Hormones, food timing, and chrono-nutrient kinetics

They don't know that there's 85 plus other hormones, down the conspeptin line, the melanotan line. The role of the food-related hormones like adiponectin and leptine, glucagon, all these hormones that are dictating things behind the scenes.

And the way we eat, we metabolize the timing of our food. I have a couple of presentations about something I call chrono-nutri kinetics. Chrono being the Greek god of time, nutrient nutrition kinetic.

the effect of the food on the body, right? And how important it is to eat at a certain time and use what I call food timing to help optimize hormones, using macronutrient cycling to optimize the hormones.

Understanding that those food-related hormones of which cortisol is one of them will dictate and override everything else you're doing. So just by ending carbs at three o'clock in the afternoon and not eating before you go to bed.

There's a powerful hormonal effect to that. Welcome to My MD Unscripted, where healthcare gets personal and the script gets tossed. I'm Dr. Clint Carter, ER doctor turned direct primary care freedom fighter on a mission to challenge how our healthcare system treats patients in America.

In every episode, my expert guest and I dive into real conversations about what's broken and how we can fix it by making healthcare about people, not just managing disease.

It's time to rethink what healthcare should be and we how can make it better together. Welcome to the ByteCast. Hey y'all, welcome back to the My MD Unscripted podcast.

Dr. Warren Willieu2019s childhood asthma and early nutrition lessons

I'm your host, Dr. Clint Carter. And today I am honored to be joined by Dr Warren Willie. We're going to get into the nitty gritty of his story and then just kind of the idea where health really comes from.

But you know, his stories starts in a hospital bed as a kiddo and ends as leader in holistic health, bodybuilding and osteopathic medicine. So I cannot wait to.

Get started on that. his journey challenges almost everything we think we know about how people actually get well. And so Dr. Warren, thanks for being on.

I guess I'll start with the question and let you just introduce yourself properly. But what happens when the kid on 14 Medicines grows up and realizes none of those were actually fixing the problem?

So man, thank you for bein' on the show and tell us about we got here. Thank you, Doc, I appreciate that. Well, yeah, it's so true. You know, there's something to movement and what crosses your lips that no one ever seemed to tell me when I went and visited the pulmonologist at the National Jewish Asthma Center in Denver, Colorado.

I grew up in Boulder, CO, as a sick little asthmatic. And yeah. What they do, drugs, and those drugs don't work, get more drugs. Classic to our current nature, for every drug I was given that had a side effect, I would give a drug for.

So yeah, 14 might be on this more conservative side. Yeah, it was crazy. And then, you know, back then this is the 70s. I'm kind of dating myself there.

But we don't use half those drugs at all anymore because we know their toxicity, their risk way out. way outweigh

their benefits now. Yeah. So maybe part of the reason I'm a little up here, but yeah, I was a sickly kid.

You couldn't do much. My dad used to joke cause it was windy in Boulder, Colorado that you need to tie a kite screen to my toe when I went outside to play it.

Cause I didn't wait too much and long story short for you. Uh, my dad wanted me to, because I. He bought some sand filled weights. Remember those. Yes.

Yeah. Well, he set up a little gym for me in our basement and then from, I think it was my 11th birthday, maybe 12th, but 11 birthday. He bought me a subscription to what's now called Muscle and Fitness, Joe Weider's publication.

And back then there was no ads in it. The only ads were actually for fitness equipment. There was, no supplement ads, anything else. Right. I would read the thing from page to back page, even the advertisements I was picking stuff up of.

and started really lifting. And so for my 12th birthday, he got me a membership to a local gym called Newell's Gym. I'd get on my bike and pedal down there after, of course, popping some albuterol so I could make it there.

For those who don't know, listening to albuterols is just a bronchodilator. It's what helps asthmatics, their bronchi open up. Even though it doesn't treat nothing, it just opens up the bronchus.

Asthma is a disease of inflammation, as you know. Guess where you get inflammation from? Not moving and eating crappy. So I joined this gym and I was starting to get some help from some of the bigger guys in lifting and stuff.

And well, at the same time, I took quite an interest in nutrition because something occurred to me. I realized that nights that I wasn't puffing on the albuterol night or on my nebulizer started to link up in my head with what my mom made for dinner.

And so I really got into the nutritional side of stuff. Not so much for that, though I started to see it, but for I wanted some muscle. I want some weight on, right?

Yeah. And I, I realized, and some of the, the bigger older guys in the gym who were so kind to help me lift weights, they're like, you need to eat, man.

