



#592 Ozempic & GLP-1s Exposed: Metabolic Savior or Pharma Scam? With Dr. Tyna Moore

Dr. Wendy Myers

Hello, I'm Dr. Wendy Myers. Welcome to the Myers Detox Podcast. We've got an amazing show for you today about Ozempic and GLP-1 agonists. A lot of the info on the show is gonna blow your mind, so stay tuned. You want to listen to this whole episode. It's really important for you to hear because it is contrary to a lot of the misinformation that's out there on the internet and clickbait, and whatnot. On this show, we talk about everything related to heavy metal and chemical toxicity. We talk about anti-aging. We talk about health issues caused by toxins, one of them being diabetes. We also talk about bioenergetics and more advanced topics on health that you'll not hear on other podcasts.

Today, my guest is Dr. Tyna Moore. She has really made a lot of waves with her podcast and her work, talking about the many benefits of GLP-1 agonists, which include Ozempic, Mounjaro, Wegovy, Zepbound, and other brand names. We are also gonna talk about peptides as well. GLP-1 is naturally produced by the human body. It's something that the production declines with age. We start seeing all kinds of problems as a result of that, including insulin resistance, wanting to eat nonstop 24 hours a day, snacking, weight gain, and things like that, which many people experience over time as they age, especially as they're getting into menopause. So, we're gonna be talking about all those things and more on the show today. Also, 80% of the US population is overweight or obese, and a large percentage of those have diabetes as well. They have fatty liver or are pre-diabetic. So, there are a lot of people with poor metabolic health who may need some assistance with something like a GLP-1 agonist.

And then we talk about how GLP-1 agonists offer benefits besides just weight loss. So, the majority of our conversation is not about weight loss, but other benefits, including cardiovascular, neurological protection, metabolic pathway, health improvement, and anti-inflammatory effects. They also have regenerative effects, potentially healing metabolic pathways long-term. There's a lot of pushback against GLP-1s, and that may be driven by obesity-biased people who are upset that people might be cheating to achieve weight loss results, including threatened industry interests. There are a lot of companies that stand to lose a lot of money when people stop snacking, lose weight, and don't need all these other drugs that are for metabolic issues or metabolic syndrome. There are also a lot of concerns out there about cancer risks that are largely unfounded and based on rodent studies. So, we're going to pick that apart thoroughly on the show today.

We also talk about the alternatives to prescription medications like Ozempic. These are peptides that you can get at compounding pharmacies like Semaglutide and Tirzepatide that mimic naturally produced GLP-1 hormones. These are things that are just not made by pharmaceutical companies or in compounding pharmacies. So, if you don't wanna take something from big pharma, you can get these peptides. They need to be prescribed by a doctor, but you can get them. There are alternative ways to get these peptides. We also talk about how GLP-1s can even be an alcohol addiction cessation aid. A lot of people find that their addictions just start subsiding when they take these peptides. They can also improve cognitive function and reduce anxiety and depression.

Some people have improved fertility by taking these drugs. As you know, if you have metabolic issues, your fertility will be compromised. We discussed dos and don'ts, including microdosing techniques you can use with standard pens that have fixed dosages. We also talk about common side effects, including fatigue, nausea, and constipation. Some people get diarrhea, but this is manageable and can be fixed with lifestyle adjustments and even adjustments to your dosage. One of the things that Dr. Tyna talks about is how GLP-1s, like Ozempic, are not a standalone solution. They must be combined with strength training, proper protein intake, a nutrient-dense diet, sleep hygiene, and circadian rhythm management. They're not gonna work as a standalone solution. We talk about the issues with just using them by themselves, including muscle wasting and things like that. There are a lot of

people who get all up in arms about this, and another thing we discuss on the show is that GLP-1s are not a standalone solution.

They need to be combined with strength training, a proper protein intake, a nutrient-dense diet, sleep optimization, and circadian rhythm management. So, you've gotta check all of these boxes. It's not as simple as just taking medication and then you're one and done, you're on your way to weight loss. It's not that simple. You can definitely have side effects like muscle wasting if you choose to do that. That's really key info on the show today. I've been weaning through this podcast for a really long time because Dr. Tyna is such a breath of fresh air when shedding light on this topic. She's got nearly 30 years immersed in the medical field.

Dr. Tyna Moore is an expert in holistic regenerative medicine and resilient metabolic health. She's a licensed naturopathic physician and a chiropractor, drawing on knowledge from both traditional and alternative fields of science and medicine to provide a comprehensive perspective to individuals striving to enhance their health and well-being. Dr. Tyna holds degrees from the National College of Natural Medicine, an esteemed naturopathic medical school, and the University of Western States Chiropractic College. Her work is not just about treating symptoms. It's about understanding and healing root causes to build a robust foundation for long-term wellbeing. She's well known for her fierce and open-minded exploration of the peptide, Semaglutide or Ozempic, as a longevity tool for healing.

Dr. Tyna champions medical autonomy and individual accountability. She's on a mission to help as many people as possible experience the freedom and joy that health brings. As the host of the Dr. Tyna Show Podcast and an international speaker, she's dedicated to empowering others to take control of their wellbeing, heal their metabolic health, and build strength and resilience. Dr. Tyna lives in Oregon with her husband and daughter and is a proud dog mama. You learn more about her work at drtyna.com. Dr. Tyna, thank you so much for joining the show.

Dr. Tyna Moore

Thanks for having me. I'm excited to be here.

Dr. Wendy Myers

I was really excited to have this show because I love your take and perspective and research, uh, very grounded research on the topic of Ozempic, Semaglutide, Tirzepatide, which are brand names for drugs and peptides that can be used that are GLP-1, amino acids, and peptides. Why don't you tell us a little bit about what that is, just to start out, and what it's for?

Dr. Tyna Moore

Most people know these peptides by the brand names, which would be Ozempic, Mounjaro, Wegovy, and Zepbound. Those are just brand names for the generic peptides. Semaglutide is a GLP-1 agonist. It goes by the brand names of Ozempic, which is FDA-approved for type 2 diabetes, and Wegovy, which is FDA-approved for weight loss. And then on the other side, we have Tirzepatide, which is a GLP-1 agonist and GIP agonist. That goes by the name of Mounjaro, which is FDA-approved for type 2 diabetes. The same peptide, called Zepbound, is FDA-approved for weight loss. So that might just clarify for the audience, because I get a lot of people who are like, What about this one? I like talking about all of them. We're talking about the whole family here. So, they are a class that they're actually peptides. Peptides are strings of amino acids chained together by peptide bonds.

Chains of peptides form proteins, which is what our whole body is made out of. The pharmaceutical industry just happens to have a patent on these peptides. But some other peptides that people might be familiar with that are similar in their structure would be insulin as a signaling peptide hormone. We've got leptin. We've got ghrelin. For the peptides on the market that people are using for health benefits, something that might be familiar is BPC 157 and TB 500. These are familiar terms that most people seem to be aware of, and this is in a class like that. So, it's not really a drug. It's just been modified so that it stays in the body longer. There's a longer half-life. GLP-1 is produced naturally in our bodies. We make it in our gut, we make it in our brains, and it is in and out of our system very rapidly within a matter of minutes. In the case of these peptides, they are modified in one region to have a longer half-life, or anywhere between, some say four days to seven days. So, somewhere in there, four to six days is usually what I find.

