

Episode 152 Transcript

00:00:00:00 - 00:00:03:10

Dr. Asare Christian

If you're trying to prevent disease. We don't want to wait till the disease shows up.

00:00:03:11 - 00:00:28:20

Dr. Jaclyn Smeaton

Welcome to the DUTCH podcast, where we dive deep into the science of hormones, wellness and personalized health care. I'm doctor Jaclyn Smeaton, chief medical officer at DUTCH. Join us every Tuesday as we bring you expert insights, cutting edge research, and practical tips to help you take control of your health from the inside out. Whether you're a health care professional or simply looking to optimize your own well-being, we've got you covered.

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Dr. Jaclyn Smeaton

The contents of this podcast are for educational and informational purposes only. This information is not to be interpreted or mistaken for medical advice. Consult your health care provider for medical advice, diagnosis and treatment. Hi, welcome to this week's episode of the DUTCH podcast. Now, if you are a woman who's interested in longevity and health span, this episode is going to be particularly interesting to you.

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Dr. Jaclyn Smeaton

Or at least it certainly was to me. Our guest today comes from a conventional background. He has a master's in public health who kind of understands the system and how medicine works from the inside out. And he's moved into longevity medicine with a really thoughtful approach. So if you've been worried and if you're a provider to this affects us as well.

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Dr. Jaclyn Smeaton

We want to practice good medicine. We want to make good, safe, effective choices for our patients. And when you're entering the space, it can be really difficult to cut through all of the information to understand what's really safe and effective for patients. We're going to talk about that today. Of course, we talk a lot in depth about hormones and the use of hormones, but we talk about other things as well.

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Dr. Jaclyn Smeaton

I think you're going to really love this episode. My guest today is Doctor Asare Christian. He's the founder and medical director of Aether Medicine, a premier integrative medicine practice specializing in longevity medicine and hormone optimization, cellular medicine, and of course, in his background, integrative pain management. Doctor Christian was trained at Johns Hopkins and Harvard Medical School, and he's board certified in physical medicine and rehabilitation with a fellowship in anti-aging, metabolic, and functional medicine.

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Dr. Jaclyn Smeaton

Doctor Christian combines precision diagnostics with advanced therapies like bioidentical hormone replacement, the use of peptides, and other regenerative medicine therapies to help patients really get to the root cause and optimize their health span. Because we all want to age on our own terms, right? So let's go ahead and dive into this episode. Well, Doctor Christian, welcome to the podcast.

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Dr. Jaclyn Smeaton

I'm so glad you're here.

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Dr. Asare Christian

Thank you so much for having me. And I'm excited and honored to be here.

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Dr. Jaclyn Smeaton

Well, I'm really I'm personally thrilled to be covering this topic today on female longevity, kind of from that 50,000ft view, because it's really interesting. We know, like, clearly women outlive men globally. There's these trends that have existed for quite a long time. And I really want to dive into like, why do women have that longevity advantage and and what can they be doing to kind of maximize their unique physiology to get an even greater advantage?

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Dr. Jaclyn Smeaton

So I'd love to start by just having you kind of unpack biologically. Like what what are the most compelling reasons that we understand today for why women live longer than men?

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Dr. Asare Christian

Yeah. So I know it's, it's it's a great question. And there is multiple ways to kind of look at

it. We can look at it from a biological standpoint, from sociology, culture and other things. But I think specifically, for people to have a third person objective science, viewpoint, a couple of things that we know, that improves longevity for women, is the fact that they have this X chromosome.

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Dr. Asare Christian

So men have free muscle from a chromosome standpoint. Men have the XY and the Y is shorter. So sometimes there's genes that are deleted that are protective. So that's one area where women have advantage. And even dealing with disease that has specific genetic predisposition, whether you're a male or female. So that's that's beneficial. And then the third piece, which is something that I think the second piece, which is something we're going to get into a lot more, is estrogen.

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Dr. Asare Christian

That estrogen is very protective, is protective for brain, is protective for cardiovascular health, is protective for immune health, immune health, cardiovascular health, metabolic health. All of those are things that influence longevity and then, from, a therapy standpoint is, because, women have, this estrogen, chromosome, again, it goes back to that, but it's, it's metabolic activity.

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Dr. Asare Christian

Women have this activity to influence mitochondria to make energy efficiently because you have all this estrogen receptors also in the inner mitochondria that helps you to make energy and also decrease oxidative stress. So those are all biological things that are very helpful to support women in terms of living longer.

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Dr. Jaclyn Smeaton

Well, I can't wait to dive into all those topics. I'm also really curious, and I think for people who are listening, you know, they heard a little bit about your background, trained at Harvard, trained at Hopkins, physical, you know, rehab type of background. What led you to be so interested in this longevity field?

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Dr. Asare Christian

Yeah. So first, I'm so grateful that I'm here because, you know, a couple of years ago, I had no idea what any of this is that we're going to talk about was about and, as you mentioned, I got trained very well. I went to Hopkins. I did have it. I have an MPH. I have all

of those things.

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Dr. Asare Christian

So that plays give me a good understanding of how to diagnose disease, how to treat disease, how to make sense of signs. But we know that to really help people, to, to heal, then you have to understand how to solve health. And one of the things I've come to appreciate in trying to stress for people is there is a difference between solving sickness and solving health.

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Dr. Asare Christian

And I think what we are in training in, you know, in medical school or in school wherever we, we get our training in those areas, you learn about biochemistry and pharmacology, all of this and that, actually influence physiology, how our system is supposed to function. Well. But then once we get into residency, we forget about all of those physiology or how things are supposed to work.

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Dr. Asare Christian

And now we start focusing on how to solve sickness. You know, we don't talk about nutrition when you're in the ICU. We don't talk about, you know, exercise when people are coming into the hospital, as a way to produce, health. So what led to me coming here was, you know, background into pain medicine, rehab, individual, a spinal cord injury, brain injury.

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Dr. Asare Christian

And there's a limit to what I could do for them. But I know the body has that potential. So it became necessary for me to dive into how do I learn how to solve health. And the interesting thing is, with all my background in training, I actually forgot how to lost. I forgot how to solve health. So I have to go back to relearn all of these things.

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Dr. Asare Christian

So it's really important for us to get there, because once you get there, then you can realize that, you know, whatever the intervention is, what are we giving medications? We're giving hormones. We're giving surgery injections. When people are healthy, the outcomes are better. So that's how that's what led to this journey.

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Dr. Jaclyn Smeaton

I love hearing that story, and it really resonates with me. Like, you know, I was looking at an MD path and ended up training as a naturopathic doctor, which is interesting because I think culturally we're looked at as less.

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Dr. Asare Christian

Yeah.

