Get Your Life Back Podcast
BioBalance Podcast — Dr. Kathy Maupin and Brett Newcomb
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Dr. Kathy Maupin: Hello, and welcome to BioBalance Heath Podcast. I'm Dr. Kathy Maupin, founder and medical director of BioBalance Health. Today, Brett Newcomb and I will discuss getting your life back. We all have to die someday, but we don't have to die sick.

Brett Newcomb: Well, yeah. We were going to talk about the anthropological basis of beauty and attraction and the physiology of sex and how that all interweaves. But, one of the focal points of our conversations has been that we have been inviting listeners to contact us if they have questions or comments and that we would try to react to them in future podcasts. And, we have received a really important question from a couple of listeners in Cleveland. And, they sent you a question that was pretty personal and intense and specific. And, in developing an answer for them, it occurred to us that we probably ought to spend our time today talking more generically about anti-aging as a field of specialization in medicine and how BioBalance fits in that new field; what are you doing and why are you doing it? As we were discussing that, you said to me, "we all have to die, but I am passionately committed to the belief that we don't all have to die sick." So, that was my understanding of the short version of your answer. And, I thought today we would spend some time amplifying what that means and how do we get there.

KM: That's my goal. My goal has always been to make people healthy. Then usually if we're healthy, we don't' have other illnesses secondary to our debilitation. We get older and so we start losing some things. The first thing we lose is hormones. And, hormones trigger all the rest of the stages; all the other problems that we have; your immune system goes down, your lifestyle changes because you're fatigued, you stop working out, you gain weight. All of these things is triggered by that first step of losing your hormones.

BN: So, the hormone change is a trigger that then sets off a cascade of events that we call "old age." And, for centuries the common wisdom has been, "well that happens when you get old; you get crippled up, you can't move, your joints get stiff, you get aches and pains, you lose your hearing and your vision, you lose your sex drive." All of these things are a part and parcel of what being old is like.

KM: Except now, we live to 100, and all of these things start in our forties. So, that means that we live debilitated and sick half of our lives. And, because we've made our lives longer with good water and good medicine; treating illness, treating high blood pressure, we just lengthen this time where we don't feel well. My goal is to lengthen the time that we live, but to feel well all the way up to the very end.

BN: So, another phrase that you use regularly when you talk to people is "we're working on learning how to get you back, for you." So, that their personal experience is a rejuvenation of them as they have known themselves to be.

KM: That's absolutely the perfect picture. That's exactly what people say to me every day. They thank me and say, "I'm back. I have my life back. My brain's back…" Because, you can't think very well when your hormones decrease.

BN: I'm sorry, what? (laughs.)

KM: Yeah, that too. Usually, most people can't think well. Their short term memory goes. And that's something we usually think about with someone's who is eighty. But when you go through your late forties and fifties, all of a sudden…

BN: It's scary.

KM: People come to me and say, "I think I have Alzheimer's. I shouldn't have this, right?" And, I see it all the time. I say, "well, you shouldn't have it, but you do have it. So, we'll replace what's missing and it will go away."

BN: Or, and you and I have had discussions about this, you replace those things, and you run through a check list of symptomology that then allows you to identify, "all of these things are in the range where they should be, as a result of the pellets that we put in you, and something is still wrong. And so now we need to refer you to a specialist to find what that is." You were telling me yesterday about a young lady that had a type of cancer that was discovered because she came to see you. What you did brought all of her readings back into the normal range, but she didn't feel better. Would you like to speak to that a little bit before we answer the question from Cleveland.

KM: She specifically continued to feel so fatigued, and she was in her early forties. And all the lab looked good. But, she continued to have terrible hypoglycemic attacks. And, I was treating that with some metformin and medicine that we use for that kind of thing, and it didn't better. And, that was a sign that there was something severely wrong. Because, she really didn't feel well. So, I sent her to an endocrinologist who is like-minded. And, she does the other hormones that I don't do. She takes care of insilinomas, and that's in fact what this young woman had. And, I thought she had been unhappy about my therapy, because she didn't feel better. Yet she came back to sit down with me for a follow up visit to say, "thank you for sending me to this doctor, because she's found the cancer and she's going to have it removed by a surgeon. And, that saved my life."

