, there's fat that covers the organs.

That's called visceral fat. Within that visceral fat, we have inflammatory cytokines that are causing cardiovascular disease, diabetes and cancer. So if we can get that fat down, so part of the insulin resistance is they're increasing

that visceral fat.

So if we can decrease that fat, hopefully we're preventing other disease states. So does insulin resistance lead to getting fat, that fat, or is it the other way around?

Like, which is, like, I would have thought that the insulin resistant was a by-product of unhealthy choices, or is that not correct? It is. Um, it's kind of a hard, you know, which came first, the chicken or the egg.

Um, I think they kind of go hand in hand. So definitely if your insulin is not functioning appropriately, you're definitely going to put on that fat and especially around the organs.

Wow, all right, this is cool to know. So tell me specifically about PCOS. You had mentioned that earlier as one of the risk factors. So I must admit, I'm not familiar with that at all.

What is PCOS? So PCOS is a condition, polycystic ovarian syndrome. So over the years, the definition may have changed slightly. So initially, back in the 1990s, it was hyperandrogenism, meaning male hair pattern or facial hair.

It was on women on women. That's okay. Strictly women. Yep. Menstrual regularities. Yep. Um, and they may or may not have cysts on their ovaries. Okay.

So poly cystic meaning multiple cysts on the ovaries and then classifications changed over the years and they do include cysts on the ovaries in the more recent.

Data that they're using, but you don't necessarily have to have cysts on your ovaries to be poly cystic ovarian syndrome. And then what type of age is this?

When would someone get this? This could be maybe starting in the teens through their twenties thirties and can continue on in.

Understanding PCOS Symptoms and Diagnosis

different forms because there are a lot of other disease states that are linked to PCOS, like metabolic syndrome, high blood pressure, diabetes. Is this a real, is this a prevalent condition?

Is this something a lot of people have? Yes, yes, you would probably see it more often than you would think. Yeah, yeah, it's just something I wasn't aware of in any way, but I guess I'm a man, so that makes sense too.

And so what would somebody be looking out for? What would be, you know, if I am suffering with PCOS, what would be common things I'd notice? So a lot of females show up with having irregular menstrual cycles, either they're too heavy and irregular or they're not having any at all.

So that's usually a key indicator that something's going on in the body metabolically that's not working. And then they usually are overweight. That contributes to the PCOS and as we discussed the insulin resistance.

They also have, like I said, potentially facial hair, acne, oily skin. They may have other skin changes on their body that are related to this syndrome.

And what would cause somebody to have this? Why would they get it? So are there any other less common signs of somebody having this that they would be aware of, should be aware of?

Definitely the acne, oily skin, menstrual irregularities, and then women who are starting to get into the childbearing age if they are having infertility or issues conceiving.

That's also a key. Interesting. Key component. So what can somebody do about this? So you've got it. Right. What are your actions? Right. So the traditional gynecologist would have you come in, maybe draw some labs, get an

ultrasound to check on the ovaries to see if there are cysts on the ovaries or if there are any other irregularities with the gynecologic organs.

and then a young individual who's not interested in having children at that time would likely get put on a contraceptive pill. And how would that help?

So what's happening in the body with PCOS is that the body is making a lot of estrogen and not enough progesterone. So that's what's caused the menstrual irregularities.

So also with that fat, within that fat, there's a chemical reaction that goes on that increases estrogen production in the body. So that contributes to the menstrual irregularities.

So by giving a birth control pill, we're giving steady states of synthetic hormones to induce a period every month for a woman that may not be having one.

Interesting. Is that an approach you'd recommend? Well, in the past, yes. That's exactly what I used was a contraceptive pill to try to get somebody regular.

and get them having a cycle every month so we could keep the lining thin to decrease their risk of pre cancer and cancer of the uterus. Okay. And then what about now then?

Cause I, I know now that you've, you're helping format this treatment with phemic cell. Like what is that treatment based on? What's the philosophy behind it?

Right. So we're trying to key in on some target areas that probably traditional gynecologists are not looking at. Okay. So we are recommending that we supplement thyroid in most of these patients.

Instead of a birth control pill, we're using bioidentical progesterone, which would usually have to be high doses. for these patients in particular to try to induce a cycle and try to get them back on track.