People are using them for weight loss. People are using them for type two diabetes, which is what they're FDA-approved for. And then a couple years back, I started researching them for use in other things that we have piles of data on. We're finally starting to see some of the better studies come out in recent months. Even the last couple, I would say year, cardiovascular benefits, neuro-regenerative benefits, neuroprotection, cardiovascular protection, kidney protection, fertility, alcohol cessation, and addiction cessations. So, all kinds of benefits that are coming down the chute with good studies to back it up,

Ads 10:39

If you're taking protein powder, you need to stop and listen to this. The Clean Label Project recently tested 160 of the top selling protein powders in the US. They tested 83% of the market, which is 70 different brands and 40% of the products tested exceeded Prop 65 safety thresholds for lead. 21% had more than two times the Prop 65 safety thresholds for other heavy metals and toxins. 65% of chocolate protein powders tested over the Prop 65 safety thresholds, and 77% of plant-based protein powders tested above these thresholds as well. That's definitely not what you want from products that are supposed to support your health particularly. It's something that you're consuming daily.

What the study found was that Puori PW1 protein powder was awarded the number one cleanest protein powder out of 130 different brands. The choice is clear. That's why I love Puori's PW1 Wave protein powder. Every batch is third-party tested against 200 plus contaminants. They don't sell any product unless it passes these tests, and they make all of their third-party tests available via a QR code. You can scan this QR code and see exactly what is in this product and what this batch tested for. No other brand is doing that because they won't pass the test. Each serving gives you 21 grams of minimally-processed, clean, high quality whey protein powder from pasture-raised cows milk. So, no hormones, no GMOs, no pesticides, nothing to worry about. I personally love the bourbon vanilla flavor. You get real vanilla seeds from bourbon, vanilla from Madagascar, which is known as the best vanilla in the world. It's high quality. It tastes amazing. Even my daughter mentioned how she loves the vanilla flavor in it.

I worked with Puori on an amazing deal for you. You can get 20% off, or if you choose the already discounted subscription, you get almost a third off the price. But you're only gonna get this deal if you visit my exclusive link at puori.com/wendy and use coupon code Wendy. That's P-u-o-r-i.com/w-e-n-d-y, and just use my code, Wendy, to get 20% off this amazing deal of the highest quality whey protein powder that's been tested for 200 plus contaminants. You can bet this for quality. This is my number one recommendation for protein powder because the results are in. Puori is the number one cleanest testing protein powder on the market.

Dr. Wendy Myers

When I first heard your podcast series on Ozempic and all the info and research about it, it really hit home because I've been taking Tirzepatide off and on for about two years. I have been helped so much by it for various reasons. I have elevated blood sugar, want to lose weight and things like that. But you hear that it's such a hot topic. When I see posts on social media, people are so emotional and upset about this. Like, how dare these people lose weight? I don't really understand how emotional and angry people get or how opposed they are to Ozempic. When you said that it helps with brain function, you've mentioned immunity and other things, it makes sense to me that this is a peptide our body makes. Over time as we age, we don't make as much as we need and we suffer the consequences of that. So, it makes sense to me just like doing hormone replacement, why not also do peptide replacement that your body actually needs and desires and it's protective in many ways. Aside from the weight loss benefits and the sheer, clear evidence of how much it helps diabetics.

Dr. Tyna Moore

Yeah, it's been really interesting, the pushback. That's like a whole other conversation we can dive into. As far as the plethora of other benefits, I do think the dose makes the poison, and we can talk about that too. The way that I got to thinking of it when I started, I really pioneered a strategy that a lot of other doctors have jumped on and said, oh, I've been doing that for years. No, they've been doing low dose for weight loss, or they're doing less than standard dose for weight loss. And that is not at all the conversation I was trying to have when I came out gunning. Now we have multiple

news publications and medical publications writing up articles about microdosing GLP-1s for weight loss. I'm like, no. They lost the plot. It's not a weight loss strategy. I think it can be for someone who's really metabolically optimized. We can use really tiny doses and probably get the needle to move a bit for a time being.

My whole thing was this physiologic replenishment like you mentioned, which is this idea, the way that I've been doing hormones in my practice for decades is that I don't wait until somebody's hormones are at zero. I get to them early or the earlier the better. I've got women in their twenties on progesterone, for instance. Or we might be supplementing thyroid at physiologic doses. Not super physiologic pharmacologic doses, but somewhere in the realm of what they need, and that might just be a sprinkle of something. And so, my thinking around these peptides was the same. We have data to show that those who are type two diabetic suffering with fatty liver have lower GLP-1 output. We also have some data showing that those who are obese potentially have lower GLP-1. There's even a study showing that those who consumed, they took obese folks, and I'm sorry if I'm not getting it right, I believe it was in humans or it was in mice, but they took obese animals and they took their lean counterparts and they fed them fat.

Their GLP-1 response was the same in both groups with the consumption of fat, but with the consumption of carbohydrate. The obese group had a significantly lower output of GLP-1. That got me thinking about this concept of a functional deficiency, if you will. I know that the endocrinologists out there and the obesity docs like to come down on me about this, but this is how I've been practicing in my clinic for decades. We replete functionally what the patient needs and it is life changing. In the case of thyroid, it might be the difference between debilitating migraines all day long or not, or chronic pain or not. The same goes with estrogen, progesterone, and testosterone. We sprinkle in what's needed. Of course, as the person ages, they potentially need more.

Now these are not hormones in that regard, but they are signaling peptide hormones. I think that there might be folks who either have eaten and lived themselves into a functional GLP-1 deficiency like many of us do. We eat the standard American diet. We live in a toxic planet, as you well know, and we live ourselves into a debacle. If some people are really coming out that way, and we know that there's

leptin deficiency or there might be leptin signaling issues on the other side that are genetics and leptin, ghrelin, GLP-1, all glucagon, all of those go together. I don't see why there isn't potentially the same issues happening with GLP one. So anyway, all that to say, I got to thinking if we just gave the person a little bit, and that little bit is very different for each individual. But if we gave that person a little bit, what would that look like and how would that help with some of these other issues that I was trying to beat the drum on, like neuroregenerative impacts? I've got folks saying they were able to go off their antidepressants.

Now, I'm not saying it's a treatment for depression. I'm not saying it is instead of, but there are a lot of things that are improving for folks on these peptides that is allowing them to discontinue some of their other need for medications, or at the very least, my goal always in clinical practice is if someone comes in on a whole arsenal of pharmaceuticals and their lifestyle, their overall vitality is way down here. If I can push this up through time, effort, lifestyle, and the work is on the patient. I bring in the tools, then we can hopefully lower the pharmaceutical dose down to adult roar. That's always the goal. My practice when I see folks is like, let me get you off, or as low of a dose as necessary on all of your meds. But on the same regard, like the peptides I'm using and the interventions I'm using, I also want to use the lowest dose necessary. And the only way to do that is to do what I refer to as all the things, which is they have to be strength training, they have to be eating their protein macros, and they have to be getting to bed on time.

They have to be getting their circadian rhythm set by getting daylight in their eyes on the regular, all the things that we talk about that is necessary for vital health. Same rules apply, if not even more. So, it's not a panacea. It's not a magic bullet, but it sure can be life changing for people, especially if they do have what I believe to be these functional deficiencies, which it sounds like you maybe were experiencing too. It's like the lights turn on when you get on one of these and it's life changing for people.

Dr. Wendy Myers

It absolutely is. I first started realizing I was having some blood sugar issues. I eat like a little cookie or whatever, and my blood sugar would just skyrocket. I could feel it and I'd get a hot flash and things like that. I realized I was having blood sugar issues.

It's time. I'm in menopause, whatnot. And then, I decided to go on Tirzepatide to lose some weight. That's just my only understanding of it at that time. I was just really amazed where before I constantly thinking about food because with insulin resistance, that insulin is not getting to the cells. So, your signal is like brain saying, hey, let's eat. Let's have a snack. Let's have another snack. Let's do a little bit more. It completely shut off all of those cravings, the thoughts that addictive type of behavior for many people. When diabetic, I can only imagine just the screaming craving that they are having, especially the worst diabetic as they become, their body is screaming for sugar.

