From Longevity Curiosity to Opening a Practice

And then I thought, you know, my focus was more on longevity. My focus was, you know, I want to do what I can to live well, live long and be active in my 80s and 90s and be able to do the things I want to do on a hike.

I still want to snow ski. I want to do all these things. And people in my family at that age, that's not the case. But I realized that they were living in a different way than I would want to live.

So I kind of changed the trajectory of my thought. And as I'm seeing people who were treating people on the coast based on longevity and everything, I thought, why not bring that to my community?

Okay, I'm ready. And you're really never ready, but I started anyway. And in January 21, we opened this up and you're right i went to kim and i was like i think i want to do this and i think when she was like okay yeah fine so that first year in 21 when you're starting a practice out of nothing and still working full-time in the er that first year was very very um difficult but yeah we made it through and then it's just kind of blossomed and i've been really Things have opened up and changed and developed and it's been a wonderful ride.

This is Dr. Talks. Real talk from real doctors on the issues that matter to you most. Welcome to Vitality Made Simple. This is the podcast that equips you to feel better, look better, and to enjoy better relationships.

Well, I have a treat for you. I am joyously welcoming Dr. Kevin White. Welcome, Kevin. Hey, thanks Debbie. Thanks for having me. Hey, it's a joy because you know, Kevin is from Oklahoma and by the end of this podcast, you're not going to have to be from Oklahoma to believe me that Kevin is one of the most caring, the most curious and one of the most cool integrative physicians in the world.

Uh, if you're watching this on video, you can see he's, he's just so fit and wonderful and he cares about his patients. You're going to love his story and you're going to love what he's going to teach us about his, what he's learning with his curiosity.

So, so Kevin and I have an interesting beginning. Tell our listeners how we met. Yeah, we met. I'll back up a little bit further than that. I was the spring before that.

time that I met you and we'll get that in a minute. I was, I don't know if I told you this, but I was skiing and I ran into a friend who's a little bit of a mentor right now, Paul Rothwell, Dr.

Rothwell. And I mentioned to him some of my concerns and what I was kind of frustrated, you know, how I was going with my job and the way I thought about things.

And he goes, you need to go to this conference. And, and then I didn't, you know, we didn't talk any more that year. He sent me a card. He goes, great to see you have dinner.

This is the conference. It's in, you know, Las Vegas and whatever. So didn't speak to him anymore. And then I saw him going that conference in Vegas, the A4M conference in December, which was my first one.

Meeting on the A4M Conference Flight

And then on the way, so I went to this conference first time and then on the way back, I'm sitting next to, I'm on the plane that evening to fly home and I'm on the plane by some, you know, by you.

And we just strike up a conversation and you're like, well, so what were you doing in Vegas? And we, and I told you and you were doing the same thing and you were very involved and we just hit it off and talked the whole way with

you and your husband.

And, and that was just funny. And we've been friends ever since. So just kind of a, I think it was 17 if I remember correctly. Yeah. December 2017. Yeah.

Yeah. Now this is the American Academy of Anti-Aging Medicine. So it's quite a big deal to go. And it's the most terrible weekend of the year. It's the second week in December every year, their international conference.

And so I was so impressed because now here's this doctor, folks. And he's been an emergency room physician for over 20 years. He's he's arrived. He's you know, he goes to work He makes you know a great salary and he goes home and gets to relax and forget it So so so Kevin, you know you you start apparently something got you obviously dissatisfied with medicine tell our listeners what happened there and And then I so admire your wife, Kim, because obviously you went home and said, okay, Kim, you know, we have a lot of stability, but we're not going to have any stability anymore because I'm changing careers within the field of medicine.

well that that took a little while for that to happen it was just more of an exposure to that and then i got i got involved in it because i was you know the first time was just kind of eye opening and then as we moved on i just kind of tried to dig in the next year i was going to really get involved so in 2018 i thought okay i'm going to give this a chance i'm going to learn who the keynote speakers are i'm going to read their background i'm going to I'm going to read more about them.

I'm going to read the literature they're presenting and be more prepared and really step out and meet some people. And 2018 is whenever, you know, Peter T came and talked and I, you know, told him thanks for the podcast and everything after that.

And, and, and just kept learning and learning and learning. And, you know, I was just so interested in it. And I did the fellowship and the idea was the way I went through that in my head.

Cause I hadn't grasped the whole idea of a career change at that point. But the way I made it work in my mind was like, I'm going to do this just for me.

I'm going to just do this for me. Because in the ER you're constantly working on these chronic disease issues. Everyone says you never know what you're going to see when you walk in the door.