You need eat. So what do I eat? And then back there, The answer was, well, everything. Just eat everything. Half these guys are on four or five different anabolic steroids, right?

So they're like, just eat anything. Well, I knew that was not right because again, that connection I made with my mother's dinner and I started reading everything I could on nutrition.

And within the next couple of years, I got rid of all the processed, what we now call processed ultra processed foods. I really realized that my body doesn't respond well to carbs.

So I was on a low carb diet as a young teenager and really understood, man, this protein is really important. Fat's not that big a deal, but man in my life, carbs triggered asthma attack and sugar is an inflammatory response I know now.

And so then I started helping some of the bodybuilders in the gym with their diets and it helped a couple guys who went in. One of them went on and when the Mr.

USA. Oh, wow. And I was the guy helped him with his eating plan. So I just went out that path. I've been a personal trainer all the way up through high school, college, grad school.

Then I learned about the osteopathic medic program and I as a pre-med major as you were, I'm sure. Yeah. It was, it was I think I, was a junior Clint before anyone told me about the DOs.

I heard about MDs, of course, the allopaths the chiropractor, but there was two I never heard of the naturopath and the osteopath. And the natural path fascinated me.

From personal training to osteopathic medicine

But the Osteopath being Western trained, taking into account the musculoskeletal system, that was a ding, ding ding light bulb moment for me, I was like, okay, That's what I want to be.

There you go. So my life has been personal training and personal Training as a doctor. Yeah, that's right. Training people personally as a doc and so much of what medicine or I guess the functional medicine side, especially has come around to is.

You know, movement and diet and sleep and stress, but you know all the things it's like, Hey, you, know what are you putting in your mouth and what do you doing with that body of yours?

And so much of that had, when I was in medical school, I say this on this podcast from time to time, it was like when was a medical. Lifestyle modification was punchline, right?

Like, well, yeah, people need to eat better and exercise more, they're not going to do that. So here's the list, the litany of pills that we have that can help them not die.

And, you know, nevermind living, but for sure medicine's pretty good at keeping you from dying, at least for a while. Right. But, and then, I guess most of my training, it felt like the osteopathic and the MD guys that got out looked pretty similar, right?

But I was more in the ER world, maybe a little in a family medicine world. Cause I did family, medicine residency and went straight into the E R and everybody just kind of did the same thing.

They didn't, nobody had time to. manipulate or dig into all that other stuff. But now that functional medicine's coming back around, I'm really seeing a big, really sort of resurgence of the differences in an osteopathic training regimen, you know, just the philosophy that comes with it, which has been really fun because it's right on, right?

Absolutely. It's Right on. So, so you went training, you went osteopathic, and then, sort of, along the way you kind of figured out that, hey, the docs, when I was growing up, my experience was more medicine, more medicines.

I think, it sounds like you sort figured it out early that what you did and what ate played a much bigger role in your wellness than any of the pills you ever got.

And so, you know, how did that influence, like, I mean, there's a chance that through that process, You just mistrust medicine altogether, right? Like you're like I don't want to be a doctor.

They don' know what they're doing. Versus you took a different path and let it inform your medicine. How did change how you went about things? Well, as a personal trainer, even in high school and definitely through college, being in the pre-med club, spent some time with some local docs the Pre-Med Club set up so we can shadow.

and stuff and I had I asked one doc we were great great family practitioners still remember him to this day and he was awesome with his patients just knew his stuff took his time very wise, taught me a physical touch, whether it's a tap on the knee or a handshake, how important that was to establish communication and relationship.

I mean, I learned that from him. And at the end of my rotation, or couple days with him, so you said verbiage, right, from residency and stuff, but by following him I asked him hey, can you never talk to these guys about what they eat or whether they're exercising?

And he paused, and this guy I had so much respect for, he looked at me and goes, well, that doesn't work. And in my personal training experience, I had actually got some referrals from him and some other people to train these people.

And I saw things get better and what their stories, how their story's changed and how They felt so much better because I spent an hour with them teaching how to use weights and then gave them a modified eating plan that again, it was a little bias at the time.

I really made the carbs kind of low and around the same time, the whole Atkins thing was getting bigger and people are starting to recognize it. Wow. And it kind started in the weight loss world that, oh, wow, food is important.

You know, and, this is maybe something we can touch on a bit later, Dr. Khar, but It's calories to me don't matter that much as much, as the hormonal effect of food.

And especially after you're 40, it is just powerful. And a lot of the literature and data on calories into calories out is based on younger people. Even back then, as I'm writing these eating plans, I focused on caries.

