

Episode 158 Transcript

00:00:00:00 - 00:00:13:09

Dr. Bindiya Gandhi

When I first started putting people on GLP-1, it was like this lifesaver. People lost 50-60 pounds and guess what? They came off of the GLP-1 and they gained weight right back. It's not meant to be something that they're stuck with for the rest of their life.

00:00:13:11 - 00:00:38:19

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 and 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 healthcare professional or simply looking to optimize your own well-being, we've got you covered.

00:00:38:21 - 00:00:58:06

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 there! I'm so glad you're with me for this week's episode of the DUTCH podcast. This week we're going to talk about one of the hottest areas of medicine.

00:00:58:09 - 00:01:26:14

Dr. Jaclyn Smeaton

GLP-1s. And while there are so many physicians out there prescribing GLP-1s, I think when you hear from our guest today, you're going to realize that the way we do it and functional and integrative medicine is a little bit different. It's a little bit more forethought. It's a little bit more testing. It's a little bit more understanding of how you can protect people from side effects and downstream negative effects of a GLP-1, and ultimately how you can fix the root cause that got them there in the first place.

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Dr. Jaclyn Smeaton

We're going to cover all of this along with talking about some of the newest, hottest drugs available on the market. And most importantly, what do we do when it's time to get someone off of a GLP-1? That's not a conversation that we have very often, but

certainly we don't want people on these forever. So how can you ramp off safely, minimize the weight gain that can come?

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Dr. Jaclyn Smeaton

We know in clinical trials with getting off W1, and I'm really excited to hear our guest point of view. Our guest today is Doctor Bindiya Gandhi. She's a double board certified family and integrative medicine physician and founder and medical director of Revive Atlanta, MD. She's got over a decade of clinical experience, and she specializes in obesity, insulin resistance, and metabolic dysfunction, with a particular focus on the hormonal drivers of weight regulation, including leptin resistance, GLP-1 signaling, and more.

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Dr. Jaclyn Smeaton

She was an early clinical adopter of GLP-1 therapies, and she's treated thousands of patients and developed a systems based approach that really combines that precision diagnostics, like we talked about optimization of the gut microbiome and targeted nutrition to make sure you're really addressing the root cause of weight loss or resistance, whether or not someone's getting on a GLP-1.

00:02:35:11 - 00:02:58:16

Dr. Jaclyn Smeaton

Her work centers on reframing obesity as a neuro hormonal signaling disorder, and really replacing shame with science and the conversation around sustainable weight loss. I'm going to go ahead and bring our guest in and let's go ahead and get started. So, Doctor Gandy, I'm so excited to have you with us today. And I'm really wanting to dive into the topic because it's a very high interest topic that I know people really want to dive into straight away.

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Dr. Jaclyn Smeaton

But before we do, I always love to ask and just to get to know you a little bit better and let our listeners get to know you a little bit better. Tell me how you found your way into functional and integrative medicine from the conventional model you were trained in?

00:03:09:15 - 00:03:26:23

Dr. Bindiya Gandhi

Well, first of all, thank you so much for having me on today. So probably like most practitioners, it was my own personal injury journey. You know, I remember thinking I was doing everything right in residency. You know, I was eating well, I was exercising, I was meditating, doing yoga, all the things that we're supposed to be doing.

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Dr. Bindiya Gandhi

And yet my own health failed me. Right. Around the time I was like, in my I think I just turned 30 or a late 20s and was had developed a lot of acne. I had a rash on my face that wouldn't go away. How do you run a regular cycle? I had, chronic headaches and, you know, everybody was like, oh, not a big deal.

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Dr. Bindiya Gandhi

This is just this is just aging. It's kind of normal. And I was like, this is not normal. And it wasn't. It wasn't until that rash on my face didn't go away. And it literally took two years. And I had been to the dermatologist, I had all the medications. I had the the antifungals, the antivirals, the steroid, the, you name it.

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Dr. Bindiya Gandhi

I had been on everything and I was desperate and everything I tried, the rash would go in and it would come right back and it was obvious to me. Right. And I didn't want to just cover it up with makeup. And, and I kept asking, could it be a nutritional deficiency? It kept asking questions. And they were like, no, no, you're fine.

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Dr. Bindiya Gandhi

You know? Nothing. Nothing to worry about. And then the one thing that really bothered me was like, I was like, I need more answers. Something. Something's not right. We've been doing this for two years, and it's not working. Finally got in with a, allergy immunologist because I kept thinking, is this an autoimmune thing? And they're like, no, you're just a stressed out resident.

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Dr. Bindiya Gandhi

We don't need to do bloodwork. You're fine. And that's when I was like, okay, this is not working like I'm trying. And at the time I wasn't really ultra also really interested in and Doctor Andrew and integrative medicine. And so I was fortunate to find an

integrative medicine doctor and did some testing. Long story short, I found out I had celiac and so life changed when the minute I cut out gluten.

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Dr. Bindiya Gandhi

And so, yes, I thought I was doing everything right. But at the time I was also eating a lot of whole wheat. Everything whole wheat pasta, whole wheat, bread. Because that's what I thought you were supposed to be doing. And so here I am, you know, 14, 15 years later and life is different. But, I'm so grateful for my own personal journey because I understand being a patient and I understand what patients go through.

00:05:26:05 - 00:05:29:21

Dr. Bindiya Gandhi

So I can relate to them on a very deeper personal level. Because of that.

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Dr. Jaclyn Smeaton

I appreciate you sharing your story with us. It's so interesting to hear. It's like I have a similar same story in my backgrounds, like that story of like, you have a problem, you seek the health care system that you grow up in and trust, and for you work within and then find that, you know, once you run through the algorithms, there's like nothing there.

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Dr. Jaclyn Smeaton

Like no one is spending the time, which partly is a model issue, right? Because no one has any extra time to think a little bit deeper about, like what could be happening physiologically or you have this disparate we've talked about this with friends all the time. Now we have aging parents where they see you have high blood pressure and you see a nephrologist and a cardiologist and a PCP.

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Dr. Jaclyn Smeaton

But like, no one's really putting things together. And that's just how our model is built. So, I mean, it's just so fascinating to hear your story, to see you come into functional integrative, which is like kind of pulling it all together again.

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Dr. Bindiya Gandhi

Yes. And and I think this is why I love what I do, especially with my patients, because instead of having them to go to like 20 different doctors, I'm essentially managing everything for them. And I know the whole picture and I could connect the dots. And yes, this is what's needed for sure.

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Dr. Jaclyn Smeaton

Well, it brings me to like a place of real excitement to talk about today's topic, which is GLP-1s and metabolic dysfunction and weight, because I think when we look at it through this lens that you and I are looking through and speaking from, of whole person medicine and prevention, I think there is a risk inherent with GLP-1 use that.

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Dr. Jaclyn Smeaton

It becomes like the hammer for all nails, and it becomes something that's like given to patients without a lot of thought or management about how and why and how long and how you're going to get off. And we're going to have to talk about all that today. Yeah.

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Dr. Bindiya Gandhi

For sure.

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Dr. Jaclyn Smeaton

So in your view, I want to start by talking about just metabolic dysfunction for women specifically what is like the single most unappreciated driver of why metabolic dysfunction happens specifically for women.

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Dr. Bindiya Gandhi

You know, we are very complicated. We sure are. We have a lot of hormones. And this is the probably the biggest thing that makes it harder for a woman to either maintain weight or lose weight. And especially as we go through the perimenopause menopause year. So, unlike men, you know, we're dealing with estrogen, progesterone, testosterone, along with cortisol.