BN: And that cancer would never have been on the radar because of all of the assumptions would have been, "you're just depressed. You're just getting older. Your hormones are changing, you're going through menopause. This is the way you're supposed to be."

KM: Yeah; "you're lazy, fat, and crazy." I mean, that's what they told me when I was forty-seven with my ovaries out, and everything changed. They said, "you're just lazy,

fat, and crazy. Get used to it, it's old age." And, I was forty seven, my family lives to a hundred. So, that was a horrible thought; to have to live like that, not being able to think, not being able to get out of bed, being completely exhausted. And, I knew what this young woman was feeling like, and I gave her back what I thought would work. And, just by sorting out all of the other symptoms, I found that she had something else, and it wasn't just hormones.

BN: Well, and anecdotally, what you tell me is that that happens to you on a regular basis, and that reinforces for you your passion about what you do and the rightness about what you're doing medically.

KM: That's true, I was trained as a gynecologist. I know a lot about hormones. Gynecologists are the keepers of the hormones, except for a few of the glands that the endocrinologists take care of. But, we take care of the ovaries, the testicles; we do infertility. So, we know a lot about that. I always was interested in how that played into every other part of our bodies and our physiology. So, for me, I've always been studying this. I've always been trying to find the very first step of a disease. What is it that changes that gives us the problem initially?

BN: The trigger point that you reffered to earlier.

KM: Right. Cancers are usually an immune system problem, not just a hereditary problem. Your T-cells drop because of age or some stress or some other reason. And, as your T-cells drop, you can't gobble up those cells that make mistakes every day, like in breast cancer. One cell changes into cancer every day. But, your cells or my cells kill them. But, if my T-cells don't work or I don't have enough of them, one or two sneak through and there is a cancer.

BN: So, you're working on learning how to win the war within us.

KM: Right.

BN: Which brings us to the question of our listeners in Cleveland.

KM: Yes. They emailed me because they had been to another physician in their area. And, they wanted to know what to do next. Because the physician in their area was not somebody who was interested in using anything that wasn't FDA approved. Bio-identical hormones are, in general, not FDA approved. Because, the FDA has to have a drug company representing a drug or a treatment to bring it through the FDA, and that takes millions, maybe billions of dollars. Well, bio-identical hormones cannot be patented. Therefore, they don't have a drug company behind them, because they can't make a drug company a lot of money. So, they don't have their Lancelot.

BN: So, there's no marketing agency to shepherd it through the FDA process.

KM: Right, and a ton of money.

BN: Right, that costs a lot of money. And also, because it can't be patented, we emphasize the individualized nature then, and the importance of the individual relationship between the doctor and the patient. Because, you've got to learn what their metabolic systems have and do and how they operate.

KM: Right, and I have to have a pharmacy that I trust to use.

BN: So, the question from Cleveland had to do with a doctor that they had been seeing that was focused on just FDA approved options.

KM: And the FDA approved options weren't working for them.

BN: So the question they ask you was what?

KM: They asked how to get care and should they use gels or, what they call vaginal pellets, which isn't what I do. Vaginal medicine can be a cream or a tablet that is inserted in the vagina in females, obviously. But, the pellets that we do are pure hormone placed under the skin in the fat of the hip or the love handle which then dissolve slowly over time. These other medications that they were asking about were medication that are daily dosage, or twice daily dosage. But, they're bio-identical possibly, from what they said. But, they're dosed in a different way. I don't use those because my results are so much better with pellets.

BN: So, they're better for a couple of specific reasons. One of the reasons is that the pellets that you use, that you insert in the fatty tissue, allow for an absorption; a metabolic decay process that absorbs them into the body in a consistent and regular way that replicates the natural generation of estrogen or testosterone. Whereas, the vaginal insertion or the creams are sort of one-hit doses that may be short term immediately effective but don't have a replication of a natural system.

KM: That's true. They go up and down. We call it a half life. We say, "what's the half-life of a drug?" That usually means that if you were taking a drug three times a day, then the half-life is going to be 6-8 hours. Or, if you're taking it once a day, it's 24 hours. That's the time that it takes for half of it to be out of your system. So, if you're doing a cream, it's going to be four, maybe six hours at the most. So you have to keep re-dosing. Or, you have to have this up-and-down, up-and-down hormone level in your blood. That doesn't feel good to women, and it wouldn't feel good to men either.

