16 - Aging, Menopause and Andropause
BioBalance Podcast — Dr. Kathy Maupin interviewed Brett Newcomb
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KM: Hi, I'm Dr. Kathy Maupin. I'm the medical director and founder of BioBalance for Women and BioBalance for Men. BioBalance Health is my overreaching company. I'd like to introduce you to Brett Newcomb. He and I are going to talk on this podcast about aging, menopause, and andropause. And, that has to do with the hormones that are in our body and leave as we age, and the effects that has on us and on our sex lives and our social lives.

Brett Newcomb: I'm really anxious today to hear about the science of this. Most of what I think I know about these things is anecdotal. It comes from stories that my clients tell me, or it comes from my own experiences as I have aged, in trying to figure out what is natural, what is normal. Is this a result of bad choices on my part? Am I eating too much sugar? Do i need to exercise more? Is it a culturally defined thing? For instance, the physiological mechanisms for food tastes are going to be the same. But culturally, we interpret the stimuli differently. So, a child that is punished by having to drink hot sauce is going to be devastated. He's going to be burned, it's going to be hot, it's going to be uncomfortable and he isn't going to like spicy foods. But, a child that is raised in a family that teaches that these are really good things. "Here, try this tabasco sauce or eat this hot pepper and you'll really like it. Here's hot chocolate or hot coffee. This is enjoyable," as opposed to, "this is punishment." If I tell my child, "if you misbehave I'll put boiling water in your mouth." Physiologically, it's the same process. Interpretively, it's different. We have to define the reality that we experience. So what I want to hear from you today is the science of all of it because you know it and I don't.

KM: You always give me a whole new task the minute you start talking. I was going to talk about the patients that come to me and are unhappy about aging, and they've heard that i can fix it. I mean, that's a simplistic culmination of what i do. I look at a patient and they want to have their hormones back, they want to be young again, they want to have sexual thoughts and feelings again. They want their marriage to work.

BN: That is the buzz in town. In the last two months, I've heard your name come up in three or four different remote, unconnected places where men and women are talking about what they have heard about what you can do. So, the word is spreading.

KM: That's good. Because the status quo is, "you're old, suck it up, get used to it, you've got 50 years to be old." When they told me that, I'm a physician and I know a lot about hormones, and nothing I knew before that worked. And when they said, "you're lazy, fat and crazy." I said, "my psychologist says I'm not crazy. And, maybe I'm fat and I become lazy because i feel terrible, but that's not me. I want me back." And, getting me back, I discovered out how to do that. And it was through finding out every hormone that was

missing and replacing it in the most natural, non-oral way; in a way that is under the skin, pellet therapy. And that's what I do.

BN: And when you say "non-oral," talk a little bit about what that means.

KM: When we take pills to replace a hormone, hormones go through our liver on the first pass. It first goes through your stomach to your liver and gets changed before it ever gets to your body. Many of the side effects that we have when we take a hormone orally, or many of the problems with it being effective, has to do with it being broken down first into components that are not helpful to us or hurt us.

BN: So, it metabolizes differently or less effectively if you take it orally. But if you take it as a pill or if you take it sublingually under the tongue…

KM: Sublingually is a little different, it is better than a pill. Because it goes directly into your bloodstream. However, when it goes throughout the mucosa of your mouth into your bloodstream, it changes a little. So, that change makes it less like the hormone you used to make. We also give them vaginally or trans-dermally, on the skin. Those two are better than oral because they don't go directly to the liver.

BN: But all of those metabolic absorption process change the hormone in some dimension to make it less effective than we desire. Even if it's a natural hormone. So, what about what you do that is different than those things?

