#659 The Silent Epidemic: Why Millions Are Insulin Resistant and Don't Know It | John Goldman

Dr. Wendy Myers

Welcome to the Myers Detox Podcast. I'm Dr. Wendy Myers, and on this show, we talk about everything related to heavy metal and chemical toxicity, health issues caused by toxins, and more advanced topics than you'll hear on other shows. We talk about bioenergetics, emotional trauma, and advanced biohacking. Today we're going to talk about insulin resistance. This is something that hundreds of millions of people around the world, if not billions of people, are dealing with. There are a lot of underlying root causes. Heavy metals are one of them. But we're going to be talking about what symptoms you want to look for if you have insulin resistance, the things that you can do, the lifelong plan that you need to employ to overcome insulin resistance, and to manage it.

What is insulin resistance exactly? It's just high blood sugar, essentially. So we're going to be talking about that, the consequences of diabetes, and what you can do to turn this around. Today, we've got John Goldman on the show, the founder of Rebel Health Alliance. He is super knowledgeable. He's got an amazing health framework that he's created where you essentially have a health team for your healthcare, including a medical doctor, a dietician, strength training coach, and other people on your team, because you can't just look to your conventional medical doctor to improve your health or to just erase symptoms.

It's really important, I think, to have a team of people around you. That's certainly what I have. I've got all kinds of people that I consult with for my health, or specialists. So John is going to talk about what that looks like and why you want that, and how you can get a team like that working for you to improve your health. But we mainly talk today about insulin resistance and diabetes and how to overcome that. John, thank you so much for coming on the show.

John Goldman

Hi, great to be here, Wendy. How are you today?

Dr. Wendy Myers

I'm fantastic. I'm glad that you came on because I wanted to talk to you about everything that you're doing. Why don't you start with telling the audience a little bit about yourself, how you got into health and your personal story?

John Goldman

I am 50 years old today, but when I was 45, I woke up feeling like crap every day. I thought I was doing everything right. I had been a lifelong athlete, I was in the gym, and definitely very strong. But I was feeling like crap. I was sleeping like crap. My energy, mood, and focus were bad. I felt like I was swimming underwater all the time, and my IQ had been cut in half.

I had a conversation with a friend of mine who, this is like five years ago, we would call him a biohacker back then. I asked him, "Man, do guys my age who say they feel better than ever, they are completely full of crap, right? They're lying, right?" He said, "No. Actually, there are men your age, women your age, who can say confidently that they feel great today and they feel better than they did yesterday." I was like, man, if that is the case, then I need to make some major changes.

I was looking out into my life. I'm 45. Maybe I've got another 30, 40 years here, and if this is the peak for me, what's coming? How am I going to operate? What is life going to be like? So my friend introduced me to the world of functional medicine and advanced diagnostics. It's where I learned about ApoB, what C-reactive protein meant, what visceral fat was, what a DEXA scan was, what VO2 max was, and why it

was important. We did all these tests, and I learned that I was pre-diabetic. I had a C-reactive protein of five, I think. I had four or five pounds of visceral fat. I had fatty liver disease. I had hyperlipidemia and hyperinsulinemia. I was a mess. I was a metabolic disaster. I was already on blood pressure medicine.

I thought I was all right. I go to the gym. I work out. I think I eat kind of okay. I put myself through those tests. I learned all those things about me, and then through my network, I put together a team of people that helped me craft specific plans around each area. How do we solve fatty liver disease? What supplements should I take? How should my diet change? What kind of workouts should I do? How should we monitor this? After six months of putting all this into work, I had cleared almost absolutely everything. I was back into fighting weight, very lean, healthy, and happy. I've done a sleep study. I'd got my apnea result identified, and I was a different person.

I thought, "Hey, if me in my late 40s, a professional and a family guy, could find value in a service like this that didn't exist at the time (this is four, five years ago), I bet other people would be interested." That's how Rebel Health started, through my own personal journey, and then we sort of built the company around that experience.

Dr. Wendy Myers

Tell us about your kind of theory about longevity and maybe tie that into insulin resistance, which so many people are dealing with. In fact, I did a whole docuseries called *Heavy* about how toxins play a big role in insulin resistance and being overweight, causing so many of our different chronic health conditions. Toxins definitely cause insulin resistance, and that's one of the main issues that a lot of people are dealing with today. At least, anyone who's overweight or has diabetes or maybe isn't feeling their best, not eating the best diet, probably is dealing with insulin resistance. So tell us what that is and how it's affecting our health.

John Goldman

Our basic philosophy on longevity is we have a seven-part philosophy. I inevitably forget one of them each time I do this. The first one is to get and stay lean. The second one is to move more. The third one is to lift heavy things. The fourth one is to sleep well. The fifth one is to eat the right food. Then have community and find

meaning in life. These seven things, if you can do each of these, are the biggest rocks that we have, the biggest boulders, the foundation.

People are talking about peptides like crazy these days, which is funny to me because they've been around forever, and all of a sudden they're so crazy popular. Most of those, carving aside like tirzepatide and semaglutide and such, most of those are going to take you from 95 to 98%. The biggest movers are going to be: how much muscle mass do you have? How is your cardio respiratory fitness? How is your mitochondrial health? Are you as lean as you should be? Are you carrying visceral fat content? What does your insulin sensitivity or resistance look like? Are you eating the right foods for your genetic makeup and for where you are in your insulin resistance journey?