Of course, that has to be so hard to control. This is what gets me upset and passionate about this because I think Ozempic is a miracle drug for diabetics. I can only see in my own case how much it just completely cut out all cravings for sugars and sweets.

Dr. Tyna Moore

Well, and it's also healing regenerative and anti-inflammatory. It's not just a band aid. A lot of people think it's a bandaid tool and when you go off of it, you're gonna gain all the weight back. I don't believe that to be true. It literally is regenerative, and we have data to show it's regenerative to cardiomyocytes in our heart. It's regenerative to the pancreatic cells that secrete insulin. It's regenerative to the kidneys. It's a regenerative peptide. I think if used appropriately, ultimately, it's healing the metabolic pathways that are busted. When we get to type two diabetes, that is a severe destination down that path. People don't realize that they're walking down that path for a decade or two while they're living in metabolic dysfunction and metabolic syndrome, which is really just type two diabetes phase one, and they get themselves down to type two diabetes where they finally have a diagnosis. By then, a lot of damage in the body has been done and their metabolism is a disaster.

It's just so normalized in our society like, oh, that's okay. It's not okay. We certainly don't need to wait until people get there. The minute we start to see insulin resistance, and a great example in a middle aged woman is suddenly you start to get belly fat. You haven't changed anything and you're like, why am I getting belly fat, in particular belly fat? I know that's the bane of every middle- aged woman's

existence. That's insulin resistance. That's like low key insulin resistance brewing. No, I hate it. I have it and it is there. And then if you look at my labs, most doctors would look at my labs and be like, oh, you're fine. You're nowhere near the edge. And I'm sitting there looking at all these different parameters saying, oh, I'm walking into the zone though. That's a problem. In that regard, I think that we owe it to people to do better. That was really my mission with trying to bring this conversation out. You could not imagine the heat I have taken for this is been bombastic and very reminiscent.

Ads 23:48

I wanna take a minute to give a shout out to one of our sponsors, True Energy Skincare. They have an amazing serum that I am cuckoo about. I've been using their facial serum here for well over a year for a reason. This is just bar none my favorite product. It's very, very light. It's just a serum you'll put on under your moisturizer. And the reason I use it is because it's a frequency-based skincare. They have frequencies imprinted on this serum that improve collagen, improve elastin. Collagen is that support matrix in your skin that makes it look firm and juicy and we lose that as we age. That accelerates rapidly after we hit menopause. You lose 30% of your collagen within two years after menopause. I'm using everything I can get to improve collagen. This has over 2000 frequencies imprinted on it for skin nutrition, to help the appearance of your skin, the fine lines, the age spots, and it will smooth out the texture of your skin as well.

This has been my secret weapon that I've been using to improve my skin, look and feel healthy, like I said, for well over a year. And so, I'm not promoting this because they're a podcast sponsor. I'm promoting this because this is one of my secret weapons. I love this product and I use it every single night under my moisturizer. This has no toxic ingredients in it whatsoever. It has lots of nutritive ingredients as well. It's got fruit, enzyme extracts. It's got oat kernel extract. It's got oat beta glucans. It's got beach bud extract and it's got algae and chlorella in it as well. It has lots of great nutrition in this as well as the frequency enhancing aspects of it. Any old product can moisturize your skin. That doesn't impress me, but the results you get from this are bar none, and that is why I highly recommend it. They have a very good offer for my

listeners. Go to trytrueenergy.com/wendy. That's T-R-Y-T-R-U-E-N-E-R-G-Y.com/wendy and get a very special deal for my listeners.

Dr. Wendy Myers

Thank you so much for taking the heat and because you're the only voice that I believe. I was about to stop taking. I'm like, all these cancer fears. What am I doing? And then I heard your podcast and I was like, oh my God, this resonates with me so much. This is my positive experience with it. Why is it being so vilified?

Dr. Tyna Moore

I think there are a lot of reasons. I will say there are some downsides. Just to run through the big scares really quick. We do not have definitive causative data that it causes thyroid cancer. We just simply don't. We don't have definitive causative data that it causes pancreatic cancer. That said, studies where they saw the medullary thyroid cancer were in rodents, where they gave rodents super physiologic doses of this peptide. We're talking massive doses here in comparison to what a human would take. I think humans are being massively dosed in most cases when they go by the standard dosing. That's saying a lot. And then these mice developed this medullary thyroid cancer. What they don't tell you is that this is a common cancer for mice and a super uncommon cancer for humans because we don't have the receptor on our thyroid gland to receive and bind and then potentially go down that pathway like rodents do.

They also don't tell you that the control group also develop spontaneous medullary thyroid cancer. I'm not saying it's out of the question. I'm just saying that the click bait propaganda around it has just been so blown out of proportion. We have the data coming out on potentially where they looked at chart notes. This is correlative. It's a way of doing studies where they look at chart notes over a period of time, and then they extrapolate something from it. This group seems to have more than this group. Therefore, it must be this thing that's not causative. That's correlative. And they did find potentially an increased risk in thyroid cancer. But when you look at the limitations of the study and you even go and read the studies, the authors themselves said, this might just be because doctors were scanning more often for

thyroid nodules in the first year after starting the patients on the GLP-1. So, it's on the radar

Dr. Tyna Moore

I'm not saying the question is out, but there's also this risk ratio that we have to take into consideration, right? Risk versus benefit is always something I consider when I'm looking at any kind of intervention with a patient or myself. The real risk of developing thyroid cancer is extremely high when you're obese and diabetic. It's very common. It's like six and one half dozen of the other. What are you gonna do? That is a decision for the individual to make. I have lots of information on my podcast about it. I have a free four-part video series where I dive into it further so people can check that out.

I think the other real concern is a pancreatic issue. The most common cause of pancreatitis is when someone throws a stone. The runner up would be fatty pancreas, which is often due to compromised metabolic dysfunction and obesity. When our fat cells overfill, it starts to go rogue and it ends up filling up in our liver and filling up in our muscles and filling up in our pancreas and filling up in our organ systems. We get marbled throughout our entire body. We're already talking about a group of people who are way more prone to gallstones and way more prone to pancreatic issues and then we're hitting them with these just huge doses in some cases of these GLP-1s. They're being ramped up very quickly. We have a very small sprinkling of them developing some of these conditions and then it's all over the news. It's like headline news, bazillions of people and it's simply not.

Again, risk tolerance and talking to your practitioner about your individual risk, does that mean that GLP-1s are completely outta the question if you've had a history of pancreatic or gallbladder issues? I don't think so. I think you just have to be very careful and work with someone who knows what they're doing and go very slow and low, which has always been my argument. Then support digestion and do all the things. We have to be exercising. We have to be moving. When you induce severe caloric restriction in an individual, they stop eating their peristalsis, which is the muscle contractions from their mouth to their anus. It goes one way. It stalls out because there's no food to drive it, so there's no stimulant. To make matters worse, the gallbladder gets sludgy. The bile in there gets sludgy because there's just no

action happening. Our gallbladder, pancreas, stomach, and guts are all like BFFs and they all play off each other.

When I wanna treat the liver, I treat the gut. When I wanna impact the pancreas, I impact the liver. So, all of these go together and when you suddenly just crush someone's appetite and you give them a peptide that will induce the auction of peristalsis, it literally just slows the gut motility way down. If you go too high, then you're looking at a potential disaster, especially if that person is still crushing Chick-fil-A. They're not changing their dietary habits. They're eating high fat foods, poor quality fats, and they're not taking any kind of bile support or digestive support along the way. They're potentially shoving in more calories than their poor stomach can handle at the time. You see the mess right there.

I think that's a dosing and management issue. It's not the peptides' fault. It's like respect the peptide and work with it. I was telling a client yesterday that I consult with, I was like, just be kind to your gut and be cognizant of the food you're choosing to put in your mouth as you start on this journey so that you don't end up in a pickle. I'm not saying it's completely avoidable, but make smart choices.