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Dr. Bindiya Gandhi

You know, a lot of us are mothers. We're always we're I keep saying we're in the sandwich generation. We're taking care of older parents and we're taking care of our kids. So we also have a lot more of our plates, along with taking care of ourselves somewhere in the mix. Right?

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Dr. Jaclyn Smeaton

Yeah. We get time.

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Dr. Bindiya Gandhi

Yeah. So our hormones are fluctuating. Literally, from the time we start having a period when we're but 12, 13, whatever it when they ever age, that is. And then, you know, we go through having babies and going through the, the years where we're super fertile and we go from having babies straight to like, what we call perimenopause.

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Dr. Bindiya Gandhi

And, and again, it's all the hormone fluctuation and changing it and the rapid changes of the hormone fluctuation, and how that really impacts our metabolism. But stress is, is a really big one. Because I feel like no women are dealing with chronic stress, probably, even maybe before they're trying to conceive. Right. So, all these hormones are talking to each other, working with each other and then also impacting our metabolism.

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Dr. Bindiya Gandhi

And this is probably why, women struggle more than men.

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Dr. Jaclyn Smeaton

Definitely. Now, before we get into the nitty gritty with science, like, I hear you talk a lot about insulin resistance, I think most people know about insulin resistance. But I also hear you talk a lot about leptin resistance. And I want to make sure our listeners, before we get into it, are really oriented to what leptin is and why it really matters.

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Dr. Jaclyn Smeaton

When we talk about weight. Can you share a little bit about that with us?

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Dr. Bindiya Gandhi

I got I get really excited about leptin and so leptin is a hormone that's produced by your fat cells. It communicates with your brain. It lets us know if you're hungry, full. Do you need to eat more? Do you need to eat? But what happens over time is, women, we've been dieting since we've been 16. Whether you realize it or not.

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Dr. Bindiya Gandhi

Right. And and fluctuating hormones have really changed our metabolism by impacting our back to normal. When the body thinks you're starving, it's going to hold on to food, right? It's going to hold on to that fat storage. Even though there's a ample storage available. It's going to slow down your metabolism. And this is what leptin is all about.

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Dr. Bindiya Gandhi

So I get really geeked about leptin because everybody knows everything about insulin resistance, but nobody really knows how leptin impacts our metabolism in the long run.

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Dr. Jaclyn Smeaton

So how are they different, like insulin and leptin resistance?

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Dr. Bindiya Gandhi

Yeah. Great question. So insulin resistance we kind of know you know it's impacted by our blood sugar kind of associated with the insulin release in the pancreas when we eat carbohydrates or sugar essentially. Right. Leptin is a little bit different. Our cells get the memo. Are you full? Are you hungry? So typically when we eat, we should be getting the memo.

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Dr. Bindiya Gandhi

It's time to stop eating, right? For some people, they don't get the memo that they need to stop eating. And sometimes this is why they overeat or in other reasons. This

is also why sometimes people will eat and then like an hour later, they're like starving again. I don't know why, but I need to eat again, right? That communication is off between the fat cells and the brain.

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Dr. Jaclyn Smeaton

Okay. That's cool. So I know, like, when we're going to be talking a lot about GLP-1 receptor agonist, these have become one of the fastest growing prescription categories in medicine. I think everyone at this point has heard about GLP-1s. And actually the data is so interesting. Like generally 15 to 22% body rate reduction in clinical trials, although you have like Retta, which just had, what, 38% reduction in way, it was a massive amount and a more recent clinical trial.

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Dr. Jaclyn Smeaton

And with the with women, these medications do end up just interacting with all of that other hormones and ways that our research hasn't fully elucidated. Clinical guidelines haven't really addressed. So when a patient comes in and they're dealing with like insulin resistance and leptin resistance, and you're thinking about a GLP-1 receptor agonist for her, are those two mechanisms like separate in your mind or are they connected in the way that the GLP-1 maybe maybe helping her.

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Dr. Bindiya Gandhi

Kind of both. Right. So jumping ones, we know that, you know, they are decreasing your appetite. We also know that you get full faster. Right. There's a lot of amazing benefits. You know, it started off as diabetic medication. Right. And this is why it really does help with the blood sugar, controlling of the blood sugar. But it also helps on the leptin hormone.

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Dr. Bindiya Gandhi

Right. As well. So we tend to dose. And this is one of the reasons why I know who's a good candidate for GLP-1's first. Not I do I'm very lab data oriented. And I look at blood sugar levels and your insulin levels. And also your hemoglobin and C. But I also look at your leptin levels. And so when I tend to see leptin levels being really, really high, I know that these people who have higher leptons may also benefit from being on an GLP-1 medication.

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Dr. Bindiya Gandhi

And I tend to notice that when I put them on the GLP-1 medication, that that leptin hormone comes down. This is also something that I use clinically, to determine who should come off of the GLP-1 and when it's appropriate to come off right. And look at their leptin hormone. When I notice that their, leptin hormone is closer to 7 to 10, I know they've lost enough weight.

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Dr. Bindiya Gandhi

Their metabolism is in gear that maybe we could try getting them off of the medication. Right? It's not meant to be something that they're stuck with for the rest of their life.

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Dr. Jaclyn Smeaton

That's such an important question. And I we can go right there because I think, you know, I definitely want to talk with you today about getting off of GLP-1. So I think not a lot of people have done it because people are like loving it. They weren't ever.

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Dr. Bindiya Gandhi

Yeah.

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Dr. Jaclyn Smeaton

And you're seeing it used in populations that people who maybe wouldn't have met criteria for it because it's like available through online pharmacies and things like that. But what is your experience then in women coming off of GLP-1s, like what has their experience been? What have you observed medically? What's the culture around it like?

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Dr. Bindiya Gandhi

Well, let's talk about it all, because I will tell you initially, when I first started putting people on GLP-1, it was like this lifesaver. People lost 50-60 pounds. And guess what? They came off of the GLP-1 and they gained weight right back. Okay, I've seen that happen. Right. And so what I do differently is I work with them and heal their gut.

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Dr. Bindiya Gandhi

We know that there's a link between the gut microbiome and GLP-1, especially when we're trying to come off of it. And especially if we don't want to get back on it right now, I have some people that will cycle on and off of it during certain time periods. But what we tend to notice is the people that do really, really well off of the GLP-1 is people that have also preserved their muscles.

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Dr. Bindiya Gandhi

Right, because muscles also impact your metabolism. So in our practice, we really encourage that people are eating high protein diet and their strength training. They're really building that muscle. We notice that when people just get on the GLP-1 medication, they're going to lose a lot of muscle. So yes, they're losing weight, but of that weight, it's majority muscle.

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Dr. Bindiya Gandhi

So the first thing that we do is we want to prioritize protein and preserve that muscle. Now the other thing that we're also doing is we want to make sure that their microbiome is really healthy, because we want our GLP-1 is actually produced in our gut, right? Many people don't even realize.

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Dr. Jaclyn Smeaton

So when you think about, like the fecal transplant data, I mean, it's probably because you were getting like GLP-1 through someone else's and it's like totally amazing.

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Dr. Bindiya Gandhi

Yeah. So that's what we do in our clinic. We want to make sure that people are optimizing their own GLP-1 production, and we make sure that their protein is high, but then we start working on their gut while they're working the US. And that means we're making sure they're getting enough fiber polyphenols. We're really kind of making sure that we're stimulating that GLP-1 naturally.