I can tell you as a highly trained athlete, totally insulin sensitive, I can eat a ton of carbs, and I need to, and I do all the time. But when I was trying to solve my own insulin resistance, carbohydrates were definitely not the answer. So we believe that if you can focus on these things, then you can really do a lot to extend your life, or reduce your chances of all-cause mortality and then carry the same vigor and vitality into your old age. My goal for longevity for myself is to be a badass grandpa. That's what my goal is. I see it unfortunately in my family, where the prior generation just didn't stay up on things. They're in their 70s now, and they are just not participating as they fully could be with their children and their grandchildren.

My goal is to be the grandpa that's leading people on the hikes, going surfing, traveling, and really doing things that are fun and exciting. Having that verve, that power, and the life force to just be a healthy, productive part of my kids and hopefully one day grandchildren's lives is important to me. Am I going to live to 120? I don't know. But I do know that when I'm 75, I want to be killing it.

Dr. Wendy Myers

That sounds like a really good plan that I think a lot of people should shoot for. That's my plan too. I want to look and feel great well into my older years, and that's why I'm doing this podcast to give people kind of the insight on how to do that. Why don't you walk us through those steps, those seven steps and where people should start?

John Goldman

The easiest one I think is to move more. What we have seen time and time again, and the data is pretty clear on this, is that our number one therapeutic modality for solving insulin resistance is low energy, low effort cardiovascular exercise. One zero for some people, zone one, zone two maybe. Depending on where you are in your fitness journey, you can achieve zone one, low zone two, which is, say, 60 to 70% of your max heart rate. A lot of people can achieve that simply by walking. We can just get up and walk.

The thing that I tell people to do as a very first step, if they're just coming off the couch and they don't know where to start, they think they're 20 pounds overweight but they're probably 40 or 50 pounds overweight, is just try to walk a couple miles a day. Start building the mitochondrial improvement, the capillary improvement, improving your fat oxidation by moving every day.

Then we can start looking at what we're eating and cutting out the obvious things. Cutting out the highly processed foods, the processed sugars and drinks that are nothing but sugar and carbohydrates when you're in a condition with excess adiposity, to use the language instead of just obese. Really finding a way to eat the better foods and fewer of them. I know that calories in, calories out as a prescription has failed a lot of people. Eat less and move more as the prescription for how to do it has failed a lot of people, and it's not because the thermodynamics don't work, or it's not because the model of calories in, calories out is broken, although there are contributing factors that will impact that. It's because it's difficult to adhere to, and it's a difficult thing to become integrated into your life.

A simple thing of just even starting to take pictures of the food that you're eating so that you can just remember what it was that you ate the day before. Even at this point where I have been a 10 out of 10 calorie counter and really focused on macros and micros and have gotten myself very lean, there are still moments where I'll walk in the kitchen, grab something, start eating and be mindless about it. If you're doing that throughout your day, the amount of calories that we consume is often quite shocking to us once it's put in front of our face.

At the same time, doing a diagnostics test like a DEXA scan can bring some cold reality into your perspective. I know for myself, as a data-driven person who is constantly looking at business analytics and data in my life, including financial data,

the things that get measured get managed. I also know just as a human being, we have protection mechanisms that don't often allow us to see ourselves exactly as we are.

I've done 1,000 intake calls with people where they come in and they say, "Oh, I'm probably 15, 20 pounds overweight." Then we do a DEXA scan, which is a full body composition analysis that takes a look at your bone density and can identify visceral fat content as well as subcutaneous fat and your muscle mass. People are shocked when they find out that they're 35 or 40% body fat. Then when you see that number, The DEXA's the gold standard. My bioimpedance scale tells me I'm 22% body fat. Nope. Those are often quite wrong.

Dr. Wendy Myers

Those are the scales, you mean the ones you just stand on with your two feet?

John Goldman

Where you just stand on it with your two feet and it tells you what your body fat is.

Dr. Wendy Myers

Are they not accurate?

John Goldman

What? I want it to be accurate. I like that number. So seeing that data generally motivates people because they're kind of shocked. Or when they get their blood work back and they see that their A1C is six or seven and they're on their way to full-blown diabetes, or that their cholesterol's particularly high, or their visceral fat content is excessive, or God forbid, like in my case, when I had fatty liver disease. You're like, "Well, I have fatty liver disease? That sounds terrible." Well, it is, man. 100 million people in the US alone have that and have no idea. The numbers of people that are pre-diabetic and insulin resistant in America are astounding, and most of them have no idea. Left unchecked, pre-diabetes turns into diabetes, and diabetes left unchecked actually results in death at the end of the day.

One of the stops along the way is getting some of your limbs amputated. People think that's not going to happen to them. No one thinks that is going to happen to them. They're dead wrong. One of the really strong wake-up calls I had about the

health crisis in America is that not only just looking around, but one day my wife, she was with Kaiser at the time, and we went in to see the OBGYN. On the same floor was the "endocrinology clinic." I'm using quotations here because it was just like the diabetes clinic. And there were 20 people in there in wheelchairs with one foot. It just shocked me so hard to see that folks had allowed what is ultimately a lifestyle disease to lead to actual flesh dying on their body and having to get their limbs amputated.

