The Obesity Triangle - Testosterone, Thyroid and Insulin
BioBalance Podcast — Dr. Kathy Maupin and Brett Newcomb
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Dr. Kathy Maupin: This BioBalance Health Podcast, episode 20. I'm Dr. Kathy Maupin, founder and Medical Director of BioBalance Health. With me today is Brett Newcomb, a marriage and family therapist. Today were talking about the obesity triangle.

Brett Newcomb: Obesity is a concern for so many people for many reasons. I've had so many clients come in that struggle with their self-image, and they often eat to make themselves feel better; to fill an emptiness or a hole that's in them somewhere and they don't know how to get control of that. There are so many psychological components to weight gain and to obesity. But, in the last conversation or two that you and I have been having, you started talking about obesity from the perspective of some clinical medical information that I thought would be really good to sort of blend what we both know or both deal with about clients that have weight concerns. So, we developed the topic "Obesity Triangle" because you were talking about obesity itself as an issue,

KM: Insulin resistance which is pre-diabetes or, we used to call it low blood sugar, and then low thyroid and low testosterone. All three of those things happen in our 40s, for women in their 40s, for men usually after 50.

BN: Testosterone, thyroid, and insulin resistance are the three legs of the obesity triangle that we are describing today and that we are going to talk about.

KM: And I'm not sure which came first.

BN: The chicken or the egg.

KM: Yeah, yeah. Well, or the bad self-image or the hormonal changes. But generally the group of people that I'm addressing today are people who may have struggled with their weight generally their whole young life, or never struggled with it, but all of a sudden have a change in metabolism and they're miserable. Their self-image goes down and they feel terrible about it and they feel frustrated and they feel like they're in the box; they can't get out.

BN: And that's why good therapists never undertake treating these seminal issues without recommending or inquiring "have you had a good medical check-up? And if you haven't had one, go get one." And then based on what the doctor tells you he's looking at, or she's looking at, from a physiological aspect, we'll factor that information into our treatment plan for the psychological or emotional elements. So, I'm not as concerned with which comes first, because I think they are co-morbid. And I want somebody that knows what they are doing addressing that end of the spectrum. Then I will be happy to

talk to you about this end of the spectrum where we will talk about behavior management, and self scripting, and how to reframe the messages that you give yourself around food or consumption. But, it is important to know that the physiological dynamics are being looked at by somebody who knows the science of that and has the expertise to treat it. And, that is something that you do.

KM: That's right.

BN: And so what we need on this podcast is primarily, I think, to focus on the science aspect and the balance interplay between insulin and thyroid and testosterone/estrogen, those sex hormones that you juggle and regulate for people on a daily basis. And I know that when somebody comes to you initially, you have a whole battery of lab tests done to get data on these components. And then after that, if the decision is made that this is an appropriate treatment, and they receive the treatment, then six weeks out you have another battery of the same tests done so that you can measure the amount of change and identify "okay all these things are coming into play, but something is not, so let's look at thyroid, or let's look at insulin resistance as a contributing component." Am I understanding that correctly?

KM: You are. And after the six-week lab we meet at eight weeks to say, "okay, what's better, what isn't better?" In my initial questionnaire on my website and my initial questionnaire in the office one of the things that I have people check is weight gain, and 99% of the time people say one of the changes they've had, one of the problems they have, is weight gain. And when I discuss that with them they may not look obese, but their body mass is elevated from what they used to be. You see much more concentration of belly fat in the central area, especially in women, their breasts are larger longer, I usually call them. They become a 36 double long D you know.

BN: Gravity.

KM: Gravity. But it's also just fat. Breasts are partially fat, of course, and then belly fat. And belly fat is dangerous, it's dangerous for our heart. It's a sign that we're going to have elevated cholesterol, that we have more inflammation in our body and that we are going to consistently keep gaining weight. So I look at the patient, I talk to the patient and I look at their lab work. If this is one of their concerns, which it generally is, then we go over their hormones. I replace what's missing, mainly. . .

BN: So this is in the initial consultation or this is six weeks after treatment?

KM: Initially. I generally talk about diet and. . .

BN: You assess all of that in the beginning.