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Dr. Jaclyn Smeaton

You know, from an academic standpoint, certainly by a lot of like my MD here's, our colleagues, I'll say maybe they wouldn't want to be called a peer, and that's okay. But, it's a very interesting point of view to hear your, your, the way you're describing it, because I see the same thing. And that's what drew me to naturopathic medicine, because this is this the way I think about the health care system is really like a pyramid, just like the old food pyramids.

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Dr. Jaclyn Smeaton

And the bottom of that is how we live. That's ultimately what we what determines our health. We're not random victims of diseases. You know, there's genetic components and things that are outside of our control. But I really don't believe it's some kind of random occurrence. So then as you move up the pyramid, you have, you know, let's say nutrition and then medications, and then the very top is like surgeries.

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Dr. Jaclyn Smeaton

And we need all of that in our health care system. It's interesting because when you write, when you're in training for both of our backgrounds, you start at the bottom. Yeah, you start at physiology. But then as you move up the what I would call the therapeutic order, and you learn drugs and surgery once you're out, it's all you do is drugs and surgery.

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Dr. Jaclyn Smeaton

And it's not that that's bad. It's just maybe not the best tool in the toolkit for where someone's at. And we tend to do nothing as people's needs kind of climb up that ladder until they hit the need for a very intensive intervention. And that's what drew me to this type of medicine. And yeah, longevity is such an interesting piece of it because it's adding a layer of bringing people back down that left that down that pyramid, which I think is so exciting.

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Dr. Asare Christian

And it's foundational. And and I do appreciate that now because, you know, like, I have, friends who are and, and we learned the same, the same things in medical school. And then once we start practicing, we just prescribe medicines and we lose all the other benefit, the foundational things, because, again, the medicine is not going to work well.

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Dr. Asare Christian

People are still eating junk. The stress, the hormone imbalance they got is not fixed. And as a pain doc, one of the things that I came to appreciate, just the fundamental, simple thing, is fixing somebody's gut and how that would translate to, you know, resolving chronic pain conditions irrespective of everything else that's been going on. So, definitely this is something that, you know, I hope that my MD colleagues will come back to the foundational things, because that's what translates for our patients.

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Dr. Asare Christian

I got out of training thinking, I know all the evidence and I know everything I can do for people. And then you realize, you know, humans are complex. This is a complex systems and learning how to find outside other ways. Other alternative that comes back to the cell. Because what I knew was this is the medicine, this is the symptoms, this is the protocol.

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Dr. Asare Christian

And being able to think outside of that and say what is going on at the cellular level that's driving this disease states and what else could be implicated in, you know, potential respond to therapy. So, grateful for for the journey being here now for sure.

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Dr. Jaclyn Smeaton

Yeah, absolutely. Well, shifting back to the topic today, I mean, I think one thing that's so interesting, I heard this really funny, like really skit from a, female doctor who said, you know, when I hear women talk about longevity, they're not talking about living to 120 years. Like, maybe men talk about that, but women don't talk about that.

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Dr. Jaclyn Smeaton

Women talk about wanting to be able to play with their grandkids and travel when their kids are out of the house. And really, it's a lot more about the term we're using now to

healthspan, right? You want to have this rich, long life where you're free of pain, you're able to move, you're active, and you're not limited by your health.

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Dr. Jaclyn Smeaton

So you start to talk a little bit about some of the things that biologically differentiate women. And let's start by talking a little about estrogen.

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Dr. Asare Christian

Yes.

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Dr. Jaclyn Smeaton

You know estrogen is this really protective hormone. Can you walk us through some of the ways that estrogen supports our health. And I know it's many systems of the body. But where would you want to start.

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Dr. Asare Christian

Yeah, I think this is super important. And hopefully the audience will really take this. And let's figure out we know that estrogen is protective, and we know that at some point we start losing estrogen. So we lose that protection. That's the main point. I'll get into the benefit. But we have to figure out understand all this benefit we get from from from estrogen.

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Dr. Asare Christian

And then how do we maintain that for overall health. Because it does goes down. So one area that's super important for longevity is brain health. So brain health without the brain that none of the systems works as well. So estrogen, does modulate neuroplasticity. It does modulate neuroinflammation. This are inflammation within the nervous system. So estrogen plays a huge part there.

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Dr. Asare Christian

And this is also something that you know individuals can validate for themselves. You know women tend to be much more able to remember information conversations. There's multiple conversations going on. They can keep track of things. Right. And then the guys, we just have to give us one thing, you know. So this is something that is good for the brain.

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Dr. Asare Christian

From a cardiovascular standpoint, it does the same thing. Women are protected because estrogen, as we talked about, actually modulate oxidative stress. And it's all about metabolism, energy of the system. So even when we're talking about hormones, how effective how much energy is available, the efficiency of making energy definitely influences all disease states. In my opinion. And I think that's something that it's well established.

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Dr. Asare Christian

So from a cardiovascular standpoint, mitochondria works a lot better. Estrogen also does improve nitric oxide production. So nitric oxide is involving vessel dilatation. It opens the vessels out. It prevents arterial stiffness. All of this things that are not good. So, that's a good place from a cardiovascular standpoint. And then we also know that estrogen also has an important modulation on immune system.

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Dr. Asare Christian

Immune system plays such a huge role. Now as we're talking about, immuno metabolism in longevity. So, women tend to have a better response even to vaccines, to fighting infections, because again, they have this two chromosomes that has this immune, modulatory, processes. And estrogen does that by, down regulating this inflammasome. And RPE three inflammasome, which turns on another protein called NF kappa beta that leads to inflammation.

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Dr. Asare Christian

So estrogen actually blocked those things. So those are ways that, you know, from an immune standpoint, estrogen is protective from a cardiovascular standpoint, nitric oxide and making energy efficiently. And then from the brain, you know, modulating the inflammation in the brain system and also, correcting some of this neuroplasticity. So those are all things that helps with overall, you know, longevity in women.

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Dr. Asare Christian

Besides that, we also know that estrogen has a place in metabolism. So bone health estrogen does, implicate or decrease osteoclasts activity. So osteo class is the bones or the cells that are breaking down bones and osteoblasts, the cells that are making it. So we know that even when women go through menopause, menopausal osteoporosis, people

losing a woman losing bone is something that's very unique to women.

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Dr. Asare Christian

And why is that? Because estrogen is there to protect. But again, the point is that all these protections are there till they're not there. So we have to kind of come back to how do we reestablish that loss, which we know is predictably going to happen as women age?

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Dr. Jaclyn Smeaton

Yeah, I love that you're really starting to dive into some of the complexities. That's like particularly with the immune system. That's one that's so interesting because I think, like most people are aware of statistics like autoimmunity is so much higher in women than in men. And I hear you say, some of the positive things, like women mount a better response to vaccines.

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Dr. Jaclyn Smeaton

I didn't know that, than men. But, you know, it speaks to the fact that the immune system is even different fundamentally. And sometimes that works to our advantage. And other times, especially in an inflammatory world, you're not eating well, you're not, you know, drinking clean water. Whatever is driving that high stress environment, it can create a lot of havoc for women as well.