And that's not really true, you kind of do. It's all the same stuff over and over again. It's metabolic disease, it's obesity issues, it's insulin resistance, all these gut issues and everything.

And then that was on repeat. And then I started seeing my patients different as time went on. And there was no time to really deal with the things that we deal with.

And then I thought, my focus was more on longevity, my focus was I want to do what I can to live well, live long and be active in my 80s and 90s and be able to do the things I want to do.

I want to hike. I still want to snow ski. I want to do all these things. And people in my family at that age, that's not the case. But I realized that they were living in a different way than I would want to live.

So I kind of changed the trajectory of my thought. And as I'm seeing people who were treating people on the coast based on longevity and everything, I thought, why not bring that to my community?

Okay, I'm ready. And you're really never ready, but I started anyway. And in January 21, we opened this up and you're right.

Why Integrative Medicine and Longevity Matter

I went to Kim and I was like, I think I want to do this. And I think when she was like, okay, yeah, fine. So that first

year in 21, when you're starting a practice out of nothing and still working full time in the ER, that first year was very, very difficult.

But yeah, we made it through and then it's just kind of blossomed and I've been really Things have opened up and changed and developed and it's been a wonderful ride.

So I wouldn't change it for the world. Absolutely. But you were very, I was very, whenever I met you on the plane, you were very, you're like, oh, it's going to be great.

Your life's going to get great. You're going to, you know, you could do so many things. And I was like, yeah, I don't know what that'd be. Well, being such an oddball as I am as a dentist, I think I also just kind of went thinking, well, this is going to help Mike and I live better.

I want to learn about this. And I was even as a dentist just seeing people's med list increase and, you know, people getting sicker sooner and having more and more doctors.

and more and more emergencies. Interestingly, Kevin, when I took my fellowship test, so for our listeners, you go through these modules, then you take these tests and write these papers.

And I was sitting next to an ER physician from New Jersey, so got there real early and, you know, it was a real lockdown test. And I said, so, you know, what brought you here?

And he said, well, I've gotten taken to the board for the last time. for fat shaming. And where he lived, he had, he would see patients that had these metabolic diseases that you mentioned, and he would just say, Hey, why don't you take a walk?

Hey, why don't you, it would, your, your knees would feel better if you could lose 20 pounds. And, and he was really getting in trouble all the time. The board was after him.

And so he said, I just don't want to do that anymore. And, you know, similar, I guess, in terms of just the frustration. You get into medicine to help people.

You want to see people thrive. And integrative medicine helps us do that. It helps us show people how to thrive. Yeah, I was just seeing, I saw a lady today that, yeah, obesity is a big thing.

You got to get that with kids, you know, you have to approach that the right way. But yeah, yeah, you're right. The whole fat shaming thing, you got to be careful about how you deal with that.

Sometimes it's metabolic issues. And we've worked with people where I think I may have told you, I had one guy who came in that was That was an issue when he and after we worked with him for about six or seven months when you teach them, you know, go over metabolic parameters.

This is why we're doing this is what we're focusing on. This is, you know, what it's going to do to you metabolically when they understand that. And we really dig into the science there and also, you know, give them, share with them the knowledge that I have and not just saying, just do this, do this.

Then it makes sense and they can get a lot of progress. And so, you know, eight, 10 months down the road, he was having so much progress and he said, I feel like I've been given the cheat code.

And, and it's really kind of like that. And that's a lot of fun, but, but yeah, you're right. That's, that's an interesting, interesting story. But one thing you do, and I hear consistently from patients that see you, is that you help people develop their why, their reason for wanting to be healthy.

And so, of course, that's totally foundational. Yeah. Yeah. Yeah. What they're shooting for. And like today, you know, like, you know, we just finished up, it was, I didn't want her to think about all the things we're going to do.

Forget about that right now. We're just going to focus on a few things, but I want you to think about where we're going. Let's not think about the ride.

Let's think about 10 months from now, what you're going to be and just imagine that. It really empowers people. Whenever people find their why and we kind of wrap our heads around that, then it makes everything a lot easier.

Why they're avoiding places with a drive-through, why they're not drinking sugar to spike their insulin, why they're moving. It's because they want to do this in the future and that's be with their loved ones or go hiking when they're older.

Just, you know, live an active lifestyle and feel better whenever they're, whenever they're aging. Cause I mean, so many people are aging so poorly and that's what I saw over and over again.

I can't tell you the number of times they, you know, somebody even 70 or 80 would say, Oh, don't get old. You know, getting old sucks and it shouldn't suck.

It should be, it should be fun. That's, that's whenever we have that crystalline intelligence where we can really feed into other people. So yeah. Right.