Okay. Why thyroid? Because that will be important in multiple processes in the body. So not just for energy levels so that we get these patients exercising and feeling better and motivated, but it's also going to help with metabolism.

So would it be fair to say that the chicken and the egg goes the other way? In other words, once you start feeling better, you start moving. Absolutely.

absolutely snowballs one way or the other absolutely and then we also want to bring in potentially metformin okay or one of the glp ones to help with weight loss in these patients interesting so you mentioned thyroid and then the other one was progesterone right and then what what role does that have progesterone is the other major female hormone So if it's out of balance with the estrogen, then either patients are going to have heavy bleeding or abnormal cycles and the progesterone is going to come back in and help balance that out.

Is that the level of the two in relation to each other or in absolute terms? Like how does that work? Do they work together? They work together, right?

So you need both estrogen and progesterone throughout the female cycle. So you mentioned earlier that the estrogen would go too high. Does that mean they have an abnormally high level or do they just have to be balanced?

Not necessarily abnormally high. It definitely can be, but it's out of balance. It's in excess compared to the progesterone. All right, cool. This is interesting to learn.

Now, you also mentioned something else in there. The traditional approach was a synthetic, which would be the… The oral contraceptives, right? How does that work and how is that different to what FEMExcel does?

So, it is a contraceptive, whereas bioidentical progesterone alone is not a contraceptive. Okay. Okay. So that would be one major difference.

Traditional PCOS Treatment vs. FemExcel Approach

The other is that bioidentical progesterone doesn't have the same risk factors as synthetic hormones. So with the synthetic hormones, there's slight increased risk of breast cancer related to birth control pill use over time.

And that's from the synthetic progesterone, which is the progestin component of the birth control pill. Low energy, difficulty focusing? It might not just be stress.

It could be low testosterone. At MelXL, we specialize in personalized testosterone replacement therapy with daily dosing, progress monitoring, and a dedicated care team to ensure your plan stays effective.

Within six months, 96% of our patients report life-changing results. And with our 90-day Excel Advantage Guarantee, you've got nothing to lose. Feel stronger, healthier, and more energized with MelXL.

Okay, and then what does it mean to be a bioidentical progesterone? So that means it's similar to what our body is naturally making. Got it. Got it. So not an artificial form of that.

Correct. And it usually comes from a plant source or some natural source. Interesting. Cool. And then so far in your experience of treating PCOS, like, you know, how long does it take to get on the path to recovery?

What does that recovery process look like? Right. So usually we're starting thyroid and progesterone immediately. And I think some patients notice a difference maybe within two weeks because progesterone also helps with sleep and mood liability.

So they may notice some immediate difference there within the first few weeks. Same thing with thyroid. They may notice some increased energy levels in the in a few weeks after starting.

However, it's probably going to take them four to six months to hit optimal levels and really get into a good place with the hormone levels. So have you seen, like, could you give me a couple of examples of, like, the transformations that you've seen with women who have done this process?

Sure. Um, in addition to using the metformin as we discussed, traditional medicine also uses that. Um, the importance is trying to get the weight off.

So with PCOS, if patients can lose at least 5% of their body weight, that may get them back into ovulating normally and then hopefully help them with any infertility issues.

So I have seen patients that I've helped, they've lost the weight, they've started a cycle regularly and they were able to get pregnant. That makes total sense.

I'm interested in metformin. Again, to me that was, I would have assumed a diabetes medication. So how does that help? So that's going to help with the insulin resistance and controlling insulin in these patients.

So it's useful in pre-diabetes, diabetes, and these insulin resistant patients. And it's going to help decrease insulin levels and help patients improve in weight loss.

So tell me what does it mean to be insulin resistant? That means you can't use the insulin, right? It's not effectively working. Got it. So it's causing other metabolic processes in the body.

So it's building in my system. I'm just not using it. Right. And it's increasing your glucose levels, right? Which then can be stored as fat. Got it. What about lifestyle choices outside of medication?

Do they play a role? Right. So it's also hard to get these patients started to say you need to start dieting and exercise immediately because they don't have the energy to.

So once we can get them optimized, they're more inclined to start exercising. Whatever they can do. I usually recommend start walking 20 to 30 minutes a night, a few nights a week just to kind of get them started.

