Episode 163 Transcript

00:00:00:00 - 00:00:05:08
Dr. Jamie Seeman
If you're eating a low calorie, low fat diet and restricting carbohydrates, that's basically functional anorexia.

00:00:05:09 - 00:00:30:15
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.

00:00:30:17 - 00:00:55:20
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 and welcome to this week's episode of the DUTCH podcast. Now when we think about endocrine organs, we think about the ovaries that make estrogen and progesterone or the adrenals that make cortisol, and you know, that make androgens.

00:00:55:22 - 00:01:21:12
Dr. Jaclyn Smeaton
But we're going to talk today about another kind of under leveraged endocrine organ, which is muscle. And people don't always think about muscle as one that is kind of communicating and active and making hormones and communication molecules. But it really does. And it's so critical to have healthy muscle in order to have balanced hormones. In fact, one of the things I was thinking about today, when we talk about our culture of in America, people being overweight, a lot of it is they're under muscled.

00:01:21:12 - 00:01:41:05
Dr. Jaclyn Smeaton
And that's the takeaway I really got out of today's episode. We are going to talk today about why building muscle has to be on women's radar. Really, no matter their age or

their reproductive status. And we're going to learn exactly why. What is it about muscle that supports good blood sugar? What is it about muscle that supports balanced hormones?

00:01:41:09 - 00:02:05:11
Dr. Jaclyn Smeaton
And then more importantly, what you can do as a woman to really get started with strength training, with building muscle, and then how to eat and provide the right supplementation and the right lifestyle that you can really build and make your muscle healthier. My guest today is Doctor Jamie Seeman. She's a board certified ob gyn, a health advocate, and a fierce proponent of women embracing strength in both their physical and mental lives.

00:02:05:13 - 00:02:30:11
Dr. Jaclyn Smeaton
She's really made health a lifelong mission. She's a former college athlete and Miss Nebraska of 2020. She's a mother of three daughters and an advocate for resistance training for women of all ages. She also wrote a book called Hard to Kill, in which she outlines the five pillars of health that guide her philosophy. You can find her on line as Doctor Fit and Fabulous, where she inspires women around the world to take control of their health, lead with confidence and live life to the fullest.

00:02:30:13 - 00:03:00:07
Dr. Jaclyn Smeaton
Let's go ahead and welcome Doctor Seeman. Well, doctor Seeman, I'm really thrilled to have you on the podcast today, and I'm so excited about the topic that we're going to talk about. And it's something that I'm just really thrilled that it's become more of the health conversation for, like, midlife women. I just feel like it's so important. Before we dive into all of the muscle metabolic details, I think it's so interesting because you have this background in exercise science and nutrition, but you went on to become an ob gyn, and that's a pretty unusual combination.

00:03:00:07 - 00:03:02:10
Dr. Jaclyn Smeaton
How did those worlds come together?

00:03:02:12 - 00:03:24:20
Dr. Jamie Seeman
Well, as a little girl, I always had interests in medicine, but my mom was a nurse and

was in health care administration. So when I went to college, I was I was going to be an exercise science major because I was an athlete. I played college softball, and I showed up on the first day at college, and I'm at the registration desk and they said, unfortunately, our exercise science program has been shut down.

00:03:24:20 - 00:03:46:17
Dr. Jamie Seeman
We've let go a bunch of faculty, and you're going to have to pick a new major. And I'm sitting there. I was like a freshman in college, just absolutely panicking. And I said, well, I don't know, what do pre-med people do? And so I text biology for for one semester. And then thankfully, the university ended up creating a new, undergraduate program called nutrition, Exercise and Health Sciences.

00:03:46:17 - 00:04:09:16
Dr. Jamie Seeman
And they took the existing exercise science faculty with a lot of the nutrition faculty. And these are the people that are teaching the registered dietitians, you know, that are working in our hospitals and clinics. And I thought, well, this is great because if I don't go to medical school, this is like such a fantastic backup because I had always had this interest and health and wellness, but also the the sports side of it and weightlifting and exercising.

00:04:09:16 - 00:04:32:00
Dr. Jamie Seeman
And so, I never would have guessed that having a degree like that was so much different than a lot of my colleagues. Most of them are biology, biochemistry, physics, you know, something, and more of those basic sciences. And I think on the other side of it, you know, becoming a clinician that works with patients every single day, that has single handedly become one of the best tools in my toolbox.

00:04:32:02 - 00:04:42:18
Dr. Jamie Seeman
And, and most doctors don't have that background. So it turned out to be a complete blessing in disguise, in my world. And has changed the way that I practice medicine since I started.

00:04:42:20 - 00:05:11:15
Dr. Jaclyn Smeaton
It actually seems like a much better fit for a pre-med style major, because it's so

human and so clinically oriented, where, I mean, I did biochemistry and molecular biology. So similarly it's like that basic science track, which of course you learn biochemistry, but you don't learn the nuances of how it applies to humans with the same specificity. It seems like a really good track that you've shared a lot online about your own health journey as well waking, thyroid dysfunction, hormone imbalance, and like how that shapes your clinical approach.

00:05:11:20 - 00:05:15:21
Dr. Jaclyn Smeaton
Tell me a little bit about like how that's impacted the way you practice today.

00:05:15:23 - 00:05:29:13
Dr. Jamie Seeman
Well, as a young athlete, I never knew it at the time, but I ended up being diagnosed with PCOS. And that's actually not not an uncommon diagnosis amongst female athletes because they do get a slight advantage having higher and higher levels.

00:05:29:13 - 00:05:31:18
Dr. Jaclyn Smeaton
And I've talked about this quite a lot. Yeah.

00:05:31:18 - 00:05:50:15
Dr. Jamie Seeman
So you know, fast forward, I, I left college, I went to medical school. My husband and I got married and he wanted to start a family. And I had had been on hormonal birth control, like many of my friends had been. And when I came off of it, I wasn't having periods. My doctor ran some lab. She was like, this is definitely PCOS.

00:05:50:15 - 00:06:09:13
Dr. Jamie Seeman
We need to put you on metformin. You're probably going to have to take Clomid to get pregnant. Now, back then, I mean, I had like very little knowledge, you know, about how my own body works. And and I was just in my, my, very early years in medical training. So fast forward, I ended up having three pregnancies, in about 56 months.

00:06:09:13 - 00:06:31:13
Dr. Jamie Seeman
My girls are all 23 months apart. I did not I did not have to use, plummet to get

pregnant, but I was on metformin when I got pregnant with my first daughter. But I went on an extremely calorie restricted diet because all I knew from my medical training was like, people with PCOS just have to lose 10% of their body weight and they can, you know, generally reestablish, ambulation.

00:06:31:15 - 00:06:51:23
Dr. Jamie Seeman
So I was that I tell this story numerous times, and now I just feel silly saying that because of my training now. But you only know what you know. You know, back then, but I was essentially eating off a salad bar in the hospital, and I was eating iceberg lettuce with cottage cheese and sunflower seeds. And it was basically like a, a low carb, low calorie diet.

00:06:51:23 - 00:07:12:05
Dr. Jamie Seeman
But it works. We got pregnant with my daughter. And, the other huge difference for me was in college, I was weightlifting and I was training. People were telling me what to do. And then when I transitioned to medical school and I'm suddenly sedentary, I'm sitting in the library, I'm taking tests on Saturdays. I'm just not as physically active as I was back in college.

00:07:12:07 - 00:07:31:17
Dr. Jamie Seeman
And so after my husband and I had our daughters fast forward, I'm now out in clinical practice and I'm seeing patients and I'm seeing all the real world things that people are struggling, struggling with moms who can't lose weight, they have low thyroid function, they have hormonal imbalances. Maybe they have PCOS. Then of course you have the perimenopause and menopause, patients.

00:07:31:17 - 00:07:54:13
Dr. Jamie Seeman
And what I realized was, was that traditional medicine was not really, you know, helping these people and looking at my own health journey. What happened was I stopped lifting weights. I was only counting calories. I wasn't paying attention to the, you know, actual composition of my diet was giving me the nutrients I needed, you know, did I have an appropriate amount of protein and carbohydrates?

00:07:54:15 - 00:08:20:20
Dr. Jamie Seeman

I was ended up being diagnosed with pre-diabetes, which is a risk factor when somebody has had PCOS. And I had been on thyroid meds since my girls were born. And so really through my own self-discovery of saying I can't expect my patients to do things that I'm not willing to do myself, I kind of set out on this personal journey to fix my own health issues, and I got on social media to kind of share it, just telling people that doctors are real humans, too.

