Episode 177 Transcript

00:00:00:03 - 00:00:05:08
Dr. Tyna Moore
I think the harder and faster you lose weight, no matter how you do it, the bigger and faster the rebound.

00:00:05:10 - 00:00:30:19
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, 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.

00:00:30:21 - 00:00:55:04
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. Hello! Welcome to today's episode of the DUTCH podcast. I'm really excited about today's topic because I personally wanted to learn a lot about this, and I specifically wanted to have this conversation with this guest.

00:00:55:06 - 00:01:19:20
Dr. Jaclyn Smeaton
Doctor Tyna Moore is a long time friend and colleague of mine, and she's really done so much since GLP ones came into the market to talk about how they can be used in a way that's more, I will just call it naturopathic, more thoughtful. Thinking about not necessarily ramping up doses really high. And and no matter what the dose is, making sure you're putting the lifestyle factors in place that could lead not just to short term weight loss, but to long term success.

00:01:19:22 - 00:01:41:02
Dr. Jaclyn Smeaton
Doctor Moore also scours the research on this topic, and really is thinking about how these peptides could be applied in other ways that could help us with things like autoimmunity. They're not treatments for those conditions, but can have an

impact on our metabolic health and a lot of the underlying immune dysfunction that can allow us to better tolerate other things that are happening from a chronic disease perspective.

00:01:41:03 - 00:02:01:17
Dr. Jaclyn Smeaton
So today, we talk about all of these things. And if you want to know if you're a provider or a patient, how you can think about utilizing GLP ones in a way that is more naturopathic, that's better for the long term, that preserves muscle mass, that preserves our metabolic health in the long term. Today is going to be an episode that you're going to want to really pay attention to.

00:02:01:20 - 00:02:23:19
Dr. Jaclyn Smeaton
With more than 30 years in the medical field, Doctor TynaMoore has built a reputation as a leading voice in holistic regenerative medicine and resilient health. She's trained in both conventional and alternative medicine, and she holds dual credentials as a licensed naturopathic physician and a chiropractor. That combination really gives her a distinct lens on how to optimize health and strength and longevity.

00:02:23:21 - 00:02:49:04
Dr. Jaclyn Smeaton
She's host of her own podcast, The Doctor TynaShow, and an international speaker, and she educates and empowers others to take charge of their metabolic health and resilience through online programs, huge social platforms, and her own podcast. She's also been a guest on tons of podcasts. I'm sure you've seen her. She's a fierce advocate for medical autonomy, and she stands for informed choice and personal Responsibility and health, prioritizing faith, family and health as really true pillars of lasting resilience.

00:02:49:04 - 00:03:10:12
Dr. Jaclyn Smeaton
And let me tell you, this doctor definitely walks her talk. So I think you're going to love this episode and all that you learn. Let's go ahead and get started. So Doctor Moore, it's so exciting to have you on the podcast today. I want to start because you have this dual credential as a natural prosthetic physician and a chiropractor, and I want to start by just helping our listeners understand how that shapes the way you evaluate a patient.

00:03:10:16 - 00:03:16:07
Dr. Jaclyn Smeaton
Compared to, like most providers like me, who have a kind of a more of a single lens framework that we look through.

00:03:16:09 - 00:03:40:12
Dr. Tyna Moore
That is a great question, and thanks for having me on the podcast today. So that is interesting. I went through two programs concurrently, and so I learned musculoskeletal medicine and, X-ray diagnosis and differential diagnosis and all of those things from a musculoskeletal perspective, because you can actually see a lot of disease processes inside the body before they actually manifest and show up on lab work.

00:03:40:12 - 00:04:00:23
Dr. Tyna Moore
So that was really fascinating because concurrently, I was learning all of the same thing from the perspective from the outside in. And so it was really an interesting it was just a really interesting education. I never felt like I was a naturopathic doctor who became a chiropractor or chiropractor who became, you know, a nature path after so it's all kind of swimming in my head together, and I can't really look at anything without both those lenses.

00:04:00:23 - 00:04:22:13
Dr. Tyna Moore
So, yeah, I just was really interested in musculoskeletal medicine. Hands on medicine. I ended up specializing in regenerative injection therapies when I had my big brick and mortar for over a decade, and, you know, to me, like, at the end of the day, metabolic health, musculoskeletal medicine, they're just they go hand in hand. There are two sides of the same coin.

00:04:22:13 - 00:04:30:21
Dr. Tyna Moore
And it's something people don't really look at very often. And I don't think most practitioners do either. And so that's just kind of in my wheelhouse is that that little umbrella.

00:04:30:23 - 00:04:48:02

Dr. Jaclyn Smeaton
I love that and I've seen that in your career. I mean, you've done so much with metabolism and muscle health and strength training and, you know, musculoskeletal health and, now peptide therapy or injection therapies. And it is really interesting because I think when most patients think about chiropractors, they think about bone, right? They think about adjustments in bone.

00:04:48:02 - 00:05:07:00
Dr. Jaclyn Smeaton
But I love that, you know, your career has really layered in muscle so dramatically. Of course, muscle is so important. That's why our bones shift out of alignment is because you have muscle abnormalities, but also just the metabolic impact of muscle as an organ is so critical. I'd love you to just chat a little bit about that, just cause you have such a unique perspective on that.

00:05:07:02 - 00:05:22:03
Dr. Tyna Moore
Yeah. So I think I was just a closet jock at the end of the day and one day around, I don't know, age 39, 40, I was going through a divorce and I was skin and bones and I was stressed out of my mind and I was like, I'm going to shatter into a million pieces. If I fall over, I'm going to break.

00:05:22:03 - 00:05:42:16
Dr. Tyna Moore
I'm going to be one of those ladies who break a hip someday. And my grandmother died of frailty soon after, and I kicked my butt in gear. I was like, that's it. I'm not doing this. I had lived my whole life, as you know, a malnourished, anorexic twin of a woman. And so I really started focusing on building strength and building musculature and going for it.

00:05:42:16 - 00:05:58:23
Dr. Tyna Moore
And I locked in. And in the process, I'm just kind of a nerd. And I started studying muscle health. We didn't have a lot of data back then on what our muscle was doing. But, you know, 2016, when I went online, I started talking about I was telling people to deadlift and eat steak, and it was not popular.

00:05:59:01 - 00:06:17:02
Dr. Tyna Moore

It was not popular in our profession. It was not popular pretty much any medical stage. I got on and spoke on about this. I kind of got razzed a little bit. And, you know, cardio was the king of the day and people didn't want to hear it. So here we are a decade later, and my hair has successfully turned white in the process.

00:06:17:04 - 00:06:42:07
Dr. Tyna Moore
Finally, people are realizing muscle is pretty damn important. So I just look at it as our metabolic engine. It's, you know, truly our osteoporosis, osteoarthritis, those are all diabetes of the musculoskeletal system until I'm proven otherwise. And data keeps coming out to support that. And so that's always how I've treated it. My mentor, Doctor Rick Marinelli, who I think you knew of or knew, he taught me that a long time ago that metabolic health was everything.

00:06:42:07 - 00:07:03:12
Dr. Tyna Moore
Keep your waist circumference in check, and everything kind of stems from that. And so if we can build that metabolic sync through building muscle, then it's one variable that we have a lot of control over. And not to mention on the flip side of that frailty, sarcopenia or muscle wasting. As we age, all of those things are coming for all of us.

00:07:03:12 - 00:07:22:08
Dr. Tyna Moore
Insulin resistance, inflammation, aging, all of those are coming for us, no matter how good of a life we've led. And so to me, it's all about not breaking a hip. My whole goal when I look at myself or assess a patient or look at my friends, I'm like, where are your glutes at? Where's your muscle mass at? Where's your metabolic health at?

00:07:22:08 - 00:07:27:06
Dr. Tyna Moore
Because we don't want to be trying to play catch up at 60 or 70 years old when it gets a lot harder.

00:07:27:11 - 00:07:44:17
Dr. Jaclyn Smeaton
Yeah, I always start. I tell this story a lot, but I did this. I ran like a mentorship program with docs, and one of the docs in Seattle was brand new, right out of

practice under the mentorship. And she said to me one day she said, you know, I've been saying this in practice. We were talking about weight training and muscle building and the importance of it.

00:07:44:18 - 00:08:02:11
Dr. Jaclyn Smeaton
She said. I'm feeling a little bit inauthentic in practice, because I tell every woman when she comes in to see me. This decade of life is the most important decade for you to build muscle. And she's like, whether she's 20 or 60, I say it every time. And then Sarah, when I thought about it, it's actually kind of true.

00:08:02:11 - 00:08:10:02
Dr. Jaclyn Smeaton
And I'm like, yes, it is absolutely true. The sooner you start, the better you are. And I absolutely love that. And I'm going to take it from you and use it all the time.

00:08:10:04 - 00:08:27:01
Dr. Tyna Moore
Well, the bet you know, the best time is when you're 35 to 40. And the second best time is right now. So yeah, we can all build muscle. We can all improve. I think of everything as a dial or a gauge. You know, if you're sitting down here at a one or 2 or 3 on your metabolic health and your muscle mass, you have every opportunity to dial that up to a 9 or 10.

00:08:27:01 - 00:08:42:22
Dr. Tyna Moore
Is it going to give you the muscle mass in the body that you had when you were 25 or 30 5 or 45, or even 55? No, but we can definitely dial up our health. We can optimize our health at any starting point. We can always make things better and, you know, some of the folks that I know that have, it's interesting.