Dr. Wendy Myers

I remember my father, he was diabetic. He was taking so much insulin. I actually had to help him pay for it because he was taking so much insulin, he couldn't afford it. He couldn't go get a manicure or pedicure because just in case they nicked his toe, he was worried it wouldn't heal and he'd get a diabetic sore, and it'd turn into something else, and gangrene.

John Goldman

People just don't realize what's coming for them, and I think in the typical medical care system, it's not flagged early enough. People are only tended to once they qualify as diabetic, with their fasting glucose above 125. Nothing is done about it before then. They're just like, "Keep an eye on it."

Ads 15:29

And now a word from one of our sponsors. When did you realize that you were not taking the best quality protein powder? For me was when I realized I was taking a soy protein isolate powder. It had really nice packaging, but I realized the soy protein isolate is not very good for you and your kidneys, and it's mostly GMO. There are a lot of people out there who just are not reading the labels and don't know what they're taking in their protein powder.

So for me, I'm a supplement snob. I want to take the best possible supplements for my body and for my health. A lot of people don't realize that over two-thirds of protein powders tested by consumers reports they had above California's Prop 65 limits and lead sometimes ten times over the limit. In another study, 47% of top U.S. protein powders exceeded the limits and 21% had more than double the limits of

lead. It's alarming what's in some protein powders. That's why I switched to Puori grass-fed whey. It's pronounced puree, which stands for pure origin.

Every single batch is third-party tested for 200-plus contaminants. You can look at every bag here and see there's a QR code on every single bag right here. You can see every single batch is tested and what your batch tested for. No other brand is doing this. Every serving delivers 21g of whey protein from grass-fed cows with six grams of BCAAs (branch chain amino acids) and 2.4g of leucine. It is free from hormones, GMOs and pesticides. It is made with all clean ingredients. They have a bourbon vanilla flavor with real vanilla seeds from bourbon vanilla from Madagascar, which is the best vanilla in the world.

The dark chocolate is made from organic cocoa powder. And that's really important because cacao is very, very contaminated with heavy metals. They, of course, test every single batch. Honestly, it feels really good knowing that I'm taking the highest quality protein powder. It's made from whey. A lot of plant proteins can have heavy metals in them. They have problems. Soy is genetically modified unless it's organic. So this is clean protein tested for safety with total transparency. You can get Puori's fantastic whey protein powder and use code WENDY20 at puori.com/wendy20 to get 32% off your first Puori grass-fed whey protein powder order when you start a subscription. Again, go to puori.com/wendy20 and use the code WENDY20 and get this limited-time offer.

John Goldman

You took the words right out of my mouth. That was my own experience with my own primary care doctor that I thought was the fancy doctor because I paid One Medical to get same-day bookings and be able to see the doctor quicker. But it was still a seven-minute visit, and they still saw my elevated AST, ALT, my liver enzymes. They saw my A1C being where it was, even putting a diagnosis in there, hyperlipidemia, and all they said was, "Eh, we'll just keep an eye on that." No. Now, knowing what I know now, that is an act of malpractice and lack of care and duty that the physicians have to their patients. Maybe he tossed, "You should exercise more and eat better," over his shoulder as he walked out of the room, but what is that going to do for people? That is one of the biggest tragedies that we have in the United States, that

we know who's pre-diabetic. They get their basic blood panel done and nothing is being done about it.

When you just go on the cold hard cash of it all, the hundreds of billions of dollars that we spend on treating people with diabetes, that number is only going to explode. I just can't understand why we're not talking about this ticking time bomb in the United States healthcare budget. In the old days, they would talk about choosing between guns and butter, that was the discussion in economics. In the future, we're going to have to talk about diabetes or national defense, because the spending is going to be so out of control. I'm on a rant here, Dr. Wendy, because I get super passionate about it.

Having seen it in my own life, as somebody who I thought was doing the right things, it took me just being tired of feeling tired all the time, and looking into the future and thinking to myself, "This just can't be the rest of my life." Then the diagnostics, the DEXA scan, the liver ultrasound that we did, the comprehensive blood work, the state of inflammation that I was living in by severe insulin resistance, which means even if I ate foods which ordinarily would be fine for most people who are in shape, I'm still going to be processing them differently, still going to lead to inflammation, arteriosclerosis, heart disease and all the things that come along with it.

That’s why, you know and your audience knows, that when you have sufficient muscle mass, you give your body a place to put the sugars that you do eat. When you are in a decent level of cardio respiratory fitness, your body is able to process fat as an energy source in a way that most people are not when they're untrained. So when we set about building the Rebel Health Alliance, we knew that movement is medicine and food is medicine, and that's why everyone in our program gets a physician, a strength coach, an endurance coach and a dietician. Because you need all these things working together to create the optimal conditions for, not to mention longevity, but just for baseline health.

I've seen it written many times that we have a crisis of (this word's difficult to say usually) sedentarism, where the lack of movement in people's lives and the concomitant lack of muscle mass just create the conditions for poor health. If you add the processed food and the lack of sunlight to it, you're adding like five or 10

pounds a year. You do that for a decade and you're going to find yourself in a really bad spot.

Dr. Wendy Myers

I love that you talk about having this team, like creating this coordinated team of people with anyone who's working with the Rebel Health Alliance. Because it's not enough just to go to your doctor and get that few-minute consultation, figure out what it is that you need, all the underlying root causes and what you need to change. There are so many different factors that go into, one, the underlying root cause, and then how you need to make changes in your life. That doesn't exist in one person.