Of course, we want them to start using weights as well so they can start to build muscle. Interesting. Tell me about that a bit more. What's the role of lifting weights?

I guess, especially people probably think of that as a way men work out, but I've heard more and more it's essential for nearly everything. Right. I mean, not only for bone health, it's important to build muscle so that we can decrease fat.

So losing fat is not just all about cardio and walking. That's going to be very beneficial for these patients just to get them started to the point that they can feel comfortable and start lifting some light weights, but definitely want to see them build muscle.

That makes a lot of sense. What about diet? Is there a role for that in this? Absolutely. I would recommend an anti-inflammatory diet or a Mediterranean diet for these patients.

What does that mean? What is a Mediterranean diet? It would be mostly fresh vegetables, fish. Um, and of course, um, poultry and meat as well. Olive oil.

Yep. Instead of, I'm assuming seed oils and processed foods, which a lot of these patients are taking in. Yeah, it sounds a bit funny for a non-American to criticize the American diet, but it is pretty shocking the amount of processed foods.

Absolutely. So I'm assuming that's one of the key drivers for why conditions such as these are more prevalent than they used to be. Absolutely. Because I'm assuming 20 years ago, 30 years ago, this was…

Not a problem, or is that incorrect? There's probably always around, but probably not to this prevalence. I think also the seed oils in our diet contributes to the inflammatory processes, putting on the weight.

And again, we have those inflammatory cytokines causing all these issues, diabetes, cardiovascular disease, and cancer. That makes total sense. So can you tell me about some success stories you've seen?

I have had some patients that have come to me with PCOS. They've also had pre-cancer of the uterus. Oh, wow. So they were childbearing age. They really wanted to get pregnant.

Lifestyle Changes, Diet, and Weight Loss

So worked with them to try to get them on track, improve their pre-cancer, treating them with high dose progesterone until the pre-cancer cleared and then was able to send them off to reproductive endocrinology so that they could try to get pregnant and they did.

Wow, that's going to be pretty rewarding. That's a huge success. Yeah, that's incredible. Great. And then so FemExcel, I realized, you know, it's a, it's brand new.

It's a digital platform. And so far we've seen a massive response from out there. Like what's the process for how does that work? How do we, you know, do you, how do you see the patient?

Is that how often do you check in with them? How does the medication get to them, et cetera? How, how does that work? So the way we're going to work things at FemExcel is if you click on for consult, we will get that set up.

So we will do one of our providers will have a complete consult taking your history and figuring out issues and

concerns that we need to be addressing for those patients.

At that visit, we'll order a lab kit. So that will be a comprehensive panel that may be unlike what a traditional physician would order. So just kind of targeting in what that patient requires, making a treatment plan.

We find that we don't necessarily need labs in order to make a treatment plan to get these patients started on the right track. That makes sense. So from there, they'll get their labs drawn.

They'll follow up with us again in about two months. Okay. So they've already been on their regimen for about two months. We can reassess how they're doing, make any dose changes, review their labs.

And then again, from there and another two months, revisit with them if they need another visit. It's like a constant check-in program. Absolutely. Absolutely.

We don't want to leave these patients hanging. We want them to be successful. and get them to their end goal great and i some of them i guess we'll get to speak to you absolutely have you had a chance to interact i sure have i sure have and most of them have been very excited to get started because they've been doing this for so many years no one's addressed their issues and it's just been a constant problem especially with the weight gain and they're ready to make some changes i'm assuming one of the things i hear over and over is that You're normal.

You've seen your regular doctor. There's nothing, you know, right. And that is not the case. Right. Yeah. There is, there's nothing normal about feeling like crap.

Right. And I think, you know, from our perspective, the way we look at hormones is we want people optimal. So just because your levels are not, are in the normal range, doesn't mean it's, it's good.

And. you're out the door and everything's fine, right? As I discussed with my patients, your levels may be normal, but your doctor hasn't addressed any of your issues and sends you on your way and you still feel the same.

So here, we're trying to optimize levels, especially in patients who are considerably older, not in their 20s, that we're trying to optimize levels back to the way they felt in their 20s and 30s.

