Why Diets Keep Failing You: The Genes Behind Carbs, Fat, and Fasting Transcript

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Intro to Genetics and Metabolism

I think most women over 40, you're going to have a higher cortisol response when you are like running 4,000 miles a week. But you know, we look at particular genes and we did talk about this on a previous episode, but genes like A, D, R, B2 and B3, they govern fat cell response to exercise signals.

So impaired variants here mean that breakdown doesn't respond well to adrenaline even during intense exercises. Welcome to Beyond the Scale, where real health gets deeper than just the numbers.

I'm Dr. Darren Dubiak. And I am Alexandra Dubyak, and we are not only partners in life, but also passionate partners and integrative care. Blending faith, family, functional wellness, And a little life with our dogs.

Because true healing happens beyond the scale. All right, guys. Welcome back to Beyond the Scale. Again, I have Dr. Piper Gibson, who is joining us today.

If you guys have been following us on Beyond The Scale, we know that we have done this series on the Aimprint, and the aimprint is the genetic testing that is offered here at Body By Aim 360. Dr.

Gibson in her own right, I will say is a genius in the genetic world, right? She's a great educator. She has been teaching this for many, many years. And Dr Gibson and I have two different client bases, we were just talking about this off air where You know, body, my aim 360. And so what Allie and I do, it's very metabolic and hormone facing, right?

So Dr. Gibson, again, tell people what you specialize in for your clients, especially in the genetic testing room, please.

Meet Dr. Piper Gibson and the Aimprint

Yeah, so I specialize in working with children and families whose children struggle with things like anxiety, ADHD, OCD, with a very specific specialization in tick disorders and Tourette's.

And so we're looking at these neurological syndromes with kids that are really not truly neurological. So you and I look at some similar genes, but I'm looking a totally different set of genes for a different reason when I am looking to genetics for my clientele.

Gotcha. And then you know, guys, how Dr. Piper and I met is through mutual friends and mutual colleagues where they say, listen, you guys are really, really forming the structure of genetic testings in the country.

How much more can we educate? And I think there's so many, and, I talk about it on every episode. So many celebrities pushing so things, right? What's right for me, what's for my clients?

I'm telling you, being a client of my own company and going through the same print, it was really life-changing for me. So let's get into the fun one.

What's Aimprint? Dr. Gibson, we already did the top 10 genes that we look out on Aim print. Let's go over this. Why do diets keep failing you? I mean, this is the million dollar episode.

If everyone, this is the million dollar episode. And you know, I always tell people anymore, they're failing because it may be genetic. Don't you agree?

I totally agree. They're not following the right diet for their genes and it makes a difference. And that's where I go

back to. You know, you have celebrity one or even this person that it's the next hot thing, like should I, go high, high fat, low fat?

Nothing but animal organs and blah, blah. But, nobody knows. But do we know? And that's why this genetic test is so important. So listen, I want to get right into it.

I wanna go carb and fat-tolerant. More or less, why does keto work for some and backfire for others?

Why Diets Fail for Different Genes

Yeah, and this is where we are using your genetic panel as a blueprint, as our roadmap to map this out. One of the things that I think is going to be a great reference is for people to go back and listen to the previous episode where we talk about like the 10 top genes on your test.

But let's look at some examples. So example, FTO genes, we know that people who have this homozygous variant, so on you test panel, it's red, its bright red.

It's like, oh, stop right there. So when we have those variants on this panel, it really looks at people who are going to benefit more from a low carb diet.

So we know this high carb, they're just going have this harder problem with these high carbs. For this person with an FTO variant, low carbs is going be better.

But there's multiple genes that you are looking at on the panel. We know somebody who might have a red, A, C, S, L, five, this indicates the inability to metabolize- Say that five times very quick, yes.

I know, right? This really kind of reduces our ability to metabolism fat for energy. So someone who has this variant as like, oh, I'm going to do the keto diet, their body may struggle to use the fat as fuel efficiently, leading to things like fatigue, brain fog, and poor adherence.

And so Yes, we can look at these genes and what your response is going to be to a lower carb diet or a keto diet. And we really want to find the sweet spot for these people between both.