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Dr. Jaclyn Smeaton

It's really kind of a double edged sword in that way.

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Dr. Asare Christian

Absolutely. And that's something that I think people should really hone in and understand. So this protection that women have, because they have a better innate and adaptive response that also that very, strength for being able to catch things and attack things also make them more predisposed to autoimmune issues. Right? So when we even look at autoimmune conditions, 80% of them are female.

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Dr. Asare Christian

So fibromyalgia, lupus, arthritis, all of this things that we see and those things actually tends to come up again as women start losing estrogen. Yeah. So it has this beneficial, piece of being able to control, the immune system work, very well, but then it can also be

overactive. So we have to learn how to figure that out.

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Dr. Asare Christian

And I see that in chronic pain syndromes, a lot of my women, a lot of my patient population are women. And, again, I don't see them when they're young, but I see them when they're going through their perimenopausal and menopausal state. And this has become something that is difficult, to navigate. But again, this is all things that are preventable.

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Dr. Asare Christian

If we can correct some of those deficiencies that happens as we age.

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Dr. Jaclyn Smeaton

Okay. Can we talk more about that is I think you have a really unique expertise in that pain management world. I mean, you have just so much experience there. Yeah. I think I'd love to hear more about your just experiences with patients. And I think some of them are on the chronic pain conditions. I wanted to start there, but also on the, just the higher likelihood of yeah, that's like, you know, of injury really, for lack of a better term.

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Dr. Jaclyn Smeaton

That happens when that estrogen drops off because I think, you know, you hear about the rotator cuff tears and mistakes that are due. People are doing the things they've always done, but now they're breaking, when they're hitting perimenopause and menopause. So maybe start by just sharing a little bit about your experience around that with the chronic pain conditions where you started.

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Dr. Jaclyn Smeaton

But then I also don't want to slip away without hearing what you have to say about injury.

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Dr. Asare Christian

Yeah. So, I actually got so, you know, I've been in this journey to kind of figure out how to solve health, but somehow, hormones were this one piece I started with systems, the microbiome and other places and, you know, and the hormone was one place that I actually knew I need to get into right away because, I have women coming to me, in the, 40s and 50s, and they start coming up.

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Dr. Asare Christian

I say I'm having joint pain, I'm having all these pains. And I knew that this was estrogen deficiency because we know it's protective. We also know that estrogen is anti-inflammatory as you lose it and there's more pain issues and other things. So it was one that I was seeing over and over, but again, it wasn't like something I was comfortable with.

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Dr. Asare Christian

And even I have to kind of work with that's like, what is it pain doctor doing with hormones? But then once I figure out, yes, I'm now trying to modulate a cell to make good decision. I'm a cellular medicine doctor. What do I need to do? Instead of giving somebody a pill for pain, a pill for sleep issues, a pill for bone health, a pill for mood, you know, and the underlying issue is estrogen deficiency.

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Dr. Asare Christian

So after I kept seeing patients over and over, I had to go learn how to how to solve that. And, we also know that on the other hand, of things, you know, to cessation is anti-inflammatory to cessation is also very good for, for, for healing and things like that. And he actually does it so well that to cessation actually immunosuppressed sometimes.

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Dr. Asare Christian

Okay. So women have this benefit of kind of being able to kind of control things in a healthy way. So a lot of women come in in joint pain, all these pain conditions, when I check their hormones, this dysregulation is when you solve imbalance, the hormones, pain gets better, sleep gets better, the metabolic profile gets better.

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Dr. Asare Christian

You also prevent bone disease. So that's kind of been the whole philosophy for me is like, how do I figure out how to solve the problem not only translate into pain resolution, but also overall health optimization. And it all a function of going to the cell and fixing what is dysregulated. A lot of women come to me, they're trying to work out.

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Dr. Asare Christian

They've been doing the same thing that you're talking about. They've been working out. I'm not building the muscle. I don't have the same recovery. You know, I've changed my

nutrition. I've changed all of these things. But at the biological level, there's a detriment. India resilience and where is that coming from? Loss of estrogen, loss of progesterone, loss of the cessation.

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Dr. Asare Christian

So all of those things that I think that I've seen and has really shaped, my, my, my journey and in fact, I'll tell you a story that is, it was a very sad story when I started this practice, my inception was I wanted to figure out how to make people healthy as a way to solve pain.

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Dr. Asare Christian

And I had this young woman who who came in. Now that I look back, there was all this woman on this regulation. She had pain everywhere, pelvic pain, jaw pain, other things. And, eventually this young lady without any other issues but chronic pain took her life. And it really bothered me and I from then, I just like, I need to figure out how to solve this because we have all these excellent health systems around here.

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Dr. Asare Christian

I mean, the Philly area, we have Penn, we have temple, we have all this big institutions, and none of us were able to help her until I recognized that there was all this other cellulite, things that are going on instead of just signal blockade. Everybody was doing gabapentin and injections and all this fancy procedures, but not really understanding what is driving this whole hyperactivity of her nervous system, hyperactivity of her immune system.

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Dr. Asare Christian

So definitely, getting to understanding some of these things really makes a difference. And I hope that more clinicians, irrespective of whatever your field is, this is physiology. I'm at Penn die. But if I can improve your physiology, then everything else I do works a lot better.

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Dr. Jaclyn Smeaton

Yeah. What an interesting point of view. And thank you for sharing that. Sorry. It's terrible about your patient, but I can see how that could have such an impact on how you approach care. Because, you know, you're right. Like blocking a nerve signal. Blocking a pain signal. When there is underlying pain, it's almost like when a fire alarms going off in

the building, like putting a pillow over it to make it quieter, but like not going to try to figure out where the fire is.

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Dr. Jaclyn Smeaton

And I think you hear that a lot in health. But I think in pain, it's one of the most profound pieces. It's like then another fire alarm is going to start going off. Right. So I love that you address that. And you said, I'm a cell health doctor. Because ultimately, like you're a firefighter, you're going to try to fight the fire.

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Dr. Jaclyn Smeaton

Absolutely. It's just such a different point of view.

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Dr. Asare Christian

Yep. That that is so important. And and it's just getting people to understand that when the system has better resilience, everything else we do has better outcomes. Surgery has better outcomes. The energy, medicine, acupuncture, everything else. So it's not just, you know, and that's one thing I'm starting to learn. And it just like get this system better because the system has all this intelligence to actually do the right thing.

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Dr. Asare Christian

It's not how much we've given and how much we put it in. It's all about the foundational thing is let's get it better. So then if you put that hormone in, it works a lot better at home on in a person who is not balanced from a psychological standpoint, from a nutritional standpoint, from microbiome standpoint, it's not going to have the same outcome as somebody who has all of those things kind of balance and optimize.

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Dr. Asare Christian

And so optimization of physiology and respecting that intelligence is super important.