I did their body composition. Jackson and Pollock's three-site skin caliber measurement. So a man chest, abdomen, thigh, woman tricep, abdominal, and thigh.

Based on their lean mass number, would calculate calories from that. Then I'd always start with, okay, this is how much protein you need. that time and back then you know the research was very adamant kidney disease don't eat high protein yeah proteins not good for you right and all the stuff and are recommended from the rda allowances was i think was 0.8 grams per kilogram were totally different obviously yeah right even in kidney diseases yeah if you have kidney it may make more of an effect but it doesn't cause kidney Right.

No. And even then you just, you know, maybe you don't want to eat nothing, but double the recommended protein allowance, absolutely. Your body needs protein, man.

That's just how that works. It does. Again, a little tangent here, sorry. I think we eat way too much protein to follow up on what you just said. We don't need that much.

There was a study, and forgive me, I cannot think of the author, but it was done in the 60s on boxers.

Calories vs hormones in weight management

These guys were training eight hours a day and they gave them 40 to 60 grams of protein a So I think we kind of overdo that you need two grams of protein per scale weight now, not just kilogram.

Let's double it. It's multiplied by 2.2. I've seen so many people coming with that. And as you know, there's a percentage of population that the carbs aren't causing insulin resistance, it's actually the protein via the Glut4 receptor on the cell.

So you got to be real wise with what is the proper amount per client, at least in my view. Now that I'm coming back from my little tangent there, writing people, eating plans, and helping them lift, I was seeing people improve.

I had my own experience by then. That's why I wanted to go to medical school or osteopathic school. And I want to learn about the diseases, learn the drugs, know as much information as I can, so then I could apply how to eat and move to that.

That's just the way my practice has always been. I've always Asked you first first thing out of my mouth besides after the introductions and handshake is tell me about your diet Tell me how much you move.

Yeah, and then we go from there Well, you know, so many of, I'm a direct primary care guy, which just means they pay me a membership. They get in an hour with me as often as they need.

It's a fun way to practice. You get to know your people really well. And so we get into lifestyle, but sometimes I get a little lazy and I start leading the witness with, well, I know you pretty well.

I mean, you don't eat blah, blah blah and you drink blah. And he's like, no, man, just let them talk. The answers are in letting them to talk because really they'll, quite frankly, honestly I just came back from counseling appointment.

and I go every month for my counselor and it's great that we don' have an agenda. didn't know what I was gonna talk about. So I walked in there, but eventually I talked myself into a corner, right?

I think it was like hey, Okay. You know, sometimes I tell people all the time, I'm like, Hey, you know the way counseling works is maybe they ask a few questions and they direct you a little bit, but ultimately you keep talking until finally you're like maybe I said that because I am an a-hole.

Okay, well that makes sense. I see how that could have been taken the other way. All right. Yes. So you let the patient tell you about, you know, what eating healthy, because you don't think, oh, we eat pretty healthy.

It's mostly home cooked meals. We're active around the house. You know we do a lot of yard work. And you're like, okay. I'm gonna need you to be more specific.

Are y'all home cooking some chicken fried steak and gravy? What are we working on here? So it's been a fun experience with being able to spend time with patients.

And when I first started this thing, I was an in the box, residency trained, family medicine, MD, and I ran into this wall. I just can't help a certain percentage of people I figured time was the limiting factor.

These eight-minute visits, that was a problem. And it was, except that the in-the-box, residency-trained toolbox that I had wasn't enough. I wasn't trained on anything that insurance doesn't pay for.

And so I, wasn' t taught. So finally my partner, he got in this thing a little before me. He was like, well, when are you going to get into hormones? And I was, like when I'm not the weirdo for being the concierge doctor in our little town.

Like, and so finally I got into the hormone sector and it really just, what the bioidentical hormone replacement door did for me was it opened up a room.

full of doors that I didn't know existed from functional medicine to more, like, I don't. Know what healthy diet meant. I really know what exercise meant we weren't really taught those things because we were taught that people didn' change and that it was, wasn't going to work.

And so, so like hormones have been an incredible part of my. of my practice and getting people better, but tell me more about when you say eating for hormones, right?

Like the diet affects your hormones. Tell us more that because I think that's kind of a new angle for a lot of our listeners. Haven't I heard that before?

Absolutely. So first of all, let me preface it with calories are very important. Don't get me wrong. But I don't think there's an end all especially the older you get.

And I've kind of made a cutoff age more empirically than I did scientifically. The 35 to 40 is when calories they're going to not have as much influence as that hormonal effect of food.