Dr. Wendy Myers

I'm a testament to the fact that it's not a panacea taking Tirzepatide or Ozempic. It's not in and of itself gonna help you lose weight. You have to do all of the things you talk about. I've had periods where I couldn't work out. I was releasing a docuseries. I just didn't have any time to work out and wasn't eating that amazing. I did not lose weight even though I was taking Tirzepatide. You have to be doing everything. I see this all over the place. I don't buy that people are losing muscle because of Tirzepatide or Ozempic or people who are getting osteoporosis from it. I think people can have preexisting conditions that could foster that and Ozempic is maybe not helping. Can you expand on that a little bit?

Dr. Tyna Moore

Yeah, that's a really good topic. I think for the most part, the reason we're seeing the lean mass loss and the bone loss is because again, we're looking at a population of people who already have pathologic muscle and pathologic bone. Your bones get

fatty infiltrate too. We are looking at a population who's already in bad shape, and I don't just mean physically. I mean they're just overall metabolically in bad shape and they are not physically fit. And then they are put on this high dose of a peptide. Their appetite is crushed. They go into a chronic malnourished state. They're already in a malnourished state. They just were over fed and malnourished, and now they're under fed and malnourished and they're not making good choices in their dietary habits. They're not strength training and they're not lifting.

We may even be talking about older folks as well, women our age, and older men and women our age and older, middle age and older. I'll get into that in a second. I think it's massive. Anytime you go into massive caloric restriction, you're going to have wasting occur and you're going to end up with lean mass loss. You're gonna end up with cellular loss and atrophy throughout your entire body. So, that's one piece of it. We see this with bariatric surgery, any kind of severely calorically restricted diet. But that said, I have been doing a lot of research lately since you heard my original material. I haven't really talked about this anywhere. One of the things that GLP-1s do that everybody's so excited about is they rev up the MAP kinase pathway.

The MAP kinase pathway is big in the longevity space. So, things like metformin that you hear about, people talk about metformin for longevity, for instance, things like GLP-1, caloric restriction, intermittent fasting, all of those rev the MAPK pathway. What that does is get your mitochondria going. You feel great for a hot second. Everything's good. Well, you've seen people who have keto too long or who have fasted too much for too long and they start to look gaunt. Long distance running will activate the MAPK pathway. You know what I'm talking about, where people start to get aged looking and gaunt. Well, the problem is the MAPK pathway. The MAPK pathway inherently is catabolic, meaning it disintegrates tissues catabolic. Think of cats. It chew up your tissues. The balance to MAPK is mTOR. The mTOR pathway is activated by things like strength training and protein intake, making sure you're hitting your adequate protein macros intake.

A couple other things will activate mTOR. Unfortunately, mTOR is activated in a bad way when people are eating too much food and they're insulin resistant, which can lead to you down the pathway towards cancer. But all that to say, not to get too

nerdy, we want MAPK and mTOR balanced. I think the problem that we're seeing is that people are cranking a peptide at high doses and they're revving a pathway that probably feels really good to them for a minute or two, and I'm talking maybe a few months, a few years, who knows? Who knows how compromised their mitochondria have been and that their pathway has been, but at a certain point they go into a catabolic state, I believe. I think the concern here and I've said this from the beginning and you've heard me say it, folks do not have any right taking these peptides if they are not adequately hitting their protein macros and strength training.

The risk for that pathway to get rev too high and for them to go into a wasting state, and they're probably already in a wasting state because inherently they are under muscled going into it. They're over fat and under muscled. Most folks going on these peptides are in that state, and so now we're revving a pathway too hard without supporting the counterbalance. Does that make sense?

Dr. Wendy Myers

Yeah, absolutely.

Dr. Tyna Moore

That's my nerdy explanation, but I'm really concerned about that. That's something I think people are missing the mark when they say, oh, I'm microdosing, but they're not. They're just standard dosing. If they're not adequately supporting their mTOR pathways in the proper way, I think at the end of the day, when all is said and done, we're gonna have a real mess on our hands in a few years.

Ads 36:54

Are you taking collagen supplements? Well check this out. Our friends at Organifi have sourced the best collagen on the planet, and you can get it with 20% off savings today too. So, what is collagen? It's the most abundant protein in our body. It's everywhere. It's in your muscles, joints, hair, skin, fingernails, everywhere. It's one of the fundamental building blocks of life. Your body uses collagen constantly to keep itself refreshed and repaired. But as you get older, especially as women that are going into menopause, you can lose 30% of your collagen within the first five years of

menopause, and that starts in perimenopause as well. Your body just stops making as much of it and you start losing it, especially as your estrogen levels come down. That's why consuming collagen is such a great idea every single day. It gives your body a fresh supply to keep working at its best.

It's not only good for your hair, skin, and nails, but it helps to support your gut and metabolic health, immune system, cardiovascular strength, and all of your muscles and moving parts too. Collagen is nothing new. It's one of the oldest supplements out there. Collagen supplements have been around for quite a while now. But what makes Organifi so special is it's all about the quality. The non-organic collagen scare hit me. They're really problematic because they can be full of glyphosate, pesticides and other chemicals that you do not want to be taking on a daily basis. Not all collagens are the same. It can come from many different sources and the source can drastically impact its potency and effectiveness as well.

Some manufacturers just go with the cheapest stuff that they can find and then add fillers and artificial flavors and they still charge you a lot of money for that. Organifi always goes the extra mile to ensure their quality is the best. They blend five collagen types from four different sources, and they taste and test until it's perfect. And then they go even further to test for things like glyphosate residue and other sneaky toxins that can get into the mix. After passing through all of these goalposts, it finally gets the Organifi seal of approval so you can rest assured it's the highest quality and non-toxic. I love that this company is a company that I can trust that their products will be safe and effective exactly as they say they will be.

In the supplement world these days, that kind of honesty and transparency is getting harder to come by. So, if you've never tried collagen, now is a great time to start. And if you're already taking it, now is a great time to switch to a better brand. Upgrade what you're doing right now so you and your entire body is gonna love Organifi Collagen. It is something that I take on a daily basis. It's been a part of my supplement routine for the past five years, since I went into menopause, and so I can't recommend it highly enough. Now let's talk about saving you some cash as well. Here's what you do. Go to organifi.com/myersdetox and put in coupon code Myers detox to get 20% off. Go to organifi.com/myersdetox and don't forget the Myers

detox coupon code as well. You'll save an extra 20% off by putting in my special coupon code Myers detox.

So, like I said, collagen's one of those things that I take every single day. It's one of the most important parts of my anti-aging protocol, the things I'm doing to fight off the clock. So for me, taking clean collagen is really important. It's hard to find, so I highly, highly recommend Organifi collagen.

Dr. Wendy Myers

What you said before is the studies are done on obese people, studies done on diabetic patients, and they inherently have preexisting health issues in poor metabolic health. So, you see all these things where, oh, people taking ozempic, they go blind more quickly, or they have gastroparesis, which is paralysis of the stomach. But you mentioned these are preexisting risk factors for diabetes. They're not being caused by Ozempic or the peptides.

Dr. Tyna Moore

Well, sometimes the peptide will overcorrect too quickly, and I think that it does, even at micro doses. I think it unmask underlying issues. So, for instance, you might have a young woman who's postpartum, she's in her twenties, she's got some weight to lose after the baby. She's done breastfeeding and her hormones are all outta whack. She goes even on a microdose and her hair starts falling out and clumps. There are some underlying hormonal issues there, probably some thyroid, most definitely some adrenal issues, et cetera. So, it unmask what people are already sitting on the edge of. Again, with the blinding issue, that is a condition that is super rare, and they were looking at correlative data. They were looking at chart notes again, and then coming to this conclusion it was a minor increase in those who were or were not experiencing this spontaneous blinding.