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Dr. Jaclyn Smeaton

Well, let's dive in a little bit more into how you apply hormones in your practice. Because, you know, you said, well I am a pain doctor. What am I doing with hormones. But it seems like I'm a pain doctor. What am I doing without hormones? Exactly. It's really the right way to approach this. So we know that like a lot of providers, we start with standard serum hormone panels to just get a snapshot of what's happening.

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Dr. Jaclyn Smeaton

Can you talk a little bit about how adding in hormone metabolites and that whole picture has shifted the way you build treatment protocols for your patients?

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Dr. Asare Christian

Yeah. And I think that's a that's a great question. Because when people start with hormones, depending on your training, you just learn about, you know, getting, Serum Labs, which is amazing.

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Dr. Jaclyn Smeaton

And there's nothing wrong with Serum Lab. Absolutely. Labs. I do them on all my patients.

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Dr. Asare Christian

Yes. And that's that's a baseline. That's highly recommended that you everybody does that. The other piece that is very helpful because again, we are trying to get precise and we're trying to get very specific to the person in front of you, and the way to be able to come in and make some of those distinctions, even same person, same levels of estrogens that you see in the serum.

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Dr. Asare Christian

You give them the same intervention. Somebody does. Well, somebody doesn't. And the piece that we need to also understand and capture is like, how does a molecule up on whatever we put in the body, how does that body interact with it? And more importantly, how does the body get rid of it. So we need to understand metabolism. We need to understand absorption.

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Dr. Asare Christian

We need to understand, you know, excretion and all of this processes that actually leads to health. So one of the things that I gained from, using dots was being able to see the metabolites, of, you know, of estrogen, because potentially if we take a pathway where things are not going the safe way, this can actually predispose people to DNA damage, and then that can lead to potential oncotarget or cancer or whatever it is that comes up or even increase in senescence because it's a damage to a DNA.

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Dr. Asare Christian

So this Test gives you that. And then also understanding, metabolites, beyond that is also looking at, you know, the, the, the stress response because hormones don't work in vacuum. We have to when are we talking about hormones? We have to think about not just sex hormones. We have to think about cortisol, which is a big piece of how all of this hormones regulate your thyroid hormones, your insulin.

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Dr. Asare Christian

All of those things are talking to each other. So one of the ways to kind of get a better sense of what is also happening with people is HPA axis is really understanding, cortisol curve. And I love the, you know, the, the, the the awakening curve, which actually shows you what it is because I do check cortisol in the serum.

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Dr. Jaclyn Smeaton

And I, I love that too. But personally, I have a love hate relationship.

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Dr. Asare Christian

Oh, you do.

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Dr. Jaclyn Smeaton

The cortisol awakening response right now. So it's.

00:24:09:02 - 00:24:31:07

Dr. Asare Christian

Yes, it is, but I think there's a lot more. I mean, we expect cortisol to fluctuate, but if you see a flat line, that means something has been going on for a bit. It doesn't just show up. I mean, there's fluctuations based on what's going on in your day. But being able to kind of capture this and if there's an impact that it tells you, you know, of course, all those protection you get from estrogen, a lot of stress will then implicate immune function.

00:24:31:08 - 00:24:52:04

Dr. Asare Christian

A lot of stress or cortisol will influence metabolic health. Bone health maybe make you more catabolic. So kind of having that piece. Yeah. So having that piece is super important to kind of put in there. So definitely there's a lot more that you get in terms of getting precise. And then also obviously preventing disease. By, by understanding what the

DUTCH Test is giving you.

00:24:52:06 - 00:25:21:19

DUTCH Podcast

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00:25:21:21 - 00:25:29:04

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00:25:29:06 - 00:25:33:00

DUTCH Podcast

Welcome back to the DUTCH podcast.

00:25:33:02 - 00:25:51:12

Dr. Jaclyn Smeaton

I love that you mentioned the stress piece. And we'll get back to estrogen and estrogen metabolism. Yeah. But I think when you look at longevity you know I completely agree with you. We have to think about hormones in totality. They're like friends at a party. They're not like you at home alone on the couch watching Netflix. Right. So that's all about who is at the party.

00:25:51:12 - 00:26:16:01

Dr. Jaclyn Smeaton

And that changes the vibe and it changes what's happening hormonally overall in the system. So you have to be looking at everything in cortisol and adrenaline. Noradrenaline, like all of these hormones have such a big impact on how all other hormones function or don't function. So it's I'm really glad that you bring that up. And especially for women, I think, who tend to be carrying a lot or juggling a lot.

00:26:16:03 - 00:26:29:22

Dr. Jaclyn Smeaton

You know, there's I mean, men have a lot of stress too. So it's not I mean, this is really not even a gender comparison, but the for the life we live in America, stress is a component of disease for probably almost everyone.

00:26:30:00 - 00:26:51:05

Dr. Asare Christian

Yep. And I think even for women, the psychological stress, on women, is well documented than men have to experience. Women tend to be the caregivers, you know, they tend to have this, you know, this protection that they have from estrogen. Now, they have all this psychological stress that create cortisol and then kind of takes away that benefit, from women.

00:26:51:07 - 00:27:12:16

Dr. Asare Christian

Women also tend to have a lot of sleep issues as hormonal things change. Sleep so important in modulating every, every function in their body, specifically in metabolic health, immune health. So all of those things, the environment we are in tend to then take away and then with time, right as we age too, we kind of lose that resilience.

00:27:12:16 - 00:27:28:10

Dr. Asare Christian

So the idea is becoming aware of those things. And how do we put into place, infrastructure that support women as they go through their, journey, from, you know, perimenopause, menopause and post menopause. And it's simple science that we are talking about, we can really make a difference.

00:27:28:16 - 00:27:54:18

Dr. Jaclyn Smeaton

Definitely. Now you did mention about like, the way that hormone metabolites can also interact with DNA and cause DNA damage. So I want to talk about that a little bit too, because that's really pertinent to the topic of longevity. Yes. There's data suggesting that certain metabolites of estrogen, these 400 metabolites, if you don't have enough antioxidants around, enough glutathione zone around, they can become DNA damaging molecules.

00:27:54:20 - 00:28:13:18

Dr. Jaclyn Smeaton

You know, these, DNA binding attacks and they can cause some trouble. And if you do have the right nutrition and antioxidants and things around, they get metabolized harmlessly. So that's really what you were referring to there, I imagine, when you were talking about the pathway needing to know, especially if you're going to be putting hormones into the system.

00:28:13:20 - 00:28:19:09

Dr. Jaclyn Smeaton

You know, a woman's going to take estrogen. Yeah. You I can tell you're wanting to make sure that path is clear.

00:28:19:11 - 00:28:37:22

Dr. Asare Christian

Absolutely. So that is one of the biggest value that I feel like I get from from the dots. Test is really understanding the metabolites of estrogen, because, yes, when we get to a place, where are we going to be putting estrogen into the system to support and to replenish what's been lost? We need to understand what is doing in the body.

