62 - Current Topics in Anti-aging Medicine, Part 2
BioBalance Podcast — Dr. Kathy Maupin and Brett Newcomb
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Kathy Maupin: Welcome to BioBalance health cast. I'm Dr. Kathy Maupin.

Brett Newcomb: And I'm Brett Newcomb. And today we are continuing our conversation about an article that was in CNN health on December 28th, 2011. And this article was a discussion of and criticism of anti aging medicine and its practices. And we are responding to segments of that article. And if you saw our last podcast you'll know, if not you'd like to go back and check it, you can do that. But I want to start today with quoting something from the article and then asking Kathy to respond to it. The quotation is from a doctor names Thomas Pearl, MD a associate professor of medicine and geriatrics from Boston University School of Medicine. He say's "It's also hazardous, because most age-erasing doctors aren't trained in using these powerful substances. It's outrageous that people think they can prescribe these toxic hormone soups." So he's talking about, in the discussion of the article, before your head blows off, he's talking about anti aging doctors that prescribe hormone based substance and drugs that they generate themselves and go to compounding pharmacies and put together and put out. So we need to talk about the hormone soup and the toxicity and we need to talk about compounding pharmacies and how they work.

KM: I think that the first thing to address is that anti aging doctors are trained.

BN: Take a deep breath.

KM: I know. We are trained. And we couldn't do this if weren't trained. However there are osme people out there were not trained and try this. I have to say that's in every specialty. They do things that are outside and they're not trained. That is dependent itself on the doctor themselves and it's less than 5%. You just have to make sure that your doctor knows what they're doing. And that is what they do is anti aging and it's not just a little here a little, a little there while they're working on something else. That's all we concentrate on, is the replacement of hormones.

BN: And is it worth making the distinction? Because they use the terminology anti aging, it isn't an effort to stop you from aging. I mean that's ridiculous you're not going to stop aging. But it is an effort, and a concentrated effort to improve the quality of life as you age.

KM: True. that's right what happens is as we age, we get older, we start to lose one hormone after the other. First testosterone.

BN: The system just starts to run down.

KM: It just starts to run down. And we weren't meant to live past 50. So because medicine has given us the opportunity to live to a very old age by giving us medicine for blood pressure, heart disease, and things like that, we need to have something that helps us live to an old age well, and healthy. So for my response to this is, we're not trying to stop aging, we know people age. But there are many diseases secondary to the loss of hormones and many symptoms that are miserable and break us down while we age. Why should we not be healthy while we age? Why should we e in a nursing home when we're 70 or 80. Why should we ever be in a nursing home? If we keep our hormones together and we replace them and we're health in our lifestyle, eating right and exercising, which you feel like doing when you have your hormones. Then we can avoid those outcomes that are going to bankrupt America right now, is nursing home care. So he's dealing with old, old, old people who are already in that circumstance. That's what geriatrics is. I don't propose we give them hormones. I propose that we start with younger people and replace them when they start becoming missing. I prpose we start with younger people and replace them when they become missing. Because that's what anti aging doctors do. and then we avoid all of those diseases that the current geriatric population has.

BN: So it's a type of preventative medicine that delays the inevitability of some of that deterioration?

KM: Yes, we're going to die. We'll all die.

BN: Nobody gets out of here alive.

KM: And we're all going to die at a certain age, I don't think this necessarily prevents us from dying form something. It just makes us healthy until we get to that point. Instead of sick for 30 years. Why should we live a life that's sick for 30 years? So that soup, he's the soup Nazi on Seinfeld. No soup for you. You must age, you must get old and debilitated. I mean we're offering soup and our doors are open. And anti aging doctors are very well qualified to do this. And we do it with laboratory and follow up labs and we make sure there aren't side effects. We're very careful about all of that because we know we're under scrutiny.