We see that especially in, I mean, look at the almost fanatical perimenopausal social media out there. Everyone's like, Holy cow, holy cow. And people like you and I are like, well, yeah, the hormones start to change.

The OB-GYNs and, I love them, one of my best friends in OBGYN, but I always tease them like… You're a surgeon. You don't know anything about an infernal.

Correct. He sends me all the hormone patients. But they say that the menopause, average age of 51 in America, is described by a clinical event, a lack of menstruation for 12 months.

Yeah. Right. But if you really understand the way the body is working, hormones are, in women in particular, changing 15 years prior. I mean, I've always questioned this, Clint, and maybe you can answer it for me.

Why is a woman who's 34 years old and eight months have a normal pregnancy and a women who is 35 years and three months, have high risk pregnancy? Right.

Well, they had to draw the line somewhere, you know, insurance had the pay extra at some point. There you go. Okay. That's the best answer I've ever had.

Those insurance bastards did it. You know they did. Yes. But we see so much. I did a lecture a couple of years ago in Chicago and the title of the lecture was the role of sex hormones in weight management.

And I think it's so important to understand that yes, we start changing early. a lot earlier than we thought. I've been doing men's hormone replacement since the mid-90s, always looking over my shoulder for the DEA.

Another side note here is kind of funny. When I first moved to where I live now in Southeast Idaho, I was writing hormone prescriptions for men, including using Clomid.

as what I call TBT, testosterone boosting therapy. I like it. And I had the board of pharmacy and the Board of Medicine called on me by doctors who are now my patients.

It's a true story, dude. True story. So understanding that how the hormones are changing stuff, what does food do to that? And that's where when you say hormone to someone, The first inclination is sex hormones.

Maybe the thyroid pops up in there and then they end it. They don't know that there's 85 plus other hormones down the conceptual line, down to the melanotan line.

The role of the food related hormones like adiponectin and leptin, glucagon, all these hormones that are dictating things behind the scenes and the way we eat.

the way we metabolize the timing of our food.

Food timing, hormone optimization, and muscle preservation

I have a couple of presentations about something I call chrono-nutrient kinetics. Chrono being the Greek god of time, nutrient nutrition kinetic, the effect of the food on the body, right?

And how important it is to eat at a certain time and use what I called food timing to help optimize hormones. Using macronutrients cycling to optimize the hormones, understanding that those food-related hormones, of which cortisol is one of them, will dictate and override everything else you're doing.

Just by ending carbs at 3 o'clock in the afternoon and not eating before you go to bed, there is a powerful hormonal effect to that that then translates into your overall health and whatnot.

It also makes those of us who provide hormones for people that much better at it or better looking at, it because now we're taking into that account that those hormones aren't being announced.

I'm not just replacing a woman's estrogen, progesterone, testosterone, and D8, I am actually helping their body metabolize it better and utilize it based on food timing, based simple little things like that that can make a huge difference.

Huge difference. I mean, as peptides have come around, you know, just the whole, the Samorin, Tessamorlin

group where they're boosting growth hormone, right?

Well, it's kind of like, well, yeah, maybe if you do it right, because time is everything. Right. Like apparently growth hormones only secreted in a fasting state and deep sleep.

And so if you're having a, you know, a little snack right before bed, You're not fasting and then that also affects your sleep and so you don't have, so it's like, why is everybody Why are these growth hormone, you know, secretagogues that help your body improve its own growth hormones within its limits, of course.

Why they helping so many people? Because we just don't know what we're doing. We're just watching TV and snacking on popcorn right before bed. You know we probably have sleep apnea or or you know drank a little something with it so that we our sleep sucked and then.

Next thing you now we just our hormone is you our growth hormone sucks you notice it and that that falls into the effects your sex hormones it affects your your cortisol levels it.

It's all so interconnected that timing, that's when I was kind of like, this timing stuff really matters, you know? Because once again, I probably was taught something about growth hormone in medical school.

I have no idea. But the interconnected hormones in school suck so bad. There's so many, they're all interconnected. there's endocrine, there is exocrin.

It's just the wild freaking West, man. And which is why it's not an indictment to say that our OB-GYN colleagues, you know, They're the hormone experts in women, except that kind of nobody's the hormones experts and women.

Right. Really? Because the endocrinologists, they don't know or care. Like they've got their, their niche, right? Like, there's still Brighton Levo for everybody, if you're going to say.

So, but the timing, the rhythm, and that's really, I mean, from your personal training background, way more than your medical school training, the timing and rhythm of eating and exercise.

You know, I only have ever thought of it in the world of, you know am I bulking or, really not me. I never did. My son, is he bulky or is cutting? Right?