John Goldman

No, it doesn't exist in one person, and until Rebel Health, it didn't exist in one place or in one practice. We see other people trying to do bits and pieces of it, but I think we're still one of the only people that puts it all together in one place and elevates your strength coach into your medical team. This is because your muscle mass is such a key component to your overall insulin environment, insulin sensitivity, ability to process the food that you eat, inflammatory environment, eventually plaque buildup, and whether or not you're going to have a heart attack that you weren't expecting or getting a foot chopped off because you just didn't think that was going to happen to you.

If there's one thing I can tell people that are just getting started, it's that you have to get up and move around more than you do now. What you'll find is like the first few times does take a heavy sense of willpower, just getting up and going. But if you just go that third time or that fourth time, you'll see that it gets a little bit easier, and then you'll start to notice the positive effects that it has on your life. Specifically, the time you spend outdoors, the influence of being in the sunshine at the right times of day, your congruence with circadian rhythms, and your hormones react to sunshine, and you'll start to feel it. Then once you start to feel it, you're more motivated to keep going in the right direction. It starts with just building these little habits.

Again, we mentioned earlier just maybe take pictures of your food. Maybe just jot it down. You don't have to be as vigilant as I am in terms of tracking every single micro and really nailing my caloric. I'm training for a marathon, so I'm cycling carbs on

different workout days. You can get crazy with it, but you don't need to do that at the beginning. You just need to be in a little bit of a caloric deficit, to be moving more, and set the conditions for yourself to reduce some of that excess adiposity.

Dr. Wendy Myers

I understand why people get frustrated, because I've had many female patients that are doing everything right. They're eating less and working out more yet the scale isn't budging. So they can get very frustrated. But those are the basics. You have to do that no matter what for life. No matter what the scale says, you still have to do resistance training, cardio, walking, and eating well and the right foods for your body depending on your health status and what you're trying to achieve.

So I just wanted to say that for those people out there who feel like they're doing everything right and they're doing those basics and still not getting the results that they want, there's a lot of underlying root causes to why that scale isn't budging. Toxins is one of them. Can you talk about some other issues as well, and what people can do to kind of get to that next level of finally losing the weight?

John Goldman

One thing which is difficult is resetting some level of expectations. When you sit down, do the math, and figure that maybe you can get yourself into a three or 400-a-day calorie deficit, we're not even talking about a pound of weight loss in a week. I know women also have non-fat mass related weight fluctuations that are either hormonally driven or diet driven, a lot of times alcohol driven for sure. That's usually one that's lurking in the background, people drinking more. Or ice cream driven. For sure.

So you could weigh yourself every Sunday for a month, and if you happen to hit on days where you're retaining water or are bloated from something else, or just part of the nonlinear discontinuous function of weight loss, it can be very disheartening. You could have been doing it for a month and the scale looks the same, but it's really just because of the timing of the days that you weighed yourself. You have to manage some level of expectations and think about it as being more of a longer-term project.

There are hormonal issues that can cause increased levels of hunger or change the way that your body processes glucose or sugars when you're eating them. That's

why I think people see a lot of success early on in reducing the number of carbohydrates that they're eating, because technically you're retaining a little bit less water. The glucose goes into your muscles and brings water into your muscles, and so if you burn some of that up, you're going to lose water weight. If you cut your carbs down, you can definitely drop some water weight pretty quickly. I find that to be a good way to get people kick-started as well.

It's important to note that the weight loss, fat loss itself (I've used this phrase for years) is discontinuous and nonlinear. What that means is that even if you are in the perfect caloric deficit for 60 days, your weight loss chart is not going to step down in a linear fashion. It is going to spike up some days. It's going to drop down three or four pounds depending on how big you are. It could drop half a percent or 1% down in a day. It could go back up. It looks like you're just treading water, and then all of a sudden a whole bunch comes off.

There's a lot of theories around why that happens. We call it the whoosh, where you know that you've been in a caloric deficit for a week or two weeks and the scale's not budging. Then one day you're in the bathroom all day and you don't know why, and you weigh yourself the next morning and suddenly you've dropped four or five pounds. I have seen that happen time and time again. So just remember, it's going to be gradual. It's also going to be discontinuous, meaning it's not going to happen every single day, and it's going to be nonlinear, meaning it's not going to go in a straight line.

Dr. Wendy Myers

I always think of it as like the stock market. Some days you crap out and some days it's going great. But it continues to baffle me and frustrate me even when I know this information. It can just drive you nuts when you're really wanting to drop 10 pounds and it's just not working, or as fast as you'd like.

John Goldman

You mentioned the drop-10-pounds thing. I've done 1,000 intakes here at Rebel Health, and people come in and they have goals like, "I want to lose 10 pounds." Great. Most of the time it's a wedding or summer vacation or some event where they want to be slimmer than they have been. Then they achieve that goal, and then we may

tell them, “We have bigger goals for you”. Truly the health metrics are the things that we're targeting because we can drive those numbers, see results on a regular basis by doing the protocols and seeing the effect there. But the benefit is an improved life. The benefit is that you have more energy to be the mother that you want to be for your children, or the father you want to be, or the better spouse, or a better performance at work, or more energy for the things that you love to do.

