

Ozempic part 3- What does genetics have to do with ozempic and weight loss

Welcome back everybody to the rebel nutritionist podcast today, it's me. There's truly guess what we are doing. Part three of the Ozempic, conversation. And so what are we discussing today?

Well, it's going to be a little different than, what we've been talking about in terms of. The fact that I want to bring genetics into this picture. Genetics is such a big part of what I do. We call it nutritional genomics in this world, because it's not just about, genetics.

Like when we talk about the BRCA gene, it really is about DNA and how it informs us about your body and your operating system. So let's get right into it. We have a lot to cover and I'm going to try and be as succinct as possible and as organized as possible. And, and get through this conversation and really enlighten you.

the multi factorial. Part of weight management. It is never just about like take one thing and it's going to be the be all end all. So let's get into it. So what I want to take a minute to recap what GLP one agonists do, right? MX the Maduro is the semaglutide all of those things we're going to there. They have slightly different. Chemical structures, if you will, we're not going to get into that again.

I'm the one who said they think science is sexy. Not all of you do. And I really want to keep it simple so that you can really understand what is going on in the body when you take these and, and what else there is to this story. Right? So what do GLP one agonists do in the body? So just so you know, GLP is, are part of a hormone group called incretins. Not important to know for your purposes, but when we're talking about it in the world of biochemistry and nutrition, that's how we refer to them because they are part of a category of hormone.

So GLP one is a hormone that, um, basically. Triggers when you eat, right? So you eat food. And as that food gets chewed and swallowed and goes into the stomach and the small intestine. That is when GLP one is triggered. So GLP one is triggered in response to you eating food. So what happens? Well, the GLP one is released when you eat food from the gut.

And basically what it does is it tells. The pancreas. To secrete more insulin so that you can take the food, the sugars that have been broken down. Deliver it to the cells where then your body uses it for energy because our cells require glucose to run on energy and glucose has to be put into the cells in order to be used.

Glucose should not be running around in our blood where it wreaks havoc on and causes all kinds of issues. So. — So again, you eat food. The GLP one is triggered and within 10 or 15 minutes, it elicits it's action. It's talking to the pancreas saying secrete more insulin so that we can grab all that sugar and put it into the cells. So that's why we get a rise in insulin and a drop in blood sugar and something called glucagon.

And essentially that's what helps control the blood sugar in your system. Right. Here's the other thing that GLP one does is that. It targets the hypothalamus. It's a gland in our brain. It's little,

little gland. That is in charge of regulating appetite. So when it triggers, when it goes to the brain, the brain is like, oh, okay. We're not hungry. Don't eat. Right. So that's where the appetite control part of these GLP ones come into play.

The other thing that these GLP ones do is that they target the stomach. And so what they do is they say to the stomach, — There's if there's a lot of sugar coming in, it says, wait a minute, slow down the process of how your. Digesting food because we need to slow down the release of sugar into the system, right?

So basically it's slowing down the entire digestive process of how your food gets broken down and assimilated. And so. — What we know is that in people with type two diabetes, GLP one, the way what we make in our bodies naturally, because we make this naturally. The trigger for GLP one is somehow that message somehow gets confused in people with type two D type two diabetes.

And so this is why we get the issue with blood sugar control and then subsequent obesity. So. For people who are type two diabetic, this is super helpful because it does allow the body to kind of catch up if you will. Okay.

The goal would be from my perspective is you regulate and you rebalance. All of these systems, once you're on these GLP ones, you learn how to eat better. You learn how to exercise. You incorporate all of the lifestyle techniques. So that it triggers the body to restart that natural, robust production of GLP one. — That would be the goal. Right. But unfortunately there's so much rhetoric around, uh, what happens with, you know, diabetics and if they're not changing their lifestyle and we'll get into that in a second. — So it does the same thing.

These GLP ones do the same thing in, in people who are not diabetic. Okay. And it's interesting because I've seen some conflicting studies on. Whether or not the people who are not diabetic actually see as much of a result. And this is where people are actually becoming what I would say it was limbic resistant.

And there's a lot of people out there who I have met, who said, they've done these things, whether it's Manjaro. Yara would go via any of these things and they're not seeing results and that's a whole different ball game in terms of why, right? What is going on in their body from a biochemistry perspective that their body is not allowing them to do this.