KM: I had the benefit of trying all of that, because I have used all of those things to help patient for the last 25 years since i started practice. I knew a lot about that because I had a relationship with the pharmacist to help figure out people that I couldn't figure out with the traditional method. So, I used all of these other things on patients, some worked, some didn't. And I found a lot of research on them. And I thought that was as good as it got. But, then when none of those worked on me, nothing made me feel normal again. Nothing brought me back to health again until i found bio-identical hormone pellets that are placed under the skin, in the fat of the hip or the love handles for men. For me it was in the hip where all women have a little fat. It dissolves directly into the fat, into the blood system, it's not changed at all. And, it's just like your ovary or testicle made it. It goes directly into your body and does just what it's supposed to do; crosses the blood-brain barrier and stops migraines. I had terrible migraines before that that started at 40 and ended at 48 when I had the pellets. So, all of these things were made better because I got all of my hormones back in the most natural way. And, that's what hormone pellets do, and that's what i do.

BN: So the pellets create an absorption ratio that endures over a period of months. Its not like, "take the pill or use the sav and for the next ten or fifteen minutes, you'll have the benefit of it and then it's gone again."

KM: When you're given any kind of medication and you're told to take it every six hours, that means half of it's gone in six hours and you have to repeat it. My pellets are given

every four months, on average to women and every six months on average to men. So you have the same dose every day. And, it doesn't go up and down every day, and it doesn't go up and down every four to six hours.

BN: So, you don't ride the hormone storms anymore?

KM: Right. Women don't need to have the ups and downs after they're done procreating, after they're done with pregnancies. All of that up and down that made us crazy...

BN: So whether its a hot flash or a chill or a temper tantrum or a sadness or a depression, any of those kinds of things…

KM: We don't need that now. Because after menopause, after we're done having children we don't require that. That was only meant for children, for being pregnant. After pregnancy is not a necessity or even possible, we do better, just like men do, on the same hormone every day.

BN: Okay, so this isn't about fertility enhancement. This isn't about helping you to have children. This is about normalizing or stabilizing your physiology, for a generation or more, beyond what your body history would have allowed.

KM: That's absolutely correct. I have in the past taken care of infertility with natural hormones. This is different, this has to be when you're done with your fertility. And in general, when our fertility goes away that's the same time as when our testosterone, our growth hormone and when our estrodial starts going away. So, we need to have that replaced.

BN: Well, in respect to last week's conversation about anthropology and about the aging process and how our society lets us live longer than what generations and generations have expected. So, we have to make these adaptations. So, the adaptation that you're talking about is that it no longer has to be solely about or focused on the issue of fertility or procreation. Now, it can be about stabilizing your sense of self, your sense of completeness, your sense of being a sexual being, an attractive being, of being able to have libido or lust as a part of your identity that isn't just limited to the stage or age of procreation.

KM: That's right. We are mammals, as a group. Humans are very specialized mammals. I don't ascribe to the fact that we became human beings, we have always always been human beings. But, we have the same rules as other mammals. Mammals don't live beyond their reproductive life. We are meant, as mammals are, to fill the earth with people. They're meant to fill the earth with other mammals. So, that's what we were made for. We were made to stop our lives when reproduction stopped. But we've become so brilliant. We've decreased the rate of heart disease. We've stopped having half of the women on the earth die of child birth. Most women died of childbirth. If you go back in your family tree, you see your family tree has all of these wives, because women died in childbirth and they got another wife and had more children.

BN: That's all of that adaptive process. In primitive societies, everyone is occupied by the demands of food gathering and security. Then, the more complex the society becomes, the more people begin to peal away from directly producing food. so you get the development of the priestly class, you get the development of artisans and artists who earn their living and acquire their food by producing nonfood items. So, we adapt over time. Part of the adaptation that you represent is the adaptation that comes from scientific growth and knowledge. Susan Berman talks about neurotransmitters and testosterone having a role in the way that neurotransmitters function; that all of this in the brain begins with or hinges off of testosterone. So, if we stop generating testosterone according to the normal physiological curve, then we're going to have brain changes that then effect the rest of our bodies the rest of our system, the aging domain. So, if we can fix that by safe and healthy acquisition of bio-identical hormones, then we can interrupt that decay or decline process.