00:28:38:01 - 00:29:00:00

Dr. Asare Christian

Okay. So understanding phase one and metabolizing phase two, detoxification pathways are super, super important. So making sure that we are shifting things more towards the two hydroxy and the 16 hydroxy instead of the four hydroxy. So this this gives you that picture. And then it also, you know, goes beyond that to really understand the metabolize also of, of of androgens.

00:29:00:00 - 00:29:22:15

Dr. Asare Christian

That's also important, for us to understand, and then again, going back to even dose of it, which is one of the things that a lot of people don't pay attention to in the longevity space. And it's one of those that has this direct relationship. And we know that as people, age is very predictable. As people age is going to continue to go down and as that goes down, affect immune function and affect the resilience of the system.

00:29:22:19 - 00:29:43:19

Dr. Asare Christian

So those are all important markers to kind of start, and again, is thinking globally. It's not just that we got to fix the gut class even when we get everything. Once you have that information, what else do you do with it? So, what what I would recommend and I think I'm jumping ahead here, is anybody which, you know, people are in different stages of the understanding and yeah education.

00:29:44:00 - 00:29:48:10

Dr. Asare Christian

And when I got into this space, I have to kind of land a little bit. And I'm still learning. There's so much I don't know.

00:29:48:10 - 00:29:49:06

Dr. Jaclyn Smeaton

And I'm still learning.

00:29:49:06 - 00:30:05:21

Dr. Asare Christian

We are still learning. So getting people to kind of have, you know, take one thing in there that makes sense to you and what else can you do with it? Okay. If you know how to fix the gut, then the third phase of that is how do we get things to pass? True. So those are important things that you kind of have to work on.

00:30:05:21 - 00:30:13:23

Dr. Asare Christian

And then the longer you stay in here and do more, you validate from from your patients and you keep doing the right thing for the right person in front of you the next time.

00:30:14:01 - 00:30:33:10

Dr. Jaclyn Smeaton

Yeah, definitely. I love that you mentioned the androgens, because their androgens are really important for women as well. And and I think I mean, we all love talking about estrogen metabolites, but I've been like a little bit obsessed with androgen metabolites lately. This year we wrote a white paper on it last year. And it really became on one particular metabolite called five alpha.

00:30:33:10 - 00:30:38:05

Dr. Jaclyn Smeaton

Interesting dial, which I find to be so interesting for women, as.

00:30:38:09 - 00:30:42:03

Dr. Asare Christian

Is other inflammatory pathways are the one that tends to be more inflammatory. Oh no, no, it's not.

00:30:42:04 - 00:31:03:13

Dr. Jaclyn Smeaton

Inflammatory, but it's a very potent androgen. So essentially, like for you listeners who might be new to this topic, when you make Testosterone, it gets metabolized. And I think most providers know that one of the metabolites is DHT dihydroTestosterone, which is about three times as potent as Testosterone itself when it comes to binding to the androgen receptor inside the cell and like triggering an outcome.

00:31:03:19 - 00:31:29:21

Dr. Jaclyn Smeaton

So DHT is the one that's associated with, like male pattern baldness and prostate issues because it's so powerful in men and in women. It's also and this is what the white paper was on, it is the most statistically significant androgen, including Testosterone in that pool. Five alpha andro is more statistically significant when it comes to its association with symptoms of high androgens like hirsutism and acne.

00:31:29:21 - 00:32:02:08

Dr. Jaclyn Smeaton

And Andrew genetic alopecia. It is more correlated with those symptoms than Testosterone itself by a lot. In fact, like in women with PCOS. I've talked about this so much so, and I'm sure you've already noticed, but I'm really sharing for the listeners. I think it's so important to know that when when women with PCOS are Tested, their serum hormones and urine metabolites, and then women who are healthy controls serum hormones and metabolites, the only one that is completely differentiated between those groups.

00:32:02:08 - 00:32:22:09

Dr. Jaclyn Smeaton

There's no overlap in the range observed is very often interesting dial. It's a urine metabolite. So it is one we Test for in the DUTCH Test. In fact last year in year we pulled it to the first page for women's reports because it used to not be. But it's so important. And when it comes to hormone therapy, I think it's really clinically relevant marker as well.

00:32:22:10 - 00:32:41:09

Dr. Jaclyn Smeaton

Because if you're going to put a woman on Testosterone, you know, usually you use about a 10th of the dose for men. And most women do fine on it. But some women don't. It's too much. And some women need more. And I think that that marker we haven't published on this, but women. I think that marker could really tell us what women would be at more at risk side effects.

00:32:41:09 - 00:32:59:04

Dr. Jaclyn Smeaton

Because you can see who is making a lot of that, either due to metabolic preferences or due to how much Testosterone they manufacture in a cycling female. So anyway, super interesting. I'm really glad you brought that up because I it's an area of the report for women. We don't talk that much about it, but I think we should be shining more light on that.

00:32:59:04 - 00:33:00:20

Dr. Jaclyn Smeaton

So thanks for giving the opportunity for that.

00:33:00:22 - 00:33:03:01

Dr. Asare Christian
Absolutely.

00:33:03:03 - 00:33:13:18

Dr. Jaclyn Smeaton
I want to talk to you. And you started to get to this a little bit for providers who are new, when you first started using the DUTCH Test, what was the first thing that your eyes like zoomed in on and said, I really want to understand this first.

00:33:13:20 - 00:33:33:08

Dr. Asare Christian
Yeah. So so the first, the first thing was really the cortisol curve. I talked about the cortisol awakening curve. To really kind of understand what's going on with the adrenal axis. HPA axis was something that I was familiar with and how that plays a part in even pain processing. Right. The more cortisol and all of that will influence, pain.

00:33:33:08 - 00:33:58:02

Dr. Asare Christian
So that interest kind of draws me there. And then, really understanding safety because I think if you're new in hormones, depending on your background and where you've been, you will have this idea or this notion that, you know, hormones causes cancer and. No, no physician, no clinician want to give anybody cancer, right? So it's something that it's so program in us that anything we, you know, first do no harm.

00:33:58:02 - 00:34:21:02

Dr. Asare Christian
So people get very worried about this. And it's all about educating yourself and understanding what kind of hormones, and understanding people's picture. And the piece that I like about the DUTCH Test is the metabolites of estrogen, because we know that if estrogen is not metabolized, well, they have this potential to affect DNA, and that will predispose individuals to disease or sickness or or inflammation or senescence.

00:34:21:02 - 00:34:44:23

Dr. Asare Christian
All of this things that happens in the body as we age, so having a sense of doing something for a patient and then doing everything else you can to mitigate potential risk is something that I think is very comforting for clinicians. So, for somebody like me who was coming in here needing to know a whole lot, this made a lot of sense that, okay, I

know that at least people are getting rid of estrogen the right way.

