Introduction to Oral-Systemic Prevention

Our system is so expensive. And it's just it's just so broken. And you know, when we talk about proof of concept, we talked about that last week. There's no proof of concept.

You have a 13 year track record. I don't know how long Doctor Bailes is, but I'll find out. How long is it? 20 years or whatever. There's no proof of concept.

This is a statistically phenomenal approach to from both a statistical and a financial impact. The problem is a lot of people like yourself and Doctor Bell and other people, you know, we're practicing in silos.

Were welcome to Doctor Talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors. If you're seeking to transform your health journey or if you are looking for answers to burning questions, you've come to the right place.

Get ready to unlock the secrets of lifelong health and vitality. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

Welcome to aural systemic Connections I I'm so excited. This week I am going to introduce you to a true visionary. Without further ado, I am introducing Deidre Petrus.

Nurse practitioner extrusion Nair from Lafayette, Louisiana. I pulled her off of Bourbon Street. She's at Mardi Gras. She's probably in the midst of some celebration.

I said, come on, girl, let's do a podcast. There you are. Absolutely. Thank you, Tom, for having me. Absolutely. So. So let me let me know something about location.

Okay. You're in Lafayette, Louisiana. Okay. There's an old saying in Kentucky in the horse business. Where does a great racehorse come from? Now, you would think the most logical answer is Kentucky.

The answer is anywhere, right? I find the most amazing healthcare practitioners in the most amazing places on earth. I have a group that I coached in Shreveport, Shreveport Dental Solutions, pancake House.

This is a couple of years ago. He absolutely transformed.

Early Influences and Career Path

He had five hygienists, transformed his dental practice to not so much talking about periodontal disease, but oral systemic. Right. So and then my clinical career was in Arkansas.

You know, these are humble areas, right, with a lot of health care challenges. So I want people to know, as I introduce, you know, a variety of people over time.

This is not location dependent. I mean, I've had coaching clients in Manhattan, Beverly Hills. This is not about a location, you know, and being able to do something extraordinary.

So the title of this podcast is visionary. I consider you a visionary. Okay. That's the word that I've chosen for you because what you've done, which a lot of people may not know, but they're going to know after today, is that from a time standpoint, you decided to create a path where there wasn't a path.

Okay. I've done a lot of startup consulting and acquisition consulting. And to be honest, it's kind of template ties. I mean, you know, you find a space, you leased space, you build a space.

You know, there's only so many things. You know, you you you created your own path. So here's what I want to get started. This is where I always like to get started.

I want to talk to you. Maybe like high school time, age or whatever. Teenage years. It's that awkward period where we all are trying to figure out what the heck are we going to do with our lives, right?

So you have a tremendous heart for people and for for caring for people. And I know that there is someone who had an influence in your life around that time or even before that.

So. So who who was that person or persons? Oh, that's so it's a great question. So a lot of this is shaped by educators from from high school particularly love my chemistry teacher, Miss Christine.

She played a massive influence on just my love for chemistry and for science. It happened to be a subject that kind of came naturally to me, but really delving into biology and the chemistry aspect of this.

Very interestingly, up until I was probably a junior in high school, I really had a desire to be more in the marine biology space. Just because I really enjoyed water and water sports and, and just marine animals in general.

But then as you get to year later, high school and really trying to understand kind of where can you work, what kind of career can you be in? It really kind of shifted to more in the nursing almost in a previous phase.

So I kind of ran with that parallel thinking or nursing school and then go on and get a master's, to go into anesthesia. But once I had finished my orien degree at Northwestern State University in Natchitoches, I moved out to Dallas and was fortunate enough to do a critical care residency through parkland and only level one trauma center there at the time.

So getting an opportunity to work in critical care, which was the path at the time to go into anesthesia school, I realize I really enjoyed taking care of a weak patient and really kind of pivoted away from anesthesia and was almost a little bit at a loss about what I wanted to do, because I knew I wanted to further my education, at least with a master's degree or beyond.