BN: Okay, I'm an ignorant consumer trying to become an educated consumer. The analogy that occurs to me, or the question that I have, that isn't directly your line of work but is a similar thing, is the example of the Viagra pill and the Cialis. Where the Viagra pill is absorbed, or needs to be used within an hour or the opportunity window has closed. The medicine has been metabolized and it won't work for the same effect. Where the Cialis is marketed because it works over several days and there's an oppor-

tunity window that is significantly larger before that is metabolized and it goes out of the system. Whether they utilize it or not.

KM: That's right, the half-life is 72 hours instead of 2 hours.

BN: So, this is a similar or analogous comparison that what your pellets represent is a window of opportunity for rejuvenation, for recovery of mood, for recovery of energy, for recovery of sexual desire, whatever. That becomes endurable over time and can be regularly and smoothly updated. So, you don't get those surges that you get with half-life focused medicines. Am I understanding that correctly?

KM: You are. Medicines that or oral or trans-dermal (which is vaginal,) or sublingual (which is under the tongue); all of those have to be dosed, dosed, dosed. And, it depends on whether you actually dose it.

BN: And do you get hormonal surges with those application styles? Do you get mood fluctuations? Do you get flushes, and intensities with those that you don't get without the pellets that you use?

KM: Yes. And that's one of the reasons that I do pellets is so that we have a consistent absorption. It's like a reservoir. You take what you need when your blood flow is high. Like, when you're exercising, you take more from the pellet. When you're sleeping, you take less. And, you don't need as much testosterone or estradiol while you're at rest. So, your body regulates how much it takes from the pellets. Whereas, you don't have that kind of regulation with any other kind of medication. The other thing is that I know that the hormone is going in. I'm putting it there. You don't have to think about it for another four to six months.

BN: So, it's like putting money in the bank. It's there, and as you need it… It's a demand account. So, as your body makes the demand based on your activity level, your awareness level, your arousal level, whatever it may be, the money is in the bank and it can draw against it. And, you don't have that deficits that then lead to relational problems, or emotional problems, or performance problems.

KM: That's absolutely right. And most of the things that cause that, like PMS is estrogen going up, progesterone going down; ups and downs. That is what makes us women considered moody, is the hormonal fluxes that we have to have to have children. But, once we're done having children, and we're being replaced, we don't need those fluctuations anymore.

BN: I want to keep coming back to the question from Cleveland, because I want to make sure that those listeners get the answers completely. And, you and I have sort of wandered into a more detailed description of the medical issues. My memory is that you suggested to them that because of the economics of scale that it might be beneficial to come from Cleveland to St. Louis and see you, until some doctor in their area could be trained or interested in looking into what you do. Could you talk a little bit about why that

would be an answer that you would give them? How would that be an effective or efficient way for them to acquire appropriate, effective treatment?

KM: The advantage of the pellets is that they last a long time. They last four to six months. In general, there is a few of my patients who need them every three (months); every three women that need them every three. Because they have very fast metabolisms. However, that gives them the opportunity to just come once to St. Louis for a day and then go home. I have a lot of people that fly in from all over, even from outside the United States who come in. We know their dose. We've figured out their dose and perfected it. So, they come in they get their dose and they leave. And then, they don't have to think about it again. But, for them to go to a doctor in Cleveland who is using creams and gels, there are going to be tons of visits. Some of those doctors charge, and I understand why they do this, a fee to either hold an appointment like a retainer. Or, a fee to take care of them for the year, like a concierge doctors. And, I understand that, too. That's a good way of doing business, it's just not the way that I do business. The way I do business is to just charge for the visit when they come and then charge for the pellets and the insertion when they need them. So, it's not like you have to have a lot of money up front.

BN: So, part of your answer then is that, depending on where you live and transportation availability, the effectiveness of the treatment that you use, because it is so personalized to the dosage, and that it generally will hold for three to four months depending on if its a male or a female, it might be more economical and more effective to just come to St. Louis two or three times a year to get the predetermined dosage and the insertion, which can happen in an afternoon. So you could do a one-day turnaround. You could do a business-day flyer and come in with an advanced appointment and get it taken care of. And, that could be very economical for an awful lot of people.

KM: It could be and it is.

BN: And, you have lots of clients.