00:34:44:23 - 00:34:54:21

Dr. Asare Christian

If there's any potential for any of these things, mitigating those. Right. So those were to a great place for me to start. And since then, you know, you keep learning and you keep adding more.

00:34:54:23 - 00:35:03:16

Dr. Jaclyn Smeaton

I have a funny story for you. And, around cortisol in pain that you might find interesting. We, our doctor team, reviews any labs that are, like, out of the range.

00:35:03:16 - 00:35:04:02

Dr. Asare Christian

Not.

00:35:04:04 - 00:35:18:22

Dr. Jaclyn Smeaton

Just to, like, make sure that they get a clinician's eyes that on it. And a lot of times we'll find contamination or in a sample or something like that, or maybe they're on a medication that's interfering, blah, blah, blah. So but in this case, there was a report of cortisol that looked normal in the morning and then the afternoon.

00:35:18:22 - 00:35:39:14

Dr. Jaclyn Smeaton

It was so high that it looked very much like a contamination. And the most that's of common contamination, because hydrocortisone cream is cortisol. So if someone like, puts anti-itch cream on their kids bug bite, it can spike the results. But we also measure cortisone. Yeah. It does not raise cortisone. So we can like flip to page three and see okay.

00:35:39:14 - 00:35:59:20

Dr. Jaclyn Smeaton

It's just cortisol. Cortisol is fine. So it's a contamination. But in this case both of them went sky high in the afternoon. And so we called the clinician said this is actually this is a real result. Can you talk to your patient and figure out what had happened. And they actually broke their arm. They like took their morning samples and fell off their bike and broke their arm or, you know, 2:00 in the afternoon.

00:35:59:20 - 00:36:16:03

Dr. Jaclyn Smeaton

And then they took their even example. Still, I don't know how they got the time to do that, but they did. And we were like, I think you should do a more normal day, but it just shows you the impact. Migraine headaches, injury or even just a stressful afternoon can cause that to go up. And we'll measure that on the Test.

00:36:16:03 - 00:36:20:15

Dr. Jaclyn Smeaton

I thought you'd find that funny because. Yes. So much. Do you see these, like, weird outliers sometimes?

00:36:20:20 - 00:36:37:15

Dr. Asare Christian

Absolutely. Pain will do so many things to change the physiology. So, the body keep score of it. Sometimes we don't even know that it's happening, but it's something they heard, something they smelled or somebody other work. And I deal with individuals who have migraines. And sometimes it's something that that work that's triggering that physiology. So it's born again.

00:36:37:17 - 00:36:39:14

Dr. Asare Christian

Pay attention to all of that data points. Yes.

00:36:39:17 - 00:36:53:15

Dr. Jaclyn Smeaton

So when we're talking about women who are coming into you to expand their health span, and they really want to do hormone Testing, are there certain times in a woman's life that you think it's most helpful or most relevant to do these more complete hormone panels?

00:36:53:17 - 00:37:16:23

Dr. Asare Christian

Yes, I think I've my, my, I've evolved to a certain level now, but initially when I first started, I was just more comfortable just dealing with post-menopausal because I was like, great, it's happened. I know what to do there. But I think we do miss a lot because the late reproductive ages, between 35 and 45 is where we know this volatility with estrogen and all this hormones are happening.

00:37:17:00 - 00:37:39:16

Dr. Asare Christian

And we know we've talked about the benefit, how this is great for hormones is good for, the brain, for the heart, for for the metabolism, muscle skeletal system. So that's a good

place to have a baseline. 35 to 45 is great. You know, and then during that whole, perimenopause, place is also super important and then post.

00:37:39:16 - 00:38:01:08

Dr. Asare Christian

So I think we need to start a little bit sooner, because one of the things I'm in the longevity space, I've become more certified in longevity medicine. And I think one of the most cost effective ways to extend lifespan lifespan. But we care about half span how the quality of life it's hormones. So this is such a it's such a cheap drug and we don't use it enough.

00:38:01:08 - 00:38:18:13

Dr. Asare Christian

And you know, like there's so many people who can benefit from this and it becomes something that we don't do and then start treating the symptoms. And I give you that example of people coming into my clinic. And that's how I even got into hormones where they have pain, they have mood changes, they are gaining weight. They're not sleeping.

00:38:18:15 - 00:38:22:06

Dr. Asare Christian

And and the only 45 medications, the only sleeping.

00:38:22:09 - 00:38:24:00

Dr. Jaclyn Smeaton

That are high side effect.

00:38:24:00 - 00:38:49:17

Dr. Asare Christian

High side effects. And all they need is a very low dose of progesterone to help with sleep. And sleep is so fundamental to everything that we talked about here. So, I think starting early and we're becoming aware of it. So I highly recommend between 35 and 45 get it done. And then continue to monitor individuals and try to kind of intervene, so that we can kind of restore and maintain this resilience that we know women have, in the early stages of life.

00:38:49:17 - 00:39:10:23

Dr. Asare Christian

Because what happens is that once women get into that, phase where things are changing from a hormonal standpoint, then they start losing all this benefit. And women tend to live longer, as we've talked about, but then they tend to live longer with arthritis, fibromyalgia, chronic pain conditions. And that's not what longevity is about. So we and those are all things that, again, is preventable if we can get ahead of time and modulate

these hormones as they age.

00:39:11:01 - 00:39:31:13

Dr. Jaclyn Smeaton

I love that you mention that because I think your experience is so similar to most providers in this space where you look at women, post-menopausal and there's it makes sense because the perimenopausal transition month to month, you expect hormones to look a little bit different. And so you can't necessarily trust that what you see one month is the same that you're seeing every month.

00:39:31:13 - 00:39:57:07

Dr. Jaclyn Smeaton

However, if we look at aging, the time of most degenerative aging in women is actually pre menopause. It's actually in those that perimenopausal transition that we see the cellular changes. The bone like the bone change bone breakdown the most is like the Perimenopausal years not the menopausal years. So it's I think it's really thoughtful to be thinking about how can we access that data and be making those changes.

00:39:57:07 - 00:40:06:01

Dr. Jaclyn Smeaton

And I love that you're doing this baseline in women 35 to 45. That seems essential to be able to have a starting place of how to keep track of where they are.

00:40:06:03 - 00:40:24:07

Dr. Asare Christian

Yeah. And it's also really getting women to understand that, you know, because I talk to a lot of women about this and they go, well, I don't have any symptoms. I don't have any, you know, and I think, the, the narrative is, oh, you know, if you have, symptoms, you have a nice sweats and you haven't there's this is when you need to start thinking about this.

00:40:24:09 - 00:40:38:04

Dr. Asare Christian

And what I talk to them about is really getting them to understand there's two lenses of how we look at this. And, you know, it goes back to, you know, how do you solve sickness and how do you self health. So if you're trying to prevent disease, we don't want to wait till the disease shows up. Okay.