That's what he eats and when he eat. So is it relatively universal for a perimenopausal female or a 40 something year old male on the rules or does it pretty variable, pretty individualized?

I think it's very individualized. I Think we all fall under this umbrella of human physiology, but then life experiences, there's so many variables that then play into that that changes people.

So I make it in my practice, I'm blessed like you, i get to spend an hour, two hours with every patient I visit with. And that allows me to learn more and enough about them about their history, about that stressful event that triggered their autoimmune disease that they never linked up together.

Those type of things give me the ability to make the eating more personal. And I have a full-time dietician that works with me and we're on the same wavelength.

He's been with us for 16 years. So if I'm looking in the person taught to about macronutrient timing about where to add exercise in, what's the best for this, I make it per their ability to do it because that's one thing.

They have to be easy, if you will, and they have do when they feel good. So, in some cases, Clint, I might even just say, I just don't want you to eat before bed right now, and I just want to go for a 15-minute walk after dinner every night. That's it.

Because doing all the other things we do in functional medicine, even trying to affect dopamine a little, make them

feel better, now they're going to be more apt and more aggressive in, okay,I need to do this.

I need eat this way. he suggested. And that's another thing, another tangent here. I think that we've ever done too. 15 minutes resistance training three times a week will maintain most people's muscle mass if the hormones are right and the protein's adequate.

Right. So they don't need to be a gym rat. They don t need spend three hours a day in the gym as the fitness world tells them they need. Right? And so making them individualized for their disease states, their goals, they're concerns, there presentation.

And that's another thing in nutrition clinics. I mean, the father of Western medicine, she said all disease is deficiency. Oh my gosh, you run like a Genova Metabolomics Plus test.

Everyone's deficient in some. And lots of things. And by helping them, I try to always find dietary replacements over supplements, but we use supplements because just as the word implies, it's a supplement to the diet.

It's not taking over. Right. Helping them with that and getting them feeling better, now they're more involved in the movement. Now they are understanding and trying to learn about their eating.

Man, those are the people that get better no matter what they show up with. And the, you know, like you were saying with the protein too. If you're telling everybody or if, if the internet's on everybody, they got to eat four pounds of protein for every pound of body weight.

Kind of like trying to make too many changes too fast. Nobody can do that forever. You can only eat so much protein at a time, you know? Like, ugh, it's just hard.

So making all these changes one little bit at time. I know like for weight loss folks, right? One of my big things, and I think it is muscle being sort of the currency of longevity, being such an important metabolic tissue for our wellness, how we feel, now how are we going to feel later, all that stuff.

And it had been, you know, I think medicine in general acquiesce to the idea that, that muscle was important, but it's the last, to me, it feels like five years.

It's probably been longer, the muscle as an organ system that really matters for people has really taken off. And I've really enjoyed having that. that readily available data, that momentum for all my weight loss patients.

Cause everybody comes to me and they want to lose weight. Right. I mean, yes, but you don't want lose. Weight. You want, uh, fix your body composition, right?

Like you didn't wanna lose muscle. Yeah. But you know, if you've got a lot of weight to loose, then your challenge on top of losing weight is doing it without losing all your muscle mass.

Mm hmm. weight loss and muscle and something else recently. And I was like, so every time everybody went through one of these diet, fad diet cycles and they lost 40 pounds and then they gained 40, then lost 50 pounds, and I gained 60 pounds.

Well, they lost 40 pounds, some percent of that was muscle, and what they gained back was all fat. And then they loss 50 pounds and some percentage of was that muscle.

What they gain back is all that fat, so now they've got no basal metabolic rate, no muscle to work with, feel like crap, tired all the time. It's just such a negative momentum, it's sort of an eating itself process.

Bodybuilding, overtraining, and the risks of extreme dieting

Whereas if we can just build muscle and so that's why body composition, devices have just become priceless in

this day and age because everybody thinks they want to lose weight.

And it's like, yes. Your scale doesn't know the difference between water, fat, muscle, you taking a big dump. It just doesn' know that difference. So we've got to, we gotta get you there.

Um, which has been really fun. And that, and like you said, the personalization of it all, um, it's like, now, okay, you, I want you to just like. I need you go for that walk.

You know, GLP ones and some other things. Once we kind of get this piece going, kind like the guys who come to me that want peptides and the rest of their health is just on fire.

It's like, yeah, you're not ready for peptide buddy. That's, that's the sprinkles on top of the icing on the cake, right? Yes. But you know it's on a podcast.