So instead of thinking about, "I want to lose 10 pounds for this thing," we try to orient people into thinking about, "I want to build a new lifestyle so I can be the person I want to be." When you can frame it in that context, and I know it's tough, but think about it, it is a lifestyle change. You can't just keep doing what you're doing and expecting a different result. You have to have a different life and a different lifestyle. When you contextualize it with who you want to be, and your perception of self, and your identity, and the things that you do and enjoy, and the service you can be to other people, that helps with this lifestyle-change concept. It gives you more motivation, dedication and consistency.

Again, it's not going to happen in three weeks or six weeks. These are the big transformations, the ones where people go from 40% body fat to 20 or 18 or 15. These things take six, nine, 12 months, and by the time you get there, you will realize you have not only achieved your health goals and the metrics are where they want to be, you are a different person and live a different life. You are walking and exercising more. Maybe now that you're fit and able, you're thinking about running a 5K, taking a hiking trip, and going surfing or even coaching your kid's Little League team. You have a fundamentally different life than the one that you had before, when you were encumbered by all that excess weight, low energy, lack of confidence, brain fog that happens to people, slow mornings, and all the things that happen. You're going to be a different person, so just dream about that person and use that as your guiding light rather than, "I'm just going to trim up because summer's coming and I don't want to feel bad when we go to the beach."

Ads 31:50

Now a word for one of our sponsors. So I'm a huge, huge fan of Tru Energy Skincare. This is a bioenergetic skincare line that I've been using for almost two years now, and it's what I use exclusively. It's so good. They have a new product out called the Bio

Adaptive Hydration Oil. This is really, really key for protecting your skin from dry winter weather because when you have cold weather plus wind, plus indoor heating, that's gonna equal dry, irritated skin. So hydration is really, really key to protect your skin barrier and, you know, preserve your skin.

Why does this matter? It's because dehydrated skin can look dull, tight, and have more fine lines and wrinkles. Supporting your skin during winter helps it stay resilient and healthy. As I mentioned, I love Tru Energy Skincare, and they have this bio-adaptive formulation designed to boost hydration and nourish the skin. It's a bioactive, nourishing skin oil, and so it's infused with frequencies. There are dozens and dozens of frequencies imprinted on their energy-optimized blue bead that's in all of their products. It's imprinted, actually, with not hundreds, but thousands of frequencies to support cellular repair, improve collagen production, and increase regeneration of your skin.

This is what I'm using at 53 to get the best skin that I can possibly get. This is one of the secret weapons that I personally use. This bio-adaptive hydration oil uses nutrient-rich skin-supportive and clean ingredients as well. All you do is add one to two drops to your face cream or Tru Energy products like their serums or their lotion, and it just increases that hydration. I also use it 'cause I do face yoga every night. I use hydration oil. I put it all over my skin, and massage, and I'll do guha and other things. It’s part of my nightly routine. So there are a lot of different uses for it, including increasing the hydration and the effectiveness of the products you already have. Try it for yourself. Go to trytruenergy.com/wendy5

Dr. Wendy Myers

It can be really challenging to think about all the work that you have to do to lose that weight and to improve your blood sugar. I caution people because I had the same thing. I had a really stressful project, and I gained 25 pounds, and I was already a little bit overweight at that time. I lost 40 pounds last year and just feel like a completely different person. One of the mindset mistakes that I made was I had just gotten out of the habit of working out, and I had this thing like, ugh, it's going to take so long to lose that weight. It's going to take so much work, and I'm going to have to work out four or five days a week for six months.

I just told myself, "Just shut up." You have to think of this as a lifestyle. You have to work out for the rest of your life, and that's it. If you don't do that, you're going to lose your mobility, start hunching over and your fascia is going to tighten, harden up, and get calcifications. You're going to have health issues. It's not just about your weight. You have to make this commitment to yourself for the rest of your life, and don't think about the uphill battle that you have to go through to get to your goal.

John Goldman

That's where a systems mindset over a goal mindset is really powerful, which is thinking about what are you committing to do today, and what is the system that you're building today. If your next step in front of you is to walk two miles, then okay, that's what we're achieving today, and I'm going to do it tomorrow, and the next day. You just commit to the process rather than thinking about the arbitrary goal. Because the funny part about goals is (I'm sure you've experienced this yourself, Wendy), when you get there, it's never as fulfilling as you think it's going to be. Step one oftentimes brings as much reward as the achievement of the goal itself, and then you'll reorient yourself into a whole other set of goals that you're going to want to achieve then as well.

It's the system and the day-to-day compliance and adherence to the plan that's going to open up everything. It opens up the new life, the person, the energy, the focus, the verve. It unlocks being 75 years old, leading your kids and grandkids on vacations, and avoiding the mental decline that comes with the lack of movement, and then the stories you tell yourself, "Oh, I really do just love sitting inside watching TV all the time." Then you just fall into these traps where you start rationalizing your behavior.

I look around at people that are older, and I think, do I want to be like that? Then the answer is, usually, no. What do I have to do to not be that person and to be who I want to be? You're absolutely right, there's no end to working out. There's no end to moving around. If you want to put it a little bit differently, the day you stop moving around is literally the day you stop moving around.

Dr. Wendy Myers

Is that what you want, to be the person that doesn't move?