What happens is, when you have someone who's in a diabetic state for long enough and their body is used to that high level of glucose, we call it hyperglycemia. When they're hyperglycemic for a long period of time, their endothelium, the inside lining of their vasculature adapts to that. When you suddenly get their blood sugar down too quickly and you correct their metabolic health too quickly, there's vasospasm, you

actually end up with constriction. This is just my theory. I'm not sure if this is what's happening, but if you just look at physiology, it makes sense, and they're also having some diabetic retinopathy issues with folks on this peptide. So again, I think it's patient management. I think it's dosing, and I think it's being really careful with people and going slow and low.

That said, accidents still happen and things can still happen. I'm not saying that peptides are for everyone and nothing comes without risks. But when you really look at that data, the cardiomyocyte shrinkage, the heart muscle shrinkage, same thing, it was on mice and they crank these poor mice up on crazy doses and had them lose a tremendous amount of weight very quickly. Of course, everything's gonna shrink, right? Their heart muscle's gonna shrink, all of their muscles are gonna shrink and their soft tissues. So again, is it the peptide? Partially, but it's also the application of that peptide and how it's being used and what counterbalances are being utilized to keep things smooth.

When you take into consideration this MAPK pathway hypothesis I have, it leads to concern. It's gotta be the right person. They've gotta be doing the right things. This is not a free for all. It's not a get outta jail free card. It's not a monotherapy, meaning we don't just crank GLP-1 and hope for the best. I'm always stacking it with other peptides. I'm utilizing hormone replacement therapy. Folks are strength training. If I could have them sign a contract in blood, I would. That is how important it is that you strength train and you eat your protein because again, it's not even about preserving your muscle, it's about preserving all your tissues and balancing those pathways.

If people want to think of it that way, to be more inspired, we don't want our peristalsis to slow, so how do we keep that moving? You go for walks, you eat nutritiously dense food that actually invigorates the peristalsis to go in your gut. The other thing is we're blaming the peptide for some folks. I'm not saying everyone, but some folks have really shitty lifestyle habits and they don't move and they're just taking their pen every week and hitting up the peptide and hoping for a miracle. And I'm like, that's gonna be a disaster in five years. Just absolute disaster.

Dr. Wendy Myers

Honestly, I have constipation with the Tirzepatide, so people are different. Some people have diarrhea, some people have constipation. But that's an easily solvable problem. I do coffee enemas and it's something I recommend to people.

Constipation is a very easy side effect to resolve in a number of different ways. I choose to do that with coffee enemas. But yeah, you can take vitamin C, you can take Epsom salts. You can do it. You can take more magnesium.

Dr. Tyna Moore

Yeah, you can eat more fiber, more walks, if that helps, warm water, there are lots of solutions

Dr. Wendy Myers

For all the benefits I'm getting, I'll take the little side effect for sure. We're also looking at cost benefit analysis. I had an aunt of mine, very badly diabetic, 50 pounds overweight. Her doctor started her on Ozempic. She lost 50 pounds. I could not believe it when I saw her. That is life's saving for someone. That's life changing. That's going to incredibly lower her blood sugar, her inflammation, there's so many health benefits to losing that amount of weight, especially if you're a diabetic.

Dr. Tyna Moore

Of course, and even just getting the 15 pounds off that crept on at menopause or perimenopause, because that's that insulin resistant weight and it's just going to get worse. It's just going to progress from there. So, the less adipose tissue we can walk around with, the better. I'm not saying we wanna be scrawny lean. We need some hormones as we go through middle age and we look better and have nicer, fuller faces if we're not rail thin. But all that to say is we want our distribution to be good. The fat needs to be going to the right places on the body and not into our organs, not into our viscera, not surrounding our viscera and our gut. We want it on the outside subcutaneous fat, but also, there's use for this. I've got hundreds of thousands of followers across different platforms. I've heard from a lot of people since I started talking about this and people are telling me the craziest stories of just life-giving benefits that they hadn't even considered.

Some folks are no longer doom scrolling all day on their social media. They're not addicted to it. Others are not addicted to their online shopping because it works on dopaminergic pathways in the brain. So, it gives the onus of control back to the individual, which is amazing and life shattering. This is impacting a lot of industries in a very negative way. For the propagandize pushback on this, I wonder where it's coming from and if it isn't coming from a couple different places. There are a lot of industries that have a lot to lose because the diabetes industrial complex is very profitable for a lot of industries and Americans. Incessant snacking is very profitable for a lot of industries. And so that is in of itself, life-changing for people who didn't have any weight to lose, the decrease in inflammation in the brain that they experienced and the decrease in the anxiety, rumination, depression and bad habits that they were getting themselves into because of it.

Other women, there's a whole Reddit and Facebook groups on Ozempic babies and Mounjaro babies, women and men resolving their infertility because their metabolic health corrected and they were able to get pregnant and have children. Those children are gonna be so much healthier coming out of metabolically healthy parents than if they were created out of metabolically compromised parents. That's a whole other conversation, but we have the data on that. I don't know. I just think that if done correctly, if people really are doing the lifestyle piece as well and keeping that dose as low as humanly possible, and this is what I get into, I have a course for practitioners, but I allow the general public and because I think this information is so critical.

If folks could really understand and wrap their head around what their duty is in this as they're taking the peptide and what other types of things they should be doing along with it to optimize it so they can keep that dose as low as possible, I think this peptide is just world changing.

Dr. Wendy Myers

I think it's life-saving. My father was a really bad diabetic and I was helping him. His insulin was \$900 a month over and above what his insurance would pay for. I had to help pay for that. Insulin is a hormone that tells your body to store fat. So, the current treatment for diabetes is giving them insulin that contributes to the weight gain,

which is going to then make their diabetes worse and then they have to take more insulin. My dad would joke around, he is taking it up insulin to kill a horse. It did.

Dr. Tyna Moore

That sounds insane.

Dr. Wendy Myers

It's totally insane. The body isn't that simple. It's not like, oh, low insulin, let's just add more. It's not how it works. I think that Ozempic is really useful to change the meta pathways, heal them, and turn off that constant need for sugar. It is just completely life-changing. I love that you're getting this message out because I think it's so important for so many people and to wade through that fearmongering that I believe is a big PR campaign as well by different industries that stand to lose a lot of money.

Dr. Tyna Moore

I think it's also because people are just inherently obesity-biased. They're phobic and it's just been really bizarre to see the pushback on all sides. The functional medicine community, thin women, obese women, everybody has a very strong opinion. I understand that this is very emotional for people, but we do inherently have a massive obesity bias in this country. I had no idea how bad it was because I am a thin woman. I've always been a relatively thin woman. I've never experienced that. I've been heavier, I've been lighter. But I've never walked through this world as an obese woman. I come from a predominantly obese family and I did not realize how bad it was nor my contribution to it until I started studying this and getting all the pushback from all the sides.

I realized, wow, people really don't want it to be easy. We have something here that could make it so much easier because every obese patient I've ever helped lose weight, worked their asses off, literally. So hard eating so much better, and I eat probably better than like 90% of most Americans, but I'm not that disciplined to be perfect and it's too much stress to be perfect. These folks were doing everything perfectly. Their labs looked, for all intents and purposes, should have been

completely changing within 90 days or 180 days from the time we start treatment. I'm talking without the GLP-1s. This is prior to GLP-1s. Nothing would budge. Sometimes that insulin resistance, metabolic dysfunction is so stuck and it's so stubborn and the systems are so busted.