So that's, that is a different conversation. But, um, but, and some of the conversation is also around So, you know, this is why in, in lean, people were seeing and people were like, there was a control for instance. That we're seeing the production, that natural production of GLP one actually is more robust.

So there's definitely some mechanism of action that still needs to be elucidated still needs to be revealed when it comes to these things, but just know that, you know, the. Those GLP ones. This is the, what, what they're doing. Right. **They're affecting the pancreas to secrete more insulin. They're effecting the stomach to slow down digestion and they're affecting the brain, the hypothalamus to tell the body not to eat so much anymore.**

The other thing that we know is right high, **consistently high blood sugar. Leads to obesity or, you know, it doesn't lead to it. It's it's, it's coral. It's a correlation, not causation. But we know if you're having, if you have high blood sugar, generally you're eating foods that are not so nutritionally supportive, not so healthy for you.**

You're eating too much food because it's not getting processed. And so we see high blood sugar along with obesity, and now we've got a metabolic nightmare in our bodies. So the idea is, is that the industry? Yes. The pharmaceutical industry who is not your friend by the way. — Has been able to develop their miracle, weight loss drug.

Right. All of the ones that I just meant mentioned. And so, — like I mentioned, **there are benefits for some people, however, the longterm data suggestion. Suggests, and as it keeps coming in, is that the majority of people. — Um, even if they're seeing amazing health benefits now, it is very fleeting, not long lasting.**

If they have not adopted a sound nutritional protocol, if their lifestyle, if their behavior is not commensurate with making changes that they need in order to keep the weight off. And so I don't want to be the kill joy. I'm not the one who's like raining on everybody's parade here. **But it's all about looking at the data and it is looking at, yeah, this is generally a quick fix and people are seeing great results.**

Most of them. And they're able to maintain it maybe a year, maybe two years. But the fact is, is can't stay on this medication forever. It's just, yeah, you can't. Uh, will people cycle on and off of this, just like they do so many of the other things, you know, that whole HCG remember that how many years ago and all of these other fads.

So, um, Suffice to say that **the long-term benefit of these medications are really, there's no data to suggest that there's great success in that.** And so, yeah. Look, here's the thing.

There's no shortage of practitioners who are willing to prescribe this. And that's fine. You want to get in on this rodeo? — Great more power to you, but **it is so important that your practitioner. Prescribes this with a meal plan, with the right kind of meal plan and with the rice kind of lifestyle and lifestyle recommendations, behavior recommendations, and that's not happening for most people.**

I will tell you we've had so many people who come in and say, oh no, my doctor just gave me the medication and that was at, and they told me to go on a paleo or keto. I can't tell you how often I hear this all day long. Well, the doctor said, go on keto or the doctors would go and paleo, or the doctor said, go on low carb. — Poof like seriously, that is not the answer. So **handing someone a book or a sheet of paper is not the solution** to saying, okay, well I'm on this medication and I've done my due diligence because they haven't. So, um, like I said, short term, maybe it's awesome, but we really have yet to see any longterm data that is truly of any merit. And so we're going to have to wait and see what that looks like.

in terms of really, you know, cumulative. — **So drugs are not without their side effects.**

There's a lot of people that are having, because of that slowed stomach emptying. Like I said, because it delays digestion. There's a lot of people with gastro-paresis, which is the body's inability to really digest food efficiently.

There's a lot of people with all kinds of GI issues. And so, you know, when you don't digest food properly, You have digestive enzymes that come into your stomach that have to break down the food. If that food is sitting in your stomach too long and it doesn't move through, number one, it causes a motility issue.

Meaning are you going to be more constipated? And if you're already constipated, guess what? That's going to make things worse. Okay. It can lead to bacterial overgrowth in the small intestine. — And no shortage of seeing those people to right. People who have come in with small intestinal, bacterial overgrowth, small intestinal, fungal overgrowth.

You've got bloating. Oh, guess what? Now you have bloating. Why do you have bloating? Because hydrochloric acid, which is in the stomach. Is required to break down our food. And so if that hydrochloric acid, it's not, it's not doing its job the way it needs to do its job. Now your food is not digesting.

Well, it's not going to empty properly. It's not going to get assimilated properly and you can have bloating because of improperly digested food. So lots of GI issues. And look, I will tell you, we weren't. — We didn't have any shortage of GI issues before all these medications came out. Now it's just even worse.