John Goldman

Oh, it sounds horrible. Just take to your recliner. I watched my grandfather and my dad do it. You take to that recliner and you start watching TV. That's the beginning of the end.

Dr. Wendy Myers

Yeah, that's our prior generation's version of doom scrolling.

John Goldman

The clicking, the obsession with the TV shows, the sporting games and whatever comes along with that, that draws your attention in. I just feel genuine empathy and sadness for people that aren't moving anymore. When you think to yourself, "I don't want to work out," well, you want to be a strong person. You want to be a mobile person. I think oftentimes people can also see some motivation in the fact, "I don't want to be a burden." Like, man, the last thing I want to do is be a burden on the people that I care about. I have a duty to not be a burden and be the best version of myself possible so I can be the best husband, father, colleague, partner, community leader, little league coach that I could possibly be. The day you stop moving is the day you stop moving.

Dr. Wendy Myers

Let's talk about some of the symptoms of insulin resistance. Can you just tell people what to look out for?

John Goldman

Are we talking about the actual metrics, or how are we feeling?

Dr. Wendy Myers

How they're feeling. What are some of the symptoms that should prompt them to want to dig a little bit deeper and get some metrics?

John Goldman

I think your energy level is going to be a big one that really stands out, and how you feel after you eat. Food is supposed to be energy, but I think a lot of people will eat

and then feel terrible afterwards. They feel low energy afterwards, or they feel like they got a weighted vest on after. I find these days when I eat food, I'm more energized afterwards, because that's the whole point of eating food, to give you energy, not to make you feel lethargic. I think other people experience a diminished cognition, they call it brain fog.

Basically at the root of all of our chronic disease today is insulin resistance and metabolic disorder, so all those negative feelings you're feeling including low energy, achy, creaky, immobile, can't sleep, a lot of these come all the way back down to how are you processing the food that you eat? How is your body able to shuttle the nutrients around? Are you operating in some overdrive, insulin-crazed inflammation state, or are you able to eat and consume and have energy afterwards?

As long as we're talking about diagnostics and tools here too, the CGM, the continuous glucose monitor, it's going to tell you one thing that everybody knows. You eat, your blood sugar goes up. But your blood sugar going up isn't necessarily a bad thing. It happens when you eat. It's going to happen when you eat protein and fat as well. But what I noticed in using a CGM for a very short period of time is that if you just walk after you eat, it clears the blood sugar so quickly. The technical term for that is postprandial ambulation. We used to just call it taking a walk after dinner. Got to get out and digest a little bit. If you can just incorporate movement after you eat, you're already starting down the path of solving your situation by clearing the blood sugar in a quicker way and restoring your body to the condition that it needs to be in. That's such a simple thing to do.

It's so easy to go on a 10 or 15-minute walk after dinner. It doesn't have to be some five-mile hike or anything. It can just be walking around the block. What a better time to start a habit of eating, taking advantage of the longer days, getting outside, walking around at sunset, being able to stroll around in the summertime in 80-degree weather, or 90, depending on where you are. You're in Houston, 1,000-degree weather in the evening. Just get out there and move around a little bit. And it all comes back to movement is medicine. Sedentarism is the culprit for our metabolic disorder, which is the underlying cause for all of our chronic diseases. So start there. Start simple.

Dr. Wendy Myers

Let's talk about the CGMs, the continuous glucose monitor. This is something that I've used, and it was so insightful to see what foods spike your blood sugar, and that's going to be very different for every person. Food sensitivities can also cause major blood spikes. But it also clues you into foods that you really need to avoid, and for some people, that's going while for others, it's corn. It's just very different for every person. Getting that information is vital. I used one for a few months, which was so invaluable to help me make the changes that I needed to make, including not eating certain foods at dinner or eating too big of a dinner, because then that's going to be a spike your blood sugar throughout the night, which will destroy your sleep and cause higher blood sugar and cravings the next day. I was trying to pinpoint what was causing my sleep issues and night waking.

For my own mother, she went to her doctor, and they're always pushing different medications, cholesterol medications, diabetes medications; that's their job. They said that her fasting glucose was really high and she needed to go on diabetes medications. I thought, "Whoa, whoa, whoa. Instead of this one single test, let's do a continuous glucose monitor and get two weeks of data." She had no issues with her blood sugar whatsoever. Her blood sugar was amazing and not diabetic at all. So I think people need to be very careful and get better data than just that fasting glucose number or the A1C, which are the two things that are measured at your conventional medical doctor. The continuous glucose monitor you can do at home. Get it on Amazon, a Stilo is, like, $45 or $90 for a month of monitoring.

John Goldman

It is a very powerful tool. Gives you that instant data to assess your behaviors. Like you, I had a brief but very powerful experience with the CGM. Again, you figure it out after a couple of months. For me, the biggest takeaway was, one, don't be afraid of the fact that your blood sugar spikes, because it's going to spike whenever you eat anything, basically. It will spike more so in others. But the fact that you can lower it simply by walking around, by getting up and moving around, that was the most powerful piece of actionable insight that I got from using the CGM.

I'll throw in another device that people are using these days and the wins that you can get out of it, the Whoop strap, or just a heart rate monitor in general. That is what ended my relationship with alcohol. I learned how devastating alcohol was on my

resting heart rate. It increased dramatically. On my HRV, or heart rate variability, it decreases it dramatically. In my sleep, it destroys it. So I love beer, wine, and cocktails. But when I saw the impact that alcohol had on my immediate health, it immediately kicked off a slow breakup with alcohol.