KM: People who have peaked at forty in their knowledge and their creativity can continue to be creative and productive until their 90, if they have the hormones back to let their brains work. Right now, half of us end up in nursing homes with dimentia because we don't have any hormones. If a female takes estrogen and testosterone, she delays any dimentia or alzheimer's by 20 years. If she just takes estrogen, she delays it by ten years. If she just takes testosterone, 10 years. If men take it, 10 to 20 years, by getting their testosterone back. This is then causing everyone to have a more full life. And we can be more functional. And instead of just dying after we've been somewhat functional and contributory, we can contribute to society longer.

BN: Yes, and be creative longer.

KM: What happens to my patients is that the women come in and say, "I can't do anything." They're in survival mode; they're depressed, they've gained weight, they don't feel like going out and doing anything, they don't want to have sex, their marriages are on the rocks. They want themselves back. Well, imagine living like that for fifty more years. Medicine can keep you alive for fifty more years, but you're going to be alive with half a brain, unproductive and miserable. So, my goal is to go upstream. I've found what the first thing to change, and the first thing to change was testosterone. Testosterone goes down, your neurotransmitters decrease, and that begins a cascade of aging, it's like a domino effect. The dominoes start flowing and they don't stop. So by replacing the first thing that changes, then i stop the dominoes from falling. Now, there are other changes that take place. If we replace testosterone to seventy and someone has had their defecit at forty. Usually at 70, even though testosterone increases growth hormone at 70, it stops doing it enough. We have to then add growth hormone, or we have to add some hormones that are not being stimulated enough by the testosterone to keep people productive and healthy and happy. I don't know if this is going to add one second to someone's life, but I can promise you that it will add to the quality of their life.

BN: And part of what I like about what you do, again anecdotally, there are always anomalies, there are always free radicals. There are people that are 99 and their still creative artist or still having children.

KM: Right, God love them, because that's amazing.

BN: But we look at them and say, "isn't that normal? I'm abnormal, what's wrong with me?" And what I like about what you do, is you can run lab tests and you can determine what the counts and amounts are. And then you can begin to adjust those and people can see if it works better for them, if they feel a difference, in a matter of two or three weeks. They will feel experientially different, or not.

KM: And then we do a lab test and find out what is different about this person, because we all have genetic problems; enzyme problems. Thyroid, for example. Thyroid runs the heat of your body, and its so important.

BN: And that's going to be our next conversation, we're going to talk about the thyroid and the role that it plays in all of this and how it complicates what you do and what people experience.

KM: Right, and that's the next step. But, one of the biggest things that I run into with testosterone in men and women is that, in general, is regular doctors who are not trained in this. And I have to say, "you have to go look for it, you have to beg for the training in this." You don't just go to residency and get this. Because this is in front to what normal doctors are doing by twenty years. Because, they're looking to just fix the symptom. That's how I was trained, that's how we're trained, is fix the symptom and not the person. And that in itself is defective in terms of thinking for a physician. We have to fix the whole person for them to feel well. There is a ton of research in testosterone for both men and women. It is in the endocrine journals, it is in the anti-aging journals. It's in many journals that you wouldn't expect; opthamology, dry eyes, testosterone treats dry eyes. It's in the neurology journals, testosterone treats migraines after forty. They're in all of these different journals. And, the statement that is classically brought back to me, by a patient from her internist or her family doctor or her specialist is, "there's no research." Well, I have stacks of research, and it's all by medical journals. It's just not the medical journals these people read. So, this is well-researched. It's out there it's accessible.

BN: And for those who have those questions, you can steer them to that.

KM: I have bibliographies that i send to doctors with abstracts, and I'm certain they don't read them. Because they don't come back with a different answer.

BN: And they may not have time, you know. They're busy plugging leaks in the dyke and they're trying to work from a different angle of approach to solve the same problems that you're trying to solve.

