

Reverse Aging Overview

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

Recorded on February 23, 2011

Podcast published to the internet on March 21, 2011

Published on drkathymaupin.com and biobalancehealth.com on March 21, 2011.

Dr. Kathy Maupin: Hi. This is Dr. Kathy Maupin, founder and medical director of BioBalance Health. Today we are doing our 24th podcast about interesting subjects and today I have with me Brett Newcomb, who is a speaker and a counselor who has many years, I won't even discuss how many, of experience talking to patients about their problems. And, now is a speaker for groups of businesses and teachers and any type of group that needs help dealing with other people. So today he's helping me talk about my office and the things I offer.

Brett Newcomb: Thank you. It's nice to be here again and one of the reasons I wanted to have this conversation with you today, we have spent so much time in previous podcasts focusing primarily on the aging factor of the hormones, (testosterone and estrogen), and how you deal with that. But while it is probably the most significant part of what your office does, there are other things that you do that complement and enhance that because you are interested in balanced care. Hence the name of your business. So when you look at the balance of the rest of the spectrum, I think we have done our listeners a disservice by not talking about the other elements that are available through your office.

KM: That's true. When I started BioBalance Health I wanted to balance hormones, but I also knew that that's not the end-all be-all of being healthy. Many other things such as the supplements you take and what they are and how they go together; the quality of them. That was so important that I went out to the marketplace and I found all the different supplements you could buy without a doctor's approval or through a doctor's office compared them with my patients - had them take all of the different ones. And my employees and they're the best. They're actually my best market group because we come back, we all take the same thing for a month, then we take something else. And that's an important way to find out what the best supplements are.

BN: So you experiment on each other rather than patients.

KM: Right. Unless patients want to and then we hand them things are free and they come back and tell us if they liked it or not. We've done that too, but we wouldn't do that when they would have to pay for something like that. That would be our gift. That's how we learn what the best thing is. I look at all of the ingredients. I make sure that it is the best quality there is. But sometimes things don't work.

BN: Not just in terms of the chemical ingredients, but you also look into the production consistency. Because one of the classic issues about non-prescription supplements is production consistency.

KM: True. And a lot of things that say “natural” aren’t natural. I mean we have to have preservatives, that’s in everything and that’s generally not natural. But everything else should be natural if you say that. So I make sure before we even test it that we have natural ingredients and the most botanical or the most bioidentical ingredients that we can get in anything that I promote.

BN: So you look at it from the perspective of an organic chemist in terms of what are the ingredients that come together for this particular treatment, what are the benefits, and how is it made so that you know it is of good value. But you said something a minute ago about “doctor quality”. Could I not get these things at Walgreens or Wal-Mart or one of those places? Because they all sell vitamin D, they all sell Fish Oil supplements, that sort of thing.

KM: We look for physician quality. Usually that means that it’s more consistent and it’s a better quality content. So when I do that, that’s the first thing I look at and I try to get something you can only get in a doctor’s office because usually it’s a higher strength and it’s more effective. So I don’t look at things that aren’t that good.

BN: It is allowed to be higher strength because the doctor or nurse is supervising the treatment.

KM: Right. And then we don’t sell or promote anything in our office that we don’t take ourselves and that we don’t love and think is better than everything else. So, people come in and say ‘how about fish oil?’ Well, I haven’t found a fish oil I admire yet. So I’m like okay so I can’t tell you that information. But I have a vitamin D that I think is better than other vitamin Ds, and I have a DIM (diindolylmethane) which is a supplement made from cauliflower and broccoli that it miraculously decreases estrone and belly fat and is a great addition to anybody over 40 who has belly fat.

BN: And it’s a better way to eat cauliflower.

KM: Oh, you’re like the ex-president, you don’t like cauliflower?

BN: Exactly.

KM: Or broccoli. And so that’s a better way to eat that. That’s true. In any case, we recommend that often for people to kick start their health plan. You know, their new health, they get their hormones, then they need to have this particular supplement to help them get the weight off faster. Many times people come to me on the verge of diabetes or early diabetes. The best treatment is weight loss.

BN: You know, it is so fascinating to have these conversations with you because you bring a different knowledge base to what I do. So much of what I have done through the years in counseling is talk to people who basically want an easy fix. They want a pill. ‘Isn’t there a pill you can give me, isn’t there something I can take that will just make it

different?' And, there certainly are medicines out there that help a lot of different events and conditions. But, the challenge is to convince them that okay, you get a pill which gives you some medical or physiological grace with a condition, but you still have to learn to deal with the behavioral changes that need to be made, or the emotional adaptations that need to occur, the ability to communicate about those things, to recognize that just 'taking an aspirin in the morning' is not going to make your marriage better. Or just getting a pellet that replaces your hormones and brings back the natural energy and natural desire, isn't necessarily going to make your sexual life with your partner any better.

KM: If you don't like him, it's not going to work. But in this way, . . .