00:08:42:22 - 00:09:01:19
Dr. Tyna Moore
If you keep your body mass low enough, you will keep your metabolic health in check because a lot of metabolic dysfunction is stemming from ectopic and visceral fat. But I also see these women, you know, I've got women in their 80s, 70s and 80s. Their metabolic health looks beautiful on labs, beautiful, beautiful, beautiful. Until one day it's not beautiful.

00:09:01:19 - 00:09:19:09
Dr. Tyna Moore
And boom, when you look at them, their phenotype in conjunction, they are frail as heck. They are scenic and frail, and it's going to take a good wind or a good flu to blow them over, you know. So it's not always about labs. I really think of muscle mass, and your vitality overall is as an extra vital sign.

00:09:19:09 - 00:09:43:17
Dr. Tyna Moore
Like I'm looking at those things too, you know, and being able to get up off the floor, being able to catch yourself if you fall, the amount of radial, distal radial fractures that women get in their 60s and 70s because they just tripped and fell, and then they say, oh, my doctor said, I have a little osteopenia. And I look at the X-ray and it's completely see through and I'm like, oh my gosh, this is why is nobody telling you you have a lot of osteopenia like this is this is not good.

00:09:43:17 - 00:10:01:12
Dr. Tyna Moore
Your hip will be next. You know? And I think I'm just blunt enough to say it because I think it's that big of an emergency that that this information actually gets grabbed onto. And I don't see a lot of doctors taking action on it. I'm excited that some are, but I see a lot of doctors, especially in our cohort in the alternative medicine realm where like food is medicine.

00:10:01:14 - 00:10:05:18
Dr. Tyna Moore
And I really believe firmly that the gym is medicine more than anything else.

00:10:05:20 - 00:10:25:12
Dr. Jaclyn Smeaton
Yeah. If you look at people who are really winning the longevity game, it's the athletes who've been just consistent throughout their lifetime. Like I think about my oldest cousin, she's in her mid 60s now. She's like, looks like she's 40. And she always has looked young because she was always like strength training, cross-training, running. Like she just always was incredibly active.

00:10:25:12 - 00:10:45:23
Dr. Jaclyn Smeaton

And I remember noticing that even as a kid, that that fitness level is so connected to longevity and just like feeling young, looking young, being active and with the like, fracturing a hip for women in particular, that is so important because you end up seeing women. This happened to my grandmother. She fell my mom, like, you know, she was living at home with my parents.

00:10:45:23 - 00:11:02:23
Dr. Jaclyn Smeaton
My mom went to the post office. She was gone for like ten minutes, and my grandmother fell while she was gone, broke her hip, and then she was in rehab. But then her mood went down. She didn't want to go to therapy. And it was like the beginning of the end. It's not what took her at the end of her life, but it certainly changed our quality of life so dramatically.

00:11:02:23 - 00:11:16:10
Dr. Jaclyn Smeaton
And I think if you experience that as a young person, seeing someone you love go through that process, it's incredibly motivating because it's completely preventable. I know between balance and strength and, yeah.

00:11:16:12 - 00:11:36:08
Dr. Tyna Moore
And nutrition and hormones, it's so preventable. It's it's crazy because I look at it as the sort of metabolic syndrome. Two frailty, two hip fracture. If you survive all that two dementia pipeline. And that's how we're all going. You know, my grandparents were one was in a wheelchair and one was chair bound when I was just a very small child.

00:11:36:08 - 00:11:44:00
Dr. Tyna Moore
And looking back at like what they ate and how they chose not to move, I mean, they really chose that life for themselves to.

00:11:44:02 - 00:11:45:18
Dr. Jaclyn Smeaton
Where they at that point.

00:11:45:20 - 00:12:01:22
Dr. Tyna Moore

Not that old. Yeah. Not old honestly. I mean, I remember my grandpa sitting in his La-Z-Boy, dying, supposedly dying of mass, but he died of Ms.. For 20 years, but he always had a Coca Cola right next to stand, you know, and there was never any exercise. There was never any walking there, was it just, you know, it didn't happen.

00:12:01:22 - 00:12:15:05
Dr. Tyna Moore
And I see that in my parents, in the boomer generation, too. I see a lot of that. And it's sort of like, oh, well, my kids will take care of me. And I'm like, I kind of want to know what my name is and not having some stranger, wait, my when I'm 80, you know, like like, yeah, I would like that.

00:12:15:06 - 00:12:17:18
Dr. Jaclyn Smeaton
Like goals. How I tackles.

00:12:17:20 - 00:12:42:07
Dr. Tyna Moore
And those, those hip fractures are just I call them the harbinger of doom because there's really no coming back from them. I have never seen anybody successfully fully come back from a fracture. I've seen people live through it. You know, I think, what is it, 25, 30% of people will die and they usually die in the hospital of pneumonia, which is a terrible like drowning in your lungs while your hip is oftentimes still dislocated because you're too frail to reset it, like it's not a good it's not a good picture of the people who survive.

00:12:42:07 - 00:13:02:20
Dr. Tyna Moore
50% of them will never come back fully to the quality of life, or to the just cognition that they once had. If they do get home, the people around them will describe that. They just were never like you said, they were just never really the same again. And it's just it's the beginning of the end. And so I really do everything I can to avoid that process.

00:13:02:20 - 00:13:21:23
Dr. Tyna Moore
But going through the data even on that, like if you look at the all this jumping and weight advice info that we're getting lately, I've been through all the data. They're very tiny studies. They're really not very impressive. The bone density results from

all of that. But when you start looking at estrogen impacts on bone, it's pretty phenomenal.

00:13:22:02 - 00:13:23:20
Dr. Tyna Moore
I guess that's some good stuff.

00:13:24:01 - 00:13:45:15
Dr. Jaclyn Smeaton
Yeah, I actually just went through that data for a presentation that I gave for a forum. And like the the serum targets to hit, not just bone preservation, which can happen at very low levels. We should talk about this. I think this is something that we could we even more specifically, but even serum levels of estradiol as low as five show that it can like reduce the bone breakdown activity.

00:13:45:18 - 00:14:01:21
Dr. Jaclyn Smeaton
But then, you know, we do see that most studies center around the 60 to 90 mark in serum, where you get better bone protection. But there's also studies where people are up over 3 or 400 in the serum where you actually get osteoblasts activity, and you can rebuild bone and see improvements in bone density. That's an art piece.

00:14:01:21 - 00:14:20:23
Dr. Jaclyn Smeaton
I mean, the studies aren't as robust as the protection studies, but they're there. And I think when you think about the risk to benefit ratio, it's such a nice option to be layered. And and it can be added to something like, you know, whatever bisphosphonate or whatever you're on in addition to that, in addition to the lifestyle, there's just so much that can be done.

00:14:20:23 - 00:14:25:14
Dr. Jaclyn Smeaton
I totally agree with you on estrogen. It's like easy, low hanging fruit.

00:14:25:16 - 00:14:45:14
Dr. Tyna Moore
Try and get your metabolic health in order, because that's what's ultimately causing your bones to disappear slowly but surely. You know, I was just talking to an orthopedic surgeon and he said that. And I've heard this from many orthopedic

surgeons many times. They'll describe it as they go in to do surgery on somebody who's metabolically compromised, which is 94% of the U.S. adults, by the way.

00:14:45:18 - 00:15:06:22
Dr. Tyna Moore
Scary. Yeah. And these folks will have bones that turn to dust. They won't hold any of the metal that they try to put in to stabilize it. This guy described it as marshmallows. He said. He said the cortical bone was literally like squishing a marshmallow in people who are severely metabolically. That's so scary. And I'll tell you from my standpoint of doing regenerative injection therapies for so long, their tissues feel very different.

00:15:06:22 - 00:15:25:13
Dr. Tyna Moore
I can feel it through my needle. I can palpate with my needle. They look different under ultrasound, but more importantly, they're way more inflamed and sensitive to the to touch and to my needle and tendons like to rupture in people who have severe metabolic compromise. So that our soft tissues, our muscles and our bones are BFFs. What's happening to one is happening to all three.

00:15:25:13 - 00:15:54:04
Dr. Tyna Moore
And when one of those is compromised, i.e. pathologic musculature, fatty ectopic infiltrate from metabolic dysfunction, what do you think it's doing to your bones and soft tissues and cartilage and your saying ovum, it's all a big hot mess of inflammation and we can dial that metabolic syndrome down through our lifestyle choices. And then we can stack all these other yeah, like do jump where your best strength train, take your estradiol like we can really layer it in and stack it up, get sunlight.

00:15:54:06 - 00:15:56:13
Dr. Tyna Moore
You know, do all the things, do.

00:15:56:13 - 00:16:18:21
Dr. Jaclyn Smeaton
All the things. I want to talk more about those things. But before we jump into there, like you've done so much work on, like JLP ones, when they first came out, you were such a broad educator on this and like, do a lot with peptides in general. And this is

something that I really want to get your opinion on, because on one hand, the use of GLP ones is helping people kind of recover their metabolic, activity and health in a lot of ways, losing a lot of weight.

00:16:19:01 - 00:16:43:02
Dr. Jaclyn Smeaton
We're seeing improvements in insulin function, blah, blah, blah, etc., etc. and at the same time, you're also seeing people who are, getting sarcopenia from these, these drugs because they're not layering in lifestyle factors. And I think this is a pretty global issue that we're seeing because most providers don't have the either the practice framework or the knowledge and skills that to be really, truly helping their patients with this.

