Are We Treating Veterans' Symptoms Instead of the Real Problem? | Dr. Erin & Nikki Selby | Ep. 169 Transcript

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Podcast Intro and Guest Introduction

A bunch of people from the same unit's getting cancer and maybe it's a burn pit issue. We're in the military, we just dump everything in a big hole. Your trash, your plastic, batteries, body parts, feces, human waste, it all gets thrown in there, gets lit up, and we're all sleeping right next to that.

You have to work as a collaborative team without a team of People. If you're listening to one person in your own one treatment regimen, probably not going to be the best that you could have done.

Health does not start at the doctor's office. It starts at a grocery store. Obviously, the best is a healthy point of view podcast, your top rated show, where we're bringing experts from all over the world to talk about health, wellness, beauty and mindset.

Today's guests, we have Dr. Aaron and Nikki. Sixty years of combined medical expertise, two Navy veterans, one clinic built on science, not trends. Dr Aaron Icoff and Nicky Selby, co-founders of the JAB lab, treating the veterans the system left behind.

I had a friend, he was posting some dark stuff. It was just like, I'm going out of my mind. I am ready to blow my head off. Well, they gave him, well, butrin was the first one.

it made him a zombie. So he goes back to the doctor and oh, here's some Adderall to like kind of pick you up a little bit. He was never suicidal until he started taking all these things.

We know if people change their diets, it cures obesity. It cures high cholesterol. It Cures type two diabetes. So we know those things. We're not allowed to say it.

They want you in the allopathic system doing the meds. What got you guys to switch over more into the integrative functional medicine side of things? I think.

Welcome to another episode of A Healthy Point of View podcast, your top rated show, where we're bringing experts from all over the world to talk about health, wellness, beauty, and mindset.

I'm your host, Sam Tahada, in today's guest, we bring two experts all the way from California. We're gonna be talking about veterans, gonna talking first responders, We gonna talk our medical system and were it suffering.

We're gonna go deep into talking about some of the cool things with the Liquivita product. Talking about high dose vitamin C and some the outcomes that we're seeing.

Today's guests, we have Dr. Aaron and Nikki. Amazing. How are you guys? Welcome. Thank you. Good. Thanks for having us. You guys been enjoying a little bit of the South Florida activities while you're here, right?

We have. Absolutely. Yeah. I said the opportunity to go to liquid video yesterday. Yes. How was that? That was a very, very fun experience. Nikki, fun experiences.

Tell me a bit about it. What did you enjoy about liquid Vita yesterday? I loved everything. Everything was great. Very humbling. You go through the deck scan and it tells you what you probably already know.

But to see it visually, it's good. It's going to get me back on my game. The data part, right? Data is everything, you know, I always say it is like you can't improve what don't measure.

So us making sure that we're looking under the hood and figuring out some of these things so we can shred them with our patients. What about you, Dak?

I loved the brain scan. I didn't even know we were going to do that, so I wasn't prepared. Being a prior mental health provider, I got a lot of insight.

The PA that did my exam, she was amazing, and we talked a lots about health and how we can improve our mental through our wellness and physical health.

So that was my highlight. Absolutely. And that brain scan, that's the one brain X, right, where we did the brain mapping.

Veteran Service Backgrounds and Military Trauma

It also does the neural feedback. So that is actually something newer that we implemented. That's amazing that you enjoyed that one because that was fairly new for us.

Just a few seconds ago we were talking about you can't improve what you don't measure. And you guys probably have seen it and for years we've been putting people on all of these different programs when it comes to, you know, NAD and, hyperbaric chamber and we do the brain tap and meditation, but are we truly making improvements.

Data is everything and I know today we're gonna be tapping into some data stuff about what you guys have seen as well, too But before we get into the meat and potatoes, I want the viewers and listeners to get to know who you you are so Dr.

Aaron first. I might you to take a few minutes Talk about your upbringing. Yeah, let's go back when we were talking about this like when you guess we look around five years old and And I don't think you guys knew each other at that age, so.

No, we didn't. But I wanna start off with you and talk about kinda like what led you to be where you're at today. Okay, I have kind of a pretty average story.