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Dr. Bindiya Gandhi

So when they come off of it, and I'm also looking at their leptin levels, when it's time to

come off of it, we're like, oh, everything is working right. Everything is in alignment. You can come off of it. Some people still might gain a couple 2 to 5 pounds because obviously there's a change in appetite that happens, but giving them that buffer is perfectly fine because we know that while they're maintaining all the good habits that we've taught them, that they should be fine off of the GLP-1 medication.

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Dr. Jaclyn Smeaton

So let's get back to talking about women and women's hormonal status. You have like cycling females, perimenopausal females, postmenopausal females. Are there changes in the way women responded GLP-1s based upon hormonal status?

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Dr. Bindiya Gandhi

Yes, actually there is. So it does matter if they're on hormone replacement therapy as well as GLP-1s. We do notice again clinically actually this in practice that I do need to adjust their hormones appropriately as they continue to lose weight. So sometimes I'm bumping up their HRT or now menopause hormone therapy, along with their GLP-1 medication.

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Dr. Bindiya Gandhi

So when they start losing weight, we do notice that sometimes, they'll have breakthrough bleeding, some of these other things while they're on hormone replacement therapy. So we want to make sure that we adjust that differently. So it kind of does matter what phase of life they're in, especially in the menopausal years along with hormone therapy medications.

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Dr. Jaclyn Smeaton

Yeah. So so interesting. So I think about that like you know adipose especially postmenopausal is quite a big source of estrogens compared to I mean, we don't have ovarian function anymore. So you think about women who are losing a lot of adipose that it could absolutely affect their hormone status. And I know there were a couple of studies I'm not as well versed on this data, but when women were on T and estrogen replacement therapy, they tended to lose more weight on GLP-1s compared to women who are not.

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Dr. Bindiya Gandhi

Whereas actually a study out of Mayo Clinic that just showed that, women actually do better when they're both on MD and GLP-1 in the long term for weight loss versus just going one alone or versus just MD alone.

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Dr. Jaclyn Smeaton

So you talked about when women come in, you mentioned a lot of the metabolic workup that you do. Are there other labs as well that you like to look at before you consider putting someone on semaglutide or TRS appetite or whatever? The GLP-1 of choices.

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Dr. Bindiya Gandhi

I do, I look at inflammatory markers as well. We don't really talk about that, but I do look to see like have a lot of inflammation. I'm also looking at if I were it is really big. And knowing if I need to adjust their thyroid medication on or off for GLP-1 too. So just kind of getting their whole picture of what their risk factors are.

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Dr. Bindiya Gandhi

But I'm very data driven. So I'm looking at, you know, inflammatory markers. I'm looking at so many different things to understand what's really happening, with, their overall health.

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Dr. Jaclyn Smeaton

I love that. I mean, I think one question that comes up a lot, too, is that some people do tremendously well on GLP-1s, and other people seem to kind of plateau a little bit sooner. Have you seen trends with all of the data on the tracking that points you in the direction of why one woman versus another may respond better to it?

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Dr. Bindiya Gandhi

Yeah. And this is this is was my my like number one, curiosity like a couple years ago because I was like, well, losing weight and some people are not and they don't lose weight until they get to a higher dose. And I realize it all goes back to their microbiome and their gut. And so once, once that's collected my brain, I was like, oh, that's the moment.

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Dr. Bindiya Gandhi

Of course. That's why we want to, produce that natural GLP-1 in the gut. I see a lot of patients that have like dysbiosis or an imbalance of good and bad bacteria. They have trouble losing weight. But we're also for some people, they have inflammation in their gut. And there's some other things that still need to be worked on when their gut is also, healed or very, you know, work where it should be essentially, losing weight on GLP-1 is a lot easier.

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Dr. Jaclyn Smeaton

It's really fascinating the connection to the gut with, I mean, really every health condition. You look at your rash, right? I think it's like, who would have thought that was originating as celiac in the gut.

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Dr. Bindiya Gandhi

Then therapy, like some of my patients that do really, really well, hormone replacement therapy, it's because their gut is optimized and healed versus like a patient that has a lot of dysbiosis. And I'm like, why are you hurt? We're doing everything to optimize your hormones. But if you still feel you don't feel good. So always because you talked about.

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Dr. Jaclyn Smeaton

That all the time, it's I mean, we have a couple of things. Like we have a marker on our report called endocrine, which is a urine marker of gut dysbiosis. It's like a byproduct of some of this biotic bacteria that we can pick up in urine, which is not specific. But if I tell people, if you see it elevated, you definitely should be looking at your patients gut for sure.

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Dr. Jaclyn Smeaton

And then we also just know that connection with estrogen metabolism, the fact that you have phase one and two in the liver, but phase three is gut. It's all about having the right gut microbiota and having enough fiber that you can actually carry that packaged up estrogen out of the body. And actually, that brings me to a point that I think is also so important around gut health and GLP-1 use or weight loss, especially

rapid weight loss, which is the fact that most of our toxins are fat soluble like in other world.

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Dr. Jaclyn Smeaton

And so that's also stored in adipose tissue, which when you burn it, when you are like getting rid of adipose through weight loss, you are releasing that into the body again to be processed and excreted. And think of it as like stored. I was something like stored in a closet. It's like when you finally, like, unpack out that closet and dig through all the old stuff that you used to shove in there.

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Dr. Jaclyn Smeaton

You've got to deal with it and sort it and get rid of it. And that is all dependent upon gut health as well. It's the same beta glucan is that we talk about with estrogen. So that's critical for toxins.

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Dr. Bindiya Gandhi

Correct. And this is why again I really like looking at the gut. When I have people on not just hormone replaced therapy, but also Omron GLP-1 because everything is so connected. And this is why I love what I do, because everything is makes sense in my world.

00:20:50:01 - 00:20:52:12

Dr. Jaclyn Smeaton

I feel the same way.

00:20:52:14 - 00:21:25:23

DUTCH Podcast

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DUTCH Podcast

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00:21:37:04 - 00:21:55:19

Dr. Jaclyn Smeaton

So I know we've talked about gut, but another thing that you mentioned earlier that can impact whether women are able to lose weight or not is cortisol and that kind of chronic activation of the HPA axis. And we know it disrupts the hormone environment. And I think people kind of recognize when you're under stress, well, some people gain and some people lose, right?

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Dr. Jaclyn Smeaton

Some people become catabolic and they just drop weight. But can you go beyond a little bit or like dig a little deeper to help our listeners understand the connection between stress and weight?

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Dr. Bindiya Gandhi

Yeah for sure. So cortisol 100% impacts your leptin level your what do normal. But it also impacts your blood sugars and your insulin level. Right. Insulin resistance. So a lot of times, when people are stressed. Right. Let's talk about an acute stress. Right. So you break your leg or, you know, you're in a car accident, you have some acute stressors.

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Dr. Bindiya Gandhi

What's supposed to happen physiologically is the cortisol supposed to spike up. And that's normal, right? We tend to see that blood sugars will spike up like the body is just, in a fight or flight mode. Right? The problem happens when you've been on this chronic stress for a period of time, 3 to 6 months or longer. And I use it analogy of the bears chasing you now for 3 to 6 months and now you don't know how to function.

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Dr. Bindiya Gandhi

What ends up happening is we tend to see a lot of dysregulation in your blood sugars. We all tend to see that your body's like you're trying to hibernate, your body's trying to protect yourself. Everything goes into storage mode, right? Your metabolism slows

down. You just want to sleep. You want to hide. You want to, like, get away from this beer and.