BN: well and you should be under scrutiny, all medicine should be under scrutiny. The question is what is the data what is the evidence, what is the progression of change? So when you make a categorical denunciation or broad sweeping criticism those are handy dialectical arguments, but it's not good signs

KM: That's true, and he states "there is no proof that you're going to get less diseases." That is wrong, there is proof. In the endocrine journals and in the neurology journals, it states that if you replace testosterone you gain 10 years, you delay the onset of Alzheimer's or dementia for ten years. And in women if you add estrogen to that mix, you delay it another 10 years. So if you were going to get Alzheimer's when

you were 65 you now are going to get it at 85. That's a huge benefit you can be productive for 20 more years of your life and not weigh on your children with illness.

BN: Well and one of the points that you make in the book that you're writing, is that the process of that is something you want to take a look at because you want people to get treatments that improve the quality of life and have them make good medical decisions. So what you're advocating and what I understand other anti aging doctors are advocating is a more global look at the syndrome or the diagnostic issue and not symptom management. If you just mange the symptom of it's a real problem but it's a symptom of a larger issue of osteoporosis or weight gain or hair loss or libido loss and you medicate each of those individual symptoms than you have people that are spending a lot of time and money and a lot of resources on medicines that might be avoided if you looked at the syndrome.

KM: That's true, well my patients don't need medicine for osteoporosis because estrogen and testosterone along with calcium and vitamin d, which are supplements, is a better bone builder than any of the bizphosfomates you know the phozomax's and everything I don't' want phozomax to come fater me but you just don't need those if you're replacing estrogen and testosterone. Seriously, that's not necessary. Osteoporosis is one of the big things we try to fight. We fix that, we prevent that, we reverse that by giving these hormones. Usually within two years if you have osteopenia you're back to normal if you take estrodial and testosterone in your late 40's or 50's. Sometimes even into your 60's it can reverse it.

BN: So in the article they talk about fad diagnoses. And they talk about treatments for that. And one of the things they talk about is heavy metal toxicity and keylation treatments for that. And when I was discussing with you in advance of this podcast, you had a response for that as well.

KM: Yea actually in my office we do, not very much, some hair analysis for people who I get 90% better but I can't get them that last 10%. And there's no real reason that they shouldn't feel really good. So I look for heavy metal toxicity. And it's stored in your bones and in your hair and in your nails. So of course the best way to check that is not to drill a hole in your bone but to cut some of your hair off and then evaluate it for heavy metals. When we find that we use nutrients. We do not use keylation therapy. I look at every benefit and risk and the risk of keylation therapy is very high. You can have some big renal problems and liver problems I do not use that, don't advocate it. Some people do use it and are fine in the right hands. I'm just not somebody who uses that method. I use a very safe method of using supplements to get rid of the heavy metals to get them that out of your system, to keylate them but not like their talking about an IV and stressing their kidneys. We're just doing an everyday basis for 6-12 months. And then we get rid of most of them. So the way they look at it, they blanket look at the testing.

BN: They make a global indictment.

KM: Because they know that there's heavy metal poisoning. And it's toxic to people. And if we've had it, especially those of us that grew up in the 50s and 60s before we were protected from it by law. We had it in our foods, in our paint, we had lead. We had mercury and aluminum and tin and we have to know what's bothering us. And we should be treated. They do tests for this for heavy metal toxicity, but only when you're on death's door, when it's almost impossible to get you back. And keylation is a medical treatment that is done by MD's so it's not something that people just go do for no apparent reason. At least I don't think so. I want to go back to pharmacies, compounding pharmacies.

BN: Yes, I do too.

KM: Because that's very important. They say we write a prescription for a soup from a compounding pharmacy. Let's go back in history. All pharmacies were compounding pharmacies before the 40's, before we had all these drugs that were made by pharmaceutical companies. Every pharmacy made up your prescription for you and these pharmacists that are in compounding pharmacies now are people who have kept that talent and that process and they still know how to do it. They can do it with vitamins, they can do it for b12, they can do it with hormones. They can make Viagra, but not Viagra, a little different.

BN: Not the brand name.