I grew up on Long Island, New York. Went to private Catholic school. There you go. Yeah, Los is from Long island. All right, a little Long islands love.

Um, went to Catholic high school, after that I, um, Move to Arizona. My parents did a huge move across country. I'm a very big military family. Vietnam veteran, my grandpa, World War II veteran.

My history goes all the way back to the Civil War in this country for military. Had no intention to join the military ever. Moved to Arizona, I'm a senior of high school and went to college like every normal kid.

College was kind of a struggle for me. I didn't love it, couldn't figure out what I wanted to do. ballerina and an artist and interior designer and all these things, and that wasn't jiving with college.

And about a year and a half in, I decided I was gonna join the military, because I wanted to be like my dad and my grandpa and this huge family of military people.

But I as a female. So I shocked everybody. My dad actually was a little upset and was thinking, what are you doing? Oh yeah, especially going in enlisted as- What branch?

Navy. Navy. Okay. I joined the Navy as a corpsman at 19 years old. EMT, paramedic, lab tech. So I kind of hit every rung on the ladder growing my career.

Midway through my care I decided to go to nursing school and applied for a program. We applied to the same

program Same year. And that's how we met, but went to nursing school, got my degree as a BSN.

Um, and it was given that every opportunity along the way in the military, they, um, we were standing up the wounded warrior, comprehensive combat, casually care floor at the time.

So this was 2006, seven, eight timeframe. We were seeing a ton of wounded warriors. That's in California. in California at Balboa Naval Medical Center, Balbola.

Yes. And we were seeing a lot of critically injured people that, um, and this, I know this isn't this podcast, but we weren't trained to see, we we're bedside nurses, not, uh, combat medics on any level.

Um, so as we moved through that space, was seeing, a, lot, of mental illness, just difficulty transitioning from a 20, 19, 20 21 year old to a critically injured now vet.

And I was given the opportunity to get my masters. I went and got a masters as an MP, psych MP. So I as a nurse practitioner. And then again, I was given another opportunity to do further research in the mind-body connection and I given the opportunity get my DMP.

And I did that at Arizona State and my whole entire time there was spent looking at PTSD, traumatic brain injuries, trauma injuries in general, physical and mental and how do we marry that?

And the I spent the remainder of my career doing that and studying that. Lot of experience, a lot of experiences. That's how we got here. Yeah, that's awesome.

You know, and thank you for your service. Now, Nikki, you same branch? Same branch. In the Navy? Yes. Okay, so what's your story? Tell me about your upbringing.

So, I mean, if we're starting at five, almost the same thing. My dad was a veteran and then I had a grandfather. He was in the World War two. And my dad actually said, If you ever join the military, all I'll shoot you.

You know, the bureaucracy of it, he hated it and he didn't want his kids to do it. But we both ended up doing it so I Play tennis was my background growing up, and I thought I was going to get some sort of scholarship and go to college and do all the things.

And my sophomore year, I kind of fell in with a bad crowd and got into bad things, so my grades kind tanked that year. I ended up getting kicked off the tennis team my junior year which is the formative years when you're playing sports.

And so by my senior year, I recovered, but I didn't really have a plan at that point. And my brother had joined the Navy a couple of years ahead of me.

So I was like, oh, let's just go down to the recruiters and see what it's about. I ended up joining the navy. My dad was not happy either. But yeah, my enlisted career was a little unique.

I thought more of myself than what I was. And I though I could do a lot more than I can do. So I signed up for a program that no other females were doing at the time.

Not really thinking why no females are doing it. I just thought it looked fun. It was Search and Rescue Corman. Flying on helicopters and doing all the fun things.

And when I got accepted for it, I realized very quickly why there weren't any other females at the time doing it because it's very physically demanding.

I was not a physical fitness stud. Doing push-ups and running, that was, you know, not the easiest thing for me. But made it through the program, got to do a lot of fun things out of helicopters.

That was kind of my first love with helicopters and I doing rappelling and mountain rescue and just really cool things. Definitely earned it. I mean, it was not an easy road at all.