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Dr. Bindiya Gandhi

But you just want to hibernate, right? And so when all that's happening, your metabolism slows down. You're, you're going to be in storage mode. Your body's like, I don't know what you're gonna get fed again. Right? So let's make sure that, you know, we preserve everything you have. You're burning less calories. So all these things are happening because it's trying to preserve you.

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Dr. Bindiya Gandhi

Because cortisol is high, right? Cortisol is like it's it's it's taking over. Essentially, even your sex hormones, like testosterone will drop. You will drop, progesterone drops. It's because cortisol is the primary and everything else becomes secondary.

00:23:43:22 - 00:24:07:06

Dr. Jaclyn Smeaton

Yeah. When we think about the hormone hierarchy, it's like one of the first, you know, you have glucose and cortisol that are really they run the show. Right. So if they're not in balance everything else kind of suffers downstream. Correct. So I always had a group of patients in my practice. Many of them were actually fitness instructors, but they were women who were kind of getting into that like 30s, 40s age.

00:24:07:08 - 00:24:25:11

Dr. Jaclyn Smeaton

They are doing everything right. They workout all the time. They are eating pristine diet like they record their diet to you. And you're like, I just have no idea what I could possibly give them for advice because everything is that was based on. But then they are finding that they're like starting to have weight creep on. What is up with that in that time of life?

00:24:25:11 - 00:24:31:03

Dr. Bindiya Gandhi

So a lot of things are happening. I see this is like the bread and butter of my mouth.

00:24:31:05 - 00:24:45:00

Dr. Jaclyn Smeaton

And that's like they're like what oftentimes we call like the wealthy. Well, it's like the women who are optimizing their health. And it's a lovely group of people to work with where they don't have an acute disease, but they're not in optimal health. And it's such a tricky spot.

00:24:45:06 - 00:25:01:08

Dr. Bindiya Gandhi

You know what I tend to notice, is, this is where I start optimizing your lifestyle. So yes, I know they're doing everything right and perfect, but usually I'll, I'll, I'll find things like maybe they're drinking a little bit too much, right? Maybe they're improving a little bit more alcohol. Sleep is a big thing. Stress is a big thing.

00:25:01:08 - 00:25:29:03

Dr. Bindiya Gandhi

So kind of like pinpointing specifically what we could optimize on really does help. But a lot of it is hormonal. I tend to see it specifically in my practice, because of that chronic stress. It does impact the thyroid, which also impacts the metabolism. So most of these women also have, like low T3 syndrome, essentially. So we end up supplementing them with some T3, which helps their their T3 come up, which also then this is also impacted by cortisol and stress.

00:25:29:03 - 00:25:48:18

Dr. Bindiya Gandhi

And so that also helps their metabolism a little bit. But it's a little bit of everything, that we do to kind of get them over the hump. Some of them also really need some, hormones. Right. And so I'm giving them a little bit of progesterone or we're really supporting their adrenals or, you know, we are, detoxing.

00:25:48:18 - 00:26:08:12

Dr. Bindiya Gandhi

One of the things I like to do, especially if their estrogen tends to be higher, their estrogen dominant, I'm kind of like detoxifying, phase one. Phase two liver. With, you know, using dim and some of these other supplements to just make sure that things are optimized. So usually I'm able to potentially pinpoint something that we can work on with these women to optimize their overall health.

00:26:08:13 - 00:26:21:18

Dr. Jaclyn Smeaton

Are there lab patterns that you like see a lot of because I'm here, you talk about like

you have thyroid cortisol, you sleep disruption. We talked about hormones, talked about like, hormone metabolism. Are there patterns that you typically see across these women?

00:26:21:20 - 00:26:44:00

Dr. Bindiya Gandhi

Kind of, but not really. I feel like what I've learned over the years, obviously every single woman is very unique and different, but I do tend to see or maybe, because they're coming to me in my practice. I'm seeing a lot of women have that low T3 syndrome. I do see a lot of that, especially in my high performing, high achieving women.

00:26:44:02 - 00:27:03:04

Dr. Bindiya Gandhi

It's like the body's compensating somewhere, right? That is common. The other thing that I tend to see really common is, progesterone. Progesterone tends to be one of the first thing that declined in my perimenopausal years. And that does impact sleep. And we know that when we're not sleeping well, we tend to have blood sugar dysregulation.

00:27:03:04 - 00:27:26:11

Dr. Bindiya Gandhi

Where I'm not sleeping well, our cortisol is off. Like all these things tend to happen when I'm not sleeping well. And so progesterone is usually one of the things that I'm probably leaning towards first in a group of my women. And then testosterone. Because of that chronic stress, I tend to see a lot of low testosterone. So a lot of times, yes, pumping iron at the gym and they're doing all the thing they're supposed to, but if they're testosterone is low, you know, it's like they're like they're not really building that muscle.

00:27:26:11 - 00:27:38:06

Dr. Bindiya Gandhi

Like they're hitting a wall, they're lifting weights, and that's awesome. But they're not really making natural growth hormone. They're not really preserving their muscle mass. And so again, optimizing their testosterone also tends to help.

00:27:38:12 - 00:28:00:15

Dr. Jaclyn Smeaton

Yeah. That makes a lot of sense. It is. It's such a complement like we started with

women are complex right now. Like like yeah it's have we just wish there was an easy model. Well let's dive into deep ones a little bit more because this is an area where the field is really rapidly evolving. We have an oral option available now that's moving through phase three trials.

00:28:00:17 - 00:28:33:21

Dr. Jaclyn Smeaton

You have these triple agonists like the Ratcatcher tribe which has like really massive results in phase two trials. And I think the other thing that's so interesting is we're seeing this expansion in use in research. So it's going well beyond like you'd mentioned, diabetes initially and the weight loss and obesity. But now cardiovascular disease, renal disease, neuro inflammatory disease I mean the the way it's being applied in clinical research is really amazing and very fast moving.

00:28:33:21 - 00:28:45:18

Dr. Jaclyn Smeaton

And I think part of it is, like you said, it touches upon so many different mechanisms in the body. Yeah. And chronic inflammation. Tell me, what are you watching most closely in all of the emerging research right now?

00:28:45:19 - 00:29:09:23

Dr. Bindiya Gandhi

I love every aspect of GLP-1. So I love that it's reducing fatty liver. It's, you know, preventing cognitive decline. Anything essentially associated with obesity. Right. The links to potentially reducing the risk of cancers, all these things that we, that we can mitigate by losing weight and being at a healthier body mass index is helpful. Right?

00:29:09:23 - 00:29:28:11

Dr. Bindiya Gandhi

So all those things are helpful. One thing I'm really excited about, I just heard about a study, was it this week or last week about asthma? There's a link between asthma and, GLP-1. When when patients are taking GLP-1s and they have asthma, they're using their inhaler less. And that's all again, decreasing information.

00:29:28:11 - 00:29:51:01

Dr. Bindiya Gandhi

So again, this to me is also very exciting because it's we're going to find more studies like this emerge and more data come through that is showing that it's not just blood sugar, it's not just the weight loss. It's the fact that we're improving inflammation. And

because we're improving so many different things, everything just becomes so much better.

00:29:51:03 - 00:30:17:19

Dr. Jaclyn Smeaton

It gets me thinking a lot about it, though, because I think when you see the impact of lowering inflammation through this pharmaceutical drug, it just begs the question of like, why aren't we saying where is the inflammation coming from? What else should we do? And I think there's just so much like since as we're really getting off script here, but like so much systemic impact of our health, our policies around food, and what types of food are available to people are affordable for people.