00:08:20:21 - 00:08:45:10
Dr. Jamie Seeman
Well, I never would have guessed that it would turn into, you know, such a big thing that it has. And I'm here on this podcast because of that. But, you know, I think there's a lot to be learned when you experience something. And, I learned that, you know, nutrition and sleep and exercise and sunlight and all the things like these are the basic foundational principles that most people do acknowledge are important.

00:08:45:12 - 00:09:06:04
Dr. Jamie Seeman
But that's really the starting point. You know, when we think about, like, health and wellness and supplements and HRT and all these inputs, there is this foundational principle that we can't avoid. I mean, it's like 75% of the answer. And the other part is like so much smaller. And so, you know, through my own struggles, I have I have learned so much.

00:09:06:04 - 00:09:16:20
Dr. Jamie Seeman
And it's been a good tool to help my patients because they're just like me. They have kids and they have jobs, and we all have to figure out how to do it in the same 24 hours in a day.

00:09:16:22 - 00:09:42:10
Dr. Jaclyn Smeaton
Yeah. I thank you for sharing your story. I'm so relatable and I absolutely like as a clinician, I couldn't agree more with you. I mean, I'm trained as a natural at the doctor. You're trained as a medical doctor. But I think fundamentally when you start to live this lifestyle, which actually I think more people who move into functional medicine have had this personal experience where a lot of conventional MDS who are surgeons or hospitalist, they don't ever do that journey for wellness for themselves because they're so busy with practice.

00:09:42:10 - 00:10:04:14
Dr. Jaclyn Smeaton
You know that, of course, there's exceptions to that. But I couldn't agree more. I feel like the longer I've been in practice, the less tools I want to use. I just want to get people to fix the basics. And you find that I would agree about 75% of the time that's what was needed to really restore health, whether it's metabolic or hormonal or and the other things the medications and supplements really should just be to augment that.

00:10:04:18 - 00:10:07:15
Dr. Jaclyn Smeaton
You just you can't fix things if you're not fixing those basics.

00:10:07:17 - 00:10:09:20
Dr. Jamie Seeman
Absolutely, absolutely.

00:10:09:22 - 00:10:30:02
Dr. Jaclyn Smeaton
Well, I want to talk with you today about one of those basics, which I would say is like movement and muscle. Really making sure that you're maintaining good muscle tone and good muscle structure and kind of all the advantage of that specifically to women. I think a lot of women really just don't have any idea. We have such a toxic diet culture, and it's reformed now.

00:10:30:02 - 00:10:48:16
Dr. Jaclyn Smeaton
Now, I would say we have this kind of toxic anti-aging culture in a lot of ways. But muscle is not just about performance or about how you look. Right? It's this active endocrine organ. Can you lay it out for us about why muscle is so important for our health beyond just physique? Or like physical capability?

00:10:48:18 - 00:11:07:02
Dr. Jamie Seeman
Yeah, the unfortunate part and I have three daughters. So this comes from like a really, you know, like deep place inside me. You know, when I was a little girl, it was like cosmopolitan magazine. These, like, super thin models. That's what was sold to me as a woman was like, you know, beef and be feminine. That's what's beautiful.

00:11:07:04 - 00:11:24:02
Dr. Jamie Seeman
And I was an athlete at the time. I said, you know, I went to college, I was playing college softball. And so I was living in this strange dynamic of how do I be feminine? And, you know, strong and athletic. But when I left college, this actually, if anybody can see this trophy behind me, that's.

00:11:24:02 - 00:11:25:10
Dr. Jaclyn Smeaton
Why I like that.

00:11:25:12 - 00:11:45:00
Dr. Jamie Seeman
Lifter of the year trophy from the university Nebraska. But I literally walked out of that university and said, I cannot wait to lose this muscle. Like I wanted my quads to go away. I wanted nothing to do with being like a strong, muscular woman. And, you know, I've told the story. Fast forward, I have these three pregnancies.

00:11:45:00 - 00:12:14:10
Dr. Jamie Seeman
I got through it at, you know, at the end I got pre-diabetes. And what I discovered in my own health journey was that we don't focus on muscle in medicine. All they told me was like, how obese the country was. They showed me these obesity maps were so overweight. We're so fat. Fat is the problem. And, I said, you know, one thing that really changed when my health changed was I stopped lifting weights, I was doing cardio, I was signing up for half marathons.

00:12:14:10 - 00:12:39:02
Dr. Jamie Seeman
I was going to these this place called Pure Bar. Nothing against it. Fantastic place. Met some great people, but it wasn't stimulating my muscle tissue. The big game changer for me was in 2018, I went back to the gym and I started lifting weights and as I started tracking my body composition, that's what really moved the needle. And when I sit in clinic and I talk to women, you know, they have this idea in their head that lifting weights makes them big and bulky.

00:12:39:02 - 00:13:01:05
Dr. Jamie Seeman
But if you really want to move the needle on body composition, you should just focus

on gaining muscle, because usually fat loss is a byproduct of putting on lean tissue. You're exactly right when you say most people think that muscle is just a move. Our axial skeleton, you know, like our bicep, is just to lift something up. Our quads and hamstrings are just there to help us run and walk.

00:13:01:06 - 00:13:28:12
Dr. Jamie Seeman
But muscle is an active tissue. It is the greatest disposal agent of glucose in the entire body. So for somebody like me, PCOS, prediabetes, having healthy muscle tissue is an important way to dispose of glucose. It also talks to other organs in our body. There's something called myo kind. So when you lift weights and you contract that muscle, it literally secretes chemical messengers that talk to our brain.

00:13:28:12 - 00:13:49:01
Dr. Jamie Seeman
It talks to our gut, it talks to our heart, it talks to all these other areas of our body. And so it's such a, you know, simplistic view to think that muscle is just about esthetics and how we look and, and moving us around. And of course it does provide like some body armor as well. But muscle as an endocrine organ is what medicine has really missed.

00:13:49:01 - 00:14:11:16
Dr. Jamie Seeman
And missed the mark. And it probably comes from a place. I mean, I don't I actually don't know the answer to this, but I think if you pulled, you know, a lot of doctors, how many of them weight lift themselves, you know, it's it's probably not a huge, you know, percentage. It's such an intimidating thing. Resistance training is when I ask patients in the clinic if they exercise, you know, a lot of them will say yes.

00:14:11:16 - 00:14:18:00
Dr. Jamie Seeman
And then I say, oh, my gosh, well, what do you like to do? And so many of them will just say, I walk. Yeah.

00:14:18:02 - 00:14:18:17
Dr. Jaclyn Smeaton
Yeah, two and.

00:14:18:17 - 00:14:56:10

Dr. Jamie Seeman
A half mile walk every day, which is great. All movement is great movement. We, we want people to move. There's data behind 10,000 steps a day, but you have to put the muscle under a particular amount of stress to get the, the nerve ending and the muscle, the neuromuscular junction to be activated. That's part of it, too, to get the benefits of, of, of weight lifting and, you know, I think if medicine could really start to shift in thinking about muscle as part of body composition, I think, you know, we're in this like world of GLP ones.

00:14:56:10 - 00:15:19:17
Dr. Jamie Seeman
And the data on them is amazing, right? When you improve glucose and insulin, inflammation goes down, the heart dips benefit, the brain gets benefit, the kidneys get benefit. Oh my gosh. We're seeing less breast cancer. It's good for PCOS patients. The common denominator in all of that is improving glucose and insulin. And so if you want to improve glucose and insulin by doing the basic foundational things, you need healthy muscle tissue.

00:15:19:22 - 00:15:44:12
Dr. Jamie Seeman
And what women really need to hear is it's not necessarily about how much. It's not about putting on 20 pounds of muscle. It's about making the muscle tissue that you have healthier because most people are walking around, they have some muscle, but if I were to do an MRI and do a cross-sectional picture of what most people's muscle looked like, yes, it will be, you know, weak and atrophied.

00:15:44:13 - 00:15:57:17
Dr. Jamie Seeman
But what happens is our muscle tissue becomes unhealthy. Is that infiltration. And this is not like the typical obese person that we're thinking about. This might be somebody somebody with a normal BMI. I have these actually amazing slides. We should send them over so you can put them on.

