“The Problem With Forever Drugs” Podcast March 2024

Mary Perry
Hello and welcome to the Wellness Zone podcast, where we discuss the science of wellness, metabolism and dietary pathways to maintain them. I'm Mary Perry, and today I'm here with Dr. Barry Sears.

Dr. Barry Sears
Good morning, Mary. And today I thought we might talk about forever drugs. And this is one of the big problems we're facing in terms of health care.

Drugs are really following the two categories, drugs which are use as needed or drugs you have to take forever. Let's use an example of a drug to be used when needed. Let's say you have a headache. What drug do you take? Aspirin, A big boy aspirin. And usually the big boy aspirin works and the headache is gone. Do you keep on taking the big boy aspirin?

No. It solved the problem. So say that's great. But what if you have a problem that the doctor says, you know, you have to take this drug the rest of your life? What would that be? Doctor says you have high cholesterol. Well, take a statin. You say “Doctor, how long?” For the rest of your life.

And most of the drugs we basically use today are forever drugs. And so why are they forever? Because they only treat the symptoms. They do not go to the underlying cause. So this is the problem. We become more of a a drug directed society as opposed to say, what's the cause and how can I basically address it?

So most of our problems that we take forever drugs for are metabolic problems. High cholesterol is a metabolic problem. High blood sugar is a metabolic problem. Depression is a metabolic problem. So perhaps we should be thinking of a forever drug to basically go to the cause, to the underlying cause of chronic disease. And that would be the diet.

What happens when you stop eating? You get hungry. Well, if you stop eating long enough, you die. So. So that's a forever drug. I've got to eat because if I don't eat, I'm going to die. So I have to eat for the rest of my life if I want to stay alive. Okay, Good point. Now, if your eating is causing the symptoms that you had to treat with a forever drug?

Does it make sense to take the forever drug? Or go back and change the forever diet. Change the diet? I would think so. Call me silly. And so this is what the the whole goal of metabolic Engineering is. Metabolic Engineering makes drugs work better. If they work better, you need less of them. If you need less of them, you have less side effects.

So it's not replacing the drug. You say, what's the underlying problem? What's the metabolic cause of that problem? And how can I adjust my diet using a metabolic engineering to mitigate that, to take the least amount of drugs? I'll use an example. Diabetes. How do we measure diabetes?

Mary Perry
Your blood sugar levels?

Dr. Barry Sears
That's right. It's a number. How do we measure cholesterol? It's a number. How do we measure depression?

Mary Perry
Well, you can look at mood scores.

Dr. Barry Sears
That's not a number. That's guessing. How do we measure of rheumatoid arthritis? The patient says. “It hurts!” Sure. Okay. All right. So outside of diabetes and high cholesterol levels, we actually basically have very little hard science to go on.

Is the drug working? So it's all subjective. So what we want to do is say in each of those disease states I just mentioned, they are really basically driven by metabolic inefficiencies. And so the more we use metabolic engineering to redirect the diet, to redirect the metabolism, then the numbers, the drugs are diseases that have numbers, if they go down, then I can keep on reducing the amount of the forever drug.

Now, for example, let’s say that you have diabetes. What's the criteria?

Mary Perry
It's usually based on blood sugar scores.

Dr. Barry Sears
Hemoglobin a1c. So below 6.5, you're no longer considered to be a diabetic. So I said, okay, if I use my metabolic engineering to reduce my hemoglobin A-1 C to under 6.5, then I don't have to use as much—I may have to use no drug. And if I go over 6.5, He says I might need some drug as a helper. Now, how do we look at cholesterol levels?

Mary Perry
I'm going to go with your numbers.

Dr. Barry Sears
Well, and see, if you're in the appropriate range, then I probably don't need a statin. So what you're looking at is, say, the more I practice, you know, Metabolic Engineering as a forever drug, I have to eat forever. What I want to do is develop a dietary program that basically makes my metabolism more effective. The more effective my metabolism is, the less and less I need of other forever drugs to treat the symptoms. So it's a whole new way of looking at medicine. It's not saying, “What drugs do I need?” Now, if I was a drug company, I said, Yeah, that's a great idea.

I can sell more drugs. But so I can say, how can I change my diet to make my metabolism more effective? Now we have to go back to say, do we have a number? How do I know my metabolism is more effective? The number is insulin resistance. If I can get my levels in some resistance as measured by HOMA-IR under one, I've done my job.

My drug is working now. It's a forever drug. Whatever I did to basically bring it down to under one, I could do that forever. Why? Because it goes beyond one and really beyond 2, then bad things are going to happen in every organ in my body. So I'll say, this is the forever drug you want to take. It has no side effects.

Well, it has some. Yes. You lose excess body fat. Yes. You kill senescent cells to make you age faster. Other than that, there are no side effects involved other than basically taking the drug at the right dosage at the right time. And that's the for as a forever drug that I like.

Mary Perry

Absolutely. The one thing is there's probably a lot of people listening right now that are on forever drugs. So in that situation, I would imagine if you go on this metabolic engineering, you could potentially either come off the drug or at least reduce the amount, correct?

Dr. Barry Sears
Correct. And do we have any data to support that? Yes, we do. It comes from Harvard Medical School, in particular, the Jobs one diabetes Center. They basically took their diabetic patients and put them on just his own diet.

That was only one component of metabolic engineering for 12 weeks. And after 12 weeks, what happened for 70% of the patients, they were taken off their drugs completely? They were no longer diabetic by the criteria of Hemoglobin a1c. Now, what happens when they stop following the diet? They go right back up. I exactly. And so they're saying that you were not taking your forever drug.

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So they give you another drug to take forever because you didn't follow the first drug prescription. So, again, it says all roads lead back to the Rome of at least 2000 years ago. They said that today in medicine, we can say all roads lead back to metabolic control, metabolic controls that we can follow by a blood marker.

The blood doesn't lie either. You're basically in the zone that you're basically having no insulin resistance or you're out of the zone. It's a yes or no question. So if you're taking now are using metabolic engineering to keep your levels of insulin assistance less than one, you keep taking that drug for the rest of your life. Now, what are the benefits?

Yeah, you're going to lose access body fat, too. You're going to think better, even preform better. You're going to slow down the aging process. Not a bad side effect. Well, but you had to basically take that drug forever to get there. So the new way of thinking of what will occur in our lifetime, who knows? But at least the science and the molecular biology is clear.