KM: I assess all that, holistically looking at every area that I can, (and that's most every area of your body), that is related to your hormonal changes. Then I give expectations of when I give you testosterone, you will become leaner, you may not become lighter.

BN: Now that's an interesting distinction.

KM: Fat is... There's a lot of fat, (I'm using my hands because I'm Italian and because that's how I talk), but I mean we're talking very, a large amount of fat equals the same weight as a very small amount of muscle and when you get your testosterone back

BN: Which is heavier, a pound of feathers or a pound of steel?

KM: Steel's smaller. So you may notice—my patients generally notice—either their weight doesn't change or their weight goes up a tiny bit and then starts coming down because they gained muscle, and I tell them they have to start exercising to help gain that muscle faster, to become leaner faster.

BN: If I were to receive your treatments, would my chest get back up where it belongs?

KM: Yes because you get more muscle and you get less fat. And muscle sticks to your chest wall so it will appear smaller, your size will be smaller. You should lose belly fat.

BN: And that's for men, for me. But you also talk about women who have a complaint or a condition that you call "old lady stomach."

KM: Yeah, well, they have old lady estrogen. Now, that means estrone, (that's what it's called), it comes from the adrenal gland. It doesn't come from the ovaries. So when testosterone decreases from the ovary, estrone elevates. And, men same thing - as testosterone drops estrone goes up - and what that does is that gives us a belly full of fat when we never had that before - central obesity. That is the relationship between these two hormones. When I give testosterone the estrone drops and testosterone goes up. So not only do they get more muscle but they lose belly fat. Now, what I do is not a diet; it's to bring you back to a healthy weight. You still have to exercise and eat a low carb diet because the minute you get estrone and that change takes place and your testosterone drops even when we replace testosterone, you still become insulin resistant. Aging causes your pancreas to be more sensitive to carbs and a low-carb diet is the only thing that's going to work after 40 something. So you have to eat often.

BN: Carbs are starches and sugars.

KM: Carbs are starches and sugars

BN: Pasta, potato. . .

KM: Mostly grains, almost everything that's made of grain. Fruit and vegetables except for potatoes are generally safe in pre-diabetes so you can have as much fruit and vegetables as you want and you should eat fruit and vegetables but all of the other carbs should be controlled so that you eat less than 25 g of carb per feeding, and you eat 6

times a day. Eating doesn't mean sitting down at a meal; eating means a handful of nuts or a power bar with less than 25 g of carb in it.

BN: So, fried okra is better than fried potatoes?

KM: Right.

BN: And, fried is okay?

KM: And fried is okay because I am not counting fat. You don't count fat or calories. But I promise you, you can't eat a lot of fried okra, but you can eat a lot of fried potatoes because the carb makes you hungrier and hungrier as you are eating; it doesn't satisfy you. If you take the carbs down to 25, and that's the magic number for everybody because at over 25 your insulin soars. Here's how insulin works. Insulin goes way up and then you take all that blood sugar you're making out of your food and it goes out to your cells, but insulin resistance means it can't get in. The insulin carries blood sugar into the cell. If you're insulin resistant, which is what happens when you're aging, then it bounces off your cell. So you can't make energy; you're tired. You've eaten all this, you get fatigued and all that blood sugar has to go somewhere so it makes fat.

BN: Turns into fat.

KM: So it gets stored. So when you eat a lower carb diet and you don't have that surge in insulin, over time you become more sensitive.

BN: What does Glucophage do? If somebody is taking something like that, how does that work chemically to help?
KM: In my pre-diabetics or early diabetics who I need to control blood sugar, keep it stable, and control that surge of insulin, it actually makes the blood sugar penetrate the cell. It makes the cell sensitive to insulin.

BN: So it overrides the lock.

KM: Right. I describe it as being porous like having something like a sponge rather than a wall or a rock.

BN: A semi-permeable membrane.

KM: Right. That's exactly what it is. And then the blood sugar and insulin together go into the cell and make energy. Glucophage is the only drug, it is usually used for diabetics, but it is the only drug for pre-diabetics and it works.