00:15:57:18 - 00:15:58:21
Dr. Jaclyn Smeaton
Yeah, I'd love to see them have.

00:15:58:22 - 00:16:26:06
Dr. Jamie Seeman

Put them in. But even people that have a normal waist circumference, a normal BMI, they get this fatty infiltration in their muscle and this intra intramuscular fat, deposit starts to create a hormonal imbalance, a metabolic problem once been the muscle. And the muscle cannot be the glucose disposal agent that we want it to be. And so it's really about the health of the muscle tissue, not necessarily looking like The Incredible Hulk.

00:16:26:08 - 00:16:29:17
Dr. Jamie Seeman
And that's what I really want. Women to understand.

00:16:29:18 - 00:16:44:02
Dr. Jaclyn Smeaton
That's actually really reassuring, because I think the fact, like a lot of women, one don't want to be huge and bulky, and most women won't be unless they're on testosterone or something to get that way right. It's great to know it's really about optimizing what you have. If you can build. I think building muscle is really important too.

00:16:44:02 - 00:17:06:03
Dr. Jaclyn Smeaton
In fact, I stole this from a clinician I was teaching, actually, and she said to me, actually, I have to talk to you about something. I said, well, what is it, Kelly? And she said, well, you know, I feel a little bit dishonest, but every time a patient comes into me, you know, whether she's like 20 or 30 or 40 or 60, I always say to her, like, this is your most important decade to be putting on muscle.

00:17:06:05 - 00:17:25:11
Dr. Jaclyn Smeaton
Yeah. And it's like, I feel a little disingenuous. I say it to everybody. She's like, but it's also kind of always true. And I'm like, yeah, you're right. It is always true. I love that, you know, right now, like now is your best time it when 20 years ago I would have been better. But I think just knowing it's about using it and activating, being able to activate it is really reassuring.

00:17:25:12 - 00:17:42:15
Dr. Jamie Seeman
Misconception to, that you can't build muscle as you get older. You know, some people would look at, you know, a 20 or 30 year old and say, this has been an

important time because you got to like, take advantage because you're 20 or 30. But the data suggests that even in our 60s, 70s, 8080s that we can put on lean tissue.

00:17:42:17 - 00:18:01:14
Dr. Jamie Seeman
Are there some hormonal differences, growth hormone, IGF one, some changes that make it a little bit more, you know, difficult or make the hell a little bit steeper? Yes. But the data shows we absolutely can put on lean tissue at any decade of our life. And so it's never too late. To start. And there's some really cool data in older women.

00:18:01:14 - 00:18:22:19
Dr. Jamie Seeman
I think people think when I sit in the clinic and say you need to with lift weights, they are literally thinking about bench press. They're thinking about back squats. They're thinking about these big compound lifts. There is a cool study in women 65 and older. So we're talking like, well, past menopause. They enrolled these women into a resistance training program using resistance bands.

00:18:22:19 - 00:18:26:03
Dr. Jamie Seeman
I mean, we're talking like, you know, what are the ones for that?

00:18:26:03 - 00:18:26:10
Dr. Jaclyn Smeaton
Yeah, it.

00:18:26:10 - 00:18:53:12
Dr. Jamie Seeman
Was an eight week program and they did resistance bands and they had improvements in strength improvements and all of their biomarkers improvements and in, gait speed. And that's another thing we should talk about. But I think the amount of work required to see benefit is actually smaller than most women think in their mind, when a practitioner is telling them, you got to focus on muscle and you got to do some resistance training.

00:18:53:13 - 00:19:14:18
Dr. Jaclyn Smeaton
Well, here's I started lifting probably in my mid 30s. It was probably just about ten years ago. I was always active, but I was like running triathlons or doing yoga six days

a week or whatever. I didn't really find weightlifting. It's completely addicting. But I will say, when I first started I was using like cans and jugs of water in my home because more because I wasn't sure I wanted to invest in buying weights.

00:19:14:18 - 00:19:32:04
Dr. Jaclyn Smeaton
And it was during Covid or just before Covid. We didn't really. It was hard to access a gym where we lived. So I mean, I'm now I'm doing a lot more, but you don't start with like compound lifts on a Smith machine. You start with the small weights. And the part that's so fun is seeing the way you can progress over time.

00:19:32:04 - 00:19:33:16
Dr. Jaclyn Smeaton
It really becomes addicting.

00:19:33:18 - 00:19:36:13
Dr. Jamie Seeman
Well, and you can you can start with bodyweight. I mean for bodyweight.

00:19:36:13 - 00:19:37:18
Dr. Jaclyn Smeaton
Absolutely. There's some additional.

00:19:37:19 - 00:19:49:09
Dr. Jamie Seeman
Weight like you've got the weight already. And so you can do push ups, you can do body squats. You can do a squat squat. You can I mean there are there are ways you can even do it with no equipment at all. Yeah. Which.

00:19:49:09 - 00:19:59:09
Dr. Jaclyn Smeaton
Is still are like so hard to do. Just do the walls that where you're like backs pressed against the wall and you're gotta get your legs parallel. I mean, that will get anybody going and sweating.

00:19:59:11 - 00:20:19:15
Dr. Jamie Seeman
There's also something called exercise snacks. And I for my busy people like myself, I love to talk to people about this. I'm like, hey, listen, one thing that can really help you

during the day, not only with things like glucose and insulin, it also helps with cognition, is to get up from your desk. And do you know, calf raises, a set of body squats, a set of pushups, like whatever it is?

00:20:19:17 - 00:20:41:17
Dr. Jamie Seeman
There's even a very, very, very simple study that was done with sitting with our feet under the desk just like this, when all you're doing is doing calf raises under your desk. And those people had better glucose control just by stimulating that calf muscle. So, even just like little exercise snacks, we got to keep, like, we got to understand that the fruit is pretty low hanging here, incorporating some of these things into our lifestyle.

00:20:41:18 - 00:20:58:12
Dr. Jaclyn Smeaton
That's not reassuring. So I want to dive a little bit more into the physiology behind this. How does muscle mass specifically affect estrogen and our reproductive hormones? Estrogen metabolism. And what do you think about that of like why that's so important for women who are going through perimenopause and maybe even later than that?

00:20:58:14 - 00:21:20:02
Dr. Jamie Seeman
So, when we think about hormones, let's talk about estrogen and testosterone. So everyone thinks that, testosterone, of course, is a male hormone, but women actually have more testosterone in our body than in estrogen. Our estrogen is actually made from testosterone through a process called, a romanization. And something that can actually increase the romanization. Is extra body fat.

00:21:20:02 - 00:21:42:03
Dr. Jamie Seeman
It increases an enzyme called aromatase. And so sometimes women with extra body fat actually can have large amounts of estrogen or too much. What do these hormones, do to Arlene? Tissue. Well, testosterone is is anabolic. It's why, it's a hormone that can be abused, in the bodybuilding world. And there are women who abuse testosterone for its anabolic effects.

00:21:42:05 - 00:22:04:05
Dr. Jamie Seeman

And so testosterone is very much anabolic not only to our lean tissue, but to our bones, as well. But let's talk about normal levels. Testosterone is important for women. It's important for maintenance of our lean tissue. It's important for our sexual function and libido, and for our bone health. So as women age, there is an age related decline in testosterone production, just like in men.

00:22:04:10 - 00:22:29:13
Dr. Jamie Seeman
But it's not like estrogen and progesterone, so it doesn't really fall off the cliff, you know, at menopause, like estrogen and progesterone do. Estrogen doesn't necessarily have a direct anabolic effect, but it is very much anti catabolic. So let's let's let's go back to a woman who's in her years of fertility. So I will say she's kind of in this 25 to 45 year old age range during a menstrual cycle.

00:22:29:13 - 00:22:51:04
Dr. Jamie Seeman
And anybody that's menstruating, we have differing levels of estrogen production. So in the first half of the cycle, which is called the follicular phase, when the pituitary gland is stimulating the ovaries, stimulating the follicles, and we're getting some Astra diol secretion. This is a time where, in the gym, they're going to notice that they, have a rate of perceived exertion that is very low.