Cool. Right. Well, okay. So this celebrity did this. How did that person become an expert in this? Oh, well, they're a celebrity. They're rich. Absolutely.

I totally forgot. You're right. Yeah, totally. Totally. Well, you know, that brings me up to another question. Like, so like in the fitness bodybuilding industry too, there's a lot of people that are really unhealthy.

you know, doing this bodybuilding bit, right? You know they'll do anything to get a little more muscle and a lot less fat. You already mentioned sort of like all the anabolic steroid, you now, things that are going on.

What else, I mean where, for our listeners, where is kind of the sweet spot between what the health and fitness industry is, not industry, but folks at the gym giving each other advice.

where they're getting it right and where are they getting wrong and how we can, how you as is sort of a good bridge between both realities, where you, you use that to bridge with your patients.

So separate the bro science from the real science is what we're talking about. Right. Yeah. It's interesting. I still work with a number of bodybuilders, both on the IFBB professional side, all the way down to the amateur trying to do her first physique show at 45.

And it is, it can be the most unhealthy thing you have ever done. As a matter of fact, see that book right there, Obtainable, that is about that. That is a full book about people who are under recovered, overtraining, whatever you want to call it, taking drugs, not following measures of health while they're doing this, getting so, going for that such a lean look that It's terrible.

And then, yeah, there are steroids and even peptides used inappropriately and SARMs and SERMs. I mean, they're so many things out there that are readily available to people without prescriptions or without running them by me or you that it is actually a very unhealthy thing unless you do have someone like you or me in their corner to help them.

and I think that just starts with consistent measurements. Let's do an in-body scan on you. every week while you're starting this diet. Let's not do the 800 calorie eating plan, let's make it realistic, make sure your hormones are balanced and because as you know it's What happens to these people and the reason they become so dependent on the drugs and stuff is when you diet, your survival hormone cortisol has a tantrum, right?

It has terrible tantrim. And this is an analogy I use with my patients. Let's pretend you and me and your loved one and my wife, we're a tribe and we live here in where I live in Southeast Idaho.

That equates to being freaking cold in January. or a tribe and we had a terrible hunting and gathering season. This is a thousand years ago and there's no food.

So what happens? We're stressed. There's not food and back then the only reason to be stressed was the fear of

not eating or possibly the fair of being eaten.

Maybe. Yeah. Say for two tiger stuff, right? And, and cortisol will shut off the hormones because what's the last thing you do when you're not. You don't bring more mouths into the world.

Nope. Procreating is bad idea. Bad idea. It increases reverse T3. So I don't care what your thyroid labs look like. If your RT3 is elevated, your thought ain't working.

Why? Because cortisol is trying to slow you down to spare calories. Yeah. And so these two, these people, and that's just a couple examples of many hormones that go nuts with this intense low calorie dieting.

I'm afraid bodybuilder physique artists not, but just non-educated GLP-1 user. gets us into the same vicious cycle and they just they they wreck themselves and then they come seek you out and say dr carter you need to fix me i i feel terrible and you do their body you know and their Five, 10, their lean mass is a hundred pounds.

Yeah. They should be 120 pounds, right? So I think it's, it in that world, helping people that are doing it, understand the ramifications of what they're doing and then show them you can do it a better way in a safer way.

But you have to apply these principles and that's where the personalization comes in. Well, you know, like you said, these, weight loss folks, I love the GOP group of meds because until now, if there was a medication to help with weight loss, it was definitely bad for you, right?

Like it, maybe you were trading the, the health of, of weight-loss for, you know, and maybe it wasn't net positive in the end. If you lost enough weight and didn't do enough damage and your heart was young enough to take it and all the other stuff.

But now it's like, there's medicines that work that are like. better for your heart than the weight loss makes sense that they should be and all the different things.

And, but it's so addicting to be able to lose weight when you've spent your whole life not being able lose. You know, there's just so many people between genetics and lifestyle and the food that we've been fed all this time and of that.

It's been. genetic, physiologic, hormonal lifestyle disaster. And you get these cycles of weight loss and muscle loss, and weight gain. But now that there's something, it's like, I feel like I'm having to make interventions with my patients.

I mean, no, you're not allowed to lose any more weight. Well, can I, Can I keep my prescription for maintenance? Well yes. If you'll use it sparingly at low dose for, maintenance to shut the food noise off every once in a while.

But if you're really, cause then they'll come in and they will let it slip. Oh, I just need to lose a few more pounds. My weight's going to be 146. And I'm like, you've got nothing to loose but muscle at this point.

Right? Like you, This medicine is not going to make that loose skin go away. If you want that gone, go talk to our surgeon friends. They can do that. I don't want a surgery.