BN: That's funny because I talk to my clients about intimacy being a semi-permeable membrane. When you have a wall up, people can't get in. And, if it is semi-permeable then there is access on demand or at need that just happens automatically. That's what you are describing with the sugars and the insulin. So, in your office, do you have a die-

tician that works with your patients, or do you do most of this yourself? Do your nurses do it?

KM: I'm going to be, in the in the near future, offering something called "Take Shape For Life", which is a pretty self-monitored low carb diet. It uses Medi-Fast, which is a medically proven low-carb diet; uses shakes and different bars and foods just to make it easier. But, right now I talk to patients about carbohydrates, what they are and 25 being the magic number, and reading the labels. Because they're setting out on this new life, I ask them, that's their part they have to do that. They have to eat something six times a day that's not high in carbs, they have to drink a lot of water, and they have to start an exercise program as soon as they get enough energy to do so. That's their part. My part is giving them the testosterone and the hormones they need to actually be effective. You couldn't do those things if you don't have testosterone, if your thyroid is low, if you have terrible insulin resistance and I don't give you Matt Foreman then you diet your whole life and you would never get anywhere. Your body would just shut down.

BN: Yeah, you become so frustrated with yourself and the whole issue of willpower, and inevitability. People get really depressed because no matter how much they starve themselves, they are not losing any weight.

KM: Right. And my goal is to get people to ideal weight. Some people come in and they always have exercised; their exercising all the time anyway. They have been trying to eat right and all they needed was the testosterone, or all they needed was the thyroid. And then there's other people who have just given up and they have gained a ton of weight. Now it's going to take a long time for them to get to their ideal weight. It is not going to happen tomorrow. When they call me up in two months and say "I haven't lost weight" then my comment is that we talked about this being a long time process because it took a long time to get to the weight where you are. So maybe I don't have the testosterone high enough or we're going to check the levels. Maybe your eating things...

BN: Or the thyroid.

KM: Oh yeah. I check the thyroid before and after the pellets just to make sure nothing is changed and to make sure if I put someone on thyroid that had been previously undiagnosed, that their metabolism is really running at the right rate. Now let's talk about thyroid for a second because I use natural thyroid, Armour Thyroid, which is cheap. It's pig thyroid, believe it or not, and it is even though. . .

BN: As in male chauvinist or as in the animal?

KM: As in, well those are the people that say it doesn't work; there's a lot of those guys out there that are physicians that were never trained with Armour Thyroid that say it doesn't work because they don't understand it. There's a drug that's synthetic called Synthroid but so many people can't metabolize it, can't absorb it, but they take it and their lab looks better, but it's not doing a thing.

BN: Like a placebo.

KM: So if you have low thyroid you have, generally high cholesterol, unless you are taking a cholesterol-lowering drug. You generally have gained weight. You generally are somewhat hairless or you're losing eyebrows, you're losing head hair, and generally pubic hair and hair on your arms and legs is gone as well, especially for women, and you are constipated, you bloat easily, your hands swell, your whole body swells, and you feel exhausted. Those are pretty much the thyroid issues. Some of those crossover with testosterone, so not all of those are going to be just a thyroid problem. However when I have those symptoms in a patient, I go over previous history of thyroid problems, I look at their neck, I feel their neck to see tif they have a goiter because that can also be enlarged. And even if their thyroid test looks good, if they have a goiter and they have all these symptoms, I don't care what their test says, they have low thyroid. I then have them do basal temperatures. This is the old way to manage it. This is way before I was even a physician and lab tests were very hard to get and very expensive, more expensive than they are today, and we would have people do basal temperatures in the morning before they get out of bed and before they drink anything. And if their temperature was below 98, then they had low thyroid. Usually their pulse was low as well but not always. So we would check the temperature and then we would take Armour thyroid and start at 60 mg and start adding by 30 mg or 60 mg and going up until the temperature actually reached 98.

BN: And that's important because if your temperature is not in that range, the enzymes that your body generates don't work. They can't turn on.

KM: They don't work. We are all warm-blooded for a reason. Because all of the enzymes in our body work when we're warm. When I was in organic chemistry, all about what happens inside our body, we warmed everything. Nothing in our lab worked without being heated because every organic enzyme reaction and every chemical reaction needs heat.