And the opportunities or your anesthesia education administration are these two clinical paths, which were the clinical nurse specialist and the nurse practitioner.

And this was this was back in 2000. So not really well known as a as a profession, particularly in Louisiana at that point. So they're looking at the clinical parts of clinical nurse specialist and a nurse practitioner.

There was quite a bit of overlap, but the nurse practitioner route was almost by default, which is quite interesting because I feel like there's no nothing is coincidental.

It was clearly a divine appointment. Because of the autonomy in the nurse practitioner role is really what sold me. So it really shifted me in. I didn't have a, you know, a real desire to just do nursing in particular, but there's a there's always a reason.

So the critical care part was kind of foundational to you. Right. And then and then you made a pivot into interventional cardiology. Right. I mean, your your resume is just stacked.

I mean, you have so much incredible, you know, it brings you to where you are today. So talk a little bit about that. Okay. Because obviously cardiology is really kind of foundational to what you and I are are or you know, or doing.

Right. So talk about that. Okay. Yeah. So, I did begin my training in a while in the Dallas, Texas area and then moved back home to South Louisiana, knowing that I wanted to be around family again and felt like I could make

an impact.

Because we have so much heart disease here in South Louisiana. So my mom's really my first nurse practitioner role, jumped right into traditional interventional cardiology.

And I and I did that for probably six, almost seven years. So in the last couple years that I was with that particular cardiology office, I had a very unique opportunity to run a prevention center for that group of cardiologists, which really lit me on fire about mentoring and early detection and kind of different methods how to go about doing that.

Okay. I was curious where the because that was kind of my next question is, obviously there's a pivot, right? When you go from reactionary care to proactive care.

You know, it's usually a light bulb moment for for most people that I know that are, you know, super into this. It's usually that kind of a thing. So it was actually within the conventional space.

And this prevention thing kind of opened up. And you, you were you were pulled to it because it made sense. Right. You know, the thing about reactive care and, you know, I hate to say this, but it happens on, on the medical side and the dental side, reactive care gets really overwhelming.

And it's just disease, disease, disease, you know what I'm saying.

Discovering Prevention and the Baldoni Method

And and it's hard to stay motivated because you're overwhelmed with the amount of the disease. You know, our system is just set up to react to problems, whether it's with a prescription or whatever.

And it's, you know, it's high volume. It's just what's your symptom? And here's your medicine, right? It's not root cause we don't stop to look at it.

So this whole movement so so you made when did when did Janine get on your radar. Because that that was your big shift. Right. That's absolutely right.

So even in the conventional space where I was, I'm running a prevention center for them. The first education component of this for me was when I had the opportunity to get trained at the University of Minnesota's Rasmussen Center.

Okay. We're very large in terms of of preventative protocol under the direction of Doctor Jay Tone. So I got to go up there and study with him and, his nurse practitioner, Lynn Hoke.

And that's really kind of what started it. So common learning their particular protocol and then coming back to Lafayette and really mimicking that. But then I knew that I really didn't have any other colleagues who were prevention specialists in that space.

So I took it upon myself to really start seeking out opportunities for further conferences, whether that was cardio, metabolic focus, further prevention.

So really at that point, we have stumbled across the veil down in Preceptorship and you won't. But that took it to a whole nother level for me. And then realizing after going to, you know, getting associated with the American Society of Preventative Cardiology, going to these this particular conference in Boston, the Cardiometabolic Health Congress, all of these things really taught me that I really needed to to take ownership over the prevention space, of your and not being limited by the fact that I'm a nurse practitioner will still be, you know, prescribing provider to be able to deliver this kind of care and to be a resource to my other colleagues, in this area.

So had failed owning, that preceptorship happened in Washington. I think that was actually in Seattle. So that was probably, I'm going to say, around 2010.

Oh, when you were it was you were so you were so early. So I probably met you a few years after that at a, at a Baldoni conference. You know, we started to think, I'm there.

Wow. You were you were just you were so early. So. So this is what I need, my audience. Okay. You're assembling these pieces, parts. And at the time. So I happened to look up right now, nurse practitioner, independent practice, 27 states.