00:22:51:05 - 00:23:12:04
Dr. Jamie Seeman
They're going to feel like they can lift a house. They can recover. This is a great time to try to set a PR if you're going to try to set a PR, glucose levels are much more stable. So estrogen also helps within the muscle with we talked about it being a disposal agent for glucose. Having that estrogen is part of that equation with insulin sensitivity within the muscle tissue.

00:23:12:04 - 00:23:39:20
Dr. Jamie Seeman
So our hormones contribute to that insulin sensitivity. There are some really interesting studies on estrogen and mitochondria. So, estrogen directly influences, DNA gene transcription within the mitochondria. So when we have lower levels of estrogen, we have mitochondria that don't work as efficiently. So if we move the needle now, we're in the 45 to 55 year old age range, which is our perimenopausal menopause patients.

00:23:39:22 - 00:24:01:09
Dr. Jamie Seeman
As we lose that estrogen, we start to see an increase in oxidative stress in the muscle. We see an increase in inflammation. We noticed that those mitochondria are not working as well. And as that muscle tissue starts to atrophy and it's not using glucose and insulin as well, we start to see that intra, intra, fat deposition within the muscle.

00:24:01:11 - 00:24:19:23
Dr. Jamie Seeman
If I go back to the woman that's menstruating, at particular parts of her cycle where estrogen is lower and progesterone is higher, there's also changes within the muscles. So there is a little bit more insulin resistance and a little bit more glucose instability. And it also affects things outside of the muscle system. So our hunger hormones are different.

00:24:20:00 - 00:24:21:08
Dr. Jamie Seeman
This is why people,

00:24:21:10 - 00:24:25:21
Dr. Jaclyn Smeaton
Express meaning like let's eat a bag of chips in a bar or town. Yeah, yeah.

00:24:25:23 - 00:24:49:21
Dr. Jamie Seeman
And it affects things in our brain. So we're focusing on muscle today, but the estrogen and progesterone changes also change our dopamine and serotonin levels. They change our sleep. So our hormones are, very intricately tied into our circadian rhythm. Our, fertility rhythm. Our our hormones are so important to every single tissue in our body, muscle being one of them.

00:24:50:02 - 00:25:09:01
Dr. Jamie Seeman
So if you optimize your estrogen and testosterone throughout your lifetime, parts of your life, your ovaries are doing amazing doing exactly what they're supposed to do. But that's, of course, if we're taking care of our bodies and and allowing our ovaries to do that. But then once we go through menopause, you know, hormone optimization, can help with retention of lean tissue.

00:25:09:01 - 00:25:26:23
Dr. Jamie Seeman
It can help with retention of bone mass. It reduces our risk of cardiovascular disease and diabetes because of the way that it controls insulin and glucose. And estrogen has very much an effect on glucose and insulin sensitivity. Optimizing hormones is important for those things, especially muscle.

00:25:27:01 - 00:25:50:22
Dr. Jaclyn Smeaton
It's so interesting because there's this bimodal relationship between muscle tissue and hormones, because I think you see that when or when muscle is active and optimized and healthy, it actually helps keep hormones in balance, like you talked about with changes to aromatase. And like you need that metabolic balance to have good reproductive hormone balance. But then likewise when your reproductive hormones are thrown off, you're saying there's this impact on the muscle tissue as well.

00:25:51:00 - 00:25:54:11
Dr. Jaclyn Smeaton
It's really important to kind of get everything straightened out.

00:25:54:12 - 00:26:04:16
Dr. Jamie Seeman
Yes, I completely agree with you. The contractions of the muscles having a normal body fat for men and for women, we'll optimize, hormone production.

00:26:04:18 - 00:26:35:06
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00:26:35:08 - 00:26:44:09
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00:26:44:11 - 00:27:00:22
Dr. Jaclyn Smeaton
So I want to talk a little bit about types of exercise. And you're talking about weight training and weightlifting. And it seems as though for many women it's like they've just never done it before. They've never been encouraged to do it before. It's really we are a cardio culture, even still, I think we're starting to see a shift.

00:27:00:22 - 00:27:23:15
Dr. Jaclyn Smeaton
But women seem to be more comfortable engaging in cardio, and I think part of that is like the generation of women in perimenopause and menopause today are the ones that did aerobics classes or were pushed to do steady state aerobics, and they were comfortable with that. And I remember in my practice, I had a lot of women who were like even instructors, fitness instructors who had hit menopause.

00:27:23:15 - 00:27:43:12
Dr. Jaclyn Smeaton
And they're like, I'm still teaching all these classes and working out on my own. But now I'm starting to gain weight, like I'm doing all the same things, but it's not enough and I haven't changed my diet. And can you describe that situation? Because I think that's such a common challenge for women in midlife. And like with my squad building muscle or shifting to weight training affect that trajectory.

00:27:43:14 - 00:28:03:23
Dr. Jamie Seeman
Yeah. So, you know, I made a statement early in the podcast that like all movement is good movement. So yeah, we we want women exercising and the barrier to entry with cardiovascular exercise, a treadmill, an elliptical, you know, those types of things. They're less intimidating to women when you walk into a gym. The cardio section has more women in it and the weightlifting section, and especially the free weight section.

00:28:03:23 - 00:28:25:14
Dr. Jamie Seeman
Oh yeah, I'm far more men. I quoted, a study in my TEDx talk that in the free weight section of the gym, for every woman there is 27 men. I mean, it's like it's not even close. And the comment section on the internet gets kind of wild because there are a lot of women weightlifting. And so, you know, that kind of stat is like really like, wow.

00:28:25:14 - 00:28:46:05
Dr. Jamie Seeman
But, but but it's true. You know, it's just boys are taught to be strong that that's like a very masculine thing. It's not it's not like that for girls. They don't have the same role models. And when they go on and they're swiping their Instagram like the people they aspire to be generally aren't the like big, physically strong people.

00:28:46:06 - 00:29:17:20
Dr. Jamie Seeman
But I think what most women are really trying to achieve with their body, I always say, if you only have 30 minutes in your day to incorporate some sort of exercise routine, you're going to get more bang for your buck doing resistance training, because you can do a resistance training program on an interval timer with minimal rest, and you get the same cardiovascular aerobic benefits that you would get going on the elliptical or the treadmill and the benefits of doing the weightlifting.

00:29:17:20 - 00:29:38:13
Dr. Jamie Seeman
And so for me, I'm about habit stacking. Let's put this into a 30, 45, 60 minute window that I have. And I'm going to get the benefits to my cardiovascular system and my muscles at the same time. And for any woman listening that thinks that she's like, got to get super jacked because she started lifting weights in 2026, we all have a genetic potential.

00:29:38:13 - 00:29:53:02
Dr. Jamie Seeman
I have genetically larger quads than other women. I mean, you know, God builds Saul in different ways, but I dare you to try and you will never, ever, ever be like these female bodybuilders. Like they are using peptides, they are using hormones.

00:29:53:07 - 00:29:57:13
Dr. Jaclyn Smeaton
And they're eating our calories a day to try to, like, build up massive.

00:29:57:13 - 00:30:18:02
Dr. Jamie Seeman
Amounts of food. Yeah, like you, you just won't. It's it's I have been weightlifting for a super long time. And I'm telling you, it takes like months and years to, like, really achieve something that that you think is going to like, happen by lifting up like one

weight. So, yes, women have got to get into the resistance section.

00:30:18:02 - 00:30:41:21
Dr. Jamie Seeman
It can be bands, it can be dumbbells. It can be machines. We talked about it, you know, being body weight. But women are just sold this, this, you know, bill of health of just like it's got to be running. It's got to be cardio cardio, cardio and cardiovascular. Exercise is good, but it does not stimulate the muscle like resistance training.

00:30:41:23 - 00:30:49:02
Dr. Jamie Seeman
It just doesn't. And it will not give you the benefits. If you go look at marathon runners, many of them are very thin. They're very lean.

00:30:49:04 - 00:31:02:19
Dr. Jaclyn Smeaton
Marathon versus like a sprinter, like even the but, you know, we can build muscle I think more when you're in those interval spurt type of training, like you look at the physique of a sprinter versus the physique of a marathon runner, and one's catabolic and one's anabolic like very you can see that.

00:31:02:21 - 00:31:26:16
Dr. Jamie Seeman
Yes. And the other extremely important aspect of resistance training as we age is in our muscle tissue. We have different types of fibers. So we'll break them up essentially into fast twitch and slow twitch. There's some in-between fibers, but essentially fast twitch and slow twitch. And as we age, there is a natural progression that we start to lose our fast twitch muscle fibers and they turn into slow twitch muscle fibers.