00:40:38:06 - 00:40:57:17

Dr. Asare Christian

And then it's also not just symptoms that we are solving this other things like that becoming dysregulated. Even with time. So getting people to in that sense like yeah, this is

actually we are trying to help to prevent bone disease. We're trying to prevent muscle loss. We're trying to prevent diabetes. I see now that I do hormones, I see all the dysregulation that are happening.

00:40:57:19 - 00:41:18:07

Dr. Asare Christian

And if people have not been here sooner, then they've been exposed to statins and all of these therapies. Not that there's not a place for them, but the underlying issue is deficiency in a hormone that corrects that and builds on it. And I've seen, and I've now actually become and this is not a whole lot I've seen for three women in my clinic who came in and they've developed fractures.

00:41:18:07 - 00:41:34:23

Dr. Asare Christian

These are healthy people in their 50s. Right. And they've been any have any nice words? They're perimenopausal. Some sometimes post menopause and then one day they have they have a bone, disease. And this didn't happen overnight. This has been happening for the last ten years. The last 15 years. So we want to get ahead of it.

00:41:35:01 - 00:41:54:18

Dr. Asare Christian

FDA approval indication for estrogen is bone loss prevention. And I see so many women who they're told wait till you you know, you don't have any symptoms. And sometimes I think it just because the providers don't have the knowledge in terms of how do I prevent disease? I'm not just preventing bone loss, I'm trying to prevent brain.

00:41:54:20 - 00:42:10:12

Dr. Asare Christian

I'm trying to prevent cardiovascular disease and then also improving quality of life and resilience because women go through this where they just like, yeah, you know, it's just part of life. Because, you know, the doctors are saying, you know, this is just what happened when you age and, and we know for sure that that's not the case.

00:42:10:12 - 00:42:12:21

Dr. Asare Christian

And we want people to be as healthy as possible.

00:42:12:23 - 00:42:29:13

Dr. Jaclyn Smeaton

Yeah, I was I went to a talk last Friday with Mary Claire Haber. She just released a new book. She's like a I mean, I'm sure you've probably seen her on social media. She's an ob

gyn. But, one of the things she highlighted was that clinical changes are very slow to be rolled out in the medical world.

00:42:29:16 - 00:43:06:11

Dr. Jaclyn Smeaton

It's a faster now thanks to social media, like the application of vaginal estrogen that got, you know, approved, like so many women are asking for it now because social media, like, you know, Kelly Casper's and Rachel Rubin, all these people are talking about it. And so patients are hearing directly and it's growing. But if you think back to before social media, it's hard to imagine that time now we were waiting on doctors attending their annual meeting here or receiving communications around changes to standard practices and and even the development or those practices or like the standards of care that, you know, the get published.

00:43:06:12 - 00:43:28:23

Dr. Jaclyn Smeaton

Those are years and years after the research is published. And so I think that's one thing that longevity medicine is very keen to is trying to draw those conclusions as early as possible that can benefit patients talking about women and hormones in this case. But like you saw more doctors in this field using hormone therapy after I said not to.

00:43:28:23 - 00:43:50:06

Dr. Jaclyn Smeaton

As the research started to come out before guidelines were published, new guidelines were released by, you know, Acog or Menopause Society. And I think that's a really it takes a lot of work to follow the research, but it's really forward thinking, and I love that you're doing that in these areas. It's something to be thinking about. Like, and I would just say to patients who are listening, a lot of times there's research even before the practice changes.

00:43:50:08 - 00:43:59:01

Dr. Jaclyn Smeaton

So make sure you're working with a doctor, you know, like Doctor Christian who's paying attention to those things and who could have a conversation with that, you know, about that. If you brought that. Yep.

00:43:59:03 - 00:44:17:21

Dr. Asare Christian

And I think one, one, you know, along the same line, things that individuals have to recognize is that how we, you know, have a public health background. So I understand, you know, policy and how health is determined and all of these things and how we we

deliver health is influenced by how health care is financed. It's not based on science.

00:44:17:21 - 00:44:19:00

Dr. Asare Christian

It's not based on anything else.

00:44:19:00 - 00:44:26:21

Dr. Jaclyn Smeaton

Okay. Yeah. Tell us more about that because you have a unique perspective with your MPH. It's like, yeah, it has to work for the whole system, not necessarily the individual.

00:44:26:21 - 00:44:52:07

Dr. Asare Christian

Exactly. So, it's all the things that we do in medicine. Yes. You talk about the fact that sometimes even a beta blocker, we knew a beta blocker was very lifesaving for so long. It took 20 years before it became practice. There's so many things that we know can move the dial for individuals, for overall health, but because insurance doesn't pay for it, first of all, doctors who are in that space don't have any incentive to go learn about how do I do something else.

00:44:52:07 - 00:45:18:14

Dr. Asare Christian

So people need to understand. And I think people are becoming more aware that we have to do a lot more. There's a place for conventional medicine. It's great for diagnosing disease is great for managing disease. Well, we'll say great, right? Because we'll save your life and we'll see what else we can do. But, really, health that is not something that, you know, insurance pays for or that's not something that most physicians based on the environment, incentivized to do.

00:45:18:19 - 00:45:38:15

Dr. Asare Christian

So it's really important for people to listen. And then you can also validate for yourself because sometimes what women feel like crazy. You tell me my labs number, I fine, and yet I don't feel good, I can't sleep, I can't do all of this and it create this, stress for people. So it's really getting people to understand that there is so much that we don't do because insurance doesn't pay for it.

00:45:38:18 - 00:46:00:04

Dr. Asare Christian

Okay. And then because insurance doesn't pay for it, it doesn't mean that it's in. And then people have that association. Oh, because the conventional doctors are not doing it.

That's not safe. And they tend to actually kind of, question, the science from, from people who are actually applying the things and making it and of one and I think what we have to understand, even from a clinician standpoint is having agency.

00:46:00:06 - 00:46:18:05

Dr. Asare Christian

We go to medical school, we go to naturopathic school, we go to school. Whatever it is, we learn things and we have guidelines. Guidelines are there to guide you. It is getting to the place of having wisdom and trying to understand who is the person in front of you. Is this guideline going to benefit them? Is it or is it going to harm them?

00:46:18:10 - 00:46:35:07

Dr. Asare Christian

Okay. And I think sometimes that's what I see happening where patients will be like, they tell me I can't do this, or this therapy, or they will put somebody on estrogen. I go, I, they have to stop me because I was having side effect. Well, the dose was too high. Or they would say, well, I started having bleeding and they were on low doses of progesterone.

00:46:35:07 - 00:46:48:05

Dr. Asare Christian

So really there's all this nuances and precision that need to be put in place for the person in front. But anyway, I guess that's a long way for me to say, people do need to understand that, you know, the system is not designed to solve health is designed to be a sickness.