So something else to think about. So, you know, the bottom line here, my mantra has always been about getting to the root cause and not using band-aids. And that includes supplements. When I talk about supplements with people I'm like, here is the reason you are on the supplement. I'm going to get you the best kind of supplement I can get you. And I know the form of the supplement and I know what the supplement is meant to do, and I know the purity and the quality like that stuff matters.

And if you're just getting some of these supplements, like randomly off of Amazon and not that some of them aren't. You know, the, the good brands as well. They are there. Just know that Amazon upcharges you then. On that pricing. So a good five to \$10 more on Amazon than we sell it for. But that was a little like, — Plug there, but, but not so much, like, I want you to get the best bang for your buck. Okay. — The supplement industry is literally a trillion dollar industry and everybody who's out there making supplements knows it, and they know the emotion that goes into it.

And I totally digress. But the coming back to the fact that **if I want you on a supplement and then I want you off that supplement, meaning you're not taking it forever. There's a reason you're taking it. Let's get in, let's fix the problem. Let's rebalance you and let's get out and then figure out what we need to do next.**

So there's always a process and there's a priority to how we look. At things, but when we talk about root cause, and if we're going to talk about root cause when it comes to weight management, Then I am going to have to bring in genetics, right? As I mentioned in the beginning of the podcast, because I've been doing this work long enough to know that **genetics is your blueprint. So for those of you that are terrified about doing your DNA, let me alleviate your fears. Our genetic tests are not those like telling you, you're going to get Alzheimer's or telling you you're going to have cancer.**

There is no test. Even if you have any kind of the BRACA test, **the BRACA test is not about you getting cancer. It is telling you that the gene that is actually supposed to be protecting you from getting cancer is not working. Right. And if that gene is not working right. How do you, how do you act preventatively? So it's the same thing with our DNA that we're looking at.**

We can look at things. We're going to talk about the weight management, but we can look at cardiovascular. I've talked about my son's. Um, — Experience with this and that all of the men on

my dad's side of the family have had a cardiovascular incident. You know, my dad had 62 out of quintuple. That's five. — Five bypasses because his arteries were so clogged.

Like, thank God he didn't actually have a heart attack, but most of the other men. Have, and, um, and yes, at 88 he is still going strong. We are working on his, brain, his cognitive function, but, um, he's great. Right. So **I didn't want my son to have to have a cardiovascular event and I wanted to test his genetics to see if he was predisposed and surely he was.**

And so we have conversations now around how do I support my cardiovascular health now in his twenties? So that by. At the time he is 30, 40, 50, 60. He doesn't express. That particular genetic profile that risk. That he has. So to me, that was like the best gift I could give him. And, um, and my other kids as well, right?

I mean, look on my DNA. I'm watching my father. I've talked about this before. **I'm watching cognitive decline happened in front of my face. I have his genetics when it comes to that. So you better be damn sure that I am doing everything I can. To prevent my genes from expressing that potential.**

So I always say genetics loads, the gun lifestyle pulls the trigger, and that may be a crude statement, but it certainly makes an impact on people because **genetics is only 20 to 30% of what happens in our body.**

So guess what? 70% to 80% is lifestyle is the stuff that we have control over. So I think that is so important. And so when we're looking at someone's DNA, it allows. Allows me to then look. And I'm going to show you some examples, so you can see it in plain sight and look at what we're working at and really help you understand that. It's more than just one factor.

That one medication is not going to be the be all end all for anybody. Long-term. And especially when it comes to help, just because you're thin doesn't mean you're healthy. And I think we have this totally backwards in this, in our culture, in our society. Like we automatically think if someone's thin they're healthy. — Not so true.

You can have dysregulated metabolism and B. Fairly. Pretty thin. And I see it all day long. — So. — **The other thing that I can tell you is genes don't lie. When we're looking at genetics and we're looking at someone's operating system, it gives us so much information, uh, into how your body works, where the bumps in the roads are and how that, like I mentioned before, how that impacts your health and your wellbeing.**

So what does that mean when it comes to weight management? Because I can't tell you how many people have come in. And have sat here. Seeing their weight management profile, I've explained to them what this is and what this means and interpreted it. And tears start rolling down their face because they feel so validated.