Yeah. You know, and you're right. Like, you know we talked off air of how horrible I felt on keto, right? But we saw as soon as I gave myself a little bit of carbs, I fell fantastic.

And having my own test on myself, it was eye opening because I am that person. I'm that. you know, fat, protein, a little bit more carbs. So talking about that, the mixed macronutrient result, like what's that look like clinically, you now, in a pie chart?

Yes. So that, and that's kind of one of the cool things that we can look at is those percentages. And so when we're looking at, so for this particular patient, for example, you know, they have a 48% response on their high carb and they had a 55 response in their low carb.

We can see like they're better for low-carb, just a little bit lower for the high- carb And then, but neither run high, we know that their fat response is quite a bit lower, it's 33%. So what does that look like?

We want to do moderate carbs at about 40%, moderate fat at 30%, higher protein. It's not an extreme diet, But this person is failing diets because every popular diet pushed them to the extreme that they're genetics are not supporting.

And so that's really the core value of the Aimprint is it is removing that guesswork from that dietary structure. Yeah, and I love it. And that makes sense because so many people think, one, they think if it's, if they have to go all in or nothing.

If they don't go in all or anything, then they'll fail.

Fasting Response and Genetic Fit

Right? And I see so much times that's just not the case. You know, we made a name for ourselves at Body by Aim and the aim method for doing these things, getting the right foods for you.

Now, not only from a blood work standpoint, but also genetically. Next, I want to get into something that actually helps me significantly, right? And I found out why because genetically I scored very high for it, which is the fasting response.

So is fasting actually backed by genetics or is it a one-size-fits-all? It really can be backed by genetics. It's not necessarily a one size fits all.

I also think it's just not your genetics, but I think age and sex matters, like if you're female or male. But when we are looking at this, things like PPARA is, if have a normal, it is in the green, this is a natural, normal metabolic adaptation for using fat as fuel.

and during fasting. So, you know, it really kind of lends a green light to that concept. But when we go back to the ATSL5 gene, good lord, It creates friction in fat metabolism.

These two findings together really suggest to us fasting could help, but it needs to be done slowly because we have to adapt. So, you know, if you're incorporating fasting, considering doing it gradually, we can look at these two genes and then have a plan.

So instead of just one day being like, I'm going to fast for 15 hours, genetically, it may not work out for you. And it maybe that you need to increase that gradually over time.

Absolutely. And you know, Dr. Gibson, there's definitely doctors, you and I, I know we're part of corporations, in part, what do you want to call it? I guess, advanced testing where we have a lot of peers and a lots of pioneers in that fasting role.

I always just say, it can't be all or nothing. There has to be a way of going into it. The AIM prank finally proved that, so I appreciate that. Appetite and craving.

Appetite, Cravings, and Satiety Genes

So what happens when multiple genes are impaired or just not working? Right. Again, we're looking at this layering concept of how these genes all functioning together.

For our make-believe person today, there's a gene called HTR2C. This is where we have serotonin receptors that are less responsive. Reducing our fullness signaling.

and then we have an LEP gene that can really look at slightly lower leptin production. And then the leper gene or LepR, this is your lepton receptor gene, and this can be less responsive even to what is produced.

So when we look these independent variants and these issues that are going on in the satiety system, This person is not overeating because of lack of discipline.

Their biological fullness signaling is genuinely muffled at multiple levels. It's like, yeah, so clinically this changes everything. We know for somebody like this, high protein, hi fiber, structured meal timing, targeted supplements all become therapeutically necessary.

it's not just a nice to have. So now you have these genes that we can look at how they work together, how are they functioning within the body. And then we consign this really individual diet plan.

Gotcha. Last but not least, and I want to come back to all four of these again, but when we know why diets may be failing us, it's certain reasons. And one of the big reasons I'd always tell people is you have to think there has to be over 300 or 400 types of different exercises, right?

You could do from riding bikes to swimming to anything. I used to often be stalled by patients, I would pay a million dollars. if I knew exactly what exercise was right for Darren to do, right?

And why would you not then spend all your time and effort in doing that? So now there's the aim print. And with the Aimprint, there is an exercise response gene.

So why do some people lose nothing from exercise despite working harder and harder at it? And I see that a lot in my practice, Viper, where especially some of my women over 40 are like, I've been running three miles every day for the past seven years.