Went into, after that, was a rescue swimmer instructor and then went through rescue summer school myself, which was again another feat where I was the only female at the time in my class.

Got my butt handed to me a few, several times, but made it through and just had a lot of fun. My enlisted career was a lotta fun, decided I needed to progress forward and ended up finding out about the commissioning program where they send you to school and that's where we ended on the same year and then met in officer training school, and became a nurse.

Then I got sent on three back-to-back deployments. And so, you know, learned a lot, saw a lots, did a aot overseas, and then came back. My biggest thing towards the end of my career was realizing that we weren't training our nurses overseas appropriately to handle what they were expecting out of us.

So my specialty was flying again, where we were flying critically injured patients. And they were kind of just throwing nurses on the back of helicopters, just expecting us to know how to do this, which is a very demanding, you know, flight medics and flight nurses, like that's a lot of training that goes into that.

And we were just thrown nurses in the helicopter with very critically injured patients. So my motivation when I came back from Afghanistan was to create some sort of a training program for these guys so they're not left with what a lot of us were left.

It was just like, just get on the back of the helicopter and fly these patients out. And it's all the stress that comes with it. So I spent the last probably five, six years just creating programs and trying to help train people to do that job.

Making it easier for the next, right? Amazing stories. Now, you went overseas. Did you go overseas also or no? No. Japan was the farthest I ever got to go.

It was fun, though. They had the station out there, the whole base. So the next thing I'm going to talk about, and if I went back probably just six months ago, I would never ask this question.

But anyone who I bring onto the podcast now that is or was a first responder or who was in the military, I asked this question because it's a powerful piece of content that the viewers and listeners love to actually listen to and understand more of what you were exposed to.

And I was the one who, when I would go on podcasts, someone would ask me this questions, I'd actually veer away from it and say, you know, let's talk about something a little bit more positive, right?

But there was one podcast that I went on, David Grutman's podcast, and he asked me the question. And I thought to myself, I'm going to answer it. Because he's already asked a question, so I've already tapped into that PTSD from before.

So let's talk about it So that question is, what's the worst thing you've seen in your career in the military? And mind you I did 12 years out on the road as a firefighter paramedic, so I saw a lot of stuff Yeah, and I so a lotta you know there's a lots of things that I'll never forget that some are funny some more You know really bad You, know and and some of just like psychotic patients as well too and that was one of mine that i'll Never forget some guy who?

taking a wire hanger, drilled a hole through his head, took the wirehanger, and when we walked in, he was literally trying to get the voices out of his heads.

We took him to the trauma center and he missed every single part of the brain that could have been affected. So I'll never forget that because it was one of those, you walk in the house and it's one these houses where none of the lights worked.

The sun was going down, so it a little dark. It was a smelt fight. I remember every single step of it. So that was my story on his podcast. And I actually ended up getting a lot of messages from friends and family saying, man, I knew you did that job, but I didn't know you actually do that kind of stuff.

So I'm asking you that question because I want the viewers and listeners to get to know who you guys were before everything you're doing today. You were overseas, you were doing stuff on a helicopter.

I was there for almost 11 months and so there was one moment that stood out to me. We were having a lot, so I, was over there during some years that were really hard for the Marine Corps and I Was in one of the the ORs which you know kind of out there, but we were in the or and we, were there the day that There's a particular three, five took over singing.

And it's really well known to anybody who has been in Afghanistan over the last 20 years or so. But it was a very, very deadly. I don't even know how long it lasted, but it was, it's that I was there the first day they took over and we were in the OR and started getting just the incoming of all these, these guys.

And we didn't know what was going on at the time. You know, turned it out that it is one of the deadliest battles. Um, But as part of that trauma team in that OR, and so when you're a part that Trauma team, you like the ER kind of, the, ER section do their thing.

and then our surgeon would go out and pick the worst ones and take them back to the beds. At this point, we had seen so many kids without their… I mean, the legs blown off, that was pretty typical injuries, but then we were seeing a lot of genitals being blown up as well.

And I was at the point where I like, if I see one more kid without his… I'm going to lose my mind. And so we ended up at this time, I just remember the British, they brought in a whole slew of guys.