That makes total sense. I mean, being normal is probably, I mean, that sounds terrible to me. You're normally unhealthy. Yeah, exactly. Who wants to be normal?

Normal is going down the aisle where there's breakfast pizza. That is correct. It's not the healthy choice. Right. So that makes total sense. So optimal.

Tell me about that because Normal again, it is normal to feel like crap. It's normal to gain middle weight. It's normal to be pre-diabetic almost at this point.

Right. It doesn't mean that's your only choice. No, it doesn't. It doesn't. So what could people do to start their path back towards health? So I think getting on the hormones, thyroid especially, because I think that's going to give people their memory focused concentration back.

Energy levels are going to improve, and one of the side effects of thyroid replacement is weight loss. So over time, they'll notice that. Most people appreciate that side effect.

Yeah, of course. It's interesting for me, but before I got involved in this, I knew what testosterone was. I assumed hormones were something women had, and I had no concept of thyroid.

So I know that that is a, that is one of the basic, like that's bedrock of one of our treatments for men and women and so on.

Hormone Optimization and Thyroid Therapy

Tell me a bit more about that. What, why is that so essential and why is it that more people aren't talking about it? I think traditional docs get hung up again on the labs.

So even though you're symptomatic, they think everything is in normal range for your age group. So they don't feel the need to treat it. And I even find that when we do put patients on thyroid and their levels change, and look abnormal to a traditional physician, they get uncomfortable with that.

And they tell patients to discontinue the thyroid. They don't need it. When in fact the patient does, it was doing well on it. And then they discontinue the thyroid and go back to feeling the way they were beforehand.

So the doctor's feeling satisfied getting the patient's labs back into normal range, but the patient doesn't feel well again. Yeah, exactly. You don't want to go back to normal.

That's like gaining weight because the normal person's overweight. It doesn't sound logical. So why why is there that misconception about thyroid I just think that most doctors aren't trained in hormones even as an OB GYN going through residency we were not trained in hormones and when I trained that was the time of the women's health initiative where.

they came out with the synthetic hormones and that then there were some events and issues that came out of that paper. And then they put a blanket statement that all hormones are bad.

Got it. So we kind of got into this role that nobody gets hormones or if they do, it's for the shortest amount of time with the lowest dose and try to get them off as soon as possible.

And I think we've been doing a disservice certainly to women over the last few decades because of that. Makes total sense. So my understanding is that it's totally natural for our hormone levels to decline in all where the Excel medical priests for men and women is basically just supplementing them back to what you used to have.

Absolutely. Using bioidentical instead of synthetic, correct? That is correct. And so what about side effects? Is there something like people worried about increasing cancer risks, things along those lines?

Right. So that was related to that paper that I referred to, the Women's Health Initiative. Yeah. So there was a slight increased risk in breast cancer due to the synthetic progesterone, which is the progestin, that caused a slight increased risk of breast cancer.

Got it. So the bioidenticals do not cause any cancer risk. They're actually protective in cancer. That's what I would have thought. And as a cancer doctor, I would never give anyone something that's going to cause cancer.

Yeah, no kidding. I can't remember the last thing you'd ever do. So it's protective progesterone, especially protective in breast and ovarian cancer. But if you think about it, that is a massive misconception.

Absolutely. So people out there thinking that we're increasing the risk, we're doing the complete opposite. We're giving you a, you know, a shield against it.

Right. And even in the women's health initiative, the estrogen component had a slight decrease risk of colon cancer. So hormones are protective. It's just how you use them and what you're using.

That's fascinating. And is it because there, is it the element of them being synthetic that causes that? Yes. Got it. But there was, like I said, even with the synthetic estrogen, there was still a slight decrease risk of Yes, even that had benefit.

Fascinating. So is there a specific age or type of person that you're seeing? Is there a common pattern that you can see in the patients you've had so far?

So, so far I'm seeing mostly women in their 30s and 40s and even into their 50s. Yeah. So running the gamut of

women who still want to get pregnant to women who just want to get their weight and menstrual cycles under control to women who are having post-menopausal symptoms.

Got it. So tell me from your professional perspective, what are some of the things you're excited about with this, um, with the femex cell treatment being out there and being available to women on, you know, on a mass level?