Now, I would imagine in 2010 there weren't 27 states. I mean, I would imagine it was much smaller. Okay. So you say to yourself, all right, I'm going to put my stake in the ground and I'm going to create apex for I love I love the name, I love that brand.

And you, this is your creation. You're the boss. You're you're taking all of these things. You're just a voracious learner. And and you come out and that's just.

It's just so courageous, okay? Because, you know, you have to understand when you do, when you're the first person to do something somewhere in the back of your mind, you had to say to yourself, is anybody going to come?

Or what do I do if no one comes? Right? Did that, did that ever cross your mind, or are you just so confident that you just said, you know what they say?

Build it and they will come right? Well, I well, luckily again, work with the opportunity to run the prevention center with a group of cardiologists that I had for a couple of years that really took out any real concern of whether or if patients were even interested in this style of a care.

So I kind of had an opportunity to employ that a little bit. Then as I would continue to go to these prevention conferences and realized that prevention really, really was continuing to evolve.

You know, some things when we started this program, we're kind of falling out of favor. New things were coming on board. So ultimately, again, just to not be in a corporate kind of setting, you know, I knew that that was going to allow me to immediately implement any kind of new technology or diagnostic testing as I would learn it really in real time.

I learned something over the weekend. On Monday, being in my own space, I could implement it immediately and not have to. What if your role as a dental professional could go far beyond teeth?

What if you weren't just treating mouths but saving lives? Preventive dental care is absorbing rapidly the oral microbiome. Salivary diagnostics, laser biofilm therapy.

They aren't just tools. They are the future of health care. They're turning hygienist and dentist into leaders in disease prevention, in whole body wellness.

The question is, will you read this change or be left behind? This is your moment. My name is doctor Tom Larkin, and as a founder of proactive Oral wellness, my mission is simple to equip you with the tools and processes to transform your practice and your patients lives.

That's why I'm inviting you to join me and some of the nation's leading experts in Lexington, Kentucky on April 26th for the future of Dental Hygiene.

Five The Blueprint. We will unpack the framework of the Wellness Center, practice new patient onboarding from a variety of really unique practitioners, specific preventive protocols, medical, dental, collaborative communication platforms.

I, I, and prevention and the revolutionary products that are bringing so much hope to this movement. And my podcast listeners, get an exclusive offer by entering promo code p o w that stands for proactive Oral wellness.

Every event that I've held so far has sold out over a month in advance, so reserve your spot early at Oral Systemic mastery.com. Hope to see you there.

Yeah you just you just to me and I just you you hit the nail on the head the autonomy to go learn something and come back and implementing without having to go to committee and to, you know, and go through some bureaucracy and say, hey, we need to look at this.

Right? That capability to do that. That's the that's the benefit of taking that up, taking the risk that you took. Right. Because and you're smart enough and you're well right enough that you know how to do this.

So so Apex prevention 2012 is that one that came about. That's so that came about 2012. So I had the opportunity to get introduced to the bill donee method, which again just kept feeding my soul as I was learning different prevention protocols.

And really was just not in a position to implement it under the umbrella and where I was prior. So I knew that I, I always like to talk about a particular by Maya Angelou.

She says that do the best you can with what you know. And then when you know better, do better. So as I was continuing to learn new and better techniques, but to do a little limited and being able to implement them all was ultimately the goal or the almost the final straw.

That said, okay, I need to step away and really, really do this independently. So I can continue to grow and evolve as the technology and, you know, and information and knowledge base on was just growing exponentially in my opinion at that point.

So in 2012, I took the leap of faith. And so, you know, people knew me in my area.

Building Apex Prevention and Access to Care

I was the prevention person. And so kind of stepping out and as with everything, it's a little it was a little slow to come, but eventually, you know, and still to this day, it's really word of mouth.

There's there's never really been any marketing or big advertising push or because being a solo provider, I really needed it to really be flow control growth. Right.