And I think that that expectation either way, whether the expectation is that I'm still going to be able to put my 30 pound, you know, carry on in the overhead bin and go hike and for, you know, 10 miles.

If that's the expectation, then then your, your brain is going to sort of move towards in that direction. Whereas if you expect that you're going to retire and sit in your recliner, It also, you know, moves in that direction too.

Now I've observed, as I've observed you, once, you know, we met on the plane and then a couple of years later, you called me and we had coffee and you had, you were getting the work done.

And, but you've been just so. brave from my standpoint, Kevin, to explore all of these new things that are coming up. So tell our listeners like what you're really excited about these days in terms of these longevity or health span type of procedures or options.

Yeah.

Helping Patients Find Their Why

So we haven't really announced this yet. I don't know if I told you about this yet. So we've been working with a few different groups. One's called OptiSpan out of Washington, out of Seattle, and a group called HumanSync.

And we're doing a cognitive assessment and management reversal. I'm calling it BrainSpan. It's… And my passion is around cognitive decline and dementia.

So that's really common in my family. And my genetic markers kind of put me at risk for some of that stuff too. Like I've got an uncle that's one of my coolest uncles that got, you know, he didn't know who I am anymore.

And he's probably in his late 70s. And it's just a bummer to see, and my grandfather was the same way. And there was some underlying, as I look at it from everything I've learned in the past five years, a lot of that is metabolic, a lot of that is other issues too, but this is a thing we're doing.

There's a lot of… a lot of interventions involved to kind of really affect that. And I've already got a patient that's kind of a pilot in that. And we've done, you know, involves MRI, utilizing AI tools and everything as well.

And we put her through as a pilot and she's just feeling great and noticed some changes already. So we're looking to follow up with her with some other imaging and imaging studies later this year.

But yeah, I'm super excited about that, you know, for personal reasons, you know. So this is a person that had some markers and is not yet experiencing any cognitive decline?

Right. So she has noticed some cognitive decline. There's some part of the testing we do is these genetic markers and then it's, you know, for her, the initial evaluation was through neuro age and it involved, you know, genetic markers, this, you know, brain evaluation where they take these tests online and everything.

They get the imaging done and it's read by AI and you can see shrinking in the hippocampal area and other places that are concerning for early dementia.

As you know, you've talked to Dale Bredesen on a previous podcast. If anybody hadn't heard that, they ought to go back and check that out. There are interventions we can make and just because you're having some cognitive decline, just to say, oh, I'm just getting old.

I hate hearing that crap whenever somebody says, oh, I'm just getting old. It's just garbage. You can do some things to intervene and then there's lots of other things that can be done.

Yeah, Dr. Bredesen and I talked about the fact that he recommends that cognoscopy, you know, a parallel to a colonoscopy, but for the brain at age 35, Kevin, 35. I mean, when I was, I'm 66 at 35, I'm, you know, would never think about having any kind of problem, but it's changed a lot in the last 30 years.

Yeah. So, so why do you like, okay, if you were telling our listeners, here's, here's the top three things that you should do to preserve your brain before you, you know, start today, what would you tell them?

I would say, okay, sleep, eat and move would be two things or three things. So sleep, get your sleep game in order, whatever that takes. If it's like, if you have sleep apnea or whatever, you've got to get deep sleep the first half of the night.

But we know that, you know, if you're not getting that deep sleep, you're not cleansing your brain, the glymphatic system and everything is super important.

So if you're a poor sleeper, figure out why, fix it. And there's lots of information about that we know about. you know, staying off screens, all the things that I'm sure you've spoken about before, setting the tone in the morning, seeing bright light in the morning.

So that would be one thing. Second thing is eat. One of the common things with people with dementia or cognitive decline is they have this insulin resistance issue.

And, you know, things like liquid sugar or things that are spiking your insulin, that can be a common issue. Like my, for instance, my uncle has got bad dementia.

He's got a crazy sweet tooth and he's diabetic now and all this stuff. You wouldn't think it. He's thin. He's always been thin. That would be one thing.

Just because you're thin, don't think that you're not insulin resistant. If that's an issue, figure it out. Get it fixed. Then move. Move. You know, lean muscle is the currency of aging, in my opinion.

It gives you resilience. It's like money in the bank for whenever you have an issue.

Brain Health, Dementia Prevention, and Daily Habits

And we're learning that lean muscle acts like an endocrine organ. So myokines are released for the brain and all that. So that's important. But if you don't like lifting, just move, get out and walk.

Even after dinner, it's been shown to lower blood sugar after, you know, if you go on a short walk after dinner in the

evening when it cools down. So those are three big things I would say to do, you know, sleep as far as food.