What people don't understand is that if you are birthed from a mother who had metabolic compromise or a father sperm who is metabolically compromised, but most importantly the mother, because if she is insulin resistant while she's pregnant, the baby is being bathed, literally. We have data on this. Lily Nichols is a registered dietician. She specializes in prenatal metabolic health. She was on my podcast and she's written a few books. She talks all about this. They're bathing in insulin. So, this child comes out marked. They are marked for obesity and they are marked for type two diabetes. It's going to be an uphill battle for them to keep away from that and this whole eat less, move more.

I'm like, dude, 1983 called and they want their busted paradigm back. I wish it were that simple. I do think calories matter. I think types of calories really matter. Where is that food coming from? What is the source of the macros and the micros that we are consuming? But hormones matter, insulin resistance matters and the hunger that folks experience when they are insulin resistant is undescrivable from what I understand. Imagine your cells are bathing in sugar on the outside, but nothing's getting into the inside and your brain isn't getting what it needs and your muscles are not getting what they need because all the receptors are busted. You inherently think you're starving. Your body thinks it's starving, but it's not.

It's excessively over sugared and the system is just not working and it's broken down. I think sometimes that system is so broken down and it's not my place to judge where somebody is on that pathway. It's my job to give them the tools they need to get the leg up to get going to do the work. At the end of the day, like we've been talking about, there's work involved. And when you just are like clawing upwards just to touch bottom, that's a really awful place to be. I've been there before in other ways in my health and sometimes we bring in a pharmaceutical intervention or a peptide or a couple things to try to get that person. Why not make it easier? I think society at large is like, well, I'm so disciplined and I'm so perfect and I've maintained my weight, so that person should just work harder, and we don't live in that body. We don't know

what that body has endured. We also don't know how people got here. Like, what is their journey here?

Not just their genetics and their epigenetics, but what is their trauma? What are they masking? You probably know plenty of women are like this. How many of your girlfriends were super thin and then all of a sudden something traumatic happened to them, like a rape or an abusive relationship or multiple? And next thing you know, there are dozens of pounds overweight. It's not my job to judge any of that. It gives me the tingles because I saw it happened to so many of my friends and then watched it happen to my daughter and I was like, oh my God. After a couple bad relationships with some really bad guys, she blew up too. I was like, we need to do something. This is not a fun place for a 23-year-old girl to be because wait till she's 50. We look at the repercussions on society and the literal cost of obesity on society. Nobody wants to talk about that because it's uncomfortable and it's emotionally charged.

These are all the things I think about. I've been thinking about it for a long time, for decades, and then all of a sudden, this peptide comes along and I'm like, oh wait, I have something. I don't think we're using it quite right, but I have something, you know? And that's what made me so passionate about it.

Ads 55:07

I want to take a minute to talk about the health benefits of olive oil and thank one of the sponsors of the Myers Detox Podcast called Fresh Press to Olive Oils. Like many of you, I'm always trying to eat healthier, and that's why I love really good olive oil. I eat olive oil every single day for its many antioxidants and longevity benefits. Olive oil is the cornerstone of the Mediterranean diet, proven to be among the healthiest in the world. Sicilians from Italy and some islands in Greece have some of the longest-lived people in the world because they're eating olive oil every single day.

Check out this article from Life Extension Magazine: Olive Oil Markedly Extends Human Lifespan. In a long-term clinical study, those who ingested the most olive oil derived polyphenols live 9.5 years longer if they're over the age of 65. The Harvard School of Public Health has announced the results of a 28-year study showing that just over a half a teaspoon of olive oil per day is associated with a lower risk of dying from

cardiovascular disease, cancer, neurodegenerative disease like Alzheimer's, and respiratory disease. It's been shown in the research to reduce high LDL cholesterol. It helps prevent type two diabetes, high blood pressure and obesity, and it may also help to prevent arthritis and osteoporosis. There are so many health benefits. So, whenever you buy olive oil, the four most important words to remember are the fresher, the better.

Olive oil packs the most flavor and the most nutrients when it's fresh from the farm, and that's the problem with supermarket olive oils. They're not fresh. They can be sitting on the shelf for months transported over sea on ships, losing the polyphenols and antioxidants with the healthy fats even going rancid, the longer they sit in the bottle and that defeats the whole purpose. Not only that, but most olive oils sold in the US are not actually olive oil. They're mixed with canola and other unhealthy industrial GMO seed oils that you're trying to avoid by choosing olive oil in the first place. It's really shocking that this has been allowed to happen, but there just isn't much oversight in the industry. That's why I stopped buying olive oil from the grocery store years ago because you just have no idea what you're getting.

That's why I love getting my olive oil direct from someone that I trust, that is from TJ Robinson, who's known as the olive oil hunter. He has found all these artisanal small farms producing olive oil like they've done for thousands of years. I look forward to my quarterly shipment of olive oil from Spain, Italy, Australia, and other countries. This one is from Portugal, and depending on the country, the olive oils are ripe and in season. They press the olive oil and they bottle it and they send it to you right away. So, it's the freshest that you can get. And so when I tasted TJ's farm fresh oils, I fell in love with them. They're so fresh, they're so pungent. This is how olive oil is supposed to taste, and they're incredibly delicious on salad, veggies, pasta, meat, fish, you name it. Olive oil also has zero carbs, so it's ideal for low carb ketogenic and paleo lifestyles.

As an introduction to his fresh pressed olive oil club, TJ's willing to send you a full size \$39 bottle of one of the world's finest artisanal olive oils, fresh from the New Harvest for just \$1 to help them cover shipping. You can go take advantage of that at getfreshwendy.com. You get a \$39 bottle for only one dollar at getfreshwendy.com. Again, that's getfreshwendy.com.

Dr. Wendy Myers

Yeah, and to add to that, we've also had many people after decades of destroying their metabolism, eating tons of sugar and refined flour, your pancreas just gives out after a while. It has only so much of a biological life. It just is toast after a while and it doesn't work how it's supposed to work. And then, I've had many experts I interviewed on my heavy docuseries where we were talking about how toxins cause weight gain, toxins cause diabetes, and many of them agreed that toxins are the number one cause of diabetes. Like arsenic and other heavy metals impact your ability to produce insulin and to respond properly. We have different abilities to rid this stuff out of our bodies when it enters.

Some people are really bad at detoxification just genetically or their diet or their liver function or what have you. There are a lot of different factors that when people, especially when they hit menopause, women are hitting menopause like myself, I'm like, what in the hell is happening? My old tricks are not working anymore. I'm doing everything, you know? I was like, yeah, I'll take a little help for sure

Dr. Tyna Moore

A thousand percent everything you just said. I watched it happen to my mother. She was a hairstylist my whole life, literally since I was five years old. Menopause came and it was not kind to her. When I went to work for my mentor decades ago, brilliant naturopathic doctor who passed away in 2013, he taught me really early on about metabolic health and it coincided to the moment where my mother just gained a tremendous amount of weight. It was menopause coupled with a hip gone bad, which is very common. People will have a joint or two that start to dissolve on them and they don't know what to do to fix it. So, there's often surge. That's a whole other conversation about how screwed up our orthopedic medical model, but there's often surgery and cortisone and all of that, which the cortisone injections screw up your metabolic health too.

You couple that with a drop in estrogen, and as your estrogen drops out, you will become more insulin resistant no matter what. It doesn't matter how much you strength train or how well you eat, you will become more insulin resistant and you will start to have atrophy of your muscles. Yesterday I saw some guys that I respect, two

doctors do this whole thing about menopause. It's so infuriating to watch young men who are super muscle-bound talk about women in menopause as metabolic health. I'm like, literally, shut up until you walk in my shoes. I remember being in my thirties as a woman with menopausal patients thinking, oh, that sucks for them. But then I got there, right? I aged right into it one day and I'm like, oh shit, this is real. What is happening? And there's so much here to unpack, which we don't have time but, and I've done podcast episodes about this too.