And we've done that quite successfully up until pretty recently here. That I finally got to a point near the end of 2024 where I was ready and willing to bring on another practitioner and actually get them educated, because I was really at that point, I was I could not see any more patients by myself, you know.

So it was it was time to bring on another, another nurse practitioner and really groomed them on to the, you know, the next prevention specialist. That's so awesome.

So, so my attraction to the Bethany method were twofold. Number one, I don't I shouldn't use the word simple, but it's a very straightforward methodology, right.

You know you have these root causes of inflammation. And you come in there like a practitioner and you and you do labs and measurements and you just attack each one of those recourses.

Right. And then the underlying, you know, guarantee that some don't practitioners have is that, you know, if if you're cardiovascular risk, if all of these factors are under control, it's just it's just negligible.

Right. And it was it was just brilliant. I'm looking forward I'm having Doctor Bale on a podcast here. He's he's on my list. I communicated with him and he's coming to Lexington in April as our as you are to.

And I'm looking forward to getting with him because there's so many of us that owe a debt of gratitude to him.

Yeah, we just really do him, him and Amy right to, to create this.

So, you know, some of the questions I'm going to ask him is, you know, how in the world did you come up with this, you know, this, this incredible approach.

So, so one of the things that I know in your model, because this method has been used in different it's used a lot in concierge medicine, executive medicine.

And then we we talk about access to care. And, and the great thing about, you know, being, being your own boss is that you can implement this in any way you want.

And and access to care happens to kind of fit your heart, you know, it's that you want people because why would we not if it's not cost prohibitive and we can make this affordable, why would we not take the time to educate people that there is another, another way?

Now, one of the reasons right now, while you are mega busy and I'm mega busy, is that for the first time in a long time, in a very long time, prevention is now front and center, you know, because of some political stuff.

And and that's not really important other than the fact that that you and I both know that our health care health care system is badly broken and it's a sustainable it is not sustainable financially.

So if there's not people like you creating models or maybe trying to educate dentists on how they can fit into this model, there's going to be a super bad outcome.

You know, it's it's a dollar and cents thing, right. And so talk a little bit about how over time and like I said you're a you're a 13 year overnight success okay.

That's that's the best way to describe you. You know, you spent a lot of sleepless nights like all of us who are entrepreneurs and who are creators and visionaries.

So talk to me a little bit about access to care and how you know, how you have address that. Right. So whenever I opened up Apex Prevention and really stepped out on my own, it was really done under a traditional insurance model, okay, patients would have insurance, private insurance, they would be private pay, they would be Medicare, Medicaid, come into the office, we would do lab work.

Just very traditional. We would submit office visits through their insurance. But really, what the limiting factor to do this kind of medicine that we're all doing, is it it it takes time.

The educational component of this really not found the success of way successful way to really cut the corners in terms of literally sitting down with a patient, 1 in 1 in front of you and just explain how and where plaque develops and, and really explaining the whole root cause thing that for the first probably six or almost seven years of the whole Apex prevention model, we were seeing patients spending about an hour of time per patient.

So you can imagine that limiting your day to about 8 to 10 people at best. So that slow is the the ultimate challenge because it can't be done per one provider to see 30 and 40 and 50 patients a day like the model is set out there.

Just there just simply is not enough time in the current model. To deliver this degree of education. Yeah. So so I think it was 2018. This has been six, almost seven years now that again, I'm spending probably 70 and 80 hours a week trying to see patients had built up a clientele of almost 2000 active patient charts as a, as a one man army.

And I was just drowning. Could not could not be more so at that point when we really started looking, because I'm almost certain that at that point, I was probably one of only a handful of true prevention providers, or particularly colleagues in the Baldoni method, that was really trying to deliver this kind of care on an insurance only based model.

And I'm here to say that I've done it for a really, really long time, and that's not sustainable for you as a provider. Correct. So in 2018, we developed a bit of a hybrid model when it was a bit membership based.

But I knew what some colleagues you know, were charging, which is rightfully so. You know, it's not to disrespect anything in terms of their price point, but we knew that certain when you got above a certain price point, that that was only going to be accessible to a certain percentage of people.