If you're eating something that's going to spike your insulin, you need to really think twice about it. And then three, just move. You're the first person, Kevin, that I ever heard use the term CGM, continuous glucose monitor.

And I remember I said, what? That, you know, I, I'm glad you brought that up because it's, it's pretty shocking when people do start monitoring their glucose.

We just, you know, I just, you know, take our fasting glucose in the mornings and well, you can really tell. depending on how late we ate. I just read a study today, in fact, talking about a 10-minute walk after each meal significantly lowers blood glucose.

I mean, people can pretty much do that anywhere they are. Yeah, it's been something I've been doing a lot more in the past few months. I did this absolute rest test and my sleep was kind of questionable.

So in the evening, I'll do it after dinner. I'll just tell Kim, I'm going for a walk. You want to go? No. So it'll be by myself. And it really gives you a chance to kind of think and wind down from the day and just kind of contemplate some things that you needed to do.

Uh, so it's good to kind of wind down for the evening. So it helps with sleep in my opinion, but then, you know, lowering the blood sugar, you know, with a short walk after dinner, it doesn't have to be crazy.

And I tell people with the movement thing, just like I told, you know, this new client today was like, let's just, we're, I'm not going to have you work out hard.

We're just going to do a little something, something tiny. Just consistency is going to move the needle so much more. So yeah, going from nothing to doing something has more benefit than going to like, I work out every day.

If I had to work out, you know, if I added like another 30 minutes or an hour, that's not going to make much of a difference. But if you're going from nothing, totally sedentary to moving, doing something that the, the change, the Delta there is so much more.

So, so yeah. Well, and I always try to encourage people to do something fun. That's something they like. Think about when they were a kid, they like to shoot baskets, go shoot baskets, play ping pong, you know, whatever it is, and find a way to get some social relationship fun in there too.

Oh, it was really interesting, Kevin. I interviewed Joel Salatin. By the time this podcast comes out, that'll be out. He tells people, if you watch the news, then you need to watch something funny for twice as much time.

And I thought that was just great advice. Go find a comedy show you like, a comedian you love. So this pilot patient I was talking to you about in our cognitive program, she I, the thing that was really frustrating her was the news.

Okay. You're going on a news fast. Okay. You can watch 15 minutes. They'll tell you everything you need to know in that 15 minutes. You don't need to know anything else.

So we, we kind of put her on a limit and it's made a big difference for her. So yeah, with the sleep and everything. Yeah I don't think we're designed to know what's going on in every country.

Right. In real time. I just think you know I think our own community is really what matters. So so you recommend that people turn off their screens what one hour before bedtime kind of start.

Yeah, an hour before bedtime, but you know, we're not perfect. I screw that up too. And if I feel like watching TV, you know, dang it, I'm going to watch TV.

But what I try to do is make it something mindless and whether funny or something that's not going to engage me

too much in the evening. So, so if it's going to be a movie, it's got to be something nonsense and maybe some comedy or whatever.

So Dr. White, you graduated from med school in 2000, and of course things have changed a lot in 25 years. What do you wish that your classmates could know?

What do you wish would be part of the curriculum that could really change the trajectory of healthcare? I think that as far as education, I think some education around like basic nutrition, I think would be really helpful in the curriculum.

And I wish, what do I think my classmates would know, like now? What do you wish they would know now? What do you wish they would believe? Oh. What I think about the scientific community is very, we're down on what we're down on.

We kind of poopoo what we don't really understand because we haven't really read about it or paid much attention to it. And in the history of medicine, something comes out and we ostracize somebody for washing their hands.

There's germs or whatever. So we kind of, we kind of crucify people that come up with new ideas and new innovations. And I just really hope what I would want is that, you know, they're open to new ideas and just to, you know, to learn to bring in new things.

Cause it takes a long time for new ideas to actually go from the research side, you know, to bedside. Um, I just went, I've been going to the age conference, you know, I don't know if you're familiar with this, the American Association of Aging.

So, we donated to OMRF, Oklahoma Medical Research Foundation, and we do that every year. But I went to, they have a thing for the donors. It doesn't matter if you donate a tiny bit or a lot.

And there are these, you know, the researcher are, you know, they show their different areas. You go to different areas and there's, you know, somebody studying this and their, you know, their progress.

It's really, really interesting. But one of the guys is studying longevity. Right. And this is a guy named Ben Miller. He's a PhD out of Berkeley, brilliant guy.

And he's talking about, you know, autophagy and all this kind of stuff. And, and he does this presentation for everybody. And I couldn't believe in Oklahoma that we were studying longevity.

Right. So I talked to him and I said, you know, do you guys go to conferences? I mean, where do you guys, you know, cause I told him what I was doing.