You know, they come in and they're like, well, I don't eat a lot. And I exercise and I'm still not seeing the scale move. Right. Or I look at a piece of lettuce and I gain weight and you know, they go to their doctor, they go to it in a chronologist and they're made to feel so bad. Like who are these doctors who I'm, where, what gives them the right. To be so dismissive and demeaning. Too.

And I'm going to tell you, it's a lot of the women. I just had a woman come in the other day and she went to her cardiologist. And like her blood work looks fine. Her, she has zero calcium score. Like everything, cardiovascular. That looks good. And, you know, she looked at the doctor and said, well, I'm frustrated with this and this.

And he goes, well, just, you know, eat less and lose weight, like so dismissive and so demeaning and who. Who were they? They think that they can treat people like that it's just so wrong. It's so wrong. Anyway. That may, that may show you what I'm talking about. When we talk about the DNA in the weight management category, there's so many categories, but **I want to focus on the weight management because I really want you to understand that the root is looking at how does your body function. From a genetic perspective.**

And then how do we validate that? Because **we can look at DNA and give it DNA will give us predisposition. But it's not going to tell us what's happening in real time. So we want to know what's happening in real time. This is why I always say we need to test further.** Now people say, well, these tests get expensive and they do.

And it doesn't mean every time we have to do testing. I'm saying, okay. Invest in the genetic test because it is so worth it. And oftentimes we can, and if you're a diagnostician, I've been doing this for over 20 something years. You get good at knowing who's in front of you? You know, I consider myself an expert diagnostician because I generally know the person that's sitting across from me, what that profile is and how we can support that. Maybe without all of these expensive labs.

So I don't believe in over-testing at all. I believe that. Uh, you know, that we should do the right tasks for the right reasons at the right time. So, what do I mean when I'm talking about genetics? So it's hard. Maybe to see, right? **This is the energy part, the energy overview.** And we're going to look at things like appetite and satiety. And, uh, pro-inflammatory fat and adipogenesis and these two things down here, um, exercise, uh, exercise and calories, and then weight loss resistance.

So let me explain for a second, what we're looking at. Okay. So the. The way, this is a company, **three X, four, love them been using them a long time because they make it really user-friendly to use this report.** So everything you'll see is color coded well things that are deep purple and purple. — They need to change these colors.

It's too confusing. But anyway, **Deep purple and and purple. Are going to have the highest genetic impact. So everything's done on an algorithm. And when we look at these impacts, that means this person. The appetite and satiety is a very high impact. What does that mean? That means genetically they are predisposed to. — Not having their hunger signals be so in sync.** So that person who eats and constantly feels hungry and doesn't feel satisfied and satiated, guess what?

There's a genetic predisposition here. So how do we help that person? Well, we're going to spend more time. On behavior modification techniques and paying attention to the hunger signals. Is it my brain talking to my stomach saying, okay, stop eating on full. And do you even realize that you're full?

A lot of times, I say, can you differentiate between hunger, mouth, hunger, or stomach hunger, mouth hunger? Is that. Oh, it, it tastes good. And, um, I just want more, right. But stomach is going, eh, I think I'm good. I don't need to eat anymore. I'm full. Right. And there's a lot of people because of genetics where that switch doesn't work so efficiently. Wouldn't that be great to know because here's the thing **you come off of. Manjaro. That's switchboard or, oh, Zumba, you come off those medication medications. I guess what that switch that you're genetically predisposed to now gets triggered. And this is why we're seeing people with voracious appetite when they come off of these meds.**

So something to keep in mind, the next thing we're going to look at pro-inflammatory fat. So what we know is that. — That. — Throws off inflammatory markers, right? We used to think fat just sat there and didn't do anything. **No fat cells actually make their own markers that produce inflammation in the body.**

And so guess what, if you have a high predisposition for that? I always say that that inflammation from those fat cells. Acts like a barrier, almost acts like a force field around those fat cells. So your body can't let go of the fat. So it's this vicious cycle of, you know, I'm eating more or, you know, depending upon where those triggers are, and now I'm gaining the weight and I can't lose the weight because it's almost like this force field of fat and inflammation. Is preventing it.

And there's more to it than that too, because there's detoxification issues. Like there is a lot that we look at to be able to help you support your weight without just saying it's diet and exercise.