00:16:43:04 - 00:16:56:22
Dr. Jaclyn Smeaton
So you have like the potential benefits. We also from a global perspective, or at least in the US, we're seeing a lot of downside from them because people are getting too thin using them too much. What's your point of view on this? How are we getting this wrong?

00:16:57:00 - 00:17:15:10
Dr. Tyna Moore
So first off, I want to say that when I originally came out with my microdosing strategy, it had not been talked about in that capacity yet. And I know there were some doctors using it in low doses for other things outside of weight loss and, and, body composition. But I was specifically talking about it. And truly, Microdose is like a fifth to a 10th of a standard starting dose.

00:17:15:10 - 00:17:34:01
Dr. Tyna Moore
And this had nothing to do with weight loss. It was not a weight loss strategy. That term has been appropriated and misused and misunderstood. And now most doctors and pharmacists are giving patients the standard starting dose or close to it. And calling it a microdose. And so a lot of people out there think they're taking a microdose and they are not they are taking a very hefty dose, in my opinion, depending.

00:17:34:01 - 00:17:49:14
Dr. Tyna Moore

And, you know, whatever you need to move the needle is what you need to move the needle as an individual patient, I'm not judging. I and I'm also saying, don't you know, there's no prize for keeping yourself on the lowest dose when you really do need to move the needle on weight loss. So if we're looking at weight loss, we're looking at probably closer to more standardized dosing.

00:17:49:17 - 00:18:10:05
Dr. Tyna Moore
It might be a half dose in some individuals like you and I have dose would probably move the needle pretty significantly. But the more metabolically, you know, dialed in you are, the less you need. Right. But we're using these at large in people who are metabolically compromised. In those cases, most of the people using these medications are coming in with pathologic muscle in the first place.

00:18:10:05 - 00:18:28:10
Dr. Tyna Moore
As I mentioned, they're muscle is marbled. It is marbled with inflammatory ectopic fat, and their liver is marbled and their viscera is marbled and their visceral fat is high. That is a self potentiated feed forward loop of I call it the doom loop because you can't get out of it. Even if you do all that. You probably had so many patients saying, I'm doing everything right.

00:18:28:10 - 00:18:52:23
Dr. Tyna Moore
Why is my waist circumference not budging? GOP winds come in and break that cycle really beautifully. I've looked at all the literature. I see nothing that shows us that it's causing muscle loss or causing bone loss as a direct mechanism. What I am seeing is that, and I hypothesized about this early on, I was like, wait a minute, all these studies that everybody's going 40% muscle loss.

00:18:53:01 - 00:19:17:14
Dr. Tyna Moore
No, it was 40% lean mass loss. And I'm really embarrassed for the strength and conditioning coaches and doctors who didn't pay attention to that in physiology class, because lean mass is all your soft tissues. It's on Dexa, it's minus your bone and minus your fat. It's everything else. And so your muscles apart of that, your muscles like 25 to maybe 40 tops percentage of your lean mass.

00:19:17:14 - 00:19:36:04

Dr. Tyna Moore
So if that 40% lean mass loss was real, then half of that less than half of that is actual muscle. Okay. So that part just we got to clear that up because I don't want anyone here. I know the practitioners here are smarter than that. I don't want anyone here perpetuating that myth. So it was not 40% muscle loss anywhere.

00:19:36:06 - 00:19:54:08
Dr. Tyna Moore
The muscle loss we did see in all of these studies was right on par with any caloric deficit. Diet, bariatric surgery. Any time you lose weight, you're going to lose muscle and you're going to lose bone. I don't care how hard you're fighting for it, you're going to lose muscle and you're going to lose bone. And that's just what happens when you decrease the load, the gravitational load, right?

00:19:54:12 - 00:20:10:21
Dr. Tyna Moore
We're decreasing body mass. So now the bones aren't getting as much pressure on them. The lieutenant levels are going down. I mean there's there's so many things happening. You know, the thyroid usually compensates and down regulates. We've got so many things happening as we're losing weight that we're going to lose some muscle and some bone in the process.

00:20:10:21 - 00:20:31:23
Dr. Tyna Moore
And our goals as physicians is to get patients to maintain, if not gain, on top of what they already have. And like I said, these people are coming in with pretty severe metabolic compromise in their muscle and bone tissue already. So it does look like a mess when you crank up the dose too high, too fast. And I think following the standard dosing here is a way too aggressive for most people.

00:20:32:01 - 00:20:52:02
Dr. Tyna Moore
You know, if your patient's tolerating it, great. I know some who really do, especially my more patients who are living with higher levels of adipose tissue and dealing with more chronic obesity. Those folks really do tend to favor those higher doses. They need to kind of escalate and get there. And I usually can at the highest, keep them somewhere in the middle.

00:20:52:02 - 00:21:09:19

Dr. Tyna Moore
I really try to keep dosing as low as possible and encourage them to implement all the lifestyle factors, which I call all the things. Yeah. And so I think that what's happening then with that lean mass number, just to wrap this up, is what they did finally find, which I was hypothesizing. Sorry I got lost on my tangent.

00:21:09:19 - 00:21:27:06
Dr. Tyna Moore
Is that what if that lean mass number? What if a lot of that was this ectopic fat and this this visceral fat in this, liver fat? Like what? You know, everything's getting marbled as we get more metabolically compromised. What if part of that lean mass loss that we keep seeing these huge numbers on this, on these studies?

00:21:27:11 - 00:21:41:13
Dr. Tyna Moore
What if it's really the stuff we want gone and it turns out it's looking like it is the stuff we want gone. And a good deal of it is coming out of the liver. And some of this was in mouse data and some it's not. We don't have great data on it, but it really is looking like I was right on that.

00:21:41:13 - 00:22:00:23
Dr. Tyna Moore
Like we're losing the kind of lean mass we want to lose. You know, we want to we want to dial this in. And so that's exciting. I also have seen data. It's not a it's not a clear story, but I think it's actually very therapeutic to muscle. And I think it's therapeutic to bone. It seems to induce the right pathways and kind of quiet down the wrong pathways, including inflammation.

00:22:01:04 - 00:22:22:17
Dr. Tyna Moore
And so it seems to be tone of fying and somewhat nourishing to muscle and bone. And I think if you couple that with activity really well laid out activity, you know, you're not trying to go from zero to a marathon or zero to the CrossFit games. We're just trying to get moving. I liken it to when you use tretinoin on your skin and you have to kind of slowly ease your way into it the same way with exercise and strength training.

00:22:22:17 - 00:22:44:09
Dr. Tyna Moore

Right? We got to just, like, give our body a chance to get through, get there, you know? And I think when you do all of those things right, you optimize protein and carb healthy carbohydrates. You need healthy carbohydrates to build muscle too, and really just focus in on the variables that we can control. I think these that I think these peptides are miraculous, and I think they can be done really elegantly without any problems.

00:22:44:11 - 00:23:02:03
Dr. Jaclyn Smeaton
I love hearing that and I think they can be used. I've had this conversation before. You can be you. You can be using GLP ones in a very naturopathic way. Right. And I think about the other benefit for patients who've had weight loss resistance, and they are fed up and they've lost hope because they've tried and tried and tried and they've done everything right.

00:23:02:03 - 00:23:17:16
Dr. Jaclyn Smeaton
And they'll do a six week or eight week program and things don't budge. And then they get on a GLP one and they do that stuff and the weight starts to come off. And now they're like, this is awesome, I feel good. I look good, the weight training is working, the nutrition is working, and it's so motivating for people to stay on.

00:23:17:16 - 00:23:47:11
Dr. Jaclyn Smeaton
And so I think about that initial traction that people can get. And we've both had people sit in our offices who've been in that situation where really they are doing the work and they're not seeing the change. Yes, expect to see. And I think about how naturopathic it can be to like add something in that makes that process easier, adds motivation, really gets people jazzed about living a healthier lifestyle versus, like you said, the standard dosing unsupported, just ramping up and dosing, to the point where you're, you know, the pans are dropping off.

00:23:47:11 - 00:24:02:20
Dr. Jaclyn Smeaton
But again, that's the group where you are worried about, you know, you're going to get weight loss, you're going to get lean mass loss, you're going to get muscle loss as well. When you lose weight overall, like you said, with any caloric restriction. But I think naturopathic, there's so much we can do to be adding in to a plan.

00:24:03:00 - 00:24:14:06
Dr. Jaclyn Smeaton
So you preserve and keep what you want and let that proportionality of like the fat, you know, adipose tissue versus muscle, to really be in your favor as you're losing weight.

00:24:14:08 - 00:24:37:19
Dr. Tyna Moore
I totally agree. And I think that, you know, there's people who have the disease of obesity and they're living with obesity. And then there's people who don't have the disease who are also living with obesity. But the commonality here is that that whole insulin resistance cellular pathway, it's all the the mechanics are busted, the whole system is busted.

00:24:37:19 - 00:24:58:12
Dr. Tyna Moore
And there is I think people get to a place where insulin is, they're swimming in insulin, first of all, their blood sugars all over the place. Who knows how long they've been swimming through this. And it could have been chronic stress that got them there and not overeating. It could have been any number of things that got them there that had nothing to do with overeating.

00:24:58:12 - 00:25:25:02
Dr. Tyna Moore
And in fact, you and I both know these women come in and say, I didn't change anything, and I just gained 30 or 40 pounds out of nowhere. What's going on? That's insulin resistance. And that is that's why I say that these folks are metabolically busted. They truly are metabolically busted. And the machinery that is allowing insulin to bind to the cell, and then the glute for to translocate to the cellular membrane to open up and taking glucose like that is busted.