He goes, you need to go to the age conference. So I went to the age conference, the very first They actually happen to have that one in Oklahoma and since then I've been to Wisconsin and this year they had it in Alaska.

But you go and I was the only clinician there, right? There's no other MDs, there's no other clinicians, they're all PhDs. So these are the people actually doing the research on longevity and it's supporting everything that we're talking about.

They talk about rapamycin a lot. They talk about fasting. They talk about visceral fat and how that acts differently. And these aren't clinicians talking.

We don't do what we do unless we have the people doing the research who are bringing these ideas to the forefront. So these were really the guys in the front line.

So it was super interesting. So I think that we need to just be open to some of that information that's coming out. And it's just exponential. Well, and isn't it shocking that you were the only only clinician?

I mean, well, yeah, it's it's really meant for it's it's meant for PhDs and doing that type of research. And there's, you know, brilliant people there.

And that's where I met Matt Cameron was there. And since then, we've kind of started working together a little bit. He's out of, you know, Seattle that we've talked about before.

But yeah, it'd be, I mean, it's not like they're not invited, you know, but I think it'd be great to have that. It was great for me to have that exposure.

And at that time, I really, it just hit me in the face. It's like, wow, we don't do what we do in the world of science without the people doing the research and coming up with treatments and ideas.

Um, and we just, we just take the ball and run with it. Well and then it takes what a good 20 years for it to even hit the clinic the clinic and unless there's people like you who are going and checking it out and incorporating it earlier I mean you're an early adopter in so many areas Kevin and you know that's.

It's just so impressive. Most people aren't. I know you have a podcast, it's called the Daily Apple Folks, and you interview a lot of people on it. Have you, like me, have you found that a lot of the researchers are just so eager to be podcast guests to get their message out?

Yeah. Oh yeah. Yeah. We had Ben Miller on. We need to have him on again. He's just a brilliant, brilliant guy. So, so yeah, we've, Matt Cameron's been on a handful of times when I'm up in Seattle.

So, and they have a good one called it's the OptiSpan podcast. So that's great. But, but yeah, depending on a lot of good, great information.

Body Composition, Visceral Fat, and DEXA Scans

So it's not like it's not accessible and it's real science, you know? Well, they usually write some really good books. I'll find a great book that kind of alerts me.

I'm going to interview a scientist from Boston College named Peter Gray. We're going to talk about the value of play in being outside. And I'm just all in for that because You know, we all need to play more.

No matter what age we are, we can't ever stop playing. And he talks, he talks a lot in his book about just the health benefits, not tying kids down in school.

You know, it's kind of, you know, going down, down that avenue. I think it's going to be super interesting as a, as a new, as a new, a new grandma. I want to, I want to understand the best, the best possible things for, for, for my granddaughter.

So, you know, it's just interesting these people that are doing this hard work. So, so your practice now, are you in the ER at all? I haven't been for some time.

I, yeah, I haven't been for maybe a year or so. So it's, it's been a while. Now you, you and Kim have always had a very healthy lifestyle. You've been, you've worked out for years when I met you, you were fit, but how has what you're, what you've learned changed what you two do at home?

Yeah, you really, man, I reframe the way I think about everything, and it probably, it's driven my daughter crazy, because I really, you need to take ownership on what you put in your body.

Like my daughter, whenever she was, oh, 15 or 14, she had some friends over there, there was ice cream in the fridge, and I just was looking at the cart, and I thought, how much sugar is actually in this?

What all's in this? And I didn't say anything, I just got it, and I looked at it. And she was like, dad, you know, just

took it from me. It's like, you, you know, fun sponge and, but just kind of reframe the way we look at everything.

And she makes a lot of meals for her father who's heavily, you know. He's actually vegan. It's a really plant-forward type diet is what we have. Just thinking about the way I fuel myself, that's all really changed quite a bit.

And the reason I work out now is really just for the reasons we've just discussed. It has nothing to do with trying to look good or anything, but it's about how I want to live in the future.

So you're training for the eighties and nineties and beyond. No, it really is. And you see that, I mean, that's been, I say my front row seat to life in 40 years as a dentist.

You see the trajectories of people and you see what they're still able to do at 75 versus somebody else who's 75, but actually has a chronological age, you know, 20 years, 20 years different from somebody else because of these same decisions.

Well, how have you seen your metabolic markers, Kevin, change, say, from, I don't know, 2017, 2018 to now. Fasting, glucose, I mean, my metabolic markers.

Your own metabolic markers. Have you, you know, what improvements have you seen, if any? I mean, I know that that percent of change is small because you were already healthy, but.