Then stop it. It's just so addictive. The scale, you know, their home scale and chasing this weight and feeling they can lose. And then they come in and you're like.

I can't have you telling people that I'm your doctor if you lose another pound. You're just a walking bad advertisement for me. Everyone thinks you have cancer now.

Stop it. Yep. And so, and the addictive nature and. In a bodybuilding world too, like, you know, there's a little bit, You have to be, sort of obsessive about your body in order to do it well, but you can be obsessively and healthy about how you do.

But, in the end, if you don't have that, your just going to, do whatever way works because you have, to get there. You, have it. It's, it's your dopamine hit.

And so it's really what I'm finding is this being really I am to the point in my, you know, our patients are healthy. They're losing weight the right way.

We're watching their muscle, all of that. But you've got some folks that just, I hate to be the jerk, but I just gonna have to, be an adult in the room and be like, no more.

You know? Totally. And I really hate that! I have some in fridge. I don't want to lose weight. The other day I took a half dose cause I was in there looking for carbs at 10 o'clock at night.

I just, you know, I think I'm just going to shut that food noise off. You know? I'll be good for a month. Yeah. Good. I'm the same way, Doc. I will not, and I don't think I have ever, written a prescription for a GLP one without a GHRP or a GHRH, at the very least.

And then to make sure their androgens are appropriate, make they're doing some sort of resistance training. Who I am is, if I can quote the word you used earlier in our discussion, an a-hole.

GLP-1s, peptides, and building a safer weight-loss strategy

Because same thing. You are either doing it this way or you're doin' it somewhere else. Yeah. And I understand you. I care about how you care, about you look.

But I'm here to make sure you are healthy. And you have to do this with it. You've got to maintain that muscle mass. and this is the way to do it. I've had great luck with that, both scientifically and empirically, just people, if you're doing it, and so your list was a GHRP is a growth hormone-releasing peptide and GHRH is growth-hormone-releasing hexapeptide, like samoriline we mentioned earlier, or CJC1259 with ipamoraline or testimolar or any of those.

That ipimoralin is actually a ghrp, but those medications, those peptides, Increasing growth hormone affects the body on every level you can think of.

It truly is the anti-aging hormone, the way it affects some mitochondria and the electric transport chain. And it is just essential for, in my opinion, for our type of medicine, and for the goals we have, our patients have for themselves.

knowing you can't just do one thing. I can just, like we, you know, I remember preceptors and fellows I've worked with in the past, they were phentermine distribution centers.

Yeah. Right. All my patients lose weight. Well, have you checked their heart and did you check what they're actually losing? Right, right. And so I'm with you.

The GRPs are a wonderful thing and we've known for years, what does gastric surgery do? It increases GOP1. That's what gastric bypass surgery does. Really?

Yeah. That is the number one hormone response to a gastro surgery or a weight loss surgery. No way. Yeah, GOP one. What's interesting, I think it was 2011, the American Board of Bariatric Medicine changed their name to the America Board Baryatric and Metabolic Medicine.

Boom. Yes. Exactly. Our fine surgical friends finally realized, yeah, my surgery helped, but changing someone's anatomy wasn't the secret. It was the hormonal response to it that did the work.

Well, and they got rid of 80% of the insulin resistance in the body is now in that bin over there. You know, get rid all that adipose tissue while you're doing some of, you know if you do that while do it.

And it's, it was funny how just, you know, You can do bariatric surgery and someone's suddenly not diabetic anymore. What the hell happened? You know?

It's crazy. It was crazy, but you like, like we said, people don't understand is kind of, this is where I love that we're in the information age, But there's just so much information to lead through and not all of it is right.

But people are looking for results. You know, and they're not necessarily about the process if they don't have to be. And so that's kind of where we come in.

Cause there's, you know what are some of the main shortcuts that, that you find you keep having to sort of cut off at the pass as people are, You they, they know they are looking for health, but to them either weight loss or this extreme or that extreme equals health.

You what is some shortcuts you have dodge all the time? I would say the need to try to over-exercise your fat or under-eat your fats, which again, just doesn't work, especially as you get older, are a big, big problem.

I think it's a classic alcoholic mentality. If some is good, more is better. Yeah. Right? So I've had people come in who their doctor wrote their daughter a GLP-1, their husband a GOP- 1, and she had a GOP 1 and was taking all of theirs.

I'm like, wow, come on. Same thing with the thyroid. I want to take thyroid hormone because it'll help me lose weight. Well, it's kind of a life's tale.