00:25:25:04 - 00:25:42:05
Dr. Tyna Moore
But there's an insulin independent way to get glucose into the cell to be used as fuel. And that's called squeezing your muscles, literally squeezing your muscles. And so what we do is we give the GLP one to start to fix that machinery that's busted. There's like a wrench in the cogs. And it's not going, we need we need a mechanic in there.

00:25:42:05 - 00:25:58:00
Dr. Tyna Moore
And so we use the GPU ones in an elegant way. And my goal is always slow and low and as low as possible. But sometimes we gotta go a little faster if we really want to get the needle moving. Whatever works for that individual patient, depending on their short and long term goals. And then concurrently, we're squeezing the muscles regularly.

00:25:58:02 - 00:26:25:22
Dr. Tyna Moore
And that's non-negotiable. Like, it's not even just about protecting your muscle mass, because what you said is so true. These these folks that are being dosed into oblivion, they're getting their appetites crushed. They're becoming more malnourished. They're usually overfed and malnourished in the first place. And then you add to it that they came in with pathologic muscle, but they had some muscle because and weirdly, I mean, it makes sense actually, you know, gravity, the more adipose you have on you, the heavier the weight you're carrying around.

00:26:25:22 - 00:26:31:13
Dr. Tyna Moore
Actually, it, it it lends some, favor to your bones and muscles just by.

00:26:31:15 - 00:26:34:20
Dr. Jaclyn Smeaton
You know, taking fast, you know, wearing healthy.

00:26:34:22 - 00:27:02:06
Dr. Tyna Moore
But but that it's pathologic muscle on the bone, probably somewhat pathologic. So they start losing that very quickly. They are becoming more and more malnourished. They're becoming more nutrient deficient. And now we have somebody who came in kind of with some vitality, but maybe extra weight or and or type two diabetes, really. Roarin now we have somebody who's physically brittle, sarcopenia, malnourished, and they are metabolically extremely brittle because they lost all their muscle in the process.

00:27:02:06 - 00:27:20:14
Dr. Tyna Moore

They lost the only metabolic engine they had. I think the fallout from that is going to be catastrophic. We can't control that. All we can do is educate people and know that there's a better way to do this. There is an elegant way to do this. And I think, like you said, naturopathic, we know how to nudge patients towards wellness and health.

00:27:20:17 - 00:27:33:11
Dr. Tyna Moore
And every tool I have, whether it's a nutraceutical or a pharmaceutical, nudging, just kind of whispering them to their goal, not hitting them with a hammer, you know.

00:27:33:12 - 00:27:55:08
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00:27:55:10 - 00:28:03:15
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00:28:03:17 - 00:28:25:12
Dr. Jaclyn Smeaton
So I want to talk about that like elegant way that these can be used. And for the average patient what the right step is, what the work looks like, what that elegant application is. But first, one thing that you said with people like losing so much weight and I'm just thinking about the research we know about yoyo dieting, and I think about the group of people who are not maybe on this for the long term.

00:28:25:12 - 00:28:45:06
Dr. Jaclyn Smeaton
They're not the intended first patient population, and they're like morbidly obese, the diabetic that they're put on this drug, like for a lifelong management. I'm thinking about the way that I'm seeing a lot of people utilize it, which is like, I've got 15, 20 pounds I'd like to lose. I'm going to go on that go high dose. They lose a ton of weight, then they stop it, then it rebounds and they get back on it.

00:28:45:06 - 00:29:04:09
Dr. Jaclyn Smeaton
They come back down. Do you is there any data or like if not what's your perspective on that? Are we going to see the same problems that we see with other types of extreme diets that we've had come through? And I'm thinking about that really, because these are people are using it for the hunger suppression, caloric restriction, you know, to lose weight for a summer wedding or whatever.

00:29:04:11 - 00:29:29:12
Dr. Tyna Moore
I think the harder and faster you lose weight, no matter how you do it, the bigger and faster the rebound, period. I mean, I've seen that throughout time. You know, ever since we've been in practice, like I've helped a lot of patients lose weight without any GLP ones and the ones that keep it off, first of all, we should say, I mean, the really the bad news in the room that nobody wants to talk about is like, you may be people who lose weight and keep it off are maybe 5 to 10% of the people who try.

00:29:29:14 - 00:29:31:19
Dr. Jaclyn Smeaton
Is not across the border with GLP one specifically.

00:29:31:22 - 00:29:54:05
Dr. Tyna Moore
It's just across the board. Weight loss is right up there with rehab. They're not very it's not a long term success, unfortunately, because the body holds memory that there's a set point there really is a set point. Fat cells have memory. It's a whole thing. Right. And I'm not pretending to be an obesity doctor, but from what I all I have studied it and understand it is a very difficult to keep it off.

00:29:54:05 - 00:30:15:16
Dr. Tyna Moore
And so we have this wonderful tool. My goal is to keep that tool useful as long as possible if you crank up that dose too high. And I've seen this with people who are on the top doses. I have a lot of followers across all platforms, and I get a lot of messages from people telling me what they're going through, and so I feel like I'm in a unique position because I'm getting feedback from clinicians all over the world, from regular humans using this all over the world.

00:30:15:18 - 00:30:34:19
Dr. Tyna Moore
And when they get to those top doses in their stock and they start to regain the weight. And if you follow obesity docs on Instagram, they're talking about this like their patients have hit the highest dose. They are regaining the weight. This has been going on a couple of years now. They have to be doing all the things.

00:30:34:19 - 00:30:54:18
Dr. Tyna Moore
And so if if we start someone on a GLP one for weight loss, there has to be all of the other things happening concurrently because GOP ones are like a window of opportunity and they really do offer neuroplasticity. And so we're rewiring the brain. We might as well rewire it with really good lifestyle habits. And so it's critical that all of these things be done concurrently.

00:30:54:18 - 00:31:14:00
Dr. Tyna Moore
When I get this message all the time from followers, they'll say, I listened to you. It changed my life. I've lost 50 pounds. All my labs are normal. I'm off all my medications now. I'm going to start strength training and I'm like, oh no, I quit is what is how what has happened? This is not good. And if you're in that boat, please immediately make a plan.

00:31:14:00 - 00:31:31:20
Dr. Tyna Moore
And I don't think strength training is something you pick up by yourself, like hire someone to help you. It's a skill. It's a skill that comes with real risk of injury, especially as we get older and we come into it with some orthopedic faults already. You know, all of us have a little something, something we're dealing with. So hiring help and getting on that path is absolutely critical.

00:31:31:20 - 00:31:48:15
Dr. Tyna Moore
If you're going to utilize a GLP one, I don't think it's even ethical to prescribe them unless your patient guarantees you that they will take this course of action of strength training. And then we have to make sure they're eating nutritionally dense foods. So we don't want to crush their appetite by dosing them too high, too fast. And that dose is different for everyone.

00:31:48:15 - 00:32:08:06
Dr. Tyna Moore
So really having someone that you're working with intimately. And then the other thing I see is we do repeat Dexa, we do repeat labs. I see ferritin and vitamin D go into it and I see dexa bone mass on dexa creep on down, I see muscle on dexa creep on down. They're feeling phenomenal. They're going to Pilates five days a week.

00:32:08:06 - 00:32:25:01
Dr. Tyna Moore
They've quit drinking so much they've really got their appetite under control. They think this is amazing. And I'm like, hello, we have some red flags on your labs and you're imaging. And so this isn't something you buy off the gray market and go for it. And I had a lot of people do that when I started talking about microdosing.

00:32:25:01 - 00:32:38:06
Dr. Tyna Moore
And I came out with that strategy, everybody started buying off the gray market and they're like, I figured out my dose and I'm like, good for you. What's your long term plan? Like, where are you going to? Where are you going to be in nine months from now? What are you going to do then? Are you going to cycle it, or do you have a plan to get off it?

00:32:38:11 - 00:32:59:13
Dr. Tyna Moore
Do you plan to stay on it? You know, like what's what's your plan here. And most people don't. They just are really excited to get Ahold of it. And I think that's calming down now. I think it's so readily available that maybe that whole, you know, rush to go find it and acquire it and use it, I think we're at a place where I think we can safely say that the affordability has gotten better.

00:32:59:13 - 00:33:17:06
Dr. Tyna Moore
It's not great. We've got vials now of zap down that we can use to individualize dosing. We have the click pen or the quick pen. They call it that. You can dial up or down. So there's different options now besides just compounding. So lots of variety out there. And people need to be working with somebody who knows what they're doing and not trying to freestyle this.

00:33:17:08 - 00:33:34:22
Dr. Jaclyn Smeaton
Definitely. Yeah. I couldn't agree more. I want to talk a little bit about like doing the work and what that means to you, because I think this is such an important element to it. And, you know, we know that exercise, especially resistance training, preserves lean mass during muscle. But during weight loss, right where we know that medication alone, we tend to see more weight loss.

00:33:34:22 - 00:33:52:15
Dr. Jaclyn Smeaton
But it's short term the results aren't as durable, etc.. So when you talk about a patient, like doing the work, do you have them do it before they have to get those things in place before you would initiate a peptide therapy? Or like what does that typically look like? Just get getting started.

00:33:52:17 - 00:34:09:00
Dr. Tyna Moore
I it's kind of all over the place. I think for most folks, I'm happy to prescribe it off the bat. So long as they're going on the journey with me, we're doing it. You know, we're we're locked in, we're committed. We're doing it. Then I'm happy to prescribe early because I think it can really give folks a leg up.