00:30:17:19 - 00:30:41:06

Dr. Jaclyn Smeaton

And it's really an interesting conundrum we're in right now where you have this like, I'll call it a quote unquote miracle drug, like you're seeing just tremendous results with a job once a week or an oral medication. But like what? Also what I put my root cause hat on from a system perspective, it always flies us, buys us time to not fix the real root problem.

00:30:41:08 - 00:30:57:07

Dr. Jaclyn Smeaton

I don't, I know that I have, I have such a, I have such mixed feelings around GLP-1 because I do think they're like miraculous to transform health, particularly for people who've struggled. And I hear doctors like you who are doing it the right way. And, but I also think about how many doctors don't have the time to do it the right way.

00:30:57:09 - 00:31:15:10

Dr. Bindiya Gandhi

So this is 100%, and I and I understand exactly where it coming from, because first of all, the question is why? That's the when I see labs, the next question is well why. Like it's not just okay, your thyroid is off, but why? But why is your thyroid awfully? But why are you happening? Right. So that's like why.

00:31:15:15 - 00:31:44:05

Dr. Bindiya Gandhi

Yeah, but but when it comes to GLP-1 I think they're very helpful. But again they're an adjunct to everything else that I'm doing. Right. Like we're adjusting the diet. We're adjusting the lifestyle. We're doing all these so many tweaks. We're balancing your,

you know, your, nervous system. We're doing so many different things at the same time and then realize, oh, and then now you can take this because now everything will work 100 times better while you're doing all the things that you're doing right.

00:31:44:07 - 00:31:59:06

Dr. Bindiya Gandhi

But it's not a crutch, and I totally hear you. It's not an excuse to, go eat McDonald's and have French fries. And now take your GLP-1. That's it's not going to work that way. Right. But it is helpful when you're in the right context, doing everything appropriately.

00:31:59:08 - 00:32:21:04

Dr. Jaclyn Smeaton

Oh, I 100% agree. And I don't even know that. I think of it as like in people are using it as an excuse to continue unhealthy behaviors. I actually think that it can be really motivating for patients who have stuck at a high wing to start to get, I mean, like how many doctors, if you deal with someone who's obese, how many doctors have said, well, eat, eat healthier and start to exercise?

00:32:21:09 - 00:32:54:16

Dr. Jaclyn Smeaton

Yeah. But when you're like, overweight, uncomfortable, in pain, inflamed, you're maybe depressed. Like, it's just that obesity is not just your size or your weight. It's like a whole inflammatory experience. Right. So I do think that and I've talked with a lot of clinicians who are using a lot of GLP-1s and practice some of the beauty of it is that patients come in having received this advice and been unable to access it, but then when they go on a GLP-1 for a couple of months, they start to lose weight, their confidence improves, their pain goes down, they feel less inflamed.

00:32:54:21 - 00:33:09:23

Dr. Jaclyn Smeaton

They can make better food choices because the food noise is down. Like I do think that it's such an opportunity, which is why I like talking to box like you, because you get it. And I can tell you're like, well, then we fix gut health, then we fix lifestyle. And I wish that we could institutionalize that for everyone.

00:33:09:23 - 00:33:14:13

Dr. Jaclyn Smeaton

Before we start to see more and more people on GLP-1s, to manage all these things

that.

00:33:14:17 - 00:33:38:07

Dr. Bindiya Gandhi

Yeah, look, I think it's very helpful, 20 years from now, 30 years from now, we have way more data and studies. Hopefully everything is only better, but there might be some things that are coming out from them that we are like, okay, I don't like the way this is going. Right. Already I will tell you, like I use it in my patients, especially when I suspect there's, addictive like behaviors, especially when it comes to alcohol or bright years or stuff.

00:33:38:07 - 00:33:45:07

Dr. Bindiya Gandhi

People, when we give them a little bit of GLP-1, they do so much better because again, it's not just food noise, it's just cravings. Right?

00:33:45:07 - 00:33:49:17

Dr. Jaclyn Smeaton

So yeah, anyway, there's so many different applications. We could talk for.

00:33:49:17 - 00:33:51:18

Dr. Bindiya Gandhi

A day, right? Yeah.

00:33:51:20 - 00:34:07:01

Dr. Jaclyn Smeaton

I do want to talk about a couple of specific updates, like we're now seeing oral GLP-1 options come to market. Does that formulation like change how you think of as a candidate or who you might approach to take a GLP-1 now that there's options that are non injectable.

00:34:07:03 - 00:34:25:19

Dr. Bindiya Gandhi

Yeah actually. So a lot of my patients now let's be honest who wants to inject themselves once a week. Not everybody wants to do that. And so some people don't feel comfortable. So just it's just it's not pleasant. Let's be honest. So, I think it's a great option for people who want to lose weight, still get the benefits of GLP-1.

00:34:25:21 - 00:34:37:11

Dr. Bindiya Gandhi

But it comes in oral medication, right? I will say, though, the data compared to the injectables are not as great, but it's a great option that's still available.

00:34:37:13 - 00:34:54:06

Dr. Jaclyn Smeaton

To I would imagine. There's also some patients who are like, oh no, no, I don't want the oral. I'm happy on the injectable because it's so it feels more potent. And if they're willing to get over using a needle, which Lord knows how many meds are going to open up to us now that patients are comfortable with like subcu injections, it's pretty amazing.

00:34:54:08 - 00:35:02:17

Dr. Jaclyn Smeaton

Yeah. But I think about that. Some patients don't want to move to an oral, even though it's another effective option because it is like your potent.

00:35:02:18 - 00:35:13:18

Dr. Bindiya Gandhi

Yeah. And I think also for some people they, they like what they like. They if they and I mean the injectables they're like it works. Like if it's not broke, why fix it. Right. So I totally get that.

00:35:13:20 - 00:35:26:13

Dr. Jaclyn Smeaton

For the clinicians that are listening, like what are the most common GLP-1 meds that you are prescribing, and is there a time where you choose to pause appetite over semaglutide, or do you predominantly go with one in your practice? As a first.

00:35:26:13 - 00:35:42:22

Dr. Bindiya Gandhi

One, I used to use a lot of semaglutide. Until it turns out the tide came out and that was just because you know, tourism wasn't available a few like 5 or 6 years ago. So I do like semaglutide, but, you know, I do see more side effects on semaglutide. Yeah. So so I do like appetite a lot better now.

00:35:42:22 - 00:36:00:04

Dr. Bindiya Gandhi

There's less side effects. There's like, maybe they'll be a little constipated, but not as

much as when they were on the semaglutide. So from a side effect profile I like it. I tend to notice that it turns up. It is a little bit more effective, because you're getting the two peptides versus semaglutide, which is one. So I can't wait for more data on there are two tied.

00:36:00:04 - 00:36:17:21

Dr. Bindiya Gandhi

I mean, I'm excited about it because I think it's going to be even better, clinical clinically versus, you know, just semaglutide alone. But I'm, I do like as of now, I do like, a lot of, turns upside down. My journal. If I'm able to get my hands on it or my patients are like, that is one of my favorite.

00:36:17:23 - 00:36:30:03

Dr. Bindiya Gandhi

But I also, you know, if it's a financial thing, we'll let them try. Semaglutide is still cheaper now. It is versus their toes appetite. So we give them all options and help them make the best decision.

00:36:30:05 - 00:36:51:08

Dr. Jaclyn Smeaton

That's great. I know that in our field especially, you're hearing a lot of talk about microdosing GLP-1s as well, which from my it's kind of a mystery. There's like a shroud of mystery around like what exactly is microdosing. What from what I've seen generally it's just low dosing really. It's like using five milligrams, you know, for five.