00:31:26:18 - 00:31:47:08
Dr. Jamie Seeman
And this is a problem because when you are a little grandma grandpa and you're, you know, tooling around your house and you don't have those fast twitch muscle fibers anymore, and you have unhealthy neuromuscular junctions within your muscle, if you trip on a rug and you fall and you break a hip, you may die. You may never get out of the hospital, never get out of the rehab facility.

00:31:47:08 - 00:32:05:08

Dr. Jamie Seeman
That might be the end of your life because you tripped on a rug and as we get older, we need to try to maintain as many of those fast twitch muscle fibers as we can. And resistance training is one way to do that. I also love sprint interval training, and it can be done in a very safe and effective way, like using a pipe or a rower or something like that.

00:32:05:13 - 00:32:19:17
Dr. Jamie Seeman
But that's another important aspect of muscle aging. That we're not acknowledging. But I'm going to I'm going to go back to just getting people lifting weights. Right. More women lifting weights and, so many benefits.

00:32:19:17 - 00:32:30:07
Dr. Jaclyn Smeaton
Somebody benefits. What do you think is the easiest way for women to get started? Like, do you would you do, like, free weights at home or do you worry about form? Would you use more machines? How do you typically get women going if they are intimidated?

00:32:30:08 - 00:32:37:12
Dr. Jamie Seeman
That's part of concerns is because injury, you know people, you get somebody that, you know, tethers a rotator cuff and now they have to have surgery.

00:32:37:12 - 00:32:39:01
Dr. Jaclyn Smeaton
I've done both.

00:32:39:03 - 00:32:55:19
Dr. Jamie Seeman
Yeah. I mean, so injury is a big deal. And so what we need to do is we need we need to start slow and ease into it. I always tell patients if you have the means to do it, if you can pay for it, you should hire a personal trainer that's going to help you one on one. Learn how to do the movements.

00:32:55:21 - 00:33:19:08
Dr. Jamie Seeman
I think once people have been doing it for a while, they absolutely can do a program

on their own. But I think it's important if you've never, ever, ever done it before, to have somebody with expertise helping you through kind of learning now in this day and age with these apps and with, online, oh my gosh, people have access to things that we never had access to, you know, back in the 80s and 90s.

00:33:19:08 - 00:33:32:04
Dr. Jamie Seeman
But watching a video online and actually executing something, two different things. Right. You can like you everybody's done it. You're like, you're watching make the recipe online and then you make it in the kitchen. Right now that didn't quite work.

00:33:32:04 - 00:33:35:00
Dr. Jaclyn Smeaton
So nail it. It's like exercise. Nailed it. You know.

00:33:35:00 - 00:33:57:14
Dr. Jamie Seeman
And and that's because, you know, people think weight lifting is just like lifting up the weight. But there's time under tension. There is the eccentric and concentric part of the contraction. There are a lot of other, more advanced aspects of resistance training that are important. So I think if somebody is first starting, I think hiring a trainer is amazing if you can afford it.

00:33:57:14 - 00:34:17:19
Dr. Jamie Seeman
And even if it's just for like a couple sessions to say, like, teach me how to do this, what should I be feeling? These days? Well, you can go on ChatGPT and you can literally say, make me an eight week resistance training program. I have 20 pound dumbbells and 10 pound dumbbells, and I want to do arms two days a week and legs two days a week.

00:34:17:21 - 00:34:21:20
Dr. Jamie Seeman
It's going to spit out a program that's effective. So it's.

00:34:21:20 - 00:34:23:02
Dr. Jaclyn Smeaton
Amazing.

00:34:23:04 - 00:34:43:19
Dr. Jamie Seeman
It's it's crazy. And there's so many great apps out there. I personally though enjoy the social aspect of the gym. Not not to chit chat, not to like sit around the watercooler and drink, but I work harder around other people. When I see other people, I learn from watching other people. I get pushed harder by watching other people.

00:34:44:00 - 00:34:59:06
Dr. Jamie Seeman
So I go to a place every single morning at 530 in the morning and, it's adults my age and, and we're lifting weights and we're doing back squats and bench press and deadlift and things like that. So I, I like that some people do better. They want to be alone. They don't want to be. They don't want people.

00:34:59:06 - 00:35:10:21
Dr. Jamie Seeman
They don't want to feel that people are like watching them or judging them. And so I think the right place, and, and time and way is very different for, for everyone.

00:35:10:23 - 00:35:26:18
Dr. Jaclyn Smeaton
Though I think that's such a great recommendation. And here's the thing about it was it's getting a trainer to start. Once you learn some basic exercises, it's kind of all you need. Like I one thing I think about exercise is that especially with social media, everyone's trying to get an edge or put something new out there to go viral.

00:35:27:00 - 00:35:54:12
Dr. Jaclyn Smeaton
And some of the variations on exercises, you see, you're like, yeah, they would work, they'll build muscle, but like, you don't really need to do that. I think that we don't need to over complicated. If you learn the basic movements, you could do a similar program with like, you know, with progressive overload, you might do more reps or less reps and more weight or super stats or like you can change those things up if you have a basic repertoire of exercises without doing things that feel completely like out of the norm.

00:35:54:13 - 00:36:08:10
Dr. Jamie Seeman
You know? Yeah. And the other aspect that a lot of people ignore is that all of our

muscles have an agonist and an antagonist. And so if you're training quads, you've got to be training hamstrings and glutes. If you're training biceps, you've got to be trained, you know.

00:36:08:14 - 00:36:10:00
Dr. Jaclyn Smeaton
Like abs versus back.

00:36:10:06 - 00:36:34:12
Dr. Jamie Seeman
That's another you're training a lot of abs. You've got to be training your low back and your erector spinning and things on the other side. And so, having a program that that is balanced, that incorporates all of the things that that both, you know, adduct and abduct and extend and flex, is important too. That's why I love those compound movements, because you can get, you know, stimulation of a lot of those different things at the same time.

00:36:34:14 - 00:36:51:04
Dr. Jaclyn Smeaton
So I want to talk about another thing that comes up a ton when we're talking about exercise or movement, which is protein. There's so many questions about protein and proteins, like the new low carb where it's like, oh, here's these I had I found protein pretzels at the like the other day, like protein everything from Burger King toothpaste.

00:36:51:08 - 00:37:08:22
Dr. Jaclyn Smeaton
And sometimes like even at Starbucks, they have these like protein cold foam drinks. And I had a friend, we were on a little girl's weekend last weekend and I did the Starbucks order. And she's like, I want the protein cold foam. And I'm like, do you know how much protein is in that? It's probably like 2 to 3g of protein more than because it's so little milk to make the cold.

00:37:08:22 - 00:37:33:04
Dr. Jaclyn Smeaton
But, if it's a latte, it might make a difference, but don't pay $2.50 for that. Like protein, cold foam. It's just such a marketing ploy right now. But obviously protein is really important. Can you talk a little bit about that? How do women find what the right amount is for them when they're resistance training, and maybe give some tips so that we're not all I mean, I love the idea of just like, you know, chicken is better a

chicken cutlets, better than a protein bar, maybe.

00:37:33:06 - 00:37:36:17
Dr. Jaclyn Smeaton
But what do you do for women? Like in practicality.

00:37:36:19 - 00:37:58:00
Dr. Jamie Seeman
I love it. I love that we have a protein obsession, but we're doing it. We're doing a few things wrong. For me, I got a little bit of a rant about protein. Protein is, an essential macronutrient in our diet. And protein is essentially a protein is made of amino acids. And we have essential amino acids in our body, and we have non-essential amino acids.

00:37:58:02 - 00:38:18:17
Dr. Jamie Seeman
When you hear about how much protein you should eat in a day, we have data that the recommended daily allowance for protein is set at a threshold that will prevent disease, but it doesn't necessarily mean that that is the optimal amount of protein to optimize your performance on a daily basis.

00:38:18:17 - 00:38:24:18
Dr. Jaclyn Smeaton
That like like point 5 to 1g/kg, that kind of recommendation. Not enough for me. Okay. Yes.

00:38:24:20 - 00:38:35:04
Dr. Jamie Seeman
Yeah. Yeah. It's yeah, it's .8. 8g/kg, which it's low. I mean, and and some people aren't even eating that, which is scary.