Yeah. I mean, you know, fasting glucose has gone down. ALT has gone down. Look at that for early signs of fatty liver. Inflammatory markers are low. You know, cholesterol markers were better than they had been.

So that's always fun to see. So it's really doable. You can take this over. We did a, I tell you, we did the CT angio read by AI. They clearly study. No.

I mean, I'm getting off on a tangent. Matt, I was going down with Matt for the, for a conference he was going to speak at is the Live Long Conference is what it was called down in Palm Beach there.

And he said, let's go down the day early and we can get our CT angios. And I'm like, Most guys would, you know, go golf or do something, but we're going to go hang out and get our CT angios.

And it's read by AI. It's really interesting. And I think that's going to be the way we look towards, we need to start evaluating cardiovascular disease like we do, you know, colon cancer, you know, getting a colonoscopy, that sort of thing, actually visualize the area.

So, with cardiovascular disease, we do all these proxies and looking at lipids, evaluation, blood pressure, and all these other things, which are important, but we don't actually have a real visual for it.

So, this is a super interesting test. It's read by AI and of course, it's read by a cardiologist, but it has an AI proponent where you can actually quantify your soft plaque.

Not only your calcified plaque, people get their calcium score, which is healed plaque, can evaluate that soft plaque, which is the problem, and it's going to rupture and cause issues.

So that was fun. And mine was very clear, which was really nice to see. So yeah, there's been some benefits personally. Honestly, we're all human, and my sleep is still garbage from time to time.

Pretty regularly, but it's pretty dialed in. But that happens whenever you have a 19-year-old at home, I guess. Well, as you're being a med student and then ER doctor, I would think that there's a lot of unravel to do there to get to healthy levels.

Now, you know, we have a different perspective, you and I, on prescription meds than we were taught. What do you see for the average person listening taking, you know, a list of meds?

What, what warnings can you give people? What information can you give people about their medications and maybe what they should be thinking about? You know, take statins, you know, that's a very controversial area.

Sure, sure. You know, I mean, some people need statins. I mean, I'm not against pharmaceuticals in the right situation. I do think that, I mean, we've got people that have some cholesterol issues and maybe their APOB is high or whatever, but we've made lifestyle changes and we follow those things where that's not really required.

you know, had some individuals who've gotten to get off statins as we, as we make some of these other lifestyle changes. But if you're willing to put in the work and put in the mental energy into just reframing the way you think about how you live your life, a lot of times you can come off that stuff.

And some people not so much, but, but yeah, I think it's really worth looking at that and considering coming off that. I wouldn't stop all your medications.

If somebody's listening, I would definitely do it, you know, partnering with somebody. But I think people are starting to be more aware, Kevin, and saying, wait, what are the side effects of the statin?

What are the real risks with this, you know, proton pump inhibitor water? So I just wanted, you know, as, as someone whose, whose philosophy has morphed probably a lot.

Yeah. And like you said, proton pump inhibitors, that's an interesting one that you guys, I talked to your partner for an hour and a half about that. Just really interesting is a lot of times we need the acid in our stomach.

That's the problem. The acid's too low and we're making it lower. We need the acid to be high enough to close off that sphincter. to stop the reflux and I can tell you the number of people I've started on, you know, betaine and some, you know, to raise, you know, or to lower the pH to make it more acidic and it solves the problem with just some basic, you know, gastric enzymes and the betaine.

So that's, that's very, very cool. And you guys check, you know, pH in the mouth, don't you? Yeah. Yeah, we do. We do. And, you know, it's just so much fun.

I guess that was the genesis of the question about what do you wish your colleagues would know? Because in my world, I'll have a dentist call me and I'll do a little training over the phone, you know, a few hours and boy, they start liking their practice again, because there's so much fun stuff that we can do that's simple, that really makes people feel better.

And as I mentioned earlier, we got into this to help people. You know, everyone talks about root cause and stuff like that. And that's true, but you know, understanding where they're coming from and all.

And I forgot what I was saying. I forgot. No, no, I, I don't know. It doesn't matter, but it was, it was root cause. Yeah. Well, and it was kind of that.

I think you were headed down the road of relationships and to see people get well. Yeah. Yeah. When I say before then though, Debbie, I'm losing my trigger.

It'll Michael, Michael edited it. Just great. No problem. Yeah, now he's used to me. Oh my gosh. Now he's got two of us, Debbie. Oh bless his heart. So, so you have an awesome podcast, the Daily Apple, and there was a podcast recently that I want you to tell our listeners about that was about visceral fat.

And I think it was called something like visceral fat doesn't care about crunches or it was a long line. So, you know, none of us want belly fat. Tell us about that.