I looked at one guy and he'd already lost his leg, but he had his other one, He had his penises. I just remember being like, oh my gosh, he's got his penis.

This is great. And we, my surgeon picked that one. We brought him back and I was helping my, surgeon that was with my group and he was the orthopedic surgeon.

So we ended up having to cut off his other leg because it was just completely mingled. But the general surgeon, he was going through his abdomen and his torso.

He picks up what I saw was his genitals and he cut it off. And I lost it. That was the one time I last my shit and I'm holding this leg as my other surgeons cutting off the other one.

I was like, what are you doing? And he's like there's nothing there, there was nothing in there. What had happened is part of the heel of his boot had gone up into His core and just shredded everything.

So what I saw was just the skin, right? And he like pulled out the heel of the boot and he's like, there's nothing there. There's I think there and I was this I it was Just the thought of these kids, you know, they're they've lost their legs already and now like You know that's a very important part to men.

Yeah, and they were late. They're you, know in their 20s They haven't really started their life yet and this is how they have to start their lives and so But I remember I was, my surgeon had cut off the leg and I'm holding this leg.

And I member looking around and in this particular OR, it was a open bay OR. So we had six beds. It was open. There was no walls. I just remember seeing body parts, you know, just in biohazard bags, I am holding these kids like, what am I supposed to do with this?

And sliding. Just remember thinking, like I m in the movie saw. Like, in a real life movie. And it was just, I don't know, it's just very surreal and it just still stands out.

That's one of those things that you'll never forget, right? It's a part of that PTSD that we talk about. There are unfortunately demons that never leave your mind, but you learn how to live with it.

You learn to control it or eventually you can talk it, you know? And this is part your story. And you were part the rescue team, a very important part.

You know, trying to save lives of our warriors that are doing this for our country.

Why They Moved Into Functional Medicine

So, yeah, that's that something that definitely would stick for sure. What about yourself? My gosh, I have so, so so many. But I think the first one was probably when I was a brand new EMT and I.

Was just doing rounds in the ER. And I got thrown in with a surgeon who full trauma came in. It was a gunshot wound to the face and it had only blown off the front of the person's face.

So you could still see the gurgling and the air bubbles. And he yells at me and tells me, get in there and innovate it. And I was sweating and don't crack their teeth and I'm like what teeth?

And just that process and having to just compartmentalize seeing people at their worst. But that was when I very young, I probably 20 years old when that happened and just being able to get in there and be part of the team and learn in a very stressful environment.

I just have story after story, kids on ships and a grinder came across his chest and I'm the only one. I sent everybody to lunch. Also rookie mistake.

Everybody went to launch. The only in the clinic and he walked in and I could smell the fire and his jumpsuit was melted into his chest. And he was still conscious and he had walked himself over.

And then the minute he saw me help, he. Was gone and I was alone. So that was a bad one. But there's so many. and really, once I got into being an MP and in mental health, you know, we lost so.

Many even trying to save them from suicide. Yeah, no, and, man, I could only imagine, you know, throughout your career and your education, your level of education.

You're seeing a variety of different groups, not just the things that are coming firsthand, like the right, the injury, Then you're tapping into the after effect.

The person who does lose both their legs and now is depressed, potentially suicidal. And fast forward to today, you guys are seeing a whole other side of a lot of military and first responders and what they're dealing with.

right, because it's one thing about the battlefield of what people are dealing with where they're losing their limbs, right? But there's the people that come back in one piece, some people, that actually never went overseas to war, they've been just training that are out there, utilizing a lot of this artillery, getting exposed to the heavy metals like the lead, a lot of these other fuels that they're breathing in, and disease starts to develop.

So before we get into that conversation, I wanna talk about your experience becoming medical professionals in the military, going into more of this allopathic traditional system.

I want to talk what got you guys to switch over more into the integrative functional medicine side of things. I think just, you know, probably from our own experiences with doctors and the regular system.

Again, I don't hate doctors, but I just, and I only think it's their fault. I think that they are very rushed. They have very short appointment slots.