And I'm going to tell you that. Formula diet, you know, food calories in calories out equals weight.

Loss is so antiquated and so wrong. And the people that are still pushing that are pushing the wrong agenda. A bazillion percent. So that's pro-inflammatory fat, then we look at adipogenesis.

So adipogenesis is the likelihood that your body's going to hold onto the fat, right? So pro-inflammatory is inflammation a little bit different? Adipogenesis is that person who like literally looks at a piece of lettuce and go, and King's weight, your body's tendency to want to store.

And I'm sure at some point in the far off past, this was a protective mechanism. This meant was, was all about survival. But now with the over abundance of food, it's like your body's just going to store it and store it because remember **we have evolved, but our genes have not evolved enough to catch up with. The times that we are in, they just haven't.**

So your genes are still, you know, hundreds of thousands of years old thinking that you're in survival, not knowing that you have like a fast food restaurant or a convenience like that you have food available to you 24 7. So that adipogenesis while maybe it was meant to be a survival tool. Skill, whatever. Um, mechanism is, is working against you now.

And if we understand that we can help support that. So the other thing that becomes really important is this energy expenditure. Okay. So this energy expenditure piece is how, um, how does food is? This is metabolism basically. How does the food you eat impact how you burn calories, right? So if you are a high impact here and you're on this low flame, that means that you are that person. One that has to watch out. — For the food that they're eating, right?

That you're that person who can not eat as much as your friend who, you know, looks like they have a wooden leg, they eat and eat and eat and they never gain weight. That person, right. That person is all the way up here. So if you're all the way down here, it's going to give us a different. Um, Uh, outlook or different perspective on how we're going to support you, because we do really need to make every calorie count.

And not that we're counting calories, but we really need to know how to support you from a food perspective. Right. So important. And then the other piece, which is **exercise response.**

Means, uh, when you exercise, how readily does your body burn up those calories? Or, you know, — Uh, help you with weight loss, right?

So if you're all the way here, it means that that exercise guess what is not going to be the efficient way for you to lose weight. If you look like this person here, right? Where there's a

calorie issue and the exercise **you are going to be that person who needs to moderately exercise, you're going to need to lift weights. And you're going to need to also watch your calorie and take specifically fats and things like that.** And so it's, it's being able to look at this and support you in the right way.

And then, um, your exercise, excuse me, your weight loss, resistance are resistant. Are you that person is that, you know, going up the hill that you're, it's hard for you to lose weight or not. And so. — Um, so that's a little bit about that. And then what I'm able to do when I'm looking at this is I go back and look at, let's call it these gene buckets, if you will, right meaningless to you probably now, when you're looking at it. **But I do look at the specific genes that are implicated in this weight management.**

I in this weight management picture. The other thing that we can look at is we look at exercise. So how does your body want to be exercising? And one of the other things that I always talk about when we're talking about root cause. Is we also get to look at the cellular picture. These are those four systems that I always talk about when we talk about root cause and these top-line systems. 'cause let's talk for a second.

If detoxification, which is down here. Isn't an issue for you genetically. And you're not detoxifying the air you breathe and the food you eat and the things that you're drinking. And you don't detoxify those well. Which I will tell you most people don't because we are so overburdened with toxins from our environment. That you are research collating, toxins and research relating toxins will have an impact on your weight loss, because just like I talked about that pro-inflammatory fat creating a barrier over that fat cell. Too many toxins that are overburdening your system. — I think, think of it like this, right?

If we're looking at your liver, that that is the primary organ for detoxification, but guess what? The gut is, is an important area for detoxification. So if you're on these medications and you're not eliminating. Productively, right. You're not having a productive bowel movement every single day. And you don't even have to be on the medications.

Maybe you just don't go to the bathroom every day. Your research relating toxins. So think about recirculating toxins in this way. Okay. This is about as graphic as I can get. So, you know, when there's an oil spill in the ocean and the wildlife, the birds come out like. Cupboard in oil and I have to like scrub with all those, you know, the soaps and the stuff to break down the oil.

Think of your liver like that. If you have too many toxins, Your liver is covered. In sludge that it can't get rid of. And so. — If you're not breaking down toxins, well, guess what? You're not going to lose weight. — And so people think all the time that it's just food in food out, it is not, we have got to look underneath the hood to really get a sense of how. How does your body work?