00:34:09:01 - 00:34:29:15
Dr. Tyna Moore
I'm not here to withhold, I think, a huge benefit. And what I originally was discussing microdosing for was just the immunologic and neurologic benefits like that alone was so profound that that was really what I was trying to get across when I came out talking about this. Unfortunately, every podcast I went on, most of those folks wanted to argue with me about Ozempic.

00:34:29:15 - 00:34:45:20
Dr. Tyna Moore
And so they wanted or they wanted me to defend those epic for weight loss. And that's not what I was talking about. I was describing this idea that we could have some mitigation of the immune system. And, you know, even for the girls that are like myself, I'm in my early 50s. I've been lifting for a long time.

00:34:45:20 - 00:35:02:05

Dr. Tyna Moore
I've been doing all the things for a long time. I've really been taking good care of myself. I still have issues. I still have autoimmune disease. I still have pain, you know, severely painful joints from psoriatic arthritis. So I was looking at it as something we could sprinkle on into a system, almost like a low dose naltrexone.

00:35:02:10 - 00:35:04:13
Dr. Jaclyn Smeaton
Like that's what I was thinking of in my head. It's a lot.

00:35:04:13 - 00:35:24:05
Dr. Tyna Moore
Like, yeah, to get our own endogenous levels up because we know everyone's got their trash. Their cells are probably not producing GLP one very well endogenously that chronic stress loop. What's that doing to the brain? Are we actually producing enough GLP one in the brain? Is there GLP one resistance in the brain? You know, I think about that.

00:35:24:05 - 00:35:40:06
Dr. Tyna Moore
I'm betting you they're going to come out with that here soon. And so my idea was over here. And so when it comes to weight loss, I mean this is almost a different mechanism of action of the medication over here was like the kind of the LDN impact to get your own endogenous GLP one to wake up and for things to work better.

00:35:40:06 - 00:36:05:23
Dr. Tyna Moore
And this awesome idea that I, you know, I saw in the literature and now they're finally studying it like it sits on your immune cells. It decreases inflammation, it decreases histamine release. It does so many wonderful things. It does wonderful things for our neurology, our neurologic system. And so that was kind of where that was. And then over here we've got pharmacologic dosing where we're overwriting systems that's you know you know and I know as naturopathic doctors those are very different beasts.

00:36:05:23 - 00:36:23:01
Dr. Tyna Moore

And so when we're talking more standard dosing we are overwriting systems. And with that comes responsibility of the user to get there together and to actually take action. And that means yes, we want to have our HRT on board. I think that GLP ones and I can't find this in the literature yet, but I bet it's going to come out.

00:36:23:01 - 00:36:41:08
Dr. Tyna Moore
I think that they really magnify any underlying hormonal deficiency. I think if you're hypothyroid, they send you over the edge and your hair starts falling out. I don't think it's just telogen effluvium because of rapid weight loss, because I see pronounced hair loss and very thin PCOS, young women who are on very tiny micro doses. Well, I.

00:36:41:08 - 00:36:57:09
Dr. Jaclyn Smeaton
Actually, I mean, with DUTCH, it's really interesting because we look at cortisol and cortisol metabolites and we I, we've seen people on GLP ones. And of course this is going to vary on the dose. But there are DUTCH reports like a lot like anorexia very often number one where we see the same pattern that we've seen with anorexia.

00:36:57:09 - 00:37:17:00
Dr. Jaclyn Smeaton
And one of the most profound changes there is that the cortisol clearance rate like really, really slows down, which is a marker for our overall metabolism. Cortisol clearance rate is how fast we clear cortisol. So that could mean that someone has adequate cortisol. But it feels like too much because it's not leaving the body. It's like almost like the Comt.

00:37:17:02 - 00:37:35:16
Dr. Jaclyn Smeaton
Gene snaps right? Like can't clear your catecholamines. You're feeling too amped up. That's one thing. But the other time we see really low cortisol clearance rate is with hypothyroidism. So there is that mirroring like it's interesting because cortisol clearance rate coming down could very well be related to your thyroid changing and your metabolic rate coming down overall.

00:37:35:18 - 00:37:42:16
Dr. Jaclyn Smeaton

So we've not done studies on that. But it is a pattern that we see. Oftentimes that kind of would support what you're talking about here.

00:37:42:18 - 00:38:02:03
Dr. Tyna Moore
That's super interesting. That's yeah it's super interesting. And I think if they're sitting on the edge of perimenopause and they're like me, for instance, I was microdosing, truly microdosing, and I was low estrogen and I needed some estrogen. I was still cycling regularly, but I was having some pretty profound low estrogen symptoms. I was having like all my tendons and ligaments kept tearing.

00:38:02:03 - 00:38:21:18
Dr. Tyna Moore
I kept getting injured. I was having just terrible mood, just like I just I lost all desire to do anything. I was really in a bad state. And then I started the GLP one. I got a quick woohoo, I feel great! I did feel great for a period of time, but eventually that hormonal deficiency caught up to me and it got more pronounced.

00:38:21:18 - 00:38:40:19
Dr. Tyna Moore
Slap in estrogen, patch on. Everything gets much better and the GLP one impact starts working like I had originally intended. And so. And I see this with people all the time like, oh, so, you know, getting back to answer your question, the HRT is critical. The adrenals, the thyroid, the sex, steroid hormones, all of those are critical, in my opinion.

00:38:40:19 - 00:39:00:00
Dr. Tyna Moore
And then making sure they're nutritionally sound and that they have a plan. Because if we do to get weight to move, you do. If we want weight loss, we're probably looking at some side effects to some degree. And those side effects are usually nausea and some kind of gastrointestinal change. So we need to support the gut microbiome. We need to support digestion.

00:39:00:00 - 00:39:17:16
Dr. Tyna Moore
We need to support the liver and gallbladder and make sure everything's working. And we're not pissing off that system because we don't want to throw a stone and cause pancreatitis like we we need gut motility going. If someone comes in with

Sibo, which is a lot of people, we don't want to aggravate that Sibo. So these are off because the here's the interesting thing about Sibo, right?

00:39:17:17 - 00:39:38:23
Dr. Tyna Moore
Sibo increases lipopolysaccharide LPs. What is high LPs levels do? It drives obesity and type two diabetes. Right. So the same medication that the industry is using to induce weight loss is also the same medication aggravating Sibo. And we have data on that. And then that Sibo is driving LPs, which is driving the problem. The medications the peptide is trying to treat.

00:39:38:23 - 00:40:00:23
Dr. Tyna Moore
It's like kind of ironic, you know, it is on it. And then we have to consider lifestyle. Most middle aged women have no idea what to do in the gym, and they're intimidated. And I run a community called the Menopause Rebellion, and I've got 200 and some women in there, and just getting them to implement a strategic strength training plan is that's the hard part, right?

00:40:00:23 - 00:40:21:06
Dr. Tyna Moore
That's the heavy lifting. And so making sure that these docs that are prescribing are working with other health care professionals, they have a network of people they can refer to and making sure that patient gets their needs met. This is not an inexpensive undertaking either. I had a friend recently asked me, she said, okay, I really want to go on GLP ones.

00:40:21:08 - 00:40:35:17
Dr. Tyna Moore
You know, first of all, I said, well, hey, are you drinking wine every night? She said, yeah, I go, well, quit that, quit that, implement some exercise, see how it goes. Okay, so she does that. She still really wants a group one. And I said, I'm going to be straight with you. You're looking at probably $1,000 a month.

00:40:35:18 - 00:40:56:02
Dr. Tyna Moore
Of course. Just I mean just nice round number between accessing the medication, finding a prescriber, even if it's on telemedicine, finding someone who can help you, even if that's really inexpensive, if that's the most inexpensive part, even if you're

using your insurance and then you're looking at a strength and conditioning coach, you're looking at HRT and prescription costs.

00:40:56:02 - 00:41:09:22
Dr. Tyna Moore
Like, I'm not trying to make this an elitist issue. I just want people to know, like, if you're going to do it, you got to do it right, because if you don't, you're going to end up on the tail side of things, a hot mess of metabolic compromise. And then where do you go?

00:41:10:00 - 00:41:32:12
Dr. Jaclyn Smeaton
Yeah, that's funny. I was thinking about that because I was in Mexico in August and they have the retail pharmacies and you could just buy them in the retail pharmacy. Yes. And I'm like, oh, I wonder what they cost. Like I went in just to ask because out of curiosity and it was still in a Mexican pharmacy, like 6 or $700 for a month, a 30 day supply, which I was like, oh, I was surprised, actually, that that's still that expensive.

00:41:32:13 - 00:41:51:05
Dr. Jaclyn Smeaton
The things are so different over there. But, I mean, you could get all of the, in a lab nitro if you're an unknown that you want or like, you get, you know, amoxicillin, you can get like a 300 count for $3. I mean, there's some of that stuff is just so, so cheap. But just to give you that point, there two more points that I want to bring up around some of the stuff that you've been talking about.

00:41:51:05 - 00:42:10:14
Dr. Jaclyn Smeaton
One, there was this interesting, the data that shows that like when women, postmenopausal women are on a GLP one, they get better results when they're also on estradiol. So I think that really speaks to that kind of hormone. Simply that you're talking about here, that these things are all really important to be tackling, and there is actually data to back that up.