KM: I need them to work from that angle, because I'm working from prevention. But that doesn't mean that nothing's going to get you. Something may still happen because of the world we live in. There's a doctor named Lobo, who used to be out of Atlanta, the University of Georgia. Now, he's at Columbia University. He used to write tons about testosterone in both men and women. He used to replace them with pellets. He was my hero because he came out in the OBGYN literature, and he had a series of six articles back in 2006 that said hormones and sexuality should be treated with testosterone, and it's safe. Then he went to Columbia in New York, not one more article on testosterone.

BN: Interesting.

KM: So, it's not that he doesn't believe in it, I'm certain of that. Because his articles were well-researched. His website even had great testimonies of his patients. However, I just think that Columbia is mainstream. It doesn't want to be that far ahead. Now, that's my position.

BN: Right.

KM: I love this guy. Seriously, he's my hero. He did research in my specialty which is OBGYN. And OBGYNs are kind of the gods of hormones. I'll be the hormone queen. I was the hormone queen. Because we do infertility, and we understand both male and female infertility. We're the speciality that takes care of that. And that's his speciality. Within OBGYN, he's a reproductive endocrinologist. So, we get this part. It's just that they don't carry it through to the menopause replacement kind of thing. They're all afraid of giving hormones.

BN: Because they're focused on the fertility end of it. And, because culturally, all of the red flags about hormones and replacements are out there as part of the conventional wisdom.

KM: However, it's not.

BN: It's not accurate. Conventional wisdom is often neither conventional nor wise.

KM: Unfortunately, that's true. So you have to read the studies. Like, W.H.I.'s study was done poorly. It was a bad study. And it said that HRT caused breast cancer. When, in fact, it was provera, which is a projestion, that caused breast cancer, not the estrogen portion.

BN: And those are the questions that people have. And this is a place where we want to invite people again if they have questions, if they listen to this podcast, and it stimulates some area that they have a question about, they can contact us and we will respond to it, and how can they do that?

KM: Go to my website, which is Biobalancehealth.com. Andm that will lead you back to the podcast, as well as a link to contact us. And, we will address it both possibly on the

blog, but also here. Because we address the questions on the blog or individually in e-mails. So, those are ways that you can find out more about this. Also, my website has the bibliography on it, so that all of the articles that I have been able to put in the bibliography, there's new articles every day that come out in the journals. All of the information...

BN: Right, so if they want to satisfy themselves about generic research they can get it off of your website. But, if they have a particular question for you or for us, they can contact you. On your website, there's a link that says "contact Dr. Maupin."

KM: Right, so we welcome that, we love to talk about that. I would love to go over the different studies that prove that what we are doing is right. But, I don't really need that proof. I see the proof every day when people walk in and say, "you've saved my life, you've saved my marriage, you've saved me, I'm back."

BN: Well, now that brings us full circle because now we're talking about both the anecdotal reportage and the science which is what is causing the work that you do to become more known and more widespread. And, people all over town are talking about it and about what you accomplish.

KM: And, that's why I'm writing the book. There are many books out there about hormones. But, there is no book about the best hormone replacement, which is the pellet therapy. That is the best way to get your hormones back.

BN: Coming soon to book stores near you.

KM: That's right.

BN: Well thank you very much.

KM: And thank you, Brett. We'll be back next week to talk about controversies and some of the issues about testosterone and replacement therapy.

BN: And the thyroid.

KM: If you have any questions or comments about our show or about bio-identical hormone pellets, please e-mail them at podcast@biobalancehealth.com. We also invite you to visit our website at biobalancehealth.com and learn about all of our service including supplements, skin rejuvenation, and our complete line of botanical skin care products. You can call my office at 314-993-0963. You can also read my blog; drkathymaupin.com. So, thank you for listening. For Brett Newcomb, I'm Dr. Kathy Maupin.