Yeah. So yeah, one thing I would tell everybody, wherever you're at, you need to go to get a DEXA scan with body composition. So one of the things that we do on all of our patients is a DEXA scan, which is really the gold standard in body composition.

Doesn't cost very much. And visceral fat actually acts different than other kinds of fat. I don't care so much about the subcutaneous fat, the love handles and all that.

GLP-1s, Protein, and Preserving Lean Muscle

But from a metabolic perspective, the visceral fat, which is the fat below the abdominal wall musculature, below that six pack that you've got somewhere that's on the inside and below your chest wall.

So it's a fat around your organs and all that. What we found is that fat acts differently. It's an inflammatory mess. It raises your risk for other things, cardiovascular disease being one of them.

So we want that number to be less than two pounds. Frankly, I like it one pound or less. So the less, the better. So some people can come in, you know, you'll see a guy that may look good in the suit and you wouldn't think twice about it.

And he's not necessarily overweight per se, but he's got four pounds of visceral fat. That's a problem. And you want to pay attention to that and figure out why and manage that.

The other thing is, you know, you might see somebody that looks kind of husky, but their visceral fat is one pound, which is great. So it's really important to know that and act on it and figure out why.

Well, you know, when you and I ran into each other the other night, you said, well, let's do a DEXA scan. And I'm like, I don't think I want to, my wrist real fat.

So, so, because I'm one of those probably fat skinning people in a way, seriously. And I don't think so. So, so why do you, when you say manage it, what, what are some of the strategies you tell people to start with?

Well, if you're, if you, you know, and, you know, Peter in his book, Peter Tia, book outlive, he makes a good point about how he discusses visceral fat.

You think about it like, think about your bathroom, think about your bathtub and the, whenever, you know, you fill up the tub, everything's fine, but a little bit more and it overflows and it doesn't take much to cause some water damage.

Right. So it doesn't cause it. It doesn't take much. So think about that. Visceral fat is the overflow. The subcutaneous, all this other fat that we see externally is one thing, but then you have overflow into the viscera.

So what can you do about it, right? That's what we care about. So if you're a heavy drinker, you know, a lot of alcohol, that'll cause that problem. So if you slow down on that, that can make a big difference, right?

If you're not an energy balance, that's a big thing. If you're not exercising enough to balance your resting metabolic rate, which you can measure as well, that can give you some idea on how to lower that as well.

If you're insulin resistant, if you're eating things that's spiking your insulin all the time, that'll raise it as well. So there are things you can manage and just picking a few and making it easy and simple and consistent, you can lower that and really extend your life, really, and be more vital.

No, that's great. Just to have a metric like that, to be able to measure it. How often do you have people check it once they start? I like people to have it every six months.

Now, if we have people on, you know, GLP-1 agonist or whatever, then I measure those more frequently, like every four months, because you want to make sure they're not losing a lot of lean muscle and so that body composition is super important.

But for the average Joe, I'd say six months, definitely not longer than a year. Because if mother nature had its way

with all of us at our age, moving forward, we'd have sarcopenia, you know, losing lean muscle.

And I see that even people, you know, who aren't on certain peptides to cause this, you know, to cause weight loss. So that's really important to pay attention to.

Yeah, you see people shrink when they started getting up here that were really big and strong. So, okay, so let's talk about GLP-1s just briefly. Okay.

What would you tell our listeners if they're on these medications, these are like a Zempic and you know, blah, blah, blah, a GLP-1 agonist, what should they watch out for?

There's benefits, but there's side effects. Yeah, and there is a lot of other benefits coming out, how it acts in the brain, some really anti-inflammatory benefits.

There's some studies we're looking at being a part of out in Seattle to work with that and rapamycin, which hopefully we'll come across. So that's really exciting.

But yeah, benefits are if you just take it willy nilly and don't follow these things and don't fall in love with protein, don't fall in love with resistance weight training, you'll, you'll lose muscle.

And if you're, you're, you know, if, if somebody's severely overnourished, I like to say they can, they can lose lean muscle initially and they probably will initially a little bit.

And that's okay, but you really got to pay attention to that. I mean, I've, I've done DEX's on. People will, you know, what you want to do is hang on to lean muscle as much as you can.

It makes it a lot easier to off-ramp of those things because it's going to raise your metabolic rate and never mind all these other benefits of lean muscle when it comes to insulin resistance and all that.

But if you are say 30, let's say you're 39% body fat and you lose lean muscle, lose like 10 pounds of lean muscle, lose 10 pounds of fat, you're still 39% body, you know, And where's the benefit there?