KM: Not the brand name. But they can compound these things and they work better then when we use something that a pharma uses, partially because they're using substances that are made into hormones from plants. And that is much more accepted by the body then is anything that is made in a laboratory. So by being the doctor I choose my pharmacy. I choose a pharmacy I know is responsible. When they say it's this dose, I ask for a dose the dose is a right dose. Every time the patient get's the same thing. They're very regimented.

BN: And you supervise that.

KM: Right. I wouldn't choose a pharmacy; I only give a few pharmacies as referrals for my patients to get their prescription. However I give pellets from a pharmacy that I trust and I know those pellets, etrodial and testosterone are made the same very time. They have been in business a long time, they are very reputable. And I know the pharmacists. I talk to them. So you have to have a doctor that does follow up on that. Who knows enough and has enough of the practice being hormone replacement that they know the pharmacies. I don't recommend just sending you to a pharmacist to tell you what you need, I think you should go to a physician who writes a prescription. Sometimes it's a little backwards because doctors don't really know how to compound things but people want them. Instead of sending them to an expert in the medical world they send them to a compounding pharmacist to do that. So I'm not really an advocate of that. I've seen some problems with that. But everybody's got their own

opinion on what their patients need based on science and also based on how their patients have responded. And my patients have responded beautifully. The other thing people need to know is the FDA. The FDA does monitor compounding pharmacies. They go in. They check them out and make sure their doses are their doses. They check and make sure their process is sterile. They go in and check them all. If they are not checked out, they can't send out prescriptions.

BN: Let's tell the audience why you're making that statement. The article quotes Dr. Stephen Goldstien who is.

KM: Again?

BN: Again, professor of obstetrics and gynecology and New York University's School of Medicine. And he says "It's this customization that is most troubling to mainstream doctors. It involves taking a prescription to a compounding pharmacy, where pharmacists mix ingredients as outlined by your physician. And the resulting concoctions are not approved by the FDA. When the FDA looked at compounded medicines, 43 percent of them did not have the things that they were supposed to have," Goldstein says, and he doesn't say when or where he got this information, "that means the drug you're getting may not work, or may have unpredictable side effects." And the reason I'm pointing this out is that the argument that Goldstein makes is that, he doesn't site a reference. But he does site a reference in another part of the article about the woman's health initiative, which I would like to come back to as well. "Another hot hormone", this is quotation from the article, "is bioidentical estrogen. For decades, women have relied on synthetic estrogen to relieve menopausal symptoms such as hot flashes and vaginal dryness. But when the Women's Health Initiative study on estrogen and progestin therapy was halted in 2002 -- due to a possible hormone-related increase in the risk of heart disease, stroke, blood clots, and breast cancer -- some doctors touted bioidentical versions, made from soy and yams, as safer, although there's no proof of that. And then he goes on. So talk to me about the women's health initiative.

KM: Well the problem here is he's using the women's health initiative then did say that but has been discredited because the study actually found what was on the front of the newspaper "hormones are bad, dangerous." Really was not estrogen. It was the progestin which is a synthetic progestin provera and it was in the mix of estrogen, premrin and provera that was the arm of the study or group of women who had higher risk of heart disease and higher risk of breast cancer.

BN: The ones taking progestone.

KM: But the women ones who didn't take progestin who just took premrin, and I don't write premerin, it's an oral progestin. I think it has more side effects then what I do. But it really showed less heart disease, no change in breast cancer result, over the people who took nothing. So even an oral progestin, which he's misquoting the results,

and you have to read the study and read the retraction of the study to understand how this goes. But he's using a bad argument, a bad study, not giving you the updated information. And then he's criticizing bioidenticals, where bioidentical progesterone, is safer then progestin. it does not cause heart disease, it does not cause any of the things breast cancer or anything thing else like progestin's do. And there's a chemical reason for that and that's because progestin's are metabolized into estrone, which is old lady estrogen. And estrone can cause those things. But progesterone, natural progesterone sublingually does not. And so we are better and there are studies on that. You don't see people that are pregnant getting progestin's, they get pure progesterone.