BN: Kind of like the atheist in the casket - all dressed up and no place to go.

KM: Okay! You should warn me about those. Now I'm off track.

BN: I'm sorry.

KM: The idea is that, when I'm talking to somebody, I'm a tough love expert. Maybe not in the life of my child or anywhere else, but at the office with my patients, it takes tough love to tell somebody you can't drink a six-pack or a twelve-pack of beer every day and take pellets and take a supplement and expect me to help you. You have to stop that. That's not good for you. Or, you can't sit in your chair and not exercise and expect to get muscles because I am giving you testosterone. It doesn't work that way. I put in my part of it, you put in your part of it. It's a group effort and my nurses that work with me are all on the same team. We are pulling for our patients to help them get healthier. Now, yeah it gets easier once you have done that hard work, once you have lost the weight. It's easier to keep it off than it is to lose it and patients want to keep it off because they feel better. They want to exercise. And then once I tell them that their lab's normal and they don't have early diabetes anymore and their glucose isn't off, and their triglycerides aren't high anymore, and their hemoglobin A1c is good, (which would mean something to all of you who have diabetes), then they are ecstatic because they have just dodged the biggest bullet they've ever had.

BN: Absolutely. It's like the initial domino - so many other things go bad if those things are out of whack.

KM: And we tend to be depressed and not be motivated without testosterone and without our hormones. So at 40 when all these things start crashing, we don't even know which way to go generally.

BN: So when you look at the balance you're talking about the hormone replacement and rejuvenation. But then you are talking about adaptive coping strategies. Which is why it is important to have these things done in a doctor's office, to get the better quality of the supplements, but also to get the supervisory care of the physician or the nurse

who will monitor and encourage you to follow the protocol. Because so many people don't follow the protocols.

KM: That's right. And we give them a list of things that we're going to ask them to do, a list of things for them to take, a list of things like exercise, different diets that might work, that will work for them. We do that in our initial consultation and follow up. But there are other things that we do. Like, of the things that we found that works better than any other general vitamin is a supplement called VEMMA and I've taken it for years and when I don't take it for a week I know, I can tell I don't feel as well. But it improves your immune system, decreases your cardiac CRP, which is an inflammation that causes atherosclerosis in your vessels, decreases blood sugar, helps your blood sugar to stabilize if you have low blood sugar, and assist you in not getting sick all the time immunity wise. So we suggest that that's what a general vitamin should do and I've finally decided to get a website so patients can find it easier so that they go to KathyMaupin.vemma.com and then they can just order it so I don't have to be in the middle of it. But I suggest that as a general vitamin because liquid works better. It absorbs. Often times the vitamins you take, not from my office, but the vitamins you take over the counter come through the same way they started. They don't get broken down and, you know, G.I. doctors find them in their colonoscopies. So that's not ideal, it's a waste.

BN: So, we focused on two elements of what you do. We focused on the hormone replacement, and we focused on the dietary supplements. But there are still more things that you do in your office that have to do with skin care. Can you talk about some of those things?

KM: I had been very disgusted with skin care that is offered even at a very high price and every time I would take a trip I would get the skin care of the area or what ever I can get from a spa. I would go visit the spas and see what they have to offer. I was still not happy, and that was in 2006. So I started looking for a laboratory that would make the skin products the way I wanted them, that had a basic excellent botanical quality, that didn't have additives except for the preservatives you have to have, that had a reasonable price, that had a consistent quality, and that were effective and actually changed your skin. Now, by FDA rules you can't say something changes your skin because then it would be a drug. However we're not adding any drugs to this and it changes your skin because you know all drugs were originally botanicals. We just made them into drugs, that's how we figured it out. Then we synthesize them and think they're better. But when you put herbs or essential oils into a product and then put it on your skin, it essentially can change your skin. So I wanted something very effective.

BN: Well you were talking about things on the eyes that have the same pH balance as tears.

KM: Right. That's the other thing, I look for the same pH because I'm a chemist and a scientist originally and this is really fun for me because I check the pH of all of these different products and my products. And one of the reasons that they work and they

don't irritate skin (they're hypoallergenic) is because, like the eye makeup remover is the exact same pH, or acid base as tears. And so is the eye gel. So it doesn't irritate, it just helps.

BN: So you make sure you research and provide quality products, but you also have on your staff an aesthetician who helps people with skin issues like acne, exfoliation, or hair removal. Can you talk about some of those things?

KM: We actually have three laser specialists and one of them is an aesthetician as well and our aesthetician, when she's taking care of our patients outside of the laser field, she does facials, she does chemical peels, and she also removes hair with wax. She does all the things you would find at a high-end spa. And then we use our products to follow-up after those treatments so that the quality of the treatment can be preserved. If you go to Wal-Mart after you've had a very good exfoliation and you put the wrong thing on your face, even if you go to the beauty counter and they give you the wrong pH for your face, you are going to ruin the treatment. You might as well not have had it.