00:38:35:06 - 00:38:41:17
Dr. Jaclyn Smeaton
Yes, but basically, like with the listeners, it's like, take your body weight and cut it in half is like an approximation of what that would look like.

00:38:41:19 - 00:39:05:08
Dr. Jamie Seeman
Right, right, right. I, I personally feel that most women, the more optimal range kind of

fit more isn't better. So we definitely have some data that suggests that there's kind of this upper limit that going beyond that is not necessarily going to give you more results, but certainly trying to max out that protein threshold on a daily basis is a good idea for a variety of reasons.

00:39:05:08 - 00:39:24:13
Dr. Jamie Seeman
Number one, it provides you a lot of satiety if you're eating a lot of protein. I'm telling you right now, most people don't have the hunger and satiety issues that they have, when they eat a low protein diet, because a lot of our hunger is is driven by protein. When you're constantly eating carb and fat sources, never getting that adequate amount of protein, your body will drive you to go find more.

00:39:24:13 - 00:39:54:10
Dr. Jamie Seeman
And then people can't figure out why they're hungry two hours later, after they eat the granola bar. And a lot of the the real problem that women are encountering is exactly what you're talking about. The 2 to 3g of protein in the protein foam at Starbucks, ten gram protein bar here, five grams protein yogurt here. When you eat protein, you should be eating 30 to 50g of protein all at once in a short amount of time.

00:39:54:12 - 00:40:28:06
Dr. Jamie Seeman
Here's the reason muscle protein synthesis. The stimulus to actually make lean tissue. Tell the tissue that we still need it, build it stronger is set by the amount of leucine that is consumed, a very important branched chain amino acid. And the reason that you hear this number, throw it around 30 to 50g of protein is because depending on what kind of protein you're eating, whether it's beef, chicken, fish, eggs or a plant source of protein, you generally have to eat about 30 to 50g of protein to get the amount of leucine required for muscle protein synthesis.

00:40:28:08 - 00:40:44:13
Dr. Jamie Seeman
What most women are doing is they're like dripping in five grams here, ten grams here, like these little protein snacks. And that's not giving them the same benefit as if they sat down and eat 30 to 50g of protein and they got it down in like 30 minutes.

00:40:44:15 - 00:40:56:20

Dr. Jaclyn Smeaton
I've heard that before. That's fascinating because I think you're right. Women are like trying to get it in. So they're dripping it in. But yeah, that is so interesting. So it's actually the amount of losing in a bolus that matters. Yeah.

00:40:56:22 - 00:41:21:07
Dr. Jamie Seeman
Yes. And interesting. And so if you, if you the most effective time is when you eat breakfast, when you break fast, you have been in a catabolic state all night long when you've been sleeping. Okay. And the body is taking the amino acids and it's recycling them, it's you're and people don't understand your organs literally get rebuilt.

00:41:21:10 - 00:41:48:03
Dr. Jamie Seeman
So like you build I don't I can't quote you the exact number of days, but like, you rebuild your organs over, several months to several year period, like you literally rebuild your liver. Rebuild. You're literally recycling amino acids. If you don't put new Lego pieces into the Lego sets, your body can only. I mean, sometimes proteins get damaged and they have to be removed, broken down, removed from the body.

00:41:48:05 - 00:42:09:14
Dr. Jamie Seeman
We've got to put new Lego pieces, new amino acids in. And when you wake up in the morning, it doesn't have to be when you wake up. But whatever that first meal of the day, as whenever breakfast says, which literally means breakfast, that first meal, you've got to hit that protein number 30 to 50g with that meal, not ten, not 20, and then 20, later 30 to 50g.

00:42:09:16 - 00:42:28:06
Dr. Jamie Seeman
The next meal that becomes the most important is the one right before you go to bed. Now, I don't want you eating right before you go to bed, but whenever that last meal of the day is, which is, you know, mostly dinner time, 5 or 6 p.m., you want to get another 50 to grams, because now you're about to go into a 12, 16 hour fast, you know, or whatever it is before you eat that next meal.

00:42:28:08 - 00:42:41:14
Dr. Jamie Seeman
The data kind of suggests that what you do between those two meals is less

important. So if you can nail 50g at breakfast and 50g at dinner, there's 100g. Most people, most women would be killing it if they got 100g of it.

00:42:41:16 - 00:43:07:01
Dr. Jaclyn Smeaton
I mean, let's talk about breakfast and 50g at breakfast. There's like, yeah, there's like seven grams of protein in the egg. So that's like, you know, what are some of the favorite breakfast recommendations that you give to help people get there? Because I think for a lot of people, you know, that's a lot of food to consume. And actually, let's also talk about the fact that most people's breakfast, it's the worst meal of the day as far as the typical options, the toast, the bagels, the cereal, the granola.

00:43:07:03 - 00:43:15:22
Dr. Jaclyn Smeaton
Yeah, the high sugar yogurts, like all the stuff we eat, is absolute trash at breakfast time. So what do you usually do at breakfast time?

00:43:16:00 - 00:43:34:05
Dr. Jamie Seeman
So I'm a huge fan of eggs. I, I feel bad for people that don't love them or have, like, an allergy because I love eggs. So eggs are a good source. Cottage cheese yogurts. But you can eat meat for breakfast, okay? And it doesn't have to be bacon and sausage. You can have, you know, salmon.

00:43:34:05 - 00:43:59:07
Dr. Jamie Seeman
You can have chicken. Like this concept in America, that breakfast is like cereal and juice and bagels and donuts. It's just like it was created by the food industry. Like they told you. That's what breakfast was. So all foods are on the table as an option for breakfast. Now, you're totally right. If you have, you know, small eggs and they're only 5 to 7g for each egg, like, are you really going to eat now?

00:43:59:07 - 00:44:18:15
Dr. Jamie Seeman
I do, I, I never eat less than four eggs at a time. Okay. But, you know, somebody's probably not going to eat eight eggs to try to get, you know, this, this protein in, but you can add different foods. You can do eggs and a little yogurt, you know, two pieces of sausage or whatever it is. But here's where you can also fill in the gaps.

00:44:18:15 - 00:44:41:06
Dr. Jamie Seeman
So maybe you maybe you eat four eggs so that you're getting protein, you're getting healthy fats, you're getting vitamins and K you're getting minerals. You want real foods. Do you want the real food matrix? But you could add a bridge chain amino acid supplement to the meal, or you can add a, you know, a protein shake or a supplement to the meal to fill the gaps.

00:44:41:06 - 00:45:07:17
Dr. Jamie Seeman
I don't love protein supplements as meal replacement. Certainly, it's better than not consuming the protein. But you can fill gaps. You can fill that leucine threshold with things like protein supplements or branched chain amino acids with a meal. If you just physically cannot eat that much. And that's like people using like GLP ones, that's a trick that I tell them all the time because they have delayed gastric emptying and because they cannot eat eggs, like I'm telling you, they'd be puking their guts.

00:45:07:19 - 00:45:27:04
Dr. Jamie Seeman
Yeah, but what they could do is like, eat two eggs and then take a scoop of ranch ten amino acids and drink that down, you know, after their eggs. So I think there's ways that, you know, we can work around some of the problems that people have. But if you just, you know, go online and look up the losing content of foods.

00:45:27:04 - 00:45:31:15
Dr. Jamie Seeman
Cottage cheese is amazing. I like to joke around like I've never eaten so much cottage cheese.

00:45:31:15 - 00:45:35:15
Dr. Jaclyn Smeaton
I know there's so many great qualities, but it's because it's such a great food.

00:45:35:17 - 00:46:04:12
Dr. Jamie Seeman
Yeah, there's particular foods that are great now. I eat a lot of animal proteins. And you'll hear the debate between animal and plant proteins. Animal proteins are complete. They have all the amino acids you need with plant proteins. You have to pair them in specific ways to get all of the amino acids that are required. So if you

want to talk about efficiency, animal proteins are a more efficient way to get enough protein in a lower calorie package.

00:46:04:14 - 00:46:30:01
Dr. Jamie Seeman
So, you know, if you if you compare like how much broccoli and quinoa that you would have to eat to get the same amount of protein as steak or chicken, then you're you're just going to be more efficient at a calorie, standpoint, eating animal proteins. The other thing is that, amongst the animal proteins themselves, there are different amino acid profiles between red meat like beef and steak versus chicken.