You know, we kind of the one percenters, so we can't make and, you know, a vast shift in a, in a world change of this unfortunate epidemic by dealing with such small percentages.

So we tried to come up with a price point that was going to be accessible to a large majority of people, but still have them be able to still continue to get the same level of care in the same time component as well.

So that's where I feel like apex prevention really, really kind of shined and took off, from a success standpoint, is that it made it continue to be extremely beneficial for the patients that come in our care, but also, establish some work life balance to make this model sustainable for the for the provider.

Yeah. Right. Exactly. Yeah. You know, you can't run yourself into the ground physically, you know, as much as as much as you care about the whole process.

That work life balance is important. So yeah. And once again, you know, you have figured figured it all out. And one of the things that's happened, you know, and you've probably noticed this over time is patients, patients know that our health care system is kind of jacked up.

And and so they they're looking for self empowered solutions. They're really out there looking you know they use Doctor Google unfortunately and and other things that they're they're looking for people to help them.

Right. Because our Earth system is so expensive and it's just it's just so broken. And you know, when we talk about proof of concept, we talked about that last week.

There's no proof of concept. You have a 13 year track record. I don't know how long Doctor Bales is, but I'll find out. How long is it, 20 years or whatever.

There's no proof of concept. This is a statistics phenomenal approach to from both a statistical and a financial impact. The problem is a lot of people like yourself and Doctor Bell and other people, you know, we're we're we're practicing in silos.

We're kind of independent, whatever. And so what I'm trying to do, because I, I sense a change in the wind that if we are going to take a serious shot at changing our health care system, and there's some of these task force that are being formed as we speak, people like yourself, people like me need to step forward and, you know, put our hands up and say, hey, you know, you may not know who I am, but I'm doing something cool and proof of concept and blah, blah, blah.

So I don't think these solutions are. And once again, not being disrespectful, I don't think they're necessarily going to come out of the universities, right?

They're going to come out of people like yourself, visionaries who boom, 13 years ago said, I need to go create my version of what this means, and I need to explore and learn and and see what impact I can have on this population of patients.

And you've done it. And, you know, and you're not the only one. I mean, there's there's numerous people who have followed the Baldoni method to a tee and have similar results, you know, and so if if a person was going to ask me, you know, kind of what makes you tick and what well, what makes me what makes me tick is that I'm in, you know, a knock on wood.

I'm enjoying the benefits of some of the best health in my life right now at this advanced age. Right. And I look at I look at, you know, high school reunions, college reunions, and she's, you know, everyone's on a CPAp except me, everyone's, you know, you know, and you look around, you know, as you get older, you know, it gets real.

Right? So so one of the things that I saw and I and I told you I went to that eight forum convention and it really, you know, it was good for me on a lot of and I get on their mailing list and I was looking at one of these, one of their email, came out and was talking about, you know, Health and Human Services, you know, they're they're looking for their there's going to be a series of things that they're looking for.

And so one of their first initiatives was early detection. And, you know, early detection is just absolutely. Well, this is exactly what you're doing.

This is exactly what I'm teaching dentists. But it talked about and these terms are super familiar to you. And I know you use them with patients healthspan versus lifespan.

You know who gives a crap what your lifespan is. If the last ten years are horrible okay. You know, if you if you're completely disabled, forget that.

Right. The operative word is healthspan. Okay. And so taking preventive measures and and there was a, there was a study done.

Oral-Systemic Medicine and the Future of Prevention

And you know, there are people that are bean counters and they they do all these statistics and they know. But they were talking about the compression of that period.

And and the words that they used were disability and fragility. Fragility. Okay. I, you know, I hadn't really heard that before, but if we can compress that time frame at the end of life because, as you know, the cost expenditures at end of life are astronomical.

You know, the last whatever happens, it's in the hundreds. It's it it's just a screwed up system. Hundreds of thousands of dollars, and then you die. All right?

And it's like, how does that work? Okay, you you know, you you deplete all your assets in the last, you know, and it hurts your family. It hurts everybody. Right.