BN: Well you were talking about something called a jet peel as opposed to the "sandblast" exfoliation process. But once they've peeled some of the dying epidermis away, then that area is fresh and raw and if you put stuff on it that isn't properly balance chemically, then there are negative side effects. There are burns, there is scarring.

KM: That's right. You are going to damage your skin instead of making it better. But if you put the right thing on it, if you put the proper products on it, you can actually augment what we just did to make your skin even better. But a jet peel is interesting in that we have the only jet peel in St. Louis and I particularly love it because it not only exfoliates, which takes the top half of the dead skin off of the area, we usually do faces and necks and hands, but you also inject with high intensity normal saline, I'd say like a fire hose is the best way I could describe it, except it's a tiny little stream of water. And we use that to hydrate. So while we're taking the skin off, the dead skin, we're leaving the live skin exposed. We're also injecting saline under the live skin so it plumps it up, it hydrates it from underneath, and it gives you a much more glowing look, it fills in the little gaps for wrinkles.

BN: So you don't look sandblasted.

KM: And sandblasting has a downtime because you are really, really red so just the basic jet peel has this awesome kind of glow that you have afterwards. Now if you want to have vitamins injected then you can have that done as a follow up procedure at the same time which is another pass with the jet peel, but we're injecting vitamin B or vitamin E or A or C. (A is Retin-A, so that's where that come that comes from.) But we do acne for teenagers and it's awesome.

BN: You have a lot of boys come in for this.

KM: Yeah we have a lot of boys come in because they are not going to use products, they are not going to go to the gym and use something on their face because that's a girl thing to do. So they come in and they go through a series where we use a special hand piece and we clean out every little acne pimple and put normal saline and air underneath. That kills the bacteria that is in the acne, which is the biggest issue, opens up the pore and, usually by the next day, they may be a little pink but nobody really knows they have had anything done. And their skin clears up.

BN: Talk about the difference in the kinds of laser. You said you have three laser technicians but you also said there are at least two different laser procedures, an IPL and a pixel.

KM: Most patients actually know these terms, which is kind of interesting. The IPL is an intermittent pulse laser and it is something, we have three different heads that are different strengths for different skin tones, and it is usually something that is done not when you're tanned. We use this laser over the face and over the hands or anywhere you have brown spots, dark spots, or wrinkles and it not only stimulates the collagen to fill in the wrinkles but it also brings all the damage spots to the surface and they peel off. Now all those brown spots . . .

BN: So for skin blemishes, brown spots, what we used to call liver spots.

KM: Liver spots, yeah. Melasma that people get when they are pregnant or when they have had birth control pills and their body . . .

BN: And stretch marks also?

KM: Well that's a different laser. We use a different laser for that. But we actually have really good success with stretch marks. I usually suggest to do it after you're done having kids because you are just going to have to keep doing this. But, I have some young girls come in that are just so miserable. They have had one child and they don't want to have a child for a while so they do it. But we use the pixel laser.

BN: Well if you can do stretch marks, can you do scarring from surgery?

KM: We can. And that's a different laser that's called pixel. You have pixels in your camera, you have pixels on your computer; that just means a bunch of dots that are very tightly spaced. Well, those dots are really from the laser, they're tiny little dots of laser that go deep so that don't burn the outside of your skin, they go below the outside of your skin.

BN: But they burn the dead skin that is scar tissue so that new skin can be regenerated.

KM: They stimulate collagen.

BN: Okay.

KM: It stimulates collagen really, and usually a scar is collagen that's been contracted, so it makes it have healthy collagen. That's one way we get rid of scars. We also get rid of wrinkles with the pixel. I usually have a pixel once a year, and you can do it when you're tanned too, but you need a couple days up of downtime for pixel. 3 to 5 actually. Usually we do a lot of them on Thursdays so that people can go back to work on Mondays. The pixel is very, I mean it can do little vessels on your face, we can do brown spots on on your arm with that, after we've done the IPL. Some people come in, I always say if you have more time than money then you spread it out. If you have more money than time then you should come in and have it all done at once. So often times they'll come in and get all the brown spots done and then have the pixel done. So their downtime is times one instead of times maybe two for a couple days. IPL has just a couple of days downtime where all that brown stuff comes to the front, to the top, peels off; you kind of look like you have some kind of disease for a few days. But it looks beautiful afterwards.

BN: Okay, so what we've been talking about today are the other elements of balanced treatment that people receive when they come to BioBalance.

KM: Because when you feel good, you want to look good and you do tend to look better after pellets, but you want to look really good, then we finish the job.

BN: That's really fascinating. If people are interested in learning more, they can go to your website and there is plenty of information about all of these products. Or, they can write you where?

KM: At DrKathyMaupin.com (that's my blog) or they can go to my website which is biobalancehealth.com or call my office 314.993.0963. Thank you very much, Brett. That was a wonderful overview of my practice and we will be talking next week.

BN: Thank you.