It's just what's the problem? Try to fix it. And the easiest way to fixed it is that there was some pills at people and that's it and no one really ever gets to know you.

they don' know what actually going on with you and they just try to put you all in the same bucket. what I like about functional medicine and holistic medication, it's treating you.

And I think my first experience with it was doing hormone replacement. My doctor, at the time that was it wasn't about putting you in this range, like, oh, this is the range you have to be in, and if you're in that range your great.

It's like no, that's not optimal for me. I'm not the same as every other person. So with the hormone doctors or functional medical medicine doctors, They're asking, do you feel good?

Let's put you on a certain dose or whatever it is. And how do they check back in with you? How are you feeling? I'm still not quite right. OK, let's go up.

My levels are above the range, the typical range. But that's where I feel the best. So I know where my range should be. You go to a regular doctor, like, oh, no, that way too high or whenever it.

But it was kind of my first taste of, oh, let's treat the person and not just numbers. And so, you know, that's how medicine should be. I mean, we have this problem that we see now with all these people who have chronic illnesses that are preventable, in my opinion.

Nutrition, lifestyle, they could change what's going on. A lot of them can change, what is going with them, especially when you talk about the metabolic diseases.

And no one talks to them about that. And they just keep, we have a lot of female clients that people just ignore their symptoms and they keep trying. I know, she knows that it's something metabolic or it hormones or something along the lines of that, and then go see their doctor and all try to prescribe them antidepressants.

Are you trying to say that we're crazy? We have these symptoms. We know our bodies the best and we know something's off. It doesn't mean that there's anything wrong with my head.

There's just something going on and the easiest thing to do. They always say, you know, try to go to your doctor because it's covered by insurance, whatever.

Try to see if they'll pull hormones or things like that. And all four of them came back, different doctors, and said they tried to prescribe me antidepressant.

Wouldn't pull any labs, wouldn't look at my hormones, nothing. Like, what are we doing? It's crazy. The world we live in, and this is a conversation that I've had with many doctors, even neuroscientists, that when you look at psychiatry medicine, obviously you have experience in that, they're going based off of just subjective data, right?

A questionnaire. So, Dr. Erin, one of the things that Nikki mentioned was about this algorithmic pharmaceutical driven medical system that we have. And she mentioned that, you know, we're not trying to dis our traditional allopathic medicine world, which has saved a lot of lives.

Right. I'll be the first one to say when it comes to acute care, We are fantastic. The United States is probably one of the best in the world. If you need a surgeon, thank God they're there.

That's it. You know, you're having a heart attack? Don't show up to my wellness clinic because that's not going to fix it if you cut your arm off, go to the trauma center.

So but when it comes to chronic care, I want to hear your story of what really made you shift over because, uh, when I comes through chronic illness, what has been your vision throughout the years?

What have you seen through a vision on, on chronic So Nikki knows this all too well. She's heard all my stories about this, but it was really when it became a mental health provider.

So when I went to school, became an mental-health provider, you're given all these, the DSM, right? The Bible. This is how you diagnose somebody. Do they meet this criteria?

Here's a diagnosis and here's appeal. And that was for everything we did. What's the diagnosis? What med goes with it? And I was seeing all these people in the military.

So one of my first assignments, it was me with about 5,000 Marines at 1st Marine Division. I'm the only female for a million miles and I am their Oscar.

And they were coming in with all these mental health issues. Now, and there's a spectrum, right? So you have the young guys who it's more stress, homesick, new adjustment, we're new in the system.

But when you start having people 35 to 45 coming in and having these issues, everything in my training and in, my belief says, draw labs, make sure this isn't medical first.

Why would you ever assume that somebody who has been that put together and able to cope with that kind of stress and have those kinds of resiliency mechanisms in place now all of a sudden, they can't deal and they're a mental health case.

And so it actually did start with a lot of the females. I would have these females 38 to 45 years old and I'd say what changed? What's new? And again, remember functional medicine get to the root cause.

Well, maybe they had had birth control implanted. So now I'm saying, well, what were you doing for birth control before, right? They've raised their kids, they've had their family, and now they have a neural plant, And their acne and their hair's falling out and they threw a lamp at their husband's head.