And and there are this is what you're doing is the freaking answer. It's the answer. And it gets me up. Every morning I put up, I put something I was jokingly telling my wife.

I said, you know, I don't I don't have a title. I'm not a like a title guy. But I came up with a title. I said, I'm the preventive dentistry evangelist.

Okay, I said, she said, I don't know if I like that word. I said, what else? You know? I said, what else is there? What else is there then for you? You're in, you're an evangelist. This is in your soul.

This is not a job for you. You're not you're not in this for money, okay? That's never that's never crossed your mind. I mean, that's a business. We all need to make a living, right?

But but we need to be evangelists. Because for whatever reason, and in some of my courses, I go back to, I go back to, I always use Charles Mayo, who founded the Mayo Clinic, 1915.

I always use him as an example, because in 1915 he made a lot of really, really great statements about prevention, especially about dentistry. And he was pleading with the dentist at the time to get involved in the founding of the Mayo Clinic because he said the the next great movement in prevention will be made by the dentist.

And they just all ignored him, you know, and so to a varying degree, dentists have never really gotten engaged in this conversation. Well, now, because of the bail donation method, it's required.

And that was my that was the light bulb moment for me. So when I first became a patient of Brad's and I went to Nashville, he goes, you know, I need a CT scan.

I need a perio pathogen, a saliva test and a sleep train. I was like, oh, wired, right? Because you can't complete you can't complete your workup. So what separates you from a functional dentist?

And one of the things I'm doing now I may have told you is I'm getting on some functional medicine podcast because I want to I want to teach them if they practice in complete isolation of a dentist, they are going to have and you want to experience experiences, you're going to you're going to find somebody with some markers.

You're going to get stuck. Because if you don't look in the mouth, you know, it's not a huge percentage of the case, but it happens, right? You'll get it.

You'll get a micro peroxidase or whatever, and then you're stuck. Well, guess what? You know brand name, he figured out. Hey, let's take a look in the mouth abscessed tooth root canal, blah blah blah.

Take the tooth out. Root resolution right. I thought that was genius. And that's the opportunity. So you're ahead of 95% of the functional medicine guys.

Yeah. No you're right. Then get then this is how you and I got so connected is you know you can't deny the oral systemic connection in. And yeah, I really had an opportunity to to realize because you know, I call it stuck in my case when I'm in my room all day long taking care of patients.

It's it's hard to really kind of see from a bird's eye view, which what's really going on and how people are hearing about you and and really what that perception is.

And when I started having dentists drive in from three and four hours away to come see me at my office, that, that that really was a light bulb moment for me, where it did take pause and say, oh my goodness, okay, this is real, this is big, and this is not going anywhere.

I said, because how humbling to have all these brilliant professionals. I said, do you understand how many physician offices they have to pass to come to me?

Nobody else, in terms of their local colleagues, perhaps appreciated the oral systemic connection. So I inefficiently value not only my patients that are in the dentistry space, but my colleagues, you know.

Yeah. No, you've regional you have, and I've even had. Yeah. Now that's what makes you special. You're just such an exemplary human being. And I just, you know, I just I'm just so honored to meet the people that I meet, you know, prevention oriented people are very, the very purpose driven people.

Right? And somehow they find me and what I, you know, my job is I'm just kind of a connector, if that makes any sense. For, you know, I can bring people together and we can have conferences and meetings and, you know, I'm reasonably smart, but I don't know everything.

And I just said, I got a lot of smart people around me and, you know, and it it just, and I learned something new every day, which I love because it keeps me, you know, keeps me vigorous and keeps me challenged. Right.

And I think that's important in life. So any any other, did I miss anything or is anything that you want to talk about or cover that I may have missed?

I, I think it's really just starting the conversation. I appreciate people who do these podcasts because as you mentioned, and I just want to kind of just kind of throw off a little bit of what you had mentioned earlier about the

health care system really being just so broken in how it was really designed to be reactive and to handle acute medicine.