I used to drink all the time. You go out, have drinks, have some drinks at home, have one or two glasses of wine at dinner, and have a cocktail maybe. Now it's definitely something that I only do on occasions, maybe a couple times a month. I know going in it's going to screw everything up, so I've learned to drink during the day instead of at night. I mean, it sounds crazy. Day drinking sounds like something reckless college kids do. But if you do it in the middle of the day, at brunch or something on a Sunday, then your body has a chance to process that alcohol and clear it before you go to sleep, and it won't disrupt your sleep as much.

Dr. Wendy Myers

Talk about raising your blood sugar, alcohol's a great way to do that.

John Goldman

In our practice at Rebel Health, we're not teetotalers, and thus not preaching abstinence by any means. But we do give people some frameworks to work with, and call it the 2-2-2 framework. This is two drinks max, twice a week max, and at least two hours before bed. If you can stay within those guidelines, you will minimize the impact it has on your health and on your sleep, given that sleep is so important for so many reasons. It’s not that difficult to adhere to.

You’ll find over time when you just do that, those two drinks become enough anyway, your tolerance comes back down a little bit, and you do get the good benefits. There are benefits to alcohol. It's fun, it's social, you can have a good time, and it tastes good. But it permeates every cell in your body when you drink. It’s one of the few substances that you can die from its withdrawals. It just has such a profound negative impact. If you can just do it in a nice, moderate fashion, you can mitigate a lot of the negatives.

Ads 46:49

I'm always looking for ways to up my game when it comes to my beauty regimen, and that's why I use Bon Charge's red light face mask. It's something that's super easy to incorporate into your routine every day. It's super lightweight, and it's something that I highly recommend to anyone who's looking to improve their beauty, anti-age their skin, and get rid of age spots and just generally looking to improve the texture of their skin as well.

Bon Charge's premium products are grounded in science. They're a very purpose-driven company. That includes their red light face mask, which combines beauty and wellness technology for more radiant and glowing skin in as little as 10 minutes a day. It uses optimal wavelengths of red and near-infrared light that are suitable for all skin types. Plus, the mask is lightweight, portable, and contours perfectly to your face as well. I use my red light face mask every night. It's part of my nighttime routine. It's super easy to use. You can just put it on. It has little eye holes, so you can still, like, look at your phone or do whatever you're doing at the end of your day. But you can use it any time.

You can use it a few times a day if you want, but it's definitely something I've been doing for about six to eight months now. I've definitely noticed a big change in the texture of my skin, an improvement in the appearance of the skin, a reduction in fine lines, and a reduction in little age spots. I'm super happy with the results, and consistency is key. Also, Bon Charge products are HSA/FSA eligible. That gives you tax-free savings of up to 30%, so that's fantastic. So if you wanna get your own Bon Charge red light face mask, just go to boncharge.com and use my exclusive coupon code WENDY at checkout to get 15% off. You'll also get free shipping and a 12-month warranty. Go now to get this exclusive offer

Dr. Wendy Myers

Let's talk about peptides. Let's talk about Ozempic, semaglutide, Mounjaro, tirzepatide, retatrutide, the GLP-1s, and what role you think those play, because those are effective at controlling blood sugar, and they're prescribed by conventional medical doctors, functional medical doctors, and people are buying them online. I definitely use retatrutide to help lower my blood sugar and reduce fatty liver and lose weight, and it made it a hell of a lot easier. What role do you like them to play in controlling insulin resistance, diabetes, and weight loss?

John Goldman

I saw the other day that peptides have exceeded pickleball now in its search results, so that's how popular they have become. Then let's also define what we're talking about. There's no therapeutic unifying concept behind the notion of peptides. They do all kinds of stuff. They come in all kinds of different forms. At heart, they're chains of amino acids. But let's carve out a group over here. We'll call that the semaglutide, tirzepatide, retatrutide category, and then some of the growth hormone-related analogs and secretagogues like ipamorelin and tesamorelin and human growth hormone. Those are extremely powerful therapeutic tools. Unbelievable technologies.

On the other side, so many of the other peptides people talk about , BPC-157, TB-500, GHK-Cu, you name it, a lot of these are going to be fringy. They're going to be of minimal impact on most people. If you're not already healthy, you probably won't even notice that you've taken them. MOTS-c and SLU-PP-322 and whatnot, these mitochondrial enhancers, you're probably not going to notice taking those if you're not already healthy and dialed in.

Going back to the GLP-1s and their successors, exceptionally powerful medical devices, amazing technologies, game changers. Absolutely lead to weight loss, improve insulin sensitivity and your relationship with sugar and reduce hunger. Retatrutide absolutely increases your metabolic rate and makes it so that you eat less and burn more simply by taking this one medication. Will put you in a caloric deficit and cause you to lose weight.

Now, there was a time at which the influencer community and people were pulling all these alarms that, hey, you're going to lose a lot of muscle mass on these drugs. Yeah, you're definitely going to lose muscle mass. I did. I lost muscle mass, my butt, and I was not happy about that, because again, you have to lift weight and eat your protein while you're taking them.

Dr. Wendy Myer

There are no shortcuts. That's exactly the point I'm getting to here.