As your estrogen wanes, you will become insulin resistant. You will start to have redistribution of your fat. That redistribution of your fat will drive further insulin resistance and metabolic dysfunction. It's like this vicious cycle that we get caught up in middle age. I'm just trying to fight it tooth and nail because I know it's only gonna get worse the older I get. And so, I'm all for bringing on the hormones earlier than we think we need them. I'm all for bringing on whatever kind of tools in a comprehensive tool belt that I need to move the needle. This isn't the only peptide. Like I said, there's others, but man, it's a big needle mover. It checks off a lot of boxes.

Dr. Wendy Myers

I love that you advocate that women, especially if they're in thirties, forties and fifties, to consider hormone replacement therapy even before you consider going on the peptides because you're gonna have that tire. Your body's gonna put on that 10 or 15 pounds if you're low in estrogen because that fat actively produces estrogen. That's why you put it on part of the reason why you put it on. I think it's really important also to be tending to that and do that hormone replacement for sure. Can you give us any tips on using peptides, like some do's and don'ts of dosing and things like that? I had a cousin of mine with PCOS that definitely needs to be taking Ozempic or something like that or peptides, and she tried it too big a dose and got really sick and nauseated. It's simple. The dose was just way too high. I know there's some people that can't take it. The side effects are too much. Can you talk about do's and don'ts?

Dr. Tyna Moore

Well, the best place to start is the lowest dose necessary for the job. I wish there were a straight answer. I talk about this in detail in my course, but it's different for everyone and it depends on their short-term and long-term goals. If weight loss, metabolic

rehab, if you will, and whether that be PCOS because that's metabolic dysfunction at its core, or if it's type two diabetes, those folks will tend to need a stronger dose and they will need more of a standard dosing protocol. I'm just a huge fan of going very slow with that. So slow and low. If the starting standard dose is too high, up until a few days ago, to be honest with you, the only way I knew how to get that lower dose than the standard starting dose, because these come in pens that are prefilled, was to go with a compounded.

It turns out since the inmates are running the asylum and this microdosing conversation has really taken off, actually a paper came out, which literally like last week this paper came out and it is from the Diabetes Care Journal, March 2025. One size does not fit all. Understanding microdosing Semaglutide for diabetes and multi-dose pens and what they talk about it. An article in Medline also just came out talking about this. They have this great little chart. You literally can do, and I'm not giving medical advice, this is just right off this journal. This is an opinion piece. By the way, this isn't a double-blind placebo controlled study, but what they're showing is that you can alter the amount of clicks to get the dose that you seek.

This is free. Everybody can access this. It's just in diabetes care volume 48, March, 2025. Go look for it. That was really exciting. I was like, oh my gosh, this opens up a whole world of opportunity for people. They can use the standard pens, if their insurance covers it, great. I think that's wonderful. Go that route, get the brand name, and then you can dial down. You can just choose by the number of clicks you do, whether you dial all the way up to that standard starting dose. And of course, talk to your doctor about this. Don't just go rogue trying it by yourself, but the thing is, it is real. If you dose too low, you're not gonna get the impacts you're looking for. I'll give you an example. I have a girlfriend who really wanted to microdose and so she got somebody, a doctor to work with, and she got herself on a microdose and she had some of these other issues she wanted to address that were systemic.

She ultimately at the end of the day had like 30, 40 pounds to lose. I saw her nine months later and I was like, honey, you haven't lost a pound. What's going on? Is it not working? And she's like, well, no, I'm still in the microdose. I was like, oh, you need a more standard dose. You need to work up slowly to probably a more standardized dosing to get that needle to move. So, that's where I say the dosing is very

individualized. It's like where does the needle move in myself, I take a fraction of the starting dose, and if I take even more than that, I have no appetite. I have nausea. My guts feel like they're locking up. It's not fun. So, everybody's dose is gonna be different, but I will say on-ramp slowly and. Just go very, very slow and low and give yourself time.

I think there's magic in time under treatment with this peptide. The longer somebody's on it, I think the more long-term healing benefits and regenerative benefits we ultimately get and I think if doctors would just slow their role on escalating the dose and patients would just be patient and calm down because this is not a fast process. It took you decades to get into it. It's gonna take you some months to get out of it. I think over time they could realize that probably, I'm just speculating from what I've seen from my patients, they can get away with a lower dose and still have those lovely weight loss and metabolic impacts.

It's a matter of bringing on all the other tools. So, for your family member, for instance, if they're not walking, if they're not strength training, if they're not eating nutrient dense food, if they're not doing all of those things, then they're likely gonna need a much higher dose to get the needle to move. That's where we start to potentially get into some of those wasting scenarios. So, this is what I tell people just straight up like this, if you're not gonna strength train, don't start the pen.

Dr. Wendy Myers

I started taking 0.5 milligrams of Ozempic and it made me pretty nauseous. I thought, wow, this is brilliant. Give people something that makes them nauseous and I don't want to eat. I'm like, what a brilliant business model. I probably could have started at 0.25 and worked my way up. Now I do one milligram once a week, and that's perfect for me. That's absolutely perfect. For another person, that might be too much. Some people take more than that.

Dr. Tyna Moore

Some people can get by with a lot less. It really depends on the person. It's so interesting. My dad is extremely obese, diabetic, and I started him on a tiny dose, nothing, no impact, no impact on appetite. He was the only person I was using it for

at the time for weight loss. No side effects either though, nothing, like nothing was happening and this guy is the most sensitive gut. I really thought for sure that he would have some kind of side effect, nothing. I went really slow with him. It took me nine months to get him up to one milligram, and then we just are a bit over that now. He unfortunately won't go out and exercise. If I were to crank that dose up to induce further weight loss, we've had great weight loss, we've had great cognition benefits, his lights are on, he's participating in life, he's going for walks with his puppy, but he is really not taking that part as seriously.

And so, without that on board, I'm not comfortable bringing the dose up. I just share that as like an example of how a responsible doctor would go about this. He's in his eighties. If I bring him up too high, he's gonna start wasting away on me and they start looking like melting candles. This is the horror show that so many people write to me about and say, well, my uncle looks like he's dying now. And I'm like, well, he's melting. We're inducing too much of that activity and we really need to dial it back and uncle needs to get on board with the lifestyle piece. So, it's a two-pronged approach, if not a multi-pronged approach. That's what I go into in my course is like I go deep into hormones. I go into all of it so people understand at the end of the day, this is not a one-shot wonder. It's not monotherapy. I think done appropriately and you can keep the dose lower when you're doing all the good lifestyle stuff.

You can continue to enjoy that benefit at one milligram in your case because you're living such a healthy life otherwise. I call it the ultimate, suck around and find out peptide, excuse my French, because you really can. It does mitigate your immune system so well initially everything works for a while. It does such a good job initially that you really can start to play with maybe foods you weren't intolerant of before, or you can sort of push the envelope if you will a little bit. But then all of a sudden, it's not gonna fix everything. All of a sudden patients labs come back and I'm like, whoa, what's going on here? Why are your thyroid antibodies elevated? Why is this going on? And they're like, oh, well I've been messing around because I feel so good on the GLP-1. And I'm like, yeah, no, you still have to follow the rules that are right for you. I think at the end of the day, I have seen and heard about just such incredibly impactful benefits from using it appropriately.

Dr. Wendy Myers

For me, I'm using it as a long-term strategy for longevity to improve all these different markers, the regenerative components of it, and to maintain a healthy weight as well. I think so many people do become insulin resistance and have no idea. They don't have any idea about it until they go to their doctor and get a big surprise that they're diabetic, and their blood sugar is at 125, and you do not wanna wait and be a sitting duck. The chances are that 50% of people are moving towards diabetes. Do you know the stats on that exactly?

