

67 - New Years and Body Image

BioBalance Podcast — Dr. Kathy Maupin and [Brett Newcomb](#)

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Kathy Maupin: Welcome to Biobalance health cast. I'm Dr. Kathy Maupin.

Brett Newcomb: And I'm Brett Newcomb and today we're going to continue our discussion over the last couple of podcasts about medical issues. And this issue that we're going to talk about today is an issue that we discuss in the book that we're writing called "I Want What She's Having."

KM: And most people do want what we're having.

BN: Most people do. And the issue is the issue of sarcopenia. And sarcopenia is a relatively new diagnostic label in the medical profession but it's something that as the baby boomer population bulge comes into late middle age.

KM: It means your muscles are going away. That your muscles are dissolving, and all of the implications thereof.

BN: The incredible shrinking baby boomers.

KM: Baby boomer, yea, not shrinking this way, because most people are getting fatter but their muscles are going away.

BN: Yea, I went to a party the other day for a bunch of teachers that I used to teach high school with many years ago. One of them looked around the room and said "well there are fewer of us than there once were, but we take up more space."

KM: Sadly, but that is funny.

BN: So sarcopenia, what is it?

KM: Sarcopenia is, I mean we can have sarcopenia at younger ages, from diseases. Meaning our muscles can atrophy they can get thinner and smaller and we can be less strong. But most people get sarcopenia as we get older. And if you notice, look at your family; look at your parents or your grandparents. Usually as they get into their 60's and 70's they start looking not skinny, but littler and their muscles shrink and they don't look strong, and they don't look robust anymore.

BN: Solid.

KM: Solid, they look flabby and they don't get around as much. So sarcopenia is truly just the loss of muscle. But it leads to many things and it leads to various difficulties down the line in our lives that end us up in nursing homes.

BN: So as you get older isn't it inevitable that you lose muscle and you lose mass, and people shrink and the curve of their spine changes. I mean isn't all that stuff inevitable?

KM: It's inevitable if you do nothing. If you do nothing, I mean that's normal what they call aging, and what I call testosterone deprivation. So men and women both lose their testosterone, women in their 40's men in their 50's or 60's and as you hit a critical point your muscles respond by not growing when you exercise and not responding to the normal neurologic stimulation. Your muscles shrink. If I give someone back pure testosterone, they revert back to the healthy muscles that they had in the very beginning in their early 30's when they were healthy.

BN: So the testosterone builds muscle or does it facilitate the building of muscles.

KM: It actually builds the muscles. But it does require that you eat enough protein, it does require that you have exercise. Some people can be quite sedentary and still build some muscle, but for you to have a healthy level of muscle. You have to move around. You have to lift things. You have exercise you have to use weights or rubber bands, or something to build muscles. That's very important now.

BN: To keep your muscles from atrophy.

KM: Right and you have to build them and if you started atrophy, you have to build them back. That's the whole idea of rehab. And the reason rehab for injuries, not rehab for drugs. Gut rehab for injuries doesn't always work. Because we tend to give people the same exercises they had when they were 30 when they're 70 or 80. Well they can't build muscle they can't get their balance back because they don't have any muscle to hold them.

BN: So we're talking about a couple for different things. A couple of years ago I had a friend with knee problems and his knee was stabilized for some months. And they came in with an electronic tinge unit and put it on his calf and it put electricity through his calf and it would make his muscles exercise and that was to prevent the atrophy to those muscles.

KM: But he had testosterone.

BN: But he had testosterone.

KM: But if you do that to an 80 year old, it won't work.

BN: And they don't have testosterone, it won't work.

KM: And for me this is a huge picture. This is not just we don't have muscles, we don't look good, we don't get around that fast. This is one of the big things that causes our bodies to fail as we get older, and it goes from no muscle, to becoming frail, imbalance, falling, breaking things, going to the hospital, ending up in an nursing

home, or not being able to get out of the hospital, or the nursing home because something else happens because you're so frail, like get pneumonia, or you get a blood clot because you're not moving around, and then you can't get out of bed, so all of this leads to being incapacitated, and all of our baby boomers are going to be stuck in a nursing home. That's expensive, for us personally, and it's a loss to society for all of the baby boomers that have been working on being productive. They can't be productive if they're in a nursing home. And if we all go to the nursing home at the same time they'll have to build warehouses

KM: I know and our children can't pay for that. Who can pay for constant care for all of us? We need to look at the long picture.

BN: Lots of Velcro.

KM: Yea, residents are going to Velcro everybody against the wall. That'll make them happy. That's just what we need.

BN: Just stick them to the wall

KM: But that's not what we need.

BN: No.

KM: We need our muscles back. We need to be able to balance, and then we can get out of wheel chairs and walkers.

BN: You have a case.