00:36:51:10 - 00:36:54:11

Dr. Jaclyn Smeaton

Is it micrograms or milligrams for just appetite. So

00:36:54:13 - 00:36:57:07

Dr. Bindiya Gandhi

So we do a different thing. So a typical starting dose for turns out. But there's.

00:36:57:07 - 00:36:58:20

Dr. Jaclyn Smeaton

2.5.5.

00:36:58:22 - 00:37:21:17

Dr. Bindiya Gandhi

Right. So we'll go low. We'll go like point five milligrams just to kind of see how they do. And then work our way up, if they need. And with the microdosing sometimes I'm microdosing once a week, sometimes I'm micro dosing 2 or 3 times a week just to see like, what they need. I, you know, here's the thing with the GLP-1s, we know that they have a half life of a week, which means by the end of that week you're hungry again.

00:37:21:17 - 00:37:49:15

Dr. Bindiya Gandhi

And and it kind of is essentially out of your system. Right? Theoretically. This is why sometimes we will microdose it at lower doses. So it's constantly in their system at lower doses. So it's like 2 or 3 times a week. You might be getting the same injection, but it's so low dose that usually by day 3 or 4, if you feel like the hunger pangs shouldn't come back, you're giving yourself that next small dose injection so that you're still getting like the still curbing the appetite, still quieting that food noise.

00:37:49:17 - 00:38:04:20

Dr. Jaclyn Smeaton

Yeah, I mean, it makes a ton of sense. I always think about like, I tell my patients, like, if you think about the bell curve of like the medication comes up in your system and then it comes down in your system. And when you're right, when it's coming down, symptoms can start to come back for some people. So essentially you're the area under the curve would be about the same.

00:38:04:20 - 00:38:21:21

Dr. Jaclyn Smeaton

But you're taking like half the dose twice as often so that you know as you as it starts to come down, the next dose is coming up. And overall it helps you reach more of a steady state. If you're not seeing me with my hand motions, I'm like, so French-Canadian that I'm like, you know, if you guys are just listening, you can imagine me waving my hands around.

00:38:21:21 - 00:38:26:14

Dr. Jaclyn Smeaton

Try to demonstrate this, but it is a nice way to kind of even out the dosing.

00:38:26:16 - 00:38:27:03

Dr. Bindiya Gandhi

Correct.

00:38:27:08 - 00:38:37:03

Dr. Jaclyn Smeaton

But you don't get the lows in the highs of a seven day. But and I think that for people who don't mind sticking themselves more often, then it's a really nice option to do that.

00:38:37:03 - 00:38:46:01

Dr. Bindiya Gandhi

Yeah, it is a nice option. It's very effective, especially clinically in our practice. But again, you're right. Everybody wants to stick themselves more than once, you know.

00:38:46:01 - 00:39:00:16

Dr. Jaclyn Smeaton

And so yeah, no, when it comes to the, the conditions beyond weight, you mentioned asthma as one that's like pretty exciting. Are there other applications that you're thinking especially for women, this is going to be a game changer or something that you're really wanting to see what happens.

00:39:00:18 - 00:39:17:03

Dr. Bindiya Gandhi

Oh, you know, one thing that I'd love to see I don't think it's there yet. And I think that's where like that diet piece, I'm kind of curious. Like, we know that, okay. It helps with inflammation. And that's why, it helps with, the asthma, you know, for a lot of people and some of just losing weight helps with breathing better.

00:39:17:03 - 00:39:41:09

Dr. Bindiya Gandhi

Right. But I'd love to see. I'd love, I'd love, love, love if it would reverse autoimmune conditions that I haven't seen that yet. Not clinically in practice, but like, I have a lot of women that come to me that have you know, like lupus or, you know, autoimmune thyroid issues. And, and I have not seen numbers drop from that.

00:39:41:11 - 00:39:52:00

Dr. Bindiya Gandhi

A lot of times if the autoimmunity numbers are improving, it's because we're making more lifestyle changes. So I'm hoping maybe something will change there or, you know, but who knows?

00:39:52:02 - 00:40:12:10

Dr. Jaclyn Smeaton

Yeah, there's a lot there, a lot of I'm sure in the next 5 to 10 years we'll look at what we need today as, yeah, absolutely nothing compared to what we know. Yeah. At that point, I want to talk a little bit about life after GLP-1s because I think that's something that philosophically like right away you said and then we take the patients off.

00:40:12:10 - 00:40:33:00

Dr. Jaclyn Smeaton

And I think some providers view their patients as being on them really long term as a maintenance. Other providers want to see patients get off. And of course, it's up to the patient's choice and need as well. But we do know like meta analysis shows what you said about your practice when you discontinue GLP-1 receptor agonist. Oftentimes there's a predictable weight gain.

00:40:33:02 - 00:40:57:01

Dr. Jaclyn Smeaton

People regain about 8 to 9kg. So but it's about like 15 to 20 pounds. After stopping cardiometabolic factors return to baseline within one and a half years or so. And the kind of the hormonal drivers of this, if they're not addressed separately, like you're talking about the cortisol, the estrogen metabolism, androgen status, gut health, all these things rebound essentially to where they were.

00:40:57:03 - 00:41:11:00

Dr. Jaclyn Smeaton

So what is your concern like when a patient tells you, I want to come off a GLP-1. Like what are the first things that you think about when they've kind of achieved their target goals? What are the first things that you're concerned about and you're thinking about for that patient?

00:41:11:02 - 00:41:28:10

Dr. Bindiya Gandhi

So number one, of course I never want to keep anybody on it forever. That's the first thing. So I do want them to eventually come off. Sometimes they don't want to come off right. But I also think it's important to let the body take a break and let the body kind of recalibrate and kind of fix itself.

00:41:28:12 - 00:41:45:16

Dr. Bindiya Gandhi

So we look at the whole picture where they are, where their leptin level is, you know,

what their lifestyle is. I will also tell you, I don't think it's a good idea for me to take someone off of a GLP-1 between October to December 31st. I will have like the, the holidays, the stress, the food.

00:41:45:16 - 00:41:55:00

Dr. Bindiya Gandhi

Like there's times where I'm like, let's just it was like, you off in January. How about that? Like, let's keep you on it for a few more months and then let's take you off when we can control what we can control. Right.

00:41:55:02 - 00:41:56:04

Dr. Jaclyn Smeaton

That's funny.

00:41:56:06 - 00:42:16:13

Dr. Bindiya Gandhi

So, like, even if there's, like, a lot of travel and stuff, like, depending on who they are, what they're doing, I look at the whole picture because if they're going to be, you know, traveling a lot for work, for whatever, for whatever reason, and they might not have the access to best food, like I would love them to eat right then, obviously, then maybe me taking them off of DLP one at that time might not be a great option.

00:42:16:13 - 00:42:35:21

Dr. Bindiya Gandhi

So it's like looking at the whole picture. But theoretically we want to make sure that again, we optimize their, their diet where they're getting enough protein, so that they're also eating protein off of the GLP-1. Right. The other thing that I will say is, I always make sure that they're getting enough fiber in their diet, making sure they're getting good quality fiber.

00:42:35:21 - 00:42:53:18

Dr. Bindiya Gandhi

They're having really good regular bowel movements. We're stimulating their bile acid production, which produces GLP-1, giving them polyphenols, making sure they're getting healthy fats in the diet, encouraging like a nice Mediterranean style diet. So, you know, again, going back to the lifestyle, if we can, we work on that. Great. If we can work on that, let's get you off.