But but we are substantially failing from a, from a chronic disease standpoint. And unfortunately, I think that it's, it's gonna come from a grassroots effort, I think by the of educating the public by way of your podcast, you know, there's several Fort leaders, you know, in that functional medicine space, even in some traditional medicine space that are just really trying to get away from guideline or, you know, standard of care driven medicine, you know, there's probably nothing that really kind of gets under my skin is when people talk about guidelines or the guidelines tell us, you know, we need to do this when we're losing focus, that the guidelines are just that.

There are guidelines. That's not like carved in stone. That's a suggestion about where you should at least stomach, you know, inner core, almost. In my opinion, that's like a C average.

It's almost the bare minimum that you have to do to somebody to avoid litigation, you know, by no means that say, is that the end all, be all. And that's clearly not personalized at all.

So again, unfortunately, a lot of our colleagues in in the primary care space sometimes have it. You know, we get negative feedback because they say this is not evidence based.

But the reality is, is just because it's not in the guidelines. They're not part of the standard of care does not mean that this is not evidence based.

You know, if you look at Brad and Amy's book, you know, beat the heart attack, gene looks at the entire last chapter. Is is resources like written like a thesis?

You know, there is nothing about this that is voodoo medicine or, you know, it. No, the side the science is there. It's just going to take the guidelines and standard of care, probably a few decades to catch up for what we've already been doing for the last decade or two, you know, at this point.

Yeah. So so I appreciate you in, in and really educating the public because that's what they want. You know, they they want something different than what they've heard year after year after year.

At their wellness. Is it, you know, which, as we all know, that lab work is extremely superficial, like you mentioned. And I say all the time, I'm not the smartest person out there.

So but what I do have is a great, great tools. You know, we have blood work in the lab, the IMT measurements. You know, we have something that's going to delve very deeply inside your body and tell me that's all I'll say, but then I'll just kind of read what your blood work is telling me.

It's going to tell me what you need more of, what do you need to observe? And if we just comply, the body wants to fix itself. Sometimes we just create the right environment to allow it to do that.

And of course that's going to be lifestyle driven, but that's really our foundation. But often times we need to build off of that in terms of whether that's supplements, whether that's medical management.

You know, there's a place for all of it. And I think for one side or the other in terms of eastern versus Western medicine, is we do our client to the service, you know, so I think if you put the right blend of that together, then people do exceptionally well.

Yeah. Yeah. I, I love your comment there about, you know, lifestyle and, and it's kind of a so I kind of always I take a centrist, I try to take a centrist position on most things because what especially with the evolution of the past 2 or 3 years of podcasts and TikTok and stuff and you see some health care practitioners and there tends to be extreme views get attention.

Right? You know, ever, for example, you know, for I was breast cancer, oh my God, a million views. You know, it's

like, no, we don't we don't we don't need to go there, okay?

It just it doesn't matter what I just say. It doesn't serve me. Okay? It doesn't serve me if I start getting getting way out there and and that's always going to exist.

Okay. But but it was like you said, this is this is such a sensible approach that covers everything. It's it's lifestyle, it's supplements. It may be some prescription medications that are, you know, that help in the in the balancing of everything.

And and I think that's the sweet spot. And I think that's the sweet spot that you have found. And I think that's an important message that you just said because there's a tendency right now.

And, you know, and I kind of I scan some social media just just because I kind of want to know what people are thinking and doing and and yeah, it gets it gets out there.

So and I want to be the centrist guy. Right. I want to I want to keep I want to keep everybody within the guardrails and, and yeah, this is voodoo medicine.

This is proof of concept right. Proof of concept. Well, it's an honor to have you as a friend. It's an honor as a colleague. And I really look forward to, there's some big things happening.

I kind of feel like it's an earthquake kind of rumbling underneath me every day now, and we're going to be doing kind of some more things in the future.

I have a feeling. So thank you for your time, and I'm going to let you get back to the best we can all in New Orleans. So thank you so much, Tom. It's a pleasure.

As you said, to not only be a friend, but a colleague and anything we can do to change the world for the better. I mean, your toolbox. I'm here to help.

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