KM: I do. I love this patient. And he and his wife have both been my patients. But his wife was my patient first. And she got her testosterone and she looks more than 20 years younger than she is and she in her 80's. And she is active, and she gardens, because he has her muscles and she's balanced. She doesn't fall and her mind works. Well her husband was doing very well for someone his age and he's in his 80's. He climbed ladders; he maintained a bunch of properties so he had a very active life in his 80's. So he had a knee replacement. And he had had one 5 years before and had done great returning to activity, but this time he was in his 80's he had loss enough muscle and he didn't have enough testosterone to rebuild his muscles back so he could not get out of a wheel chair. And this guy, it would be like me being confined to a wheel chair or being confined o anything.

BN: Of even being asked to be still.

KM: Yes, that would be bad for me and for anyone around me. So he was not a guy that was not going to be able to tolerate that and continue a life at all. So his daughter who is my nurse practitioner asked if I'd be able to treat him even though he was in his 80's. And of course I mean that was the only way he was getting out of that chair.

BN: But you were reluctant to do it, to begin it in the 80's because it's not optimal.

KM: Well in the 80's there are so many downsides that we don't have before 80. You know sometimes it's very hard to figure dosage. Some people need a lot of testosterone after 80 because they're insensitive to it. Some people need very little and then they get too much and then they get pietism which means sadly they have an erection for weeks. And that's not a good thing for them.

BN: Painful.

KM: It sounds great, but it's not, it's terrible. So I have to avoid both of those extremes so I want him to have it back but I don't want him to have side effects. So we were very careful about how we dosed him. And she inserted the pellets for us. And I'm telling you it was amazing. He had had rehab over and over and nothing worked. He was out of his wheel chair in a month he was using a walker, because you always work your way up. He had built so much muscle he could just get out of his wheelchair and use his walker and then another month he was out of his walker and using a cane and another month he was out climbing on ladders again doing everything he had done before. And now of course his wife is smiling. And we don't have to discuss that anymore because everyone understands what that is. He's bringing her flowers and my nurse practitioner goes I don't want to know. But that's great I want to be 85 and have my husband bringing me flowers. And there's no reason you can't have that.

BN: And still have all that going on in your life. I want to be 65 and have that.

KM: Ok well we can work on that.

BN: But that's part of the issue. I mean intimacy; sexual intimacy is a vibrant and critical part of life. And if you don't do something about that in the same way don't do something about or muscle mass or balance or all of these cascade issues. I'm trying to figure out what the trigger point, where does all of this start? And your contention is that everybody knows somebody elderly. Everybody knows that they shrink, that they get small, they have balance problems, they start leaning over, they start walking slow, they're fragile, they're not balanced. Then they crash, they break something, they go into rehab, depending on where they are on this cycle you've just described. They could come back from rehab or not. And so the question is it the fall that kills them because they die, because they fall they get pneumonia, they get blood clots and they die. In our family we've had a couple of elderly relatives in their 80's and 90's who have experienced this in the last year and we've watched this happen.

KM: And it's terrible thing to watch as well as experience.

BN: And they are frightened and afraid, and angry and then passive and then they, you can see them, get ready to die, they just give up. And what you're saying is if we can identify the trigger for the cascade and replace it early most of us will avoid most of

that and if we don't do it early and still identify it and do something, then some of us can recover.

KM: Right. That's true, some us can. And sometimes the damage is just so bad by 80 that you can't bring them back. Like my mother had all of her vertebrae crushed. Just kind of got smaller and shrunk and crushed and gave her terrible pain on her nerves, so that there was no rebuilding that back. No amount of hormone, no amount of phosomax, no amount of anything was going to build that. But we could of prevented it had she took my advice, but she didn't because I'm her kid. But you know everybody else does, but she didn't.

BN: The prophet is not listened to in his own country.

KM: That's right, but there's so much pain and time lost and productivity lost because people are incapacitated by their loss of muscle. Just think that if you knew you had a very tiny leak in your roof. And you know that and you don't want your whole house to be ruined by the next storm. And you know it's going to get worse, it's going to get bigger, it's going to cause more damage, first the attic, then the top floor. You know if you go to that one leak and fix that one thing then you're not going to have to rewire, replumb, rebuild, reinsulate.

BN: All of those things.

KM: All of those things. So what I'm saying is that we know the first step in sarcopenia is los of testosterone, it also affects our growth hormone, but growth hormones not the first step. It's testosterone. Testosterone has to be replaced. Plug up that hole first, and then you don't have to rebuild your house.

BN: Kathy, part of the reason that you do this podcast, and part of the reason that you're writing the book, is to get the message out, get the word out. Because one of the things that happens with the elderly and in the book you talk about this in some detail. When you discuss the events of the cascade, so you talk about loss of testosterone then you talk about issues with inflammation and the side effects that occur; joints, bones, brittleness of bones, less oxygen in the brain, less acuity in thinking and dividing, more fragility. There's just a whole structure of things you described that you attribute all beginning with the loss of testosterone.