00:46:48:07 - 00:47:10:20

Dr. Jaclyn Smeaton

What you're saying really is striking to me. And here's where I think I love your point of view, is that you said, like, you need to work with the doctor who's assigning the who is applying the science, even if it's an end of one. And so there is this cultural and this is like the I think sometimes for good reason, longevity medicine culturally is being challenged by conventional medicine.

00:47:10:22 - 00:47:46:22

Dr. Jaclyn Smeaton

They're being criticized, right, for maybe being the cowboys and like a little bit too much of a Yahoo for lack of a better phraseology there. But there is a there is a spectrum here with providers who are reading one Rad study and applying it to humans broadly using, you know, things that are manufactured, who knows where. And then you have on the other side the conventional model that waits until there is firm practice guidelines published around some kind of new modality and FDA approved drugs available and whatever.

00:47:47:02 - 00:48:11:19

Dr. Jaclyn Smeaton

This was the most conventional, slowest adopter, let's say. So you have the early adopters and the late adopters with new things. And I think with longevity medicine, we tend to be more on the early adopter side. Applying science. But there is a point where it's maybe too early. How do you weigh that from your point of view? Like how do you make a good decision in your practice when you say, this is enough for me to start to do it?

00:48:11:21 - 00:48:26:07

Dr. Jaclyn Smeaton

Yes. Whereas whereas last month I would not have applied this in my practice. And what should our longevity docs with this point of view like? What should they use to determine that? Because I think it's really hard to make those good sound decisions for your patient.

00:48:26:11 - 00:48:47:04

Dr. Asare Christian

Absolutely. And that's that's an important question. And you even kind of alluded to this. So one, first of all, there's so much science and a lot of the science starts in animal studies. Okay. So a good place to start is is there a human study for this particular intervention. There's so many things that are out there. And the things that really move the dial are very simple things.

00:48:47:04 - 00:49:06:21

Dr. Asare Christian

Foundationally, I mean, those things are not changing. There's all there's a little pathways in our physiology that has been there. They're not changing. It becomes how do we signal that pathway with maybe new technologies or new compounds or whatever it is? So one it has to be something that has, you know, human studies, to something that is safe.

00:49:06:23 - 00:49:27:21

Dr. Asare Christian

It has to be it has to be safe. It has to have a safety profile that you feel comfortable with. And then, three having had some experience with it, meaning either you how you as a prescriber has done it or through your mentorship or other people who have done that, because you may have a patient in front of you where everything else you know has not applied.

00:49:27:21 - 00:49:42:01

Dr. Asare Christian

And maybe this is one thing that may change the dial for them. They are already ready for

it. They don't have any other options. This is the person you try this in to kind of help. And then we have to have a way to track it. Okay, so I always ask patients, how long have you been on this supplements.

00:49:42:01 - 00:49:56:02

Dr. Asare Christian

How long have you been taking this. And then I ask them, has I change anything for you? And I go, no. So why are you still taking it? Because somebody said I should take it. Okay. So that's kind of like my my way to kind of look at stuff. And you don't have to be somebody who who understand how to appraise literature.

00:49:56:04 - 00:50:13:22

Dr. Asare Christian

You don't have to do that. I have an MPH, so I can I can make sense of data. I can make sense of science. But the foundational thing is, is this save do we have human studies? And even if those things are not there, you still can, you know, potentially explore if the person you have in front of you don't have any other options.

00:50:14:00 - 00:50:18:16

Dr. Asare Christian

And those are how we we get this breakthroughs provided it's safe.

00:50:18:18 - 00:50:30:23

Dr. Jaclyn Smeaton

Right now when it comes to women and longevity and improving health span. I know you're exposed to all the laTest and greaTest. What are the things that really get you excited that are kind of entering our space right now?

00:50:31:01 - 00:51:02:22

Dr. Asare Christian

Yeah. So I think one of the areas that we are still struggling with medicine is precision, right? You know, our physiology is so complex, even though we have same genetic information, the epigenetics and other the environment. So really getting clear on, you know, now we are getting very good with proteomics and understanding aging of the of the cell and what goes on organ specific aging, which I think is very interesting and even understanding ovarian aging, that's also an area that's super, super important to to understand because as a group of individuals on the planet, we're not having as much babies.

00:51:03:00 - 00:51:23:12

Dr. Asare Christian

And, you know, that has some implications in other ways. So we have to think about that. There are analytics. There are cinema. I think there's all this new therapies that are coming. But what I'm excited about is the pace of the knowledge and then having AI to also help with the delivery system, guiding people to, to to make the care that we deliver very easy.

00:51:23:13 - 00:51:49:23

Dr. Asare Christian

Because sometimes it's not lack of information, it's how do we translate that for you? Okay. People may have a plan. They don't know how to execute. So if there there is the the infrastructure to to help them to execute have in ways that people can see and validate for themselves. So wearables, those are all exciting things that I think, is going to be great, but hopefully we get to a place where, you know, from a human or some point things will get precise.

00:51:49:23 - 00:52:09:06

Dr. Asare Christian

What version is good for you is going to be a topic or is going to be, you know, injectable, how is your body, you know, absorbing how is your body metabolizing, how is your body elimination? At least we have some of those, you know, data point from what we get from that. But getting those positions will make a huge, impact on how we deliver care.

00:52:09:08 - 00:52:20:21

Dr. Jaclyn Smeaton

Well, I think that's an awesome vision to work towards. And thank you so much for joining me today. It's been really great to talk to you and get your perspective. And, certainly we're glad you're in the in the DUTCH world. Thank you for sharing your expertise.

00:52:20:22 - 00:52:30:00

Dr. Asare Christian

Yeah. I thank you so much for having me. Thank you for the work you do in educating all of us here and helping all patients. Because it does makes a difference. It makes a huge difference. So thank you for the work you guys do.

00:52:30:02 - 00:52:37:20

Dr. Jaclyn Smeaton

Fabulous. And thank you to all of you who listened today. If you want to learn more from Doctor Christian, where is the best place for them to connect with you?

00:52:37:22 - 00:52:58:20

Dr. Asare Christian

Yeah. So my practice is called ITR medicine. In Wayne, a suburb of Philadelphia. And, people can reach out to us either by phone four, 848061101, or they can also go to our website, [eat the medicine.com](http://eatthemedicine.com) and it is a e a t h e r medicine.com.

00:52:58:22 - 00:53:19:06

Dr. Jaclyn Smeaton

Fabulous. So we'll make sure we put all the links and contact information in the show notes too. If you guys didn't catch that or your driving and thank you guys again for joining me today. If you like what you heard today, remember we release a new podcast every Tuesday, so be sure to subscribe to the DUTCH podcast and follow us on social media at DUTCH Podcast, and we will see you next week.

00:53:19:12 - 00:53:21:21

Dr. Asare Christian

Thank you so much.

00:53:21:23 - 00:53:34:17

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