00:42:10:16 - 00:42:31:22
Dr. Jaclyn Smeaton
The second thing is when we're getting to hair loss and some people not feeling as good on GLP ones, and just one of the things I think we don't talk about, but there's

a massive opportunity to from an integrative perspective, and this is even in functional medicine groups, I'm not hearing this talked about is the fact that toxins are stored in adipose tissue primarily.

00:42:32:02 - 00:42:53:00
Dr. Jaclyn Smeaton
And so as people are losing tens of pounds of adipose, what's happening with all those toxins and what is that doing to our body on the way out? And are we adequately supporting that aspect of weight loss as well? I don't know if that's something that you've thought about or talked about, but it's on my mind a lot because you think about these very toxic individuals who tend to gain weight more easily.

00:42:53:00 - 00:43:05:18
Dr. Jaclyn Smeaton
They tend to be metabolically unhealthy. They are the perfect patient for applying these GLP ones. But then as that comes out, I think people just don't realize, like everything that was in your body before has to be processed and come out.

00:43:05:20 - 00:43:21:19
Dr. Tyna Moore
I think about that a lot, actually. I'm really glad you said that because no one's ever asked me about that. I do want to say about those studies that showed the correlation. I think the first one was quite small and it was using it was looking at semaglutide and then the same group of researchers ran a second one on TRS appetite.

00:43:21:19 - 00:43:28:13
Dr. Tyna Moore
And they did find what you said. I think both studies were pretty small. But I think it's really exciting and it should be looked at. I wish they would look at thyroid function.

00:43:28:17 - 00:43:29:10
Dr. Jaclyn Smeaton
That'd be great.

00:43:29:11 - 00:43:47:21
Dr. Tyna Moore

I think that is a big one that no one is talking about because even in the like, menopause space, the conversation that's happening right now, nobody's talking about really about thyroid. I mean, Doctor Amy Horniman and a couple others are. But like it's kind of fallen off and I think of that is, you know, right there at the foundation of the hormone hierarchy without lutely.

00:43:48:00 - 00:44:14:16
Dr. Tyna Moore
And so when we, potentially aggravate or let me back up so GOP ones, I feel like they're, you know, one of the main things they do that nobody really recognizes is they ramp up a Ampk signaling. And so they get your mitochondria and your cellular machinery going. And that's wonderful. If you have all the appropriate cofactors and nutrients on board to run those pathways forward.

00:44:14:16 - 00:44:34:21
Dr. Tyna Moore
And so I think sometimes we're putting premium gasoline into an engine that is but just bonked out. Right. And so I think that's one factor. And where we can start to see systems glom up. And I think that's where we start to see I'm just speculating. I'm just thinking out loud mechanistically. I think that it would aggravate the heck out of a low thyroid, like a thyroid that's just slugging along anyway.

00:44:34:21 - 00:44:59:02
Dr. Tyna Moore
And we're like, hey, can you put the put some premium gas into an engine that's crashed out for decades, and then let's hit the pedal to the metal, you know? And so I think we see hair loss because hair is expensive. And when the body isn't prioritizing it, it starts to fall out. I think another thing that they looked at was and it was a small study, and maybe it was in rodents, but they found that if you're a PCOS girl, I have seen this with PCOS girls.

00:44:59:04 - 00:45:21:02
Dr. Tyna Moore
If ultimately if they can hang in there. The GLP one tends to correct the PCOS situation very beautifully. But if they can't hang in there in the hair loss is too profound. It seems like it really upregulate the genetic or androgenic, impact on your body. And so the hair will get greasier, the hair will start to fall out, and that's a minute to get through.

00:45:21:02 - 00:45:42:14
Dr. Tyna Moore
And it can be tough. And I've had people quit in that process. They're like, I just can't deal with this. Like, my hair is so greasy and it won't stop falling out. And so there was some data showing that it might be, you know, kind of rubbing that androgen situation that those folks are dealing with. And then I think past that, like what you were saying with the toxins that for sure.

00:45:42:14 - 00:46:03:20
Dr. Tyna Moore
And then I also it shifts our gut microbiome. And so I think people are going through her kind of reactions. I think part of the initial onboarding that is so horrible is this shift in the gut microbiome. You're right. The fat cells are releasing finally, and they have been hoarding potentially decades worth of toxins depending like I think about hairstylists and how toxic, you know.

00:46:03:20 - 00:46:21:16
Dr. Tyna Moore
And we know that that's part of the reason your body protects its fat is because, like you said, it's full of toxins and so they're kind of chelating. Yeah. Without anything to bind it. You know, it's just it's a lot there's a lot going on that we don't totally understand. And I, I don't know, I think about all of those things.

00:46:21:16 - 00:46:35:18
Dr. Tyna Moore
This is why I say slow and low. I just think we have to meet the patient where they're at. This is where the whole world came at me when I was talking about this originally saying, what's the dose? What's the dose? And I'm like, heck, if I know it depends on whoever's sitting in front of you. The patient sitting in front of you is the individual that I'm working with.

00:46:35:18 - 00:46:51:09
Dr. Tyna Moore
I'm there's no algorithm on dosing there, and I don't know how fast or hard I can push them. Like I said, my job is to nudge them and whisper them back to health, not slam them into a wall. And so I think GOP ones can really slam you if you are too aggressive with it. And then people say, oh, it didn't work for me.

00:46:51:09 - 00:47:09:11

Dr. Tyna Moore
It was horrific. And I'm like, dude, that was just a dosing issue. Like, dial that back, get moving, get sweating. If you got to use a sauna because that's all you can do, then do that if you're not able to move. Yeah, but get moving as soon as you can. Start walking. Start sweating. Start processing. Get the alcohol out of your life.

00:47:09:11 - 00:47:29:14
Dr. Tyna Moore
There's no place for fatty foods, alcohol and garbage when you're on a GLP one because you need that liver to function and especially middle aged women. We have such clammy livers anyway. We need our kidneys functioning, we need everything going. And we're at we're using a molecule that is going to ask our system to work harder when it hasn't worked much at all for a long time.

00:47:29:14 - 00:47:34:18
Dr. Tyna Moore
So be kind to yourself. I love this isn't a race. You know. Right?

00:47:34:19 - 00:47:58:10
Dr. Jaclyn Smeaton
Yeah. And I also think about the like the dual role of, recommendation, like fiber. You know, when we tend to think about fiber for weight loss because it helps with satiety. And that's really important. But also it helps with binding for anything that's being eliminated. So that's I think there are some things that naturally come into play between, nutrient density, like eating nutritious foods, making sure there's adequate fiber.

00:47:58:14 - 00:48:13:00
Dr. Jaclyn Smeaton
These suggestions are not solely about nutrition. I think when you're talking to a natural path, they're all about really kind of protecting you on the as everything's moving out and protecting your gut microbiome, like all of these things that layer in that you've talked about can be risks there.

00:48:13:01 - 00:48:28:17
Dr. Tyna Moore
Yeah. We just treat the person in front of you holistically and what levers you need to pull, you need to pull. And I don't think of myself as like, you know, the doctor

here telling the person what to do. I think we're a team. Yeah. My job is just to direct and cheerlead. Yeah, their job is to actually do the work.

00:48:28:17 - 00:48:42:03
Dr. Tyna Moore
And so if you're going to use a GLP one or any peptide for that matter, you got to put in the work or you it's got nothing to land on. That's the other thing. These these peptides have no where to land in a system that is metabolically compromised and inflamed. They really do much better. I mean, I'll tell you my own story.

00:48:42:03 - 00:49:03:16
Dr. Tyna Moore
I came home in April from just a really horrific family emergency and I, I don't know what happened. Like something blew in my system and I was under so much stress I couldn't function. I mean, I just literally couldn't function. And for a period of a few weeks there, I just I just blew up. Like I just ended up with 15, 20 pounds on me.

00:49:03:16 - 00:49:18:10
Dr. Tyna Moore
I don't know where it came from. I mean, it just happened like that. I know we both had patients tell us that story. And I was like, I don't know how much I believe, I believe it now. It it really happened. And I was so insulin resistant, I didn't even bother to run labs because I was like, I know what is happening right now.

00:49:18:10 - 00:49:36:15
Dr. Tyna Moore
I was so insulin resistant that I was using a very, very low dose of TRS appetite. It was like less than half the standard starting dose. And I was using it for weight loss. Like, I consider that a weight loss dose. And in someone like my size and I, it wasn't working. Nothing was moving the needle. And if I try to go up in dosage, I immediately get nausea.

00:49:36:15 - 00:49:51:14
Dr. Tyna Moore
I am one of those lucky people who are genetically prone to like, puke their guts out on GLP ones. So I couldn't bring it up to a dose that was going to move the needle. And I was so stuck. And I was sitting there, I was hitting the gym regularly. I mean, I really locked in. I was like, I'm not messing around on this.

00:49:51:14 - 00:50:08:00
Dr. Tyna Moore
I'm getting this off of me before it decides to stay. You know, I don't want it to be my new set point. And so I was working my booty off without trying to crank my cortisol. It was doing it very methodically. I was doing it very thoughtfully and was chugging right along. I still couldn't get my waist circumference to budge.

00:50:08:00 - 00:50:36:23
Dr. Tyna Moore
Nothing was budging, and I added in the tiniest little dose of metformin, which sensitized me to insulin again. And boom, the GLP one kicked in and immediately I was like, oh, I have no appetite. It almost became too high a dose, so I had to back off the dose of the appetite. So it isn't as magical. I mean, yes, we can dose it if the person can tolerate it high enough to override those systems, and I'm sure it would have broke through on that insulin resistance.