And I would say, What do you think about having that taken out? Can we talk about a different form of birth controlled? Do you that you're feeling these things you are feeling that they're hormonal?

We would draw hormones, I'd get yelled at. I would draw labs, I'd scan, do diagnostics, and my bosses, where I worked, would actually, because there's being counters everywhere, you're a mental health provider.

their depression scale, prescribed the meds. And I said, I don't think this is depression. I think is metabolic. This is physical health that's being overlooked.

So that is how we started and we talked about it at Nausium and especially with the military population. and these people who are getting close to retirement would come in.

I had one guy, he had a shopping bag, a brown shopping bags full of meds and brought it into the ER. And we went into room, dumped everything out and I lined them up and it filled the entire gurney.

Incredible. So you don't feel good? And he was like, I'm losing my mind. I said I would not feel good either. Yeah, a bit. And how do we even begin to detox you from what I am looking at?

To even attempt to get to the root cause, which again I really think it was end of career, Which is a huge trigger for first responders, police. military, you get to that end and this is all you've ever known.

You know, both of us over 25 years of service and then now all of a sudden you have to fit into the civilian sector, a lot of these people start crumping at that transition.

And it's so easy to say mental health. Trasadone, Zoloft, put them on an ED med, send them out the door. And that becomes this spiral that you cannot get out of.

And I saw it way too many times when I worked as a firefighter paramedic. Patients are just going to the ER, leaving, going see their other doctor. No doctors are communicating amongst each other.

Just how you said, a grocery bag full of medication. Medications that contradict each-other, right? Medicions that, I would look at it and say, well, The only reason this person's even alive at this point is because these chemicals are keeping them alive, because you gotta take this to wake up in the morning, this amphetamine, and then you got to take because because can't go to sleep.

It was just crazy, crazy. I mean, I would love to talk about this, I had a friend who had just come back from Afghanistan, Special Forces, and he was posting some dark stuff.

Toxic Exposures, Burn Pits, and Veteran Cancer

And so I reached out and I'm like, hey, you doing okay? It was just like I am going out of my mind, I was ready to blow my head off. I said, what's going on?

So, call them up. I went to my doctor, which actually happened to be a PA, because in the military, your battalion surgeon usually is a general if his doctor is general medical practitioner.

And he wanted help. He wanted more like a therapy or like, a group therapy, or something like that. Well, they gave him… Wellbutrin was the first one.

So just gives him WellButrin, no follow-up. It made him a zombie. So he goes back to the doctor and was like, I don't like how this makes me feel. I feel like a Zombie.

And so they're like Oh, here's some Adderall to like kind of pick you up a little bit. It starts taking now he's on well-behaved Aderall and then couldn't sleep because the Aderal and so goes and they like oh, Here's I think it was Ambien to sleep.

Now he is on three different psychotropic medications within a very short period of time. still hated the well-beaten, so quits that cold turkey. Nobody freaking tells them, you know, like, hey, don't stop things cold Turkey.

There's a very big warning sign that it can increase suicidal eating shouldn't be cold. Turkey, they gave him Xanax to bridge all of these. Plus, I'm sure there's little self-medication with some alcohol and other things.

And I was just like that was my first wake up call of this is what we're doing. This is how we are treating our veterans. It is. A recipe for disaster.

He was never suicidal until he started taking all these things. And then I started talking to other veterans about that same program they were getting put on.

I am convinced to this day, all the 22s a day. Like, I'm convinced. has to do with that. If you went back in their medical record and you looked at their prescriptions and what the timeframe was, that was probably a big contributor to their outcome.

Yeah. I spent a lot of my career peeling off meds. A lot that, right? Peeling off of med. And that's not the easiest thing to. No. You know? Because there is a withdrawal process, you know, the withdrawal.

Dr. Erin, when it comes to a lot of these veterans or even active duty military personnel. One thing you mentioned, you talked about other things that could be causing it and doing things like the blood work and looking at the different biomarkers.