John Goldman

You're going to lose muscle mass as you would in any caloric deficit. I haven't seen any data that shows me that you lose more muscle mass on semaglutide than you would in a similar caloric deficit. But what concerns me terribly is all of these pill mills. Hims especially, and Bro, and all these people that are just putting you through a questionnaire and then giving you semaglutide without too much medical oversight. You're setting yourself up for failure. You're setting yourself up for either two options. One, basically be on the drug for the rest of your life. Who wants to do that? And two, you're going to be in a position where you have less muscle mass, lower metabolism, rebounding hunger, and no lifestyle changes. So what's likely going to happen? Rebound is going to happen.

I have used all the semaglutides and Reda. I found retatrutide to be extraordinarily powerful. I ultimately went off retatrutide because its impact on my resting heart rate was significant. My resting heart rate the last time I was on Reda, in November of 2025, was up in the 70s. I'm an endurance athlete. I run marathons. It should have been nowhere near that. Since I've been off the retatrutide, my resting heart rate is back down into the 40s. It turned my HRV into single-digit numbers, and now my HRV is back up to 80 and 100 at some points. So there is a profound impact on those numbers. Whether or not it's a true physiological impact is debated time and time again all day on social media. But the truth is that they have other effects on your body besides just making you eat less and burn some more.

In our practice, we use tirzepatide, but we do it with a registered performance dietician that ensures you're getting sufficient protein intake in your caloric deficit. We do it in conjunction with a CSCS-certified strength and conditioning coach who ensures you're doing the resistance training necessary to preserve the maximum amount of muscle during your caloric deficit and weight loss. You're going to lose muscle. The goal is to lose as little muscle as possible, and the only way to do that is, as you said, you have to eat the protein, generally about one gram per pound of body weight for most people.

Moreover, you have to do resistance training and compound lifts. You have to use multiple muscles when you're doing them and be consistent with it. You have to hit the six-to-eight rep range, three to four sets on each group. When you do that, you set yourself up for the best circumstance for when you come off, because then, when you come off the drug, you've now built a lifestyle of lifting weights and eating

protein. You've now preserved as much muscle mass as you can, so that you are metabolically healthy when you come off the drugs, and you give yourself the best chance for success afterward.

I think we're going to see a lot of horror stories about people who hooked up with Hims six or eight months ago, pumped themselves full of tirzepatide, lost 30 or 40 pounds, and a year later they've gained it all back with a worse body composition because they didn't build any muscle back that they had lost. They're going to be back to where they started and worse, unfortunately. So, extraordinarily powerful, highly recommended in the right circumstances, but you absolutely have to do it the right way, or it's going to be short-term gains only.

Dr. Wendy Myers

Yes, I love it. It's very clear. I absolutely love the explanation that you had, because I had that exact experience, and I'm super knowledgeable about so many things. I was really upset with myself that I just ate less, wasn't working out, and wasn't eating enough protein. That's a recipe for disaster. So why don't you tell us where people can learn about Rebel Health Alliance and how they can work with you? Is it online? Is it in person? Are you in multiple cities?

John Goldman

We are 100% national. We're in all 50 states. It's a virtual medical practice, which helps us keep our costs down. You can find us at rebelhealthalliance.io. You can find me on Twitter, or X, and Instagram. I'm @johngoldman, and I'm happy to have conversations with you, happy to talk to you in the DMs. I'm the founder and the CEO, but I still talk to all of our inbound prospects and do our consultations. I love meeting people and talking about all this stuff. Hit me up there; let's chat. One last thing that I have to say on our prior conversation.

I just had a woman DM me, and she told me that she was taking retatrutide, and she saw some of my posts about how it affected my HRV and my resting heart rate. And she's like, "Oh my God, I had the same experience." Then I looked at her pictures, and I'm like, man, why is she taking retatrutide? Retatrutide is like the nuclear bomb of weight loss drugs that we've got right now. She wanted to do it to just lose like five pounds. I'm like, "Lady, I understand that you want to lose five pounds and you want

to be trimmer and look great on Instagram or whatever." She's married to some famous athlete, and it's kind of a crazy story. But I told her, "Look, you don't need to do that. The side effects are so profound, and the negative impact potentially could be high. You just don't need it.

Don't do it for five pounds, guys. Don't do it for 10 pounds. These are transformative, high-powered medications that require medical oversight. If you're buying them off the gray, black market, if you're getting them from China, if you're doing it all by yourself, you probably need some guidance. You need some assistance just to make sure you're doing it right, or even that you should be doing it at all. Don't use it as just a crutch to just be like, 'Oh, I don't want to eat dessert today.' No. You're already relatively healthy. Just do the things that you've been doing and have a little bit of patience. You'll be better off in the long run. So that's my little mini rant there at the end.

Dr. Wendy Myers

Okay, great. Rebel Health Alliance, come get us. John, thank you so much for coming on the show. It's really good, insightful, and a lot of good gold nuggets there from John Goldman.

John Goldman

Thank you very much, Wendy. I really appreciate it, and thanks everybody for listening.

Dr. Wendy Myers

Everyone, I'm Dr. Wendy Myers. Thanks for tuning into the Myers Detox Podcast. I love doing this show. I love bringing people from all over the world to help you upgrade your health, and help you make those distinctions, and give you the tips and tricks you need to upgrade your health, because I want you to feel good. That's why I do this show. So thanks for tuning in.

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