00:46:30:03 - 00:46:45:15
Dr. Jamie Seeman
As far as, like, finding content and things like that. But in general, in general, if you can get 30 to 50g of protein, incorporate some animal proteins in there, do that at least twice a day. You're killing it more than most people are.

00:46:45:17 - 00:47:08:04
Dr. Jaclyn Smeaton
That's awesome. I actually I love, so I'll usually do like two eggs plus egg whites, which I'll just it's easier for me to get more protein with less volume because you don't have the fat, the filling fat of that yolk. And you can mix cottage cheese into that and scramble it. And it's like, so, so good anyway. But the other trick that I'll throw in there is, I do like a protein iced coffee a lot of times as well where I'll do, I'll make an espresso.

00:47:08:09 - 00:47:27:02
Dr. Jaclyn Smeaton
I use this like brand called Clean Simple Eats, which is a whey protein based that's really clean ingredients and their flavors are so good. So I like the vanilla. You can even buy it at target. It's like I don't I'm not rubbing for them or anything, but they're just easy to use. And I'll do like a half a scoop or a full scoop and then use one of those little blenders, whizz it up a little bit.

00:47:27:04 - 00:47:44:14
Dr. Jaclyn Smeaton
I add soymilk, which has a like nine grams of protein in the soy milk, and then put it over ice and it is so good it tastes better than a Starbucks vanilla ice milk latte. But it's so clean. And it's another way that you're adding like another 20g of protein. It's

really. But you can add to it like that too.

00:47:44:14 - 00:47:59:10
Dr. Jaclyn Smeaton
And I'll do that in the afternoon a lot, as well as a little like a little treat. But that's not 30g at a time. But there are ways to do it. And I think the other thing I love is soup in the morning. Like, I don't know, maybe I'm just a weirdo like that, but you can get a lot of protein in that as well.

00:47:59:10 - 00:48:24:00
Dr. Jaclyn Smeaton
And a lot of fiber and protein and fiber are like just keys to our yeast and our health. Castle. The other piece of that that I want you to touch upon before we kind of shift topics, I do want to talk about the DUTCH lessons from the DUTCH podcast today, but I have so many questions for you. But I think one of the things that's a challenge for women who are starting to weight train that I'm seeing in practice, and I'm sure a lot of people are as well, is women are not eating enough carbohydrates to really fuel their training.

00:48:24:04 - 00:48:43:23
Dr. Jaclyn Smeaton
And so while we are focusing so much on protein, a lot of times we're choosing these protein replacements that are lower carb. Can you talk a little bit about what you think is the really like the minimal or the optimal amount, or what's your stance on that? Do you see that a lot as well, where women are either inadvertently or on purpose reducing carbs?

00:48:44:00 - 00:49:04:20
Dr. Jamie Seeman
Well, it kind of depends on, you know, your health status. Like for somebody like me, when I first started, I was, you know, pre-diabetic. I was, you know, slightly overweight. For me, I enjoyed the low carb approach. But as I got healthier, as I got leaner as my, you know, metabolic health improved, my tolerance for carbs improved as well.

00:49:04:22 - 00:49:24:09
Dr. Jamie Seeman
And so I have slowly over the years, you know, gone from eating and that 30 to 50 gram range to now I'm, you know, more in the 50 to 100 range depending on the day. Carbs are obviously easily abused in the American diet. They're just like easy to find.

There's carbohydrates everywhere. What we're talking about is incorporating whole food carbs.

00:49:24:13 - 00:49:41:19
Dr. Jamie Seeman
So when I'm sitting with the patient and talking about carb consumption, I am not talking about eating chips and cookies and crackers and biscuits. I'm talking about having a little bit of rice with your meal, having an apple before you go to the gym. Those are the type of carbohydrates that we're talking about. The question about, like how many carbohydrates eat in a day?

00:49:41:21 - 00:49:57:19
Dr. Jamie Seeman
Part of it depends on how much fat you're eating in your diet. Protein. I think of it as those little Lego blocks there is like, that's where the bar is set, and you got to try to hit that every day. When you talk about carbs and fat, these are energy calories. And so you can eat a high fat, low carb diet.

00:49:57:20 - 00:50:14:14
Dr. Jamie Seeman
You can eat a high carb, low fat diet, and most people can still achieve good metabolic health. You cannot overeat both of them. So part of the question of like, how many carbs should I eat? Depends on how much fats in your diet. If you're eating a low calorie, low fat diet and restricting carbohydrates, that's basically functional anorexia.

00:50:14:16 - 00:50:32:19
Dr. Jamie Seeman
So it depends how many, how much fat you're eating. So you have to think about that. If you're eating lower fat protein sources like turkey and and and chicken, that's different than eating. You know, you're having a ribeye at dinner and you're eating eggs and you're putting butter on them. So you have to think about how much fat you're eating.

00:50:33:00 - 00:50:45:01
Dr. Jamie Seeman
But when it comes to carbs and performance, there is some advantage to carbohydrates, but it's actually not a huge amount. So it's about ten grams of carbs, like before the gym, which is not. It's like a lot.

00:50:45:05 - 00:50:47:11
Dr. Jaclyn Smeaton
Like I have a banana. Yeah, like a half a banana.

00:50:47:11 - 00:51:04:06
Dr. Jamie Seeman
Like it's not that much, but it is a good idea. To time your carbohydrates around the gym, a little bit of carbs before a little bit of carbs after, and I always say you have to earn your carbs. So if it's a day where you're not super physically active, I would generally keep them a little bit lower.

00:51:04:06 - 00:51:21:03
Dr. Jamie Seeman
For me. If it's day that I'm super active, I'm doing, you know, a lot of exercise, long vacation, I'm hiking a mountain or whatever. I'm going to add a few more carbs and have a little more fruit. Might have a little, you know, some starch or rice or something. With my meal after my, my physical activity. So I think it's different for everybody.

00:51:21:03 - 00:51:45:08
Dr. Jamie Seeman
It kind of depends on where is your metabolic health at, how much muscle do you have? Because if you have healthy muscle tissue, you're a great glucose disposal, person. And you can tolerate, you know, more carbs than the diet. But but women do kind of have this fear, you know, around, these things. And, I think sometimes they're really kind of missing the mark and how they can optimize their performance.

00:51:45:10 - 00:52:02:17
Dr. Jaclyn Smeaton
Great things for that. So I want to talk a little bit about the DUTCH test as well, because I think there there are some like complicating factors that come into the whether women achieve their goals or not or why when one woman and another woman could do the same food intake, the same workouts and get different results. So I want to dive into some of those factors.

00:52:02:17 - 00:52:17:17
Dr. Jaclyn Smeaton
Like we talk about androgens and DHEA. We talk about cortisol, like when a woman comes in and she's frustrated because she feels like she's doing everything right, but

she's not really seeing her body composition change. What do you look for hormonally, and where did the DUTCH test come in?

00:52:17:18 - 00:52:45:04
Dr. Jamie Seeman
Well, it depends first on, you know, how old is this person? If we're talking about somebody that is premenopausal, they're having regular menstrual cycles or they're supposed to be having a regular menstrual cycle, so they're not, we have to make sure that we're using the DUTCH as an appropriate time. Obviously, the instructions on it say to do it cycle day 21, which is going to allow us to see progesterone production, as well as our androgen and estrogen production in a postmenopausal patient.

00:52:45:04 - 00:53:05:19
Dr. Jamie Seeman
That's more, study. So we, we the timing of it, you know, doesn't really matter. But when we think about, you know, somebody is trying to achieve some level of result, how do the hormones, play in? Well, we already kind of talked about how estrogen is so important for, for lean tissue, how testosterone is so important for lean tissue.

00:53:05:21 - 00:53:30:01
Dr. Jamie Seeman
When you are, when you go through menopause, there is no way for your body to start making estrogen again. Like there's no way to undo menopause. So in a menopausal patient, it becomes about hormone optimization. Are you a candidate for hormone replacement therapy? Is that something that you want to pursue because you can still achieve great results not being on HRT?

00:53:30:01 - 00:53:56:21
Dr. Jamie Seeman
I don't want women to think that like they have to be on HRT. I'm a huge fan of it. I will tell you. I will be taking HRT until you put me in the casket. But for some people, they're eating right. They're sleeping right, they're moving, they're doing all the things, and they need hormone replacement therapy to really kind of get up the next, you know, ladder rung in a in a sense, I think for premenopausal patients, the reason I like something like the DUTCH test is because our hormones are always in flux.