I wanna talk about some of the things you've seen because we know today things are a little bit different. There's a lot more awareness when it comes to a lotta these endocrine disruptors that are out there, right?

The different toxins that will shift your hormones in your body. which we all know that when your hormones shift and you have a hormone imbalance, regardless if you're a male or female, it can cause similar issues to someone who's having psychological issues, depression, anxiety, et cetera.

So what have you seen when it comes to a lot of these different toxins or things of that nature that these veterans have been exposed to? Yeah, so I mean most veterans even like you said even if you haven't deployed if You've been on a base you can even look up the bases that are toxic You know, there's an actual registry that'll tell you if they had water issues gas issues Fuel issues because it gets seeps into the water So there you know in the old days everybody talked about love canal, right?

And now it's the new in Orange County with all the young children. It's all these children with these weird cancers in this one part of Orange county, very much like Love Canal, these people got these wierd cancers.

Erin Brockovich was on it years ago, she knew what to do. We know this about the military, so the fact that we're not screening and doing basic, just basic things, a Dutch, GI map, looking at cholesterol from a different angle, get APOA, APB, you know, Get those tests done instead of just assuming that you've done a chem panel and a CBC and we know all the information.

We don't, we have heavy metal testing that's so easy to do. That's so simple. The cancer screenings that we do and 107 does, those are cancer screening tests that, we can at least get an idea if this is even happening.

And so when we have people who are concerned or have worries about these things and they're not being offered this testing, it blows my mind. Then you see, again, people do have a lot more awareness, but if you want a functional medicine doctor, you're looking at 10 to $15,000 down for them to talk to you.

Right. So if you're a young kid right out of the fire department, the police department the military, where are you getting that money? Where is that coming from?

Even if, you know, and even if your aware. And that's something that so simply we could do together as a group to one to lower the cost. Why is a GIMAP $500? You're literally pooping in a little bucket.

Right. So there's things we can do to extend care to our most vulnerable populations that we're just not doing. Right now, obviously I come from a family of first responders of military.

My brother was first ground troops in Marine Corps into Iraq. And then obviously myself as a firefighter, paramedic. I remember my brother growing up, he's seven years older than me.

And he used to he would always bring back home the MREs and I used To find them so cool, you know Take and open it up put the water heats up And then when you really started like looking into it, like I remember he actually said was to say I don't know how much sodium was that little pasta package you ate it was something ridiculous was like That doesn't even make sense.

Like the salt shaker doesn' even have that amount of sodium. How did they even made that happen? I'm pretty sure we were eating MREs from the 1970s when we first joined.

I am pretty sur. They last forever. The tabasco sauce is no longer red. It's become like this brown color. Think about that plastic that it's wrapped in.

All that stuff. So now, obviously with the new administration, there's been things that are getting addressed with our military when it comes to food and everything else that they're being fed, which I think that's a good first step, right?

There's lot of other steps that have to be done. We even saw additional things like the men being tested for testosterone. And if they have low testosterone, they can opt in for hormone optimization.

There's been a lot of controversial talk about that. What are your thoughts about? I love it. I think we should have

been doing it all along. Like I said, I got in trouble for drawing hormone panels on people.

Perimenopause can start in females as young as 35 years old. So when you have somebody 42, losing their mind, loosing their hair, acne, why are we not doing that?

When you a male who low libido, ED is all over the place. I mean, let's talk about ED in the military. Every single person I ever saw had ED. And what do we do?

Prescribe meds. Where's the testing? Low testosterone, it mimics a lot of the depressive symptoms. Yeah. And so and that's where you would get in trouble because you'd find that and it's a quick fix versus let's let try you on all these different psychotropic medications that lead you down a path that really some don't return from.

It could have just been as easy as let us test your testosterone and see where your at. Well, and a lot of them even suppress your testosterone even further.

Yes. Yeah. Well. And things like you said, like the products, Old Spice, huge offender of the endocrine system in young men. Right. Sorry, old spice. I used to love you for years.

So I love the smell. Oh, I'm so sorry. But like I tried to get it away from my boys. Like I don't want you using that. Look, don' want my sons having access to that, i don"t want me daughter having to access that I"m going to do another one.