I'm actually gaining weight, Darren. You know, why? Well, one, we have to look at cortisol response and that. And, and I think most women, over forty, you're going to have a higher cortisol respond when you are, like running four thousand miles a week.

Exercise Response and Fat Loss

But, you know, we look at particular genes and we did talk about this on a previous episode, but genes like A, D, R, B2, and B3, they govern fat cell response to exercise signals.

So impaired variants here mean that breakdown doesn't respond well to adrenaline even during intense exercises. So if this person is in the red, it can also impact their blood lipid levels and their cholesterol.

And so exercise being essential for patients' fat loss and mood, but diet being a primary lever when we're looking at things like cholesterol, so. Exercise can help so many different things, but when we're looking at these particular genetics, it can helps us design that perfect workout plan.

Should you be doing a HIIT exercise, or would you better off doing moderate exercises over a longer period of time? So when you can look at that genetics it's going to help us narrow down what your real exercise plan should be.

And again, with working with our health coaches and the AIM method and and they metabolic reset protocol or food program that we have our patients. Again, having the information from a genetic standpoint is imperative for just not us helping you, but for you for a lifetime.

You know, we actually were blessed to have a couple pro athletes to be patients of mine. And right now we have, a young guy on the hockey team who's 26 years old, right?

And he is desperately constantly trying to gain weight. I'll remember some of these guys by burning four to 6,000 calories per game, Right? But for some reason this young gentleman, this pro athlete just cannot gain weight.

We did his genetic testing, his aim print a couple of weeks ago, and it was the biggest aha moment because it gave him an absolute roadmap. Because remember, these guys are functioning at the highest capacity you can be at, right?

So from a standpoint of just not diets failing you from weight loss perspective, but also in gaining weight. Like what is the perfect program, the Perfect genetic setup for that person on their food.

So I wanted to definitely put that into this episode because. You know, yes, we are very large weight loss practice in the state of Pennsylvania, but I do have patients of mine coming in saying, well, I just can't gain weight either, right?

And that's a big shift. And we see from a genetic standpoint, after we analyze all the blood, there's lot of aha moments for us as practitioners, you know?

There really isn't. I just kind of mapped out something similar for one of my clients. So I have a 17 year old client who wants to be a Navy SEAL and he is an athlete right now.

Baseball, football, all of the things. And mom was just really stressed about how do we get enough calories and food into this kid? And when you know the genetics, you are able to map it out.

Athletes, Weight Gain, and Personalized Plans

Exactly. So she was so excited and she sent me this message and was like, oh my God, I was overwhelmed until I saw what you did for me. I see this map and this makes it so much more doable.

This is exactly what this kid needs to be able to succeed. And it was neat because the aha moment I had was, and it so great because this young man actually brought his mother to the appointment.

And you know, she says, well, that means he could eat whatever he wants then, right? I mean, you're telling him he needs to eat three to five. I'm like, not necessarily.

Right. They got it when we really broke down some of these genomes. And if funny enough, the mother actually even said who herself in her own right was a collegiate athlete in the eighties when she just said, well, I actually, even had some of these issues.

So it was, it, was really neat dynamic. Having mother and son and again, mother being a Collegiate Athlete and the son being, a pro athlete. It was. Really, really cool.

Was a great experience for us and for myself personally. to treat them. But listen to me, this was our third episode, right? Our third video podcast in this series of the Aimprint.

The next episode is going to all be about genetic testing and medication and weight loss medication. It's going be one of most incredible episodes. I can't wait to get to it.

Next time, Dr. Piper and I are going close out the aimprint series on that. Listen, guys, thanks for following us. If these items that Dr. Gibson and I are talking about intrigue you or exciting, please call us, go to BodyByAim360.com.

Check out Dr Gibson in her practice. She has been a great friend of Body By Aim and myself personally.

Closing Thoughts and Next Episode Preview

she is absolutely brilliant in this field of genetics and always humble for you to be on the show. So I thank you so, so much. And until next time guys.

We'll see you later. Thank you. Thanks for spending time with us on Beyond the Scale. If today's episode helped you see your health differently, like the show, share it, and we'll see you next time on beyond the scale.