BN: So the conclusion then is that we're not necessarily impugning this physician. We don't know him or his full medical spectrum of work. But what we know is that he's citing a reference that's out of date in support of an argument that's inaccurate. And so when you look at those kinds of statements, if you have that information, you can make better decisions for yourself. And this article if you go and read it on CCN health. You'll find it's a full spectrum survey of a lot of different anti aging issues and medicines and hormonal treatments. And the reason that we're having this conversation is to talk more specifically not in a broad based examination, but more specifically about the work that Kathy does and the kind of hormone treatments and replacement therapies that she utilizes and why and emphasizing what her research and credential experience are.

KM: Thanks. I think it's very important to know that the doctor that you pick is very important and it's very important that they're managing your care in terms of looking at laboratory not just saying "here, take this."

BN: Or quoting something that they learned 40 years ago and haven't updated their knowledge base on.

KM: Right, every month there's new information on men's and women's hormones.

BN: And it's so hard to keep track. And to know the good science. And it takes a really dedicated physician to do that. One last issue I'd like to discuss today is more a legal terminology then a medical terminology but it's a reference you use consistently across both spectrums. And that is the term standard of care. And people say will that's not the standard of care. Or in my business, for instance counseling, if there's a malpractice suit what you have to prove is not that you didn't something wrong you have to prove that you did what is the standard of care in your community by professionals with your credentials. So let's talk about standard of care.

KM: So this is a very interesting, it's a legal and medical term. It's an interesting term. Standard of care is translated into the least amount of medical treatment that is acceptable by a physician. The least. Not the best treatment, not the optimal treatment. The least. And medicine today, I hope not forever, is based around

providing the least amount of medical treatment that they can to get you rid of a symptom or a disease. So standard of care by both lawyers and doctors is run by that. When we get guidelines from the American college of OBGYN or endocrinology, we get guideline. They give us the standard least amount of care that we can give and not get sued.

BN: Which becomes a real challenge if you're in the field of preventative medicine. Murphy's Law, if it ain't broke, don't fix it. So.

KM: Right, but someday it will be broke.

BN: Someday it will be broke. And then you can fix it.

KM: But if I can see, it takes a kind of a vision; I can see what's coming. I can see what's coming for me without my testosterone I'll be having Alzheimer's within three years because I can't think without it. But I mean there are a lot of things that I can see in the future because I know the medicine, I know the science. I'm very careful with how I manage patients. I follow laboratory. Part of what they say, there's a nugget of truth in what they say because some doctors just give hormones and say "See you later. Bye, bye". There's an example that's most poignant in the men's treatment. When we give men testosterone, testosterone itself is not what causes prostate cancer we've talked about that before. When we give men testosterone we are not putting them at risk for prostate cancer when it's pure testosterone. It's only when we give them testosterone and if they genetically make a lot of DHT. Then they can stimulate growth of their prostate and growth of prostate tumors. So here's the deal, if you manage this properly and you give somebody testosterone and then you watch whether they convert to a lot of DHT and estrogen and if they do you treat that, you trouble shoot that.

BN: Adjust the delivery of the medicines.

KM: You give a different medicine or supplement to stop that conversion. Then you've given that medicine safely. That's what we should all aspire to and we should all aspire to not the least amount of medicines we can give someone safely. I don't mean medicines. I mean we need to aspire to the highest level of medical treatment for a patient. Not the minimalist level that medicine is going for. And it's been my objection to medicine all along that they won't pay for or allow us to prevent illness in people. Because that's how we're going to get out of the situation we're in.

BN: That's your objection to insurance companies not medicine.

KM: Well they follow the insurance companies, they have a lobby, they both lobby together.

BN: Right, the tail wags the dog. So we could go on forever. This is a very passionate topic for us and we may revisit this conversation. If you have a contribution to make to this conversation, you can reach us directly at.

KM: Biobalance.com or you can call my office at 314-993-0963. You can email us at podcast@biobalancehealtht.com.

BN: And you can always reach me at my blog which is brettnewcomb.com .