00:42:53:18 - 00:42:59:11

Dr. Bindiya Gandhi

But if we can't work on this piece because everything is chaotic around this, maybe we keep you on it a little bit longer.

00:42:59:13 - 00:43:13:05

Dr. Jaclyn Smeaton

Yeah, that makes a lot of sense. And when it comes to the weight gain that you typically see in practice, do you think a lot of that or the hormonal drivers kicking back in, or is it like hunger driving behavioral change and just eating more food generally, or is it some kind of.

00:43:13:07 - 00:43:33:18

Dr. Bindiya Gandhi

You know, I think it's a combination of things for sure. But a lot of times if you not you specifically, the patient never really learned how to eat properly while being on a GLP-1. They're going to revert to that old habits. That's just what it is like. They they're they're going to want to crave. They're good. When those craving comes back, it might be like, okay, yeah, I want that donut.

00:43:33:18 - 00:43:37:18

Dr. Bindiya Gandhi

Even though I haven't eaten donuts in six months. Like I, I want that donut.

00:43:37:19 - 00:43:56:10

Dr. Jaclyn Smeaton

I can relate to that. Donuts are like the world's best foods. So tell me a little bit about, like, when we were looking at talking about DUTCH testing, are there things in the DUTCH tests that you think we should definitely look at this before you're on a GLP-1, during or as you're getting off, are there elements to that that you're wanting to measure at that time?

00:43:56:10 - 00:44:15:21

Dr. Bindiya Gandhi

I love looking at the estrogen metabolism like that. To me is like really important just to kind of see like what the breakdown is doing. Looking at the beta glucan at a to kind of that gives me an idea again, what's happening in the gut, but also what's happening from a metabolism perspective. So I do like looking at, the estrogen estrogen metabolites for sure.

00:44:15:23 - 00:44:22:23

Dr. Bindiya Gandhi

To engage what's happening are supportive of cortisol. The other thing that I'm, I'm like, what's happening with our cortisol per year.

00:44:23:00 - 00:44:38:22

Dr. Jaclyn Smeaton

So tell me a little bit about like you're going off into GLP-1 plan. Do you and I this I don't think this is something that I've seen a ton of advice on. Like do just discontinue. Where do you taper people down? You've talked about a lot of the nutritional pieces, but can you just share a little bit like start to finish in your practice?

00:44:38:22 - 00:44:40:02

Dr. Jaclyn Smeaton

What would you be doing?

00:44:40:04 - 00:44:55:16

Dr. Bindiya Gandhi

Great question. So we do different things for different people. Some people just abruptly stop for whatever reason. If they run out, they're like, well, I want to stop some people, will we wean them off? Right? Depending on their product protocol, some people, if they're microdosing instead of taking three times a week, will happen. Take it once a week.

00:44:55:18 - 00:45:10:17

Dr. Bindiya Gandhi

And then I have some patients that will inject them every like twice a month or even once a month, just to get a little bit of GLP in their system, but not needing it. So we kind of do different things for different people. Again, there's no wrong or right answer. I think we just don't know. Right. And so it's kind of like trial and error.

00:45:10:17 - 00:45:29:22

Dr. Bindiya Gandhi

What works also for for my financial piece. Right. Like can people how how long can people of we afford to take this medication for it. Right. And so we work with the patient to see what makes sense. And I'm also listening to them because sometimes they're like, well, I need a little bit, but I don't need to take it every week.

00:45:30:00 - 00:45:43:09

Dr. Bindiya Gandhi

I want to take it over like, you know, twice a month, every two weeks. Let's try it. Let's see. How do you feel? Is it a are you maintaining your weight? Are you gaining weight? Are you losing weight? What's happening? To determine like what's the best protocol for them?

00:45:43:11 - 00:46:06:07

Dr. Jaclyn Smeaton

That's awesome. I mean, you have offered so many great insights for this area of medicine, and I think it's only going to be an area that continues to grow and the number of applications we can use. So I'm really grateful to you for coming on today to really kind of sing the praises thing the right way to do it ultimately, which is that this is not a standalone.

00:46:06:09 - 00:46:14:09

Dr. Jaclyn Smeaton

There really shouldn't ever be the only thing you're doing for a patient. I mean, you're taking such a comprehensive approach. It's refreshing to hear.

00:46:14:11 - 00:46:15:18

Dr. Bindiya Gandhi

Thank you, thank you.

00:46:15:20 - 00:46:28:07

Dr. Jaclyn Smeaton

What advice would you have for providers who are really wanting to make sure they stay on top of the literature or the information around this, like how for providers are listening that want to be practicing more like you are, what advice would you give to them?

00:46:28:10 - 00:46:48:07

Dr. Bindiya Gandhi

You know, just stay on top of the data. This is like a very new medication. Like sometimes, like, I feel like I'm hearing things late because, like, information is coming so quickly at you. You have to like for me, I'm constantly researching, like, what are the new updates? Right. Because because, like, there's a new study I just learned about the asthma study, like literally last week.

00:46:48:07 - 00:47:05:11

Dr. Bindiya Gandhi

You know, it's just you just have to be uncomfortable. That's the first thing. And then the other thing too, is don't just think that your job is done because you wrote the prescription just because you wrote the prescription. That's just the beginning of the the the the problem, not the problem. This solution, I should say, you have to talk to them about the diet.

00:47:05:11 - 00:47:21:15

Dr. Bindiya Gandhi

You have to talk to them about their lifestyles. You also have to talk to them about their ultimate goals. It's not just okay, lose 20 pounds in our practice. Do we look at body composition? So I'm getting a body composition before they start. And during a weight loss process, I can tell you stories of patients that they get so excited to me.

00:47:21:15 - 00:47:33:10

Dr. Bindiya Gandhi

They they're like oh my God doctor body I lost 30 pounds. And then I get them to step on the scale and I'm like, okay, but you just lost 30 pounds of muscle. This is not the right way to do it. And then I will. They might get upset at me because I'm like, we're going to stop the GLP-1.

00:47:33:10 - 00:47:50:05

Dr. Bindiya Gandhi

This is not what I now you're going to be sarcopenia like this is not what we're trying to accomplish here. So it's not just writing the prescription. It's having the conversation, looking at all these metrics and information to determine should they still be on it. Should we take them off? Like what are the long term ramifications of this?

00:47:50:06 - 00:48:01:15

Dr. Bindiya Gandhi

It's not just looking good in a dress. Yeah, I want to look at a dress too. I'm, I'm I'm there too. But if I don't have any muscle, and I have more fat now than when I started, we're in trouble.

00:48:01:17 - 00:48:21:11

Dr. Jaclyn Smeaton

Well, and I just think about you look like sarcopenia and also osteopenia, like osteoporosis process. That's like, I think that as a culture, especially right now, where

we're in the the beginning stages of GLP-1 use, and there's not a lot of providers that are doing robust protocols that protect lean mass, even though they know that that's a risk.

00:48:21:12 - 00:48:28:20

Dr. Jaclyn Smeaton

We better get good at treating bone health for women later on in life, because I think we're going to have an approval of that in our practices as well. Oh.

00:48:28:22 - 00:48:48:01

Dr. Bindiya Gandhi

100%. Like I already see that now in a lot of my patients. Like I just found out that I'm osteopenia. Now, I had a suspicion because I have celiac. Unfortunately had the risk factors. But it wasn't until I, I broke my foot a few months ago, and, I went to my orthopedic doctor and I was like, do you think that I have, you know, look it from the X-ray?