Dr. Tyna Moore

Oh, the stats are enormous. I think the last time I broke it down I had to pull up a bunch of different documents off a bunch of different government websites. This was in 2020. What I came up with was if you combine the rates of obesity and overweight together, you get around 80 some percent of the US population in total. And of them, a massive percentage of them were diabetic or on the way to, and most people don't know they're on the way to. So, your doctor doesn't tell you anything. I have a free guide on my website if people are interested. It's called Assess Your Metabolic Health, and it's literally just the international guidelines for metabolic syndrome. It's designed to take to your doctor and have a conversation because people don't even know. Your doctor's not looking, your doctor's sitting there with fatty liver and a bunch of excess weight on around their midsection with metabolic dysfunction.

It's crazy. When I started practice in 2008, I could not believe the number of patients that would come in and say, I have some fatty liver, but my doctor said that's normal. And I was like, what? That is so not normal. That is such a bad sign and that is only gonna get worse. The longterm sequelae of that is liver cancer. People just don't see it because it's the slow creep. It's the one to two decade creep and then all of a sudden what shows up before then I'll tell you is some high blood pressure and some cognitive issues and some joint pain because osteoarthritis is just diabetes of the joint. At the end of the day, it's such a mess that the average American gets put through and then they're like, oh, you've arrived at the magic number of diabetes and now you're type two diabetic. Welcome. And then they start trying to implement some strategy and I'm like, what about the two decades before this?

There's so much work we could be doing. I just think it's so important, to be honest with you, my course that I built out, and the reason I'm having this conversation is not just to push. I'm not trying to push GLP-1s on people. I'm trying to get people to understand the not sexy part, which is you have to take care of your metabolic health no matter what. That is the root of everything. You will detox better, everything will go better when you are metabolically optimized. I wrapped it in a GLP-1 ribbon so people would pay attention. Honestly, like my course is just my last 20 years of clinical acumen in one place so that people understand what a fully optimized metabolic profile looks like.

When I go start to finish with a patient, this is how I do it. GLP-1s are this beautiful adjunctive that we throw in along the way, we cycle it. So, in your case, you're taking it for longevity in the long haul. I highly encourage people to cycle it and what that cycle looks like is different for everyone also. We might rotate through different GLP-1s, but at the end of the day it, it's a beautiful tool in a comprehensive toolbox for sure.

Dr. Wendy Myers

What is the website to find your course?

Dr. Tyna Moore

You can just go to drtyna.com and at the very top there's a GLP-1 uncovered, and that's a four-part free video series. It's just education. It's everybody is welcome. At the end of that, you will be given an opportunity to buy into the course. It's a beefy course. It's like 30 some hours. It's a beefy, but the education you're getting there is free. And then I've got, gosh, I don't know, 12 hours worth of podcast episodes on the topic also living on my website that you can access there and there. My podcasts are all categorized by topic, so there's like a whole bunch of strength training. One is a whole bunch of metabolic health ones, whole bunch of Ozempic ones, and then I've got some free guides on there to assess your metabolic health and such.

I just really want people to take this seriously, GLP-1 or not, it's a great tool to add in to the toolbox and it moves the needle a lot faster, but at the end of the day, the work. The responsibility is on the individual,

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For anyone listening who really wants to detox their body, go to heavymetalsquiz.com. I created a quiz for you. It only takes a couple of seconds and it's based on some lifestyle questions. You can get your toxicity score and get a free video series that answers all of your frequently asked questions about how to detox your body. Check it out at heavymetalsquiz.com.

Dr. Wendy Myers

Yeah, absolutely. I highly recommend anyone listening to this to do a deep dive on the other podcast and the little free mini course that you have on drtyna.com. It is So worth the time in investment. Honestly, I was riveted because you're like the only voice out there that is talking based on the research, not all these social media posts that we scroll through, people who don't know what the heck they're talking about. They're just trying to get views or whatever they're trying to do. I just really appreciate the work that you're doing because I think it's saving so many people's lives. I don't say that lightly. It's just really important work to just wade through all of the hysteria and the motions that people have about this, that are largely unfounded and based on ignorance. So, thanks you for the work that you're doing.

Dr. Tyna Moore

Well, I'll tell you, I got started on it. I'll just make it quick. My podcast producer wanted me to do a podcast on weight loss. I don't like talking about weight loss because I think I always like talking about muscle gain and strength gain because the weight loss comes with it. When you optimize your metabolic health, the weight loss comes. So, there was never just this special like secret for weight loss and I didn't wanna talk about it. Som finally I was like, okay, fine, I'll do an episode on it, but I have to research it. I start looking into it and I'm like, wait, these peptides have been around for 20 years. Some version of them have been around for 20 years. I was familiar with some of the older versions. I didn't use them clinically, but my patients were on some of them. As I dove into the research and just started to tip toe, I started with a brain and then I move into pain and musculoskeletal because that's like my wheelhouse clinically.

I moved into the other organ systems and I was just finding piles of papers that were not at all matching up with the clickbait and the propagandized nonsense we were seeing all over the internet and all over the news. And what really got me was when the functional medicine community started saying the same thing that the mainstream media was saying. I was like, when does that ever happen? I pushed back really hard during Covid days and I took the brunt of the censorship industrial complex. The minute I opened my mouth about GLP-1s, the same thing happened. Literally the bots came onto my page again, and I know what the bots look like, and I'm getting flooded with bot comments. I was like, what is going on? This is a concerted effort to silence this conversation. And who is driving that? I'm insubordinate so I push harder. It's like, oh, you wanna come at me? I will just push harder when, like, bring it.

Dr. Wendy Myers

I know I'm from Texas, so I have that same, not a mentality, I'm like, bring it.

Dr. Tyna Moore

I dig harder and find more data. I think a lot of people change their tune after I came out with all of it. But, I don't know. That's my pathology. I just turn into like this wolverine about it. I do think we have to be respectful of the peptide and work within the boundaries of it. Again, it's not a magic panacea and too much is too much, but I do think that we have something here that I've never seen before in medicine and I'm pretty excited about it.

Dr. Wendy Myers

You mentioned these peptides have been around for 20 years. It's in like Nova Nortis. They came up with Ozempic in 2017, I think, fairly recently. But these peptides have been used safely for a long, long, long time. They didn't just show up. Maybe you're just now hearing about them, but they've been around for a long time, but they're not a panacea, like you said. You can still stress-eat on them. You can still emotionally eat. It doesn't stop you from eating and having a little party in your mouth, but it certainly makes it a lot easier.

Dr. Tyna Moore

Yeah, for sure. I will say that it was when the weight loss conversation came up that people lost their minds. Nobody cared about diabetics using it. It wasn't until that weight loss piece broke, and that was the summer that we saw everything go crazy. So anyway, I just wanted to add that in.

Dr. Wendy Myers

Yeah, and certainly some people are abusing it. There are certainly people with eating disorders who are like, great, now I can really starve myself. So there are definitely people who are like, there are a lot of medications that people abuse, but we're talking about the helpful ways to use them, as some benefit from them. Dr. Tyna, thank you so much for coming on the Myers Detox Podcast. I was looking forward to this show to blast all these myths and fears that people have, and maybe a resistance they have when they can really be helped by it. So, thanks for coming on.

Dr. Tyna Moore

Thanks for having me. Super fun and great questions. I appreciate them

Dr. Wendy Myers

Everyone, I'm Dr. Wendy Myers. Thanks for tuning into the Myers Detox Podcast. I love doing this show because I wanna give you so many insights and tips to help improve your life. That's what makes it worth it for me to spend all this time and energy doing this show. I learn a lot myself, but I really want to teach you how to dramatically improve your life and give you ideas about how to do that. Thanks for tuning in.

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