Then they suppress their own thyroid, then they get into osteoporitic issues. The list just goes on and on of the classic American culture. One, I wanted it now and two, want more of it.

Yeah, right. As that's where I see the biggest hang up. So instructing people that, you know, three times a week in the gym for half an hour, 40 minutes is going to do more than if you're in there two hours a day for seven days a That's a hard thing to get through people's heads.

That is not sexy, bro. You are up against fast, easy and cheap. that you're up, against all those things. you got to pay a membership and or have your own supplies, make yourself go, maybe figure out what you should do when you get there.

Look at all of those people that obviously know what they're doing and you don't know. What you are doing. And that's so intimidating. Like that is a, hard sell, man.

It is. It's a hard sell. Just right now, off the top of my head, the biggest stumbling block. We've just been taught wrong. The gym has been its own world.

That's where the gym guys are. It hasn't been for the last decade or two, really. A lot of patients haven't gone to a gym in a long time. They're, I'm like, listen, you don't have to go to a gym.

You don' have go get you a rubber band and tie it to your doorknob. Go get something. But you have, to you, have do some resistance training. There's some certain amount of body weight things that you can do safely.

there's, there are classes for that, but you've got to do. Some resistance, training and the gym's not full of meatheads all the time. Right. Plenty of regular people having Zumba classes together.

I don''t know. Just go check it out, man. But I would agree. I was going to ask you, and maybe this is it, but if someone that's listening feels stuck, they just don't know.

There's so much information out there. You know, they want to lose weight, but now, now they're scared. They're going to loose muscles. You need to eat protein, not too much, definitely enough.

So what should the next step be for someone that's listening right now that is just intimidated with what's right? I would say seek you out. seek you out or another functional medicine physician who has some idea of this get your body comp measure check hormones check inflammatory markers check your liver health do a gut health test do uh a nutrition assessment and get some help with it because again if you can get if dr carter can balance your hormones and stuff make you feel better it's going to be easier and that I think is the key.

And that's where something I admit to messing up for 20 years of my 30 plus year practice life is I pushed so hard on the diet and exercise, but if they weren't feeling well, they just couldn't do it.

So I really try to make people feel better first. That's when hormone replacement comes at the top of the list because people really do feel there. There's so many Xenoestrogens out there, I mean, i've been doing male hormone replacements for 30 years and The guys are getting younger and younger, and these 25 year olds are coming in with tea levels of 120. It's terrible.

But I never start those people on TRT. I start them on TBT, testosterone boosting therapy. Let's change your diet, let's get you moving. Here's some supplements that will help lower sexual and binding globulin, which will increase your free tea.

Practical next steps and closing remarks

Let's get you going first, but it's been amazing to me how my age bracket has gone, and male hormone replacement has, gone from the 60s down a decade, maybe two decades down every decade I practiced.

And it is just because the general unhealthiness of our country and the health experts out there that are telling the latest, greatest fad. I mean, I'm waiting for the HCG diet to come back, Clint.

So yeah, let's do it. Right. You know, a good rule, you can starve yourself and you just don't care. Well, okay, man. Thank you so much for coming on.

If folks want to follow you, reach out, is your reach greater than your area in Yeah, we're kind of a destination spot because there's so much to do. I'm about two hours from Jackson Hole, Wyoming, Sun Valley's three hours away, Yellowstone National Park's two hour away.

So I have a large clientele that flies in to see me. And probably the best way to it would be going to one of my websites, tmc-idaho.com. TMC stands for the metabolic clinic.

TMC-Idaho.com. Probably the best way if you're interested in learning more. Happy to do it. I love meeting new people. So yeah, I would be honored to help your listeners, my friend.

Thank you so much for that endorsement. Dude, absolutely. You don't have to have been listening to this show for the last 50 minutes to understand that you know more than I do about a lot of this stuff.

Absolutely. Thanks for coming on. That was great. You've made me a better doctor. Hopefully a lot of our listeners got a light out of it. And we really look forward to, you know, what you're doing and sort of, how about, I'm excited about the fact that a of medicine is finally catching up to where you are and where have you been and how you do it and thanks, man.

I thanks for counting on the show. Oh, thank you, Doc. It's been a real honor and a pleasure. Thank you. Thanks for joining me today on My MD Unscripted.

I hope today's conversation opened your mind and inspired you to imagine a better path for your health and therefore life. If you found value in this episode, be sure to subscribe, leave a review, and share it with someone passionate about transforming healthcare.

Real change starts with real conversation, so let's keep on going. Until next time, stay well, say curious, never stop

pushing for better.