Hormone Safety, Training, and Patient Follow-Up

I think being on both sides of the traditional medicine side and actually taking care of these patients who wind up developing cancer, it almost became a conflict of interest for me because I wanted to make sure that we're doing the right thing for patients.

So now I have the opportunity to reach these patients on a completely different spectrum. and the fact that we're virtual visits, it's easy for the patient to make an appointment, to have follow-up, and they're getting great care.

So, I think this is important because I think we have a much greater outreach and can really draw in more women who are having this issue and either it doesn't get addressed with their physician or they just don't even bother to go to the doctor because they feel that nobody's going to be able to help them.

So you said something earlier that was interesting to me and that was the regular, you know, the physician you might go to might even say that what you're doing is incorrect is what about the Excel medical providers?

You know, what's, how does the training, you know, you've obviously have extensive experience in this, um, as a, how does that work? How are they educated?

How did they get to become specialists in this subject? So the providers are from all walks of medicine and then they've obviously had an interest in hormone replacement and they do go through extensive training for hormone replacement therapy.

I've been doing this for close to 10 years now in addition to my traditional medicine practice. So everyone is very well trained and well versed in hormones and we have ongoing education every week.

with our physician and the providers. So what would, what advice would you give to somebody either who's on femex cell or on male Excel? And they, they go to their main provider and they say, Oh man, you know, your thyroid, that's dangerous.

You're, you don't need that. What, what, what would, what would your response be to that? So I do have that come up and I say, I say to the patients, how do you feel on the hormones?

And they say, great. I'm optimal. I feel great. And I said, okay, you go to your primary care physician, they get scared because your labs are out of range now and they tell you to stop everything.

So now you're going to go back to feeling the way you were before you started the hormones. Is that what you want? And most of the time they say no. or all of the time they say no, because we know it's working, we know it's helping them.

They're feeling better, they're sleeping better, libido is improved, weight is down, energy is better, so why would they want to give that up? Just to appease a traditional…

traditionally trained physician. Who's probably going to say you're at risk, like that's… Right, which they're speaking out of turn because I feel if unless you've gone through extensive hormone training, you're basing things off of a few papers that they have then gone back and discredited.

Yeah, that makes total sense. One of the things I'm most excited about with Excel Medical is helping people with cancer. It's something dear to my heart.

I think everybody has been affected by it. Can you give me an overview of what are we going to do? How are we going to help? We're looking into starting an early cancer detection program.

Okay.

Early Cancer Detection and Closing Advice

So we're hoping to encourage patients who are interested in finding out whether they have an increased risk of cancer, actually potentially have a cancer going on.

It's just a way to get started early. Something that a primary care physician is not necessarily going to offer you. So we're going to be doing genetic testing for any cancer mutations that link to certain types of cancer, as well as looking at circulating tumor DNA within the blood that could be shed from a tumor that somebody may already have.

I don't speak doctor. Rewind. What does that mean? So there are a lot of tumors that are going to, a lot of cancers, tumors, a mass within the body that's going to shed cells into the bloodstream.

Got it. Now I understand. So one of the latest in testing for cancer, which I was using in my own practice, was to see if the cancer was back before there was any sign on any imaging.

or the patient had any symptoms. So what we would do is a blood test, see if there's any of these little tumor cells that are shedding into the bloodstream and if we're picking that up.

So that would be the best way to have an early detection, especially for patients with a recurrence. That makes total sense. So obviously you wouldn't be trying to increase their risk of cancer and roll out a program to test for it at the same time.

Correct, correct. So we're trying to see who's at increased risk, what testing we can offer them and to make sure that they don't actively have a cancer.

And this is not a one and done. So the testing would be ongoing likely annually. Wow. All right. I want to get that done. Except for the genetic test.

That's a one-time test. Yeah. Oh, that's fascinating to me, actually. If you could give them one piece of key health advice, what would it be? I guess it would be, don't be afraid to step outside the box.

Because if your traditional primary care physician or gynecologist are not helping you, look for other resources. Don't stop. Don't stop. Keep going. It's your health.

It's your life. Yeah, you're just in your responsibility. Yes. Well, I'd like to thank you so much for your time. I really enjoyed it. And thank you so much for everyone out there.

And until next time, take care. Thank you. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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