00:50:37:02 - 00:50:56:03
Dr. Tyna Moore
But I couldn't do it because I was I couldn't leave the house. I mean, I was like sick all the time and I had to work. And so I added in a little bit of metformin to bring my insulin resistance, you know, back under control. And boom, the GLP one worked better. And so that is to me, a really good example of what we're talking about here is like we use the tools that we need that we have access to.

00:50:56:04 - 00:51:06:13
Dr. Tyna Moore
Nothing needs to be high dose. We meet the patient where they're at and we nudge them along the journey. And we kind of we even dodge in real time depending on how their body is responding.

00:51:06:15 - 00:51:31:15
Dr. Jaclyn Smeaton
That's awesome. Now, when you talk about doing the work, we've talked a little bit about strength training. We've alluded a little bit to nutrition, but I'd love to know more about like what nutritional strategies practitioners should be thinking about, whether it's tracking macros or focusing on specific food groups. And is there anything else that's part of that kind of doing the work, like sleep stress management, like any of those things that you think are great blanket recommendations.

00:51:31:15 - 00:51:42:03
Dr. Jaclyn Smeaton
And I know there's probably more on a per person basis. You've talked about gut health, talked about hormone balance. But if we speak more generally, what are the big buckets that people need to make sure they really have locked in?

00:51:42:05 - 00:52:02:03
Dr. Tyna Moore
So sleep is critical. Absolutely. And I think you can't really get your sleep dialed in if your hormones are bottomed out. You know, if if you need estrogen, you need estrogen to stay asleep. And if you need progesterone, you need progesterone to go to sleep and stay asleep. And so this is another reason why I think getting your HRT dialed in is pretty critical.

00:52:02:06 - 00:52:19:14
Dr. Tyna Moore
Because if you don't have your sleep intact, you will become more metabolically compromised. Period. You know, you become insulin resistant after just a few nights of sleep deprivation, and it doesn't even have to be severe. It's just losing a few hours each night, I think. What is it like? You get four hours of sleep a couple nights in a row and you're in big trouble, metabolically.

00:52:19:14 - 00:52:37:11
Dr. Tyna Moore
And so that piece is huge. Obviously, hydration GOP ones actually inhibit your desire to drink in the brain stem. They play with that region of the brain. And so you can easily become dehydrated, which I think will absolutely sabotage you in the gym because when you're drinking water.

00:52:37:11 - 00:52:39:08
Dr. Jaclyn Smeaton
Right. I know you say that.

00:52:39:10 - 00:52:56:12
Dr. Tyna Moore
When you're dehydrated, you have significantly less strength and stamina in the gym. And we got data on that. And so I think a lot of these folks are walking around chronically dehydrated. I see it a lot, actually. When you actually start thinking about

what you're drinking, they're like, oh, I haven't really had any since this morning, you know, and I'm not peeing at all.

00:52:56:12 - 00:53:17:21
Dr. Tyna Moore
I'm like, yeah, okay, we got to get some water on board. But oh, and nutrition. I'm really not convinced that there's any special diet except focusing on whole foods that look the way God made them. And they didn't come out of a package in the middle of the grocery store with 50,000 other ingredients in there. Just focus on nutritionally dense foods.

00:53:17:21 - 00:53:37:03
Dr. Tyna Moore
And then here's the kicker if you're strength training, truly strength training, not dinking around with 5 pound dumbbells, but like really strength training with progressive overload and going to near failure as your main goal of your programing, but is the only way to build muscle. And most women are not doing that because I go to the gym and I look and most women are not doing that.

00:53:37:05 - 00:53:58:14
Dr. Tyna Moore
So if you really, truly strength training adequately, you will by default sleep better, hydrate more often, choose better food. You know you'll make better food choices because you want to protect and and really stoke that beautiful muscle you're working so hard for. But you give it every benefit of the doubt and you want to feed it and you want to hydrate it.

00:53:58:14 - 00:54:12:23
Dr. Tyna Moore
So even before GLP ones existed, that was my strategy with my patients was, look, we're going to start with strength training. That's what we're going to start with. I'm not going to take any foods away from you. I'm not going to tell you to eat anything extra. I'm not going to tell you anything. I just want I'm not even going to tell you to do cardio.

00:54:12:23 - 00:54:25:07
Dr. Tyna Moore
I'm taking cardio out of the picture for right now. I just want you strength training 2 to 3 times a week, and I want to see how your body tolerates that. And I want you to

start getting your soft tissues used to it and your muscles used to it in your bones used to it. And lo and behold.

00:54:25:12 - 00:54:42:17
Dr. Tyna Moore
Oh, and the other piece that is you probably more critical than anything. You have to go outside at first sunlight. You have to go outside when the sun comes up and you have to set your circadian rhythm. And then I encourage a midday break as well, where you're getting direct sunlight for a few minutes. And then I encourage an evening break as well when the sun's going down.

00:54:42:17 - 00:55:03:02
Dr. Tyna Moore
If you can do a walk during those three periods, we've now got you know, 20, 30 minutes of walking in a day should get you close to your step count when you add in what just regular walking throughout the day does those two things the strength training, the circadian reset and the walking starts the whole process. And then the hydration, the food, the sleep, all of it falls into place.

00:55:03:02 - 00:55:24:18
Dr. Tyna Moore
So much better. Just the circadian reset will get you sleeping better and so those pieces I think are the most critical and foundational. And then everything will just sort of lock into place after that. And that's what I take people through inside my community is like, we're doing this on a 90 day rotation, and we're taking you through that process because those are the foundations and those are the non-negotiables.

00:55:24:23 - 00:55:36:12
Dr. Tyna Moore
And from there, everything else just is gravy. We can throw in supplements, we can throw in other peptides, we can throw in all that jazz. But if you don't have the foundations dialed in, no amount of GLP one is going to do you many favors.

00:55:36:14 - 00:55:57:21
Dr. Jaclyn Smeaton
I think that's just a perfect way to wrap that. That bit up on the progressive overload, the training, I will say, because I've been lifting weights for a long time and but doing it mostly on my own. And this year I was like, I want to get a trainer like once a week

to just rotate through what lifts I'm doing with someone there, and I'm going to see like what I can actually lift in these lifts.

00:55:57:21 - 00:56:16:04
Dr. Jaclyn Smeaton
If someone's there telling me I need to add more. And it's been remarkable how many gains I've had, and I think it is just like it's confidence. I have fear of hurting myself. I've like torn my rotator, both rotator cuffs before lifting, and one was actually just lifting my son and putting me in his car, crossing arms like that's.

00:56:16:04 - 00:56:35:18
Dr. Jaclyn Smeaton
But he has a meatball. The other one has one lifting. Lifting. But point being, it stings to be injured. It like really derails your life, your sleep, your workout plan. I would, so I've been a little bit afraid of that. But it's been so much fun. I mean, yesterday we did like back and biceps and by the end I could not pick up my cell phone.

00:56:35:21 - 00:56:52:11
Dr. Jaclyn Smeaton
It was so funny. I'm like, this is really bad at like, you can't wash your hair. So anyway, if you've not done that and you guys are listening, it's worth it to do that every once in a while. As even if you think you're like a good lifter and you're pushing pretty hard, you know you might get to a different a different definition of failure, which can be so fun.

00:56:52:13 - 00:57:03:18
Dr. Tyna Moore
Well, I love this because I just want to speak to it because it's I hear it all the time. People think they know what they're doing, and then they go hire someone who knows what they're doing, and all of a sudden what they knew that they were doing just got better, right?

00:57:03:18 - 00:57:08:18
Dr. Jaclyn Smeaton
Yeah. I mean, I was like an A-minus, but yeah, when I'm there, I'm like, hey, you know, I'm doing good.

00:57:08:23 - 00:57:39:12
Dr. Tyna Moore

Yeah, yeah. And it's just it's a game changer. Plus you have accountability to somebody you want to do well. Like you said, you you maybe want to push yourself in certain regions because you were afraid to get hurt, which is perfectly logical and insane. And I see this all the time with folks who are coming in with these orthopedic issues, because my background was in regenerative medicine, like, that's predominantly what I did clinically was treat people's joints who had banged them up, and they often would hear me talk about strength training on the internet, and then they would get really excited and they'd start deadlifting on their own, which I think is a terrible idea.

00:57:39:14 - 00:57:51:18
Dr. Tyna Moore
You need someone to teach you to do that, or they start kettlebell swinging on their own, which is a terrible idea. And they would come in to me with completely busted joints and I'm like, I feel kind of responsible here because you didn't listen to them, but they didn't listen to the part where I said, hire a coach.

00:57:52:00 - 00:58:16:14
Dr. Tyna Moore
I like you. This is a skill that we're hurling weights above our head sometime. Like we probably we're picking up our body weight or more off the ground. Like we probably want some coaching in that. But the best part is, aside from not hurting yourself is what you said. You get to progress and what really sucks is doing the same thing week in and week out, for years and years and years and never seeing your body composition change and never really getting any further any faster.

00:58:16:14 - 00:58:32:17
Dr. Tyna Moore
And this is where I think a little bit of GLP one, some, you know, planning with your HRT and the rest of your health and then hiring a coach. I just if you're middle aged, you have the means to do it. I understand not everyone has the means to do it, even in maybe a small group where you've got 4 or 5 other ladies.