KM: They do and I have the back up for all of that.

BN: You have research and the data.

KM: I had several patients that came in to me yesterday, which I have to address, who had been to good doctors that said "there's no research that says you need testosterone". And then "there's no research that says you need estrogen". Well I have binders and binders full of medical research that says you should take it and it prevents all of these things. But it's like if you don't take a temperature, you don't find

a fever. So if they never look for the research, if they don't do a Medline on it or if they don't look in the right place. All they have to do is look.

BN: Or maybe they're not trained in medical specialty that general practitioners are not trained in.

KM: Still they should know this. They're dealing with people with loss of muscles and people who can't recover from their falls. They should be scientists and looking for the research but they just got "no it's not there because I've closed my eyes and I'm not looking at it." Or it wasn't told to them when they were a resident. Well it's not about being a resident.

BN: Or it didn't come in the monthly update from the drug company.

KM: One of the things that I didn't address in this chapter but I want to mention is we are attacking osteoporosis with a drug that is not as good at building bone as estrogen and testosterone. But we are attacking it with a very expensive drug that builds kind of brittle drug and has lots of side effects. So, that means on this continuum they when thought somewhere in here people break bones so we're going to stop that. Well it's not the thin bones that make you break your hip, it's the fall. Well the fall comes because of lack of testosterone decreases your balance. So people who have lost their testosterone, normally if we're holding something we fall forward. People who have lost testosterone, fall backwards, they've lost their balance. It's not a normal way to recover from an imbalance. We all have imbalance.

BN: The proprioceptors in the brain that regulate balance go.

KM: Right proprioception is gone. And that's what divers have where they know where they are in space. Well everybody has that; we know where we are in space even if we close our eyes. But you lose that when you lose your testosterone, it's something in the brain and the ear and that's been proven as well and there are lots of articles about it. But that's the first thing so why are we not fixing that instead of breaking the bone that breaks when we fall. Why don't we stop the fall? So that's my mission. Why don't bring it back to square one, the most efficient thing in the world, just like plugging up the one little hole in your roof. The efficient thing is fix the thing, replace the thing that's missing that then cascades into all these different thing; physical disintegration, mental disintegration, cancers, illness, inability to live your life and be productive. If you can't think you can't go to work, if you can't walk you can't go to work, usually, unless you have a wheel chair. Or if you've gone through lots of medical care to get some way to get to work. And you need lots of people to help you.

BN: Well and to complete the circle. We started this conversation taking about obesity, and one of the reasons or contributing factors to obesity in late middle age is when the muscles begin to diminish and are replaced with fat cells. So you can exercise the heck out of yourself but if you don't have the muscles tone or the ability to build muscles

back because you don't have testosterone than that fat is just going to sit there and get heavier.

KM: Yea and it's just going to make more fat. Fat doesn't burn calories; fat was meant storage. So it was meant to store energy so that when we were fed in the summer but not in the winter that we could keep, we didn't have to eat every single minute we could keep some of our storage as fat, we'd use the fat and we could find food. But we're still the same physiology same chemistry as when we were first made but now we have constant food, we have constant eating so we make fat and as our muscles go down and our muscles decrease we stop burning calories. Muscles burn calories every minute of the day. After you hit this certain point you can tell because when you wake up you're warm. Your muscles have been keeping you warm burning calories to stoke your fire, and that's from testosterone. And when your muscles start doing that, you're burning calories while you sleep. So you're not going to be just gaining more weight every year. You're going to be using those muscles to lose fat and become lean so you need exercise but you need testosterone to make the exercise work. And you need a good healthy diet with protein in it.

BN: And if you don't use testosterone and all of these little things start to break you become heavier, more fragile, more sedentary, less mobile, all of that can be significantly impacted by replacing testosterone.

KM: Absolutely. And I don't want anyone to think that I want to live forever. I don't. I just don't want to live sick for a long period of time. I want to live well and functional and then be gone.

BN: And that's what we want for everybody else.

KM: That's right, and that's the way society will heal itself with all the monetary woes with medicine, is to keep people out of nursing homes, and out of the hospital and in their own homes taking care of themselves. It's quality of life, it's what God, I'm sure would like us to be, we're not good instruments of his work unless we are well.

BN: Functional. So if you have question or comments or thoughts about our conversation today or of any of our conversations on these podcasts. You can contact us directly and we will respond to you. You can contact Kathy?

KM: You can go to our website at biobalancehealth.com. You can email us at podcast@biobalancehealth.com or you can call my office to make an appointment or to get a new patient packet at 314-993-0963.

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