00:48:48:01 - 00:49:04:00

Dr. Bindiya Gandhi

I looked at the X-ray. I was like, it doesn't look like I have osteopenia, osteoporosis on the X-ray, but do you think I should get a Dexa? And they're like, she's like, no, no, you're fine, you're good. And I'm like, really? So I ended up getting a Dexa on my own, and I was like, flabbergasted. I was like, of course I'm osteopenia.

00:49:04:01 - 00:49:27:16

Dr. Bindiya Gandhi

I have, I have, celiac, right? I already know my risk factors, but I'm also one of those women that are like lifting heavy, intentional, eating a lot of protein. And so then I'm like this, like, it's so messed up. If I have osteopenia, can you imagine, like the rest of the women out there that are walking around thinking that they're doing all the things perfectly fine and potentially have osteopenia?

00:49:27:18 - 00:49:47:00

Dr. Jaclyn Smeaton

I think this is such an important conversation to have because, like, you did it on your own. I've done it on my own. They can do like a Dexa scan. Usually these clinics are like walk in, they're 50 to \$100 is not a lot of money for a scan. And they do a Dexa scan and then they normally do, like your VO2 max, like they monitor your breath for better time.

00:49:47:00 - 00:50:07:14

Dr. Jaclyn Smeaton

They tell you about your metabolism. And those two things packaged are like maybe \$100 on that first time special, any major city. And I know that when we look at DEXA scans, they're still saved for women who are much older and it doesn't, it's worrisome to me because I think there are a lot of women like you. My bones are strong.

00:50:07:14 - 00:50:30:20

Dr. Jaclyn Smeaton

I was definitely built that way, like that big boned kind of body. But I do think that so many women are missing an opportunity to know. And this is where this is when we get into like the functional integrative approach versus conventional medicine. Conventional medicine is based upon population percentiles and how you can get a cost effective diagnosis.

00:50:30:20 - 00:50:55:06

Dr. Jaclyn Smeaton

You know, because you have the cost of scans for, you know, millions of women versus the cost of treatment of millions of women. But that's looking at it on a population scale. It's population based medicine. And I think that's where what I think about it's not a right and a wrong, but for people who have the resources and who feel like population based medicine isn't enough, that's where this personalized medicine approach comes.

00:50:55:06 - 00:51:07:15

Dr. Jaclyn Smeaton

And I think it's a hard because sometimes it feels like, I don't know if you feel this way when you're talking to colleagues, like you're almost speaking a different language, where they'd be like, oh, you don't need to do a DEXA scan for someone under 60. Yeah. And why would you ever.

00:51:07:17 - 00:51:27:15

Dr. Bindiya Gandhi

Yeah, I listen, I've read the studies, I know the data, I know the recommendations. But I'm also I also will tell you tell people, including my patients in my practice. I understand that insurance won't pay for this until you are postmenopausal. That's when I could send it to, you know, to insurance. And it'll be free, but pay 100 hundred bucks out of pocket in your 40s.

00:51:27:15 - 00:51:44:04

Dr. Bindiya Gandhi

I'm 40. I'm 43. Right. It's so worth it at 43 to know, oh, I'm osteopenia right now, which means I'm going to even work ten times harder on my bone health right now. I don't want to wait till I'm 60 when I have osteoporosis. I'm trying to prevent that. Right?

00:51:44:06 - 00:51:58:22

Dr. Jaclyn Smeaton

Totally. Preserving health is always, always, always easier than trying to like, regain it when you're not well. So I mean I'm so I we are we so speak the same language here because I think you know I'm in my mid 40s as well. This is the time of life for like if you have the resources, get a baseline.

00:51:59:00 - 00:52:19:07

Dr. Jaclyn Smeaton

And this is where there's this push back on labs. You don't need to do all this testing. You don't need the hormone testing. You're right to meet diagnostic criteria. You don't need to. But wouldn't you like to know what your blood glucose was five years ago, or your insulin was five years ago compared today? Because ultimately it's the change that we are concerned about, and you can't monitor change in a single time point.

00:52:19:09 - 00:52:38:12

Dr. Bindiya Gandhi

The I and this is why, like all my patients like, you know, I review labs with them. It's like it's an a long appointment because I'm tracking like oh well, you know last year it was this six months ago. Was this like we're tracking it and we can see things either get better, things get worse. We're it's oh my gosh, I really geek out when it comes to like data because I think it's so important.

00:52:38:16 - 00:52:59:12

Dr. Jaclyn Smeaton

Definitely. And I mean, getting back to the GLP-1s, I think what we're seeing in medicine right now is that they are they have really proven so far in research to be a really interesting therapeutic to almost roll the clock back on a lot of the progression. We see for people, particularly with metabolic health, where we have the most data, but there's risks involved.

00:52:59:12 - 00:53:07:03

Dr. Jaclyn Smeaton

But there's a lot of areas where it's making profound progress or buying time for people before they progress to like a really terrible disease state.

00:53:07:04 - 00:53:08:08

Dr. Bindiya Gandhi

Yeah for sure.

00:53:08:10 - 00:53:28:05

Dr. Jaclyn Smeaton

Well, this has been a great conversation. Thank you so much for joining me on the podcast, and for kind of riffing with me about the health care system. I think this is something that I think a lot of providers really resonate with, you know, not just the the use of these medications in a more holistic way that really thinks about the long term health of an individual and how to do it right.

00:53:28:06 - 00:53:39:16

Dr. Jaclyn Smeaton

But how do we fit this into a model that's not quite built for the way that we see things that's not quite built for asking why, like you said earlier. So really appreciate you being here and sharing your insights with us.

00:53:39:18 - 00:53:57:06

Dr. Bindiya Gandhi

Now. I really appreciate this. This is wonderful. And listen, if there's someone who's listening today who is learning something and can, you know, talk to their doctor about, maybe we should talk about our metabolism and how can I optimize my bone health or optimize my muscle mass, have that conversation. Hopefully we're empowering you.

00:53:57:07 - 00:54:03:15

Dr. Jaclyn Smeaton

Definitely. Now, I know you're based in Atlanta. What are the best ways for people to connect with your practice or just connect with you online?

00:54:03:15 - 00:54:29:06

Dr. Bindiya Gandhi

Yeah. So you can follow me at Doctor Bindiya, MD. It's my first name Bindiya, MD and

all major platforms Facebook, Instagram, TikTok, you name it. Our website is so my clinic is Revive Atlanta, MD. And Decatur, Georgia. And so you can just, you know, Google it, revive ATL, MD and you can also follow us, an Instagram at revive ATL MD and yeah, I'm licensed in many states.

00:54:29:06 - 00:54:35:19

Dr. Bindiya Gandhi

So I can see people virtually. But yeah, come say hi. Tell me you heard me on this podcast.

00:54:35:21 - 00:54:54:02

Dr. Jaclyn Smeaton

Fabulous. Thank you so much, media for joining me. And listeners, thank you guys for joining me as well. Hopefully you found this conversation as fascinating and enlightening as I did. I want to remind you, we release a new podcast every Tuesday. So if you want to talk more about hormones and about integrative and functional medicine, I hope you will join me next week.

00:54:54:02 - 00:55:03:12

Dr. Jaclyn Smeaton

You can subscribe at any of the places that you can stream podcast from. And follow us at DUTCH Test on all the socials. Thank you so much. We'll see you next week.

00:55:03:14 - 00:55:16:15

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