00:53:56:21 - 00:54:16:09
Dr. Jamie Seeman

And so it gives us the ability to see one point in time and a second point in time. And what is our intervention in between here that's going to like move that mark, because our bodies are incredible. I mean, women's bodies can literally grow another human, but we have to take care of them. We have to give them the sunlight that they need.

00:54:16:14 - 00:54:47:19
Dr. Jamie Seeman
I think women don't realize presence and absence of sunlight in our life has a huge impact on our sex hormone production. Sleep. Women don't realize that getting a consistent bedtime and wake up time and sleeping the same number of hours per night can help our sex hormone production cortisol. I love the part of the DUTCH charts looking at circadian rhythm and thinking about the difference between melatonin and cortisol, thinking about the difference in what our parasympathetic and sympathetic nervous system does to some of these things.

00:54:47:21 - 00:55:08:13
Dr. Jamie Seeman
I think everyone thinks of, you know, just sex hormones. That's fertility. But it's not about that. Our sex hormones help our brain function, our muscles function. And if we do the right things for our body, most of the time they they get it right. And when they don't, that's where we might use supplements. We might use medications, we might, you know, use hormone replacement therapy.

00:55:08:13 - 00:55:21:13
Dr. Jamie Seeman
But those basic foundational things, we're we're starting to see women take a little bit more ownership, especially with, like, the tracking devices. I don't know if you guys have seen this, but there's, like a new tracking device, for hormones, actually.

00:55:21:15 - 00:55:23:12
Dr. Jaclyn Smeaton
Yeah. I haven't looked into it.

00:55:23:13 - 00:55:34:05
Dr. Jamie Seeman
So hormones and so cool. It's so cool what we're going to be able to, you know, find out about our bodies and, and how they respond to certain, you know, things that we do.

00:55:34:06 - 00:55:50:13
Dr. Jaclyn Smeaton
You know. Well, you made making me think about. So I want to have, first of all, Mary Claire Haber. In one of her posts online, I heard her talk about menopause and she called it ovarian retirement, which I was like, that is the sweetest description and I'm going to always think of it that way. It's like, you've done enough.

00:55:50:15 - 00:56:07:02
Dr. Jaclyn Smeaton
Here you go. Here, you're like Rolex. Watch it. Go ahead and like move to the country or move to the South. Florida. I love that ovarian retirement. But another thing that I think about a lot with testing and this is women in perimenopause, which are a lot of the time, this is the women that we're working with who are coming in wanting to work on body composition.

00:56:07:04 - 00:56:41:16
Dr. Jaclyn Smeaton
Is that after you've talked about this, after menopause, the only way you get estrogen is through conversion from testosterone in the adipose tissue or this aromatase ation. So having adequate androgens and having like adequate DHEA as well, which is an adrenal hormone, is so critical for women to get through perimenopause and menopause smoothly. And I think about that a lot too, with DUTCH testing for that mid age women, even late reproductive phase, because it's a way to almost check in to say, how can we optimize things now before your ovaries retire?

00:56:41:18 - 00:56:50:22
Dr. Jaclyn Smeaton
And make sure that you are as well prepared, particularly for women who don't want to be on HRT or they're indicated for that. I just want to throw that in there. So, I mean, that's such an important piece there.

00:56:50:22 - 00:57:04:18
Dr. Jamie Seeman
I hope I've been very mind blown over the years. How many women I've checked and they have a disaster and of zero, I mean, like unmeasurable, you know, it's I'm like, how are you functioning at all? You know?

00:57:04:22 - 00:57:06:00
Dr. Jaclyn Smeaton

Right.

00:57:06:02 - 00:57:26:07
Dr. Jamie Seeman
Yeah. And the tough part is because things like testosterone replacement, because it's not FDA approved therapy for women, you know, you have a lot of clinicians and practitioners that aren't even looking at androgen levels from their patients, you know, or acknowledging that they play a role in the patient's health. But testosterone is an important hormone. DHEA is an important hormone.

00:57:26:09 - 00:57:32:18
Dr. Jamie Seeman
Certainly more isn't isn't better. But the women should be looking at their interest in levels.

00:57:32:20 - 00:57:57:21
Dr. Jaclyn Smeaton
The last question I want to ask, I know we're running out of time. This has been such a fabulous conversation, is that we get a lot of questions around women who want to add supplements. And and you've talked about, like branch chain amino acids and you've talked about protein powders. Are there others that you think from a the standpoint of body composition that are actually really effective and kind of rise above to the level where you think these are pretty good recommendations for most women.

00:57:57:23 - 00:58:17:07
Dr. Jamie Seeman
So another one that I, I think is important, creatine, we get creatine in our diet. But the amount of meat that you would have to eat to get the creatine that's been shown to be beneficial in studies. You're not eating that much. Trust me. So I do like creatine. Everyone thinks of it as like the young male bodybuilder supplement.

00:58:17:09 - 00:58:35:09
Dr. Jamie Seeman
It's not an anabolic steroid. It is not anabolic in any way. But what creatine does is help with it helps essentially with ATP, with energy production within the muscle. It also does pull in water, into the muscle as well, which is why it kind of can sometimes come with a bad rap because people feel like it can make them, you know, puffy.

00:58:35:11 - 00:58:52:00
Dr. Jamie Seeman
But I think from an optimizing body composition standpoint and what can we do for the lean tissue? I love creatine, it helps you essentially work harder in the gym. So if you think you're going to get the benefit of creatine by not lifting weights and just taking a creatine supplement, not the same thing. But if you're in the gym and you're lifting weights, I love creatine.

00:58:52:02 - 00:58:57:04
Dr. Jamie Seeman
There's also some really interesting data on perimenopausal and menopausal women with creatine and brain health.

00:58:57:04 - 00:58:58:10
Dr. Jaclyn Smeaton
Oh yeah. So we've talked about that.

00:58:58:10 - 00:59:25:04
Dr. Jamie Seeman
It's amazing. Everything in the muscle, the excess creatine spills over into the brain. And it actually can help with with cognition too. What other things for muscle? Magnesium is important. And a lot of our diets are very deficient in magnesium. So I'm a huge fan of magnesium supplementation. There's a lot of other important things, but I think, you know, in the, in the basic sense, hormone optimization, protein optimization, creatine, magnesium for recovery.

00:59:25:04 - 00:59:29:21
Dr. Jamie Seeman
That's like a real basic starter pack for, for me, for muscle health.

00:59:29:23 - 00:59:45:00
Dr. Jaclyn Smeaton
Awesome. Well, this has been a fabulous conversation. I have no doubt it's going to be a wildly popular episode because you've covered so many just tangible things that people can take away from how to eat, how to workout, why it's so important. So thank you so much for joining me today.

00:59:45:02 - 00:59:47:00
Dr. Jamie Seeman

Thank you for having me. Jaclyn.

00:59:47:02 - 00:59:50:23
Dr. Jaclyn Smeaton
If people want to learn more about you or follow you, what are the best places for them to connect?

00:59:51:01 - 01:00:09:21
Dr. Jamie Seeman
I'm most active on Instagram. It's at Doctor Fit and fabulous. I have a podcast myself, a Ted talk that's out there. I wrote a book called Hard to Kill, but, I love connecting with people. And, I love that you guys are out there talking about women's health and talking about muscle. This is an important conversation that we need to have.

01:00:09:23 - 01:00:17:01
Dr. Jaclyn Smeaton
And I, like you said, it's an endocrine organ. We've got to include it in our in our hierarchy that we're thinking about here. So thank you so much.

01:00:17:03 - 01:00:18:06
Dr. Jamie Seeman
Long. Women are healthy.

01:00:18:06 - 01:00:35:17
Dr. Jaclyn Smeaton
Women love it definitely. Well thanks Doctor Simon, and thank you for all of you who listened today. I'm sure you found this as fabulous of a conversation as I did. If you want to hear more conversations like this, I invite you to click subscribe. You can listen and stream us every Tuesday, from anywhere that you are listening to this podcast today.

01:00:35:17 - 01:00:40:17
Dr. Jaclyn Smeaton
And also you can follow us at tast on all the socials. We'll see you next week.

01:00:40:19 - 01:00:53:12
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