BN: So, what we are talking about today is the obesity triangle. And obesity can be the trigger of concern that brings them to your office or it can be a side effect of other deteriorating systems that you treat and then you get the secondary gain because your weight begins to respond at the same time that your sense of self begins to improve, and your sex drive begins to come back, your mental acuity and sense of well-being and availability for intimacy. All these things change, so it is constantly a question of adjusting balances and asking which comes first, the chicken or the egg? You juggle all of those balls in terms of the needs of the individual patient through your clinical interview and through the lab tests that you do.

KM: RIght. And follow-up and seeing how they progress; how has their weight progressed because all those enzyme systems are partially burning calories and using insulin properly. So all of these things have to do with with your metabolism. Testosterone increases metabolism, so does thyroid, so does insulin sensitivity. All of those things come together to give you a healthy organism, a healthy person.

BN: As far as you know, then, and this is somewhat of a self-serving question but it is important to ask because I think it is very legitimate and a point that needs to be made. As far as you know, you are the only doctor in this region that is practicing medicine this way. This is a specialty that you have evolved. And in the course of that you have discovered that other doctors in other parts of the world are beginning to look at the same questions and get the same answers. So there is a new Board certification on reverse aging that you are in the process of acquiring. But, you bring the whole package together in one place in a unique way that other doctors don't offer.

KM: That's right and that's why I'm writing a book about it so that I can at least give people hope that aren't in my region or don't know about what I do and hopefully that will educate people on what the possibility is for them. And then have other doctors come to me to be trained in how this works. Because it works. It's amazingly successful and amazingly positive.

BN: But they have to think outside of the rut, or the box, that they have always been in and be open to these new ways of looking at it.

KM: I think maybe in 20 years this will be how medicines. . .

BN: Yeah, but in 20 years, I'll be 80.

KM: Yeah. in 20 years we'll be too old for this. You always have to look at the timing for how old you are as it is applicable and I don't want to wait 20 years.

BN: One of the things that we always ask people if they have questions is to get in touch with us and we'll try to address them in another podcast. And, we did get a question a few podcasts ago from a couple in another state. They were saying 'is there a doctor in our area that you could refer us to who knows these things?' Those networks are beginning to be established and doctors are beginning to learn who does this and who doesn't. But one of the points that you make is that you have people who come from all over the United States, and from foreign countries, on a regular basis, into St. Louis to see you for these treatments because you are out there at the leading edge of this and you have been more established and more experienced in doing it.

KM: And I have a great website marketing manager and Romondo. . .

BN: Which doesn't just market you, but also makes the science available for people that want to follow up and look at "what is the data that is out there?"

KM: Right. And you also mention science and one of the questions I get when people either call or are worried about my therapy is 'is this scientifically researched?', and I have tons of medical research, it's just not in one specialty it's in multiple specialties - mostly from the Endocrine Society but endocrinologists don't do testosterone and estrogen; they do something else, usually diabetes. And there aren't enough of them anyway.

So basically I have on the website, and will have in the book, my bibliography, or all the lists of all the medical articles so that if patients come to me and say 'well my doctor doesn't believe that there's anything out there' or they say 'there are no articles' then I refer them to the website or I will refer them to the book where they can look up these articles.

BN: And you also have on your website a lot of testimonials from satisfied clients who say "My life has been changed!" And they can check those out as well.

KM: I need to do before and after pictures because you can just see it when they walk in the door. You can see the difference afterwards. They're just recharged.

BN: Whole new meaning to the term "afterglow".

KM: Ahh, I love the way psychologists think. I mean really. Okay. So if you have any questions or comments about our show or bio identical hormone pellets please e-mail them to podcast@biobalancehealth.com. We also invite you to visit our website at biobalancehealth.com and learn about all of our services, look at our research and see what our testimonials have to say. You can call my office for an appointment at 314-993-0963. If you like reading blogs then go to DrKathyMaupin.com. It includes transcripts of these podcasts. You can share them with your friends. Thanks for listening. This is Brett Newcomb and Dr. Kathy Maupin.