00:58:32:17 - 00:58:52:03
Dr. Tyna Moore
Great idea. You know, being a try to stay in a group doesn't have to be age appropriate. But like, make sure your coach understands how to train people who are over 40. That's really important. But there's just nothing like it. There's nothing

like that. Try out of a little GLP one, some lifestyle and then the gym, like that's just that's the magic middle aged triad.

00:58:52:03 - 00:58:54:00
Dr. Jaclyn Smeaton
I learned to love it. Learn to love the gym.

00:58:54:05 - 00:58:54:22
Dr. Tyna Moore
Yes. Well, I.

00:58:54:22 - 00:59:13:22
Dr. Jaclyn Smeaton
Want to wrap with just your kind of final advice really to two groups. One is like patients, consumers who are just listening to this today wanting more information. Why that balanced approach? What would you tell them about, you know, maybe they've been wanting to get on a GLP one forever. They've had whatever limitations for it. Like is it right for everybody?

00:59:13:22 - 00:59:18:03
Dr. Jaclyn Smeaton
What should people be thinking about and where should they go for good information?

00:59:18:05 - 00:59:31:22
Dr. Tyna Moore
I don't know if it's right for everyone, but I can't fairly say that because you might be a very thin woman with great metabolic health, and you still might have psoriatic arthritis, and your joints hurt and it might be very beneficial, or you might have histamine issues and it might be very, you know, Marcus, I see that a lot.

00:59:31:22 - 00:59:56:18
Dr. Tyna Moore
And that might be very beneficial for you or long Covid or any number of things. And so in that regard, GOP ones might. And I'm not saying that GOP to treat these conditions. I'm saying that they help your body towards homeostasis so that your body better tolerates having that condition, living with that condition and I think that there's argument that we could apply these pretty broadly for a number of conditions.

00:59:56:18 - 01:00:10:13
Dr. Tyna Moore
And when I first started talking about them, we had some science. And that's what I was trying to break down. But now we actually have some pretty good studies backing up. A lot of what I was saying three years ago. And I just think it's exciting because we have applications out there. They're they're in phase two, phase three studies.

01:00:10:13 - 01:00:29:05
Dr. Tyna Moore
It's happening. Right. And alcohol cessation, smoking cessation. So if you're interested, if you're GLP one curious, find someone that can help you. Now that said, I don't know that all practitioners are kind of hip to all the other things we were talking about. I have been studying metabolic health for decades. This was not like a new concept to me.

01:00:29:05 - 01:00:43:04
Dr. Tyna Moore
To me, GLP ones were just an add on to a system I already had in place. I've been doing the same system with patients for decades, and so a lot of these docs may not be hip to all that. And that's where you start looking at outside education. I know you guys have a bunch of great information on your website.

01:00:43:04 - 01:01:04:05
Dr. Tyna Moore
I have a community that middle aged women, it's called the Menopause Rebellion. It is for Gen X ladies. They're more than welcome to come join us there where I take them through all the adjunctive. I'm not prescribing. I'm not telling you dosing. I am simply educating in there. And that education is kind of the missing piece. I have a ton of free content, too, and I know there's a lot of free content out there on the internet by lots of great doctors.

01:01:04:07 - 01:01:19:04
Dr. Tyna Moore
So just making sure that you understand what it is you're getting into and making sure that you're ready to do it all. When you do execute, you're going to pull the lever and you're going to do it. You're not just going to monotherapy yourself with GLP ones and hope for the best. That's not a good strategy.

01:01:19:06 - 01:01:37:20
Dr. Jaclyn Smeaton
Definitely. And what about practitioners like providers? A lot of people are being pushed by their patients or pulled into prescribing because people are just asking for it and demanding it. What are practitioners or prescribers getting wrong? What are the things that they really need to be focusing on that you're just seeing mistakes made over and over again.

01:01:37:22 - 01:01:56:19
Dr. Tyna Moore
Well, first of all, what I came out the gates with, which is what they're deciding a microdose is, I think a lot of folks that I'm hearing from in my DMs, I get messages from followers all the time saying, you know, I'm on a microdose, but I'm having horrific side effects, or I'm on a microdose and I lost 60 pounds and I'm like, girl, if you lost 60 pounds, it was not a microdose.

01:01:56:19 - 01:02:24:08
Dr. Tyna Moore
I think there's no version of that. So knowing what you're taking and that's fine. If if it was the right dose for you and you felt amazing, phenomenal. Not judging. This isn't a like who can be on the lowest dose kind of competition. It's just a matter of where where do you need to start? Because if they're calling a microdose the lowest starting dose, which a lot of doctors are because they want to, they want to, you know, appeal to their patients, and that's how they understand it to be.

01:02:24:08 - 01:02:38:12
Dr. Tyna Moore
And that's kind of the messaging that's gotten out there. What if that person needs like a quarter of that dose to tolerate it and to have it be impactful? What if they need half? What if they do? You only need a fifth. I have one doctor colleague of ours who treats chronic illness, so she's doing lots of mixing mold and lime.

01:02:38:12 - 01:02:51:07
Dr. Tyna Moore
She's got patients on 1/50 of the standard starting dose, increased appetite, and it's steep. It's just a tiny bit, but it stabilizes their system so she can get to work. Because, you know, with that patient population, it's very difficult to apply any therapeutics.

01:02:51:09 - 01:02:53:02
Dr. Jaclyn Smeaton
And they react to everything. Right.

01:02:53:04 - 01:03:08:18
Dr. Tyna Moore
So she gives them to stop reacting to everything. Will that dose remain effective? Probably not for very long. That's the other thing is we get tacky full access with GLP ones, which is where your body acclimates and so again the dosing amount doesn't matter. It just matters if it's right for your body. I don't care what the number is.

01:03:08:18 - 01:03:27:15
Dr. Tyna Moore
I just want people to know that. And I think that's one mistake doctors are making. I think another mistake doctors are making is they are not living a metabolically insulin sensitive lifestyle themselves. And so how are you counseling patients when you know you might be don't know what the inside of a gym looks like either. So I want to encourage doctors to go on this journey.

01:03:27:15 - 01:03:54:15
Dr. Tyna Moore
This truly is the only way to age appropriately. There's there is no other longevity hack like building muscle, living a metabolically sensitive, insulin sensitive lifestyle. Like that's the hack. So if doctors are living it, they can counsel it. Doctors who don't live it can't really counsel it, right. It just seems like it doesn't the math doesn't math. And so I just encouraging them to go on the journey too and making that part of their lifestyle, that's how they're going to figure out where to send their patients for what what gym should we send them to?

01:03:54:15 - 01:04:04:13
Dr. Tyna Moore
What personal trainer? What you know, where where should I go for send my patients for Dexa, whatever. Like you have to sort of be living it yourself in order for you to counsel patients on it. I firmly believe.

01:04:04:17 - 01:04:25:08
Dr. Jaclyn Smeaton

That's such good advice and advice like flip that to patients to like, find a doctor who is living the lifestyle that you'd like to be living. Because if you think about the, like, general and general pool of conventional providers one, they probably have more stress than like anybody else, right? Just about the nature of the the job. But they're not living the life, so they're not finding the time.

01:04:25:08 - 01:04:37:14
Dr. Jaclyn Smeaton
Like as a general group of course you have outliers, but find someone who is who can give you those lifestyle advice, who is fit, who is taking care of themselves because you're going to be able to have those conversations with them and be inspired by them.

01:04:37:14 - 01:05:02:00
Dr. Tyna Moore
Yeah. Find a doctor who laughs. My doctor buddies who live their lives this way. The microdosing conversation makes complete sense to them. The doctors who don't get it were like, what's the exact dose? How to exactly do I do this? And I'm like, you don't get it. This isn't this isn't, this isn't some magical theory. It's it's we're just adding a tool into a comprehensive tool belt, and we've already got all the other tools in play, right?

01:05:02:00 - 01:05:20:23
Dr. Tyna Moore
We've already got this comprehensive treatment plan going. And so our patients are already doing those things. But we're doctors who left. So we know how to counsel that. Or we're doctors who are some kind of athleticism in their in their life. And they know what that looks like. So they just take you down that path with them. And GLP ones are just an adjunctive little, you know, icing on the cake.

01:05:21:01 - 01:05:21:13
Dr. Jaclyn Smeaton
I love it.

01:05:21:18 - 01:05:22:13
Dr. Tyna Moore
It's not the whole thing.

01:05:22:17 - 01:05:36:08

Dr. Jaclyn Smeaton
Yeah. Well doctor Tyna Moore, it's like so good to have you on the podcast and just to see you because I haven't even run into you in such a long time. But I really appreciate you spending some time with me today, sharing your expertise with our listeners. So thank you for being on.

01:05:36:10 - 01:05:48:19
Dr. Tyna Moore
Yeah, thanks for having me. And if anyone wants to follow, I have a podcast and everything's under Doctor Tyna It's all Dr. Tyna, and you can go to my website. I have my community there. So it's all it's all out there, lots of free content.

01:05:48:21 - 01:06:07:10
Dr. Jaclyn Smeaton
Awesome. And we will link to all those in the show. Notes that that you guys can find them easily. And thank you listening for listening today on the pod. If you like conversations like this one, we do release a new podcast every Tuesday with Awesome Guest where you can learn a ton, just like from Doctor Tyna. You can follow us on all the socials at just and we're DUTCH Test.com.

01:06:07:10 - 01:06:14:02
Dr. Jaclyn Smeaton
And don't forget to hit subscribe today so you can make sure you catch us next week. See you then.

01:06:14:04 - 01:06:26:16
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