KM: I have a lot of people who do that. And, we're only 15 minutes from the airport in St. Louis. So, it's easy to get in and out. But, I guess the reason that this is worth it, is because we believe and we know from the nine years that we've done this, that pellets are a better answer. They are more physiologic. They are absolutely the pure hormone. They're not a synthetic, like shots that are synthetics and they have lots of side-effects. They're much better and much more like your own hormone. It doesn't go through your skin, it doesn't get changed.

BN: So, it doesn't have the side-effects with the pellets.

KM: You don't have the side effects. The biggest side-effect with testosterone for women is facial hair. And, we can handle that. Compared to feeling absolutely terrible and not like yourself, facial hair is a minor issue. And, we deal with that. But, it's just so important to get your own hormones . Even if they go through your skin, they're not bio-

identical by the time that they get through your system. So, you have to have them in a way that your body picks them up in a pure form.

BN: So, it's like putting them in the bank on a demand account. And, your body demands it and it's there and available.

KM: Absolutely.

BN: So, that leads me to the additional question that I wanted to ask, because you had mentioned that they could begin to communicate with doctors in their area and find one that might be open or receptive to learning this new model, and that those doctors could contact you for discussion and potentially for training, what have you. So, could you say a little bit about that so that they could talk to their doctors or for other doctors that might be listening would be aware? What do you offer, what do you do with that?

KM: I developed an affiliate program because doctors wanted me to train them. But, it's much more than just training them medically, it's training them to do the practice the way that we do it, looking at all of the other hormones as well as the estrogen and testosterone. So, I've developed protocol books and protocols.

BN: For the BioBalance model.

KM: For the business, yes. For the model.

BN: And you have affiliates in Pasadena, California, in Florida.

KM: Not Florida, yet.

BN: You're negotiating.

KM: Yes.

BN: So, the concept is beginning to spread. And, you would be open to talking to doctors in the Cleveland area?

KM: Yes. I would. I'm not going to train anyone. I'm going to train people who I believe will actually get this. I'm going to train people who will be successful and take good care of patients. I'm pretty picky about who I want to put my brand on. And, they have to be nice people. That sounds ridiculous, but I don't have to work with people who aren't kind to their patients anymore. I just work with people who are kind. And, that's what I'm looking for; kind, open-minded, forward-thinking physicians in any city that patients need them.

BN: You said that really well. But, I'm looking at, as you're talking, a document that I have in front of me. And, you've written:

"what we're attempting to do at BioBalance is to develop a strategy of preventive, medical management which helps you avoid the daisy-chain of reactive, symptom-based treatments that only look at one part of the aging system."
And, I think that's worth saying again, which is why I took the liberty to read it. I think that is the message. You are trying to help people get away from chasing the rainbow, one reaction at a time, and look at a holistic approach to fighting off the adverse experience of old age.

KM: We're all getting older, but we shouldn't all feel sick as we get older.

BN: That's right.

KM: We should be productive. And, our generation went through the sixties and the end of the fifties; all of that new age stuff. And, that's what we believe in; we believe that we aren't going to get sick. Patients are very discouraged when they walk into my office and say, "I don't feel good. I thought I'd feel good because I work out and take vitamins and take good care of myself. I have good genetics, and I feel terrible." So, our generation does not expect to feel old. We don't expect to feel bad. And, I agree with that. I don't expect to feel old or bad. I feel great, and I'm fifty six today.

BN: Happy Birthday.

KM: Thanks. I just couldn't do this if I didn't feel awesome.

BN: Well, I really appreciate your answer and so appreciate the question from the listeners. And, I want to encourage them again, anywhere out there. If you have specific questions or comments that you want to make, you can get in touch with us. Kathy will tell you how. We would welcome your input.

KM: We'd love to see Dennis and Barb, the couple that wrote us, in St. Louis until we could find them somebody in Cleveland. If you have any questions or comments about this show or bio-identical hormone pellet therapy, please email them to podcast@biobalancehealth.com. We also invite you to visit our website, BioBalancehealth.com, and learn about all of our services, including supplements, skin rejuvenation, and our complete line of our botanical skin care products. You can also read my blog, DrKathyMaupin.com, where you'll find links to our Facebook and Twitter accounts. Thanks for listening. For Brett Newcomb, I'm Dr. Kathy Maupin.