What are the supporting things we need to look at? What are the tests that we can look at to validate? This is a NutrEval test. We can look at vitamins and minerals and antioxidants and heavy metals. Guess what? If you're eating tuna people, we can look at mercury. And if your mercury is high, guess what?

That's another toxic burden on your body that your body has to get rid of. So you can see these cute. The accumulation of all of these toxins. And there's so much research on this. So much research, especially the foods that we eat, forget about the air. Our foods are loaded with toxins.

If you're eating foods that, you know, you go look at the ingredient list and you can't pronounce these ingredients, guess what?

They're toxic to your body. Okay. If you're using plastic water bottles and things like that, like, I don't want to throw too much in overwhelm everybody and be like, wow, I can't do anything. Not true. Right, but it's all about baby steps.

So if we think that these medications are the answer to our health and wellbeing, We're dead wrong.

Okay. And if we think that just weight loss in and of itself is going to provide you the health. Benefits. To last you a lifetime to have you live a long, healthy, productive life. Dead wrong there too.

So, um, — So that's a little bit about, you know, why the genetic tests are so important. Why I feel so strongly about people doing them and you know, what information that can give us that can. That can support you and validate you and not have you think, oh, I'm crazy. You know, because I can't, I can't lose weight or I can't get where I want to be.

And, and it's always a matter of tweaking and it's always a process and I love it when people say, you know, it's work. — It is work to take care of yourself. And I always, I go back to this statement, like if you have children or if you have a career, you know what it's like to raise children, you know what it's like to build a successful career.

It doesn't just happen because you don't put in the effort, you have to put in effort and. And time and energy and, uh, you know, people say, well, it's hard. Okay. **I always say, choose your heart. It's hard being sick. It's hard being debilitated. It's hard having inflammation.** It's hard feeling like you can't get up off the floor if you're, you know, bending down or whatever it is. So choose the hard that you want. And when people come to me, it's, I, I, you know, it's so funny, especially in the weight management arena every night I have. Men and women who come to me and I'm like, okay, here's what we need to do. Here are the recommendations. Here's what I know is going to move the needle for you.

This is what you need to do. And they come back at me trying to bargain. And I'm like, okay, this is your journey, not my journey. I'm going to meet you where you're at. And I'm going to say, okay. Yeah, we can do. We can try it your way. But I have people. Uh, who come to me? It could be, man. It could be women.

I had a woman say to me the other day. All right. Well, um, you know, I'm not seeing success on Manjaro. I don't think I want to stay on it all that long. And, but I haven't been on it all that long, but. I lead a really stressful lifestyle, so that's not going to change. And you know what? I don't love to cook, so that's not going to change. —

Okay. So what is your expectation then for weight loss? — If you're not willing to do some of these things, and I'm going to tell you stress and sleep huge, huge. When it comes to remember that whole inflammation thing I talked about. **So stress cortisol. Causes inflammation, which acts as that barrier. So when you are under a tremendous amount of stress, guess what your body goes in and a protective way.**

And it is never going to let go of that fat. So we have to look at everything in context, and that's why I say it's always about root cause it's always about getting back to what is the foundation of your body? How are you balancing it and what makes you tick? And that's what DNA allows us to do. So don't get Lord into the. Into the beauty into the false advertising that Ozempic is going to be the, be all end all for you because I have news for you. — It won't.

So I'd love feedback.

I'd love comments, please be sure to like, and subscribe and share this stuff with people. There's just so much misinformation out there. And I always pride myself on the fact that I am an expert in this industry. I do my due diligence. I stand by the work that I do. And, and how I talk about it. And, um, and it works because people have success and it's not just short-term success.

It is long-term success. So always passionate about, about this work and about helping you out there. So please, um, give us any comments. And like I said, feedback, like subscribe and share. Also check out. We are offering our membership. We've had so many people take us up on it. It's a really great opportunity if you've never worked with us. To come in on a level that is really, um, priced.

well and fair. And, uh, and you're going to get so much information. And if you have worked with us and have sort of fallen off and you don't really necessarily need to go into a whole package where you need all that support and accountability, but you want some, it's a great way to re-engage.

So we've had so many people give us great feedback on that. And we'll start our lives on that shortly. So. Uh, thank you for listening. And this is your Rebel Nutritionist signing off. Make it a great day, everybody.