So I would say that you just spent a lot of money and you're not going to come off of it and you've got ozempic butt and it's terrible. So I would say if you're going to do it, do it very slow, gingerly, and really pay attention to protein intake and really pay attention to resistance weight training.

Absolutely. So how many grams of protein per pound of weight do you recommend? You know, a gram per pound is great, but you're probably not going to hit that.

So I would say, you know, point, I mean, everybody's a little bit different and you don't want to overfeed somebody. And especially when on the, you know, the GLP-1 agonist.

So for your, if your target weight is say 140. you know, then shooting for around a hundred, I think is reasonable. I'm not hard and fast to say a gram per pound, that kind of thing.

Um, but you just gotta be real mindful about it for sure.

Plant-Forward Living and Closing Advice

But I think a gram per pound is a good, is a good goal. Absolutely. Yeah. Yeah. No, I think so too. And you said that, you know, Kim cooks for her father and mostly he's a vegan.

So you all have moved more toward plant-based, correct? No, I mean, I think plant forward, I'd say just heavy on the plants for sure. Yeah. If you want to live long, you'll have a low inflammatory diet and plants are a good way to do that.

Really? Yeah. So I have that, but I love meat. I love, you know, you can't, it's hard to, I mean, it's well absorbed. It's a good protein source and it's easier to get closer to a gram per pound and it's satiating.

If you have a good, good quality grass fed meat or whatever, then it's, it's satiating and you can, you know, be fairly low caloric and high protein with that kind of meal.

Yeah. And it's delicious. I mean, we have the most wonderful beef here in Oklahoma. Yeah. Yeah. We buy from someone who does rotational grazing and it's just so good.

Well, what would you like to tell our listeners in closing? I want, I want you to tell them about your podcast and you know, your social media outlets, but also just what words of wisdom of encouragement can you give them to boost their vitality and boost their health span?

So yeah, we do have a podcast, The Daily Apple. It's been great. It's been fun. It's almost more kind of like, it's just more about me because I learn a lot whenever I talk to somebody else.

I'm often be jotting down notes and doing things. And we just had that one with Dr. Dermer, who was kind of a sleep guru. And I went back and listened to that again a few times because I thought it was just a lot of pearls that I thought I understood sleep, you know, understood sleep, but he was just really throwing it out there.

So that's, that's, it's been a lot of fun. So yeah, the daily Apple and, and then, yeah. And what was your last point? I mean, I mean, actually to get good information, pay attention to what you're paying attention to really.

And you're putting out a lot of great stuff and you've got to, you've had, I can't believe you've had some of the guests you've had. I'm like, how do you get those people to me?

That's fantastic. So. You know, I'm just fearless. It might be the hair. I don't know. Yeah. And folks that are watching this, there's no air conditioning.

It's like 90 degrees. You know, the hot time in Oklahoma is not noon. It's like six o'clock and that's where we are. So I'm just, you know, sweating like crazy.

Sweat's rolling down my back, but thank you. And you know, just, yeah, I would tell people just, Think about what you want and go for it. You don't want to be normal.

You know, hear me joke about normal, Kevin. You know, normal in our world is pathetic. You know, and you know, it's dehydrated, irritated, constipated, frustrated.

How do you see constipated? You know, over-scheduled, overstimulated, under-nourished, under-rested, and totally stressed out. Normal is not good. And I've seen too many people in my front row seat who get to 70, get to 75, and they haven't thought about the things you're teaching your patients and that you're teaching on your podcast.

And they're, they're. They regret it and that's, you know, regret is just so sad, but it's never too late to start. I would invite people to, to follow Dr.

Kevin White. So you can look on prime health on the prime health website and find out. You can see Dr. White, he's licensed in other states, but is becoming licensed in more and more states, so he can do telehealth.

And you can gain his knowledge and his experience, even if you're not fortunate enough to live in Oklahoma like we do. Yeah, primehealthassociates.com.

Yeah, primehealthassociates.com. Thank you. And what is your Instagram handle? Kevin white MD actually. Okay. Well we'll put all that in the show notes.

Yeah. Kevin white MD. Yeah. And that's the, that's the YouTube handle as well. Good. Okay. Well, thank you for being here today. It's just a pleasure to know you.

I would encourage all of you all to talk to people on, you know, the airplane. If they don't look like some weirdo, just don't let him say hi. And, you know, he didn't.

And we, we had a really fun conversation and they're usually sort of put my earphones in and just look straight ahead. But I'm really thankful that we had got to know each other.

Yeah, me too. Me too. Absolutely. Thank you, Debbie. Thank you so much. And thank you all listeners. I think we're in about 140 countries and 6,000 cities because you're sharing and you're subscribing and just blessings until next time.

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