But my daughter, I don't let her shop there, you know? I, don' t let them in there because of the hormone disruptors. I'm happy you said that because, a lot of people when they start thinking about all the toxins, right?

They start to get the toxic food, the dyes and everything else. But there's a lotta more than that. It's the creams, lotions, make-ups. Oh, it's brutal for females.

Brutal for young girls. And we're covering them with this stuff. They have all these face problems and it's a bazillion dollar industry for a reason. We create the problem, we don't teach them how to fix it, because how do you fix that?

Good skin care and great food. That doesn't cost $2,000 at Sephora. Yeah. Got to work from the inside out, right? Yes. And these are things that people have to be very like conscientious of.

That's important. Even like in the fire department, you have a lot of people that do take the right steps after a fire. They never put their bunker gear inside of the cab.

Now they have the decontamination room where you take all your stuff off before you even get into the station. And then they even have infrared saunas where we can go in to help get those toxins out of you.

But then you find out that the gear you're wearing every single day has forever chemicals in it, right? And you are sweating. And your sweating in. Yeah.

You're absorbing this stuff. So it's just like even though I'm doing all of these things to try to take care of my health, I've still been exposed to it every day because the company that made this put this poison of stuff that I am going into.

The hottest temperature you could think of. Right. You know, after September 11th, a lot of first responders got, I mean, horribly sick, right? Terminal illnesses with the stuff that they were breathing in.

Have you guys dealt with any of these first-responders from September eleventh at all? Not from September 11. You might have. I mean, mine's all personal.

So in the military, not many. They were all in military either at the time or came in after, but it's very much like the Gulf War syndrome. So when we had the hundred day war and the gulf war in the early nineties, it was the same

thing.

Those people were only there a hundred days on the ground, but what they were breathing were all the burning oil wells. And so I was at ground zero, September 11th, shortly after it happened, just a few days, as soon as I could get a plane and get back from San Diego, I went home and that was smoking for I don't even know how long.

I mean, the chemical exposure in that event alone is catastrophic. And how do you clean up that kind of mess? You're already living somewhere that's pretty caustic to begin with.

The shipping yards are all there, the waterways are a mess. I know when I was a kid, we weren't allowed in the that water. So when that's been there that long, and then you have something like September 11th happen, those people, you to assume exposure, in my opinion.

For anybody who is in, I'm not smart when it comes to that kind of stuff, but what the radius is that says that if you were in this vicinity during this time, just like the military guys.

I was going to say, I think our equivalent are the burn pits that we're exposed to. And so we started working with an organization called the hundred seven foundation who she kind of opened Chelsea, who's their founder.

She opened a Pandora's box because her husband came home And he made some comment about, man, I've lost more guys here than I have when we were overseas.

And she thought suicide. He's like, no, they're all getting cancer. She's, like what do you mean? A bunch of people from the same unit's getting correlating burn pits she thought okay maybe it's a burn pit issue because you know we sleep next to so when we're in the military we just dump everything in a big hole and then we light it on fire and that's everything that your trash your plastic batteries um jet fuel bodies yeah all the things body parts you mean just feces human waste it all gets thrown in there gets lit up and we are all sleeping right next And so she thought, OK, it's probably the burn pits.

And started doing research on that and trying to find, what's the correlation here? What's going on? Well, as she kept continuing, she started making more correlations with people on ships.

They're exposed to the radiation. People who fly airplanes, a lot of them are getting brain cancer. You know, people who are shooting guns all day long, they're getting exposed all those toxins.

It's just been this huge thing. And this is actually why we came across you is she wanted to send the veterans to us for the, she's like, do you know where you can get the high dose vitamin C infusions?

And so we found you guys and that's kind of what started that whole partnership there is her sending the veteran. Shout out to Jimmy. Love you, Jimmy!

Which Jimmy knows, listen, I worked on the box with Jimmy for many years. He's got like 20 plus years on, probably close to 25 at this point. So I want to talk about that, about what you guys are doing with these patients that are coming in to your clinic.

So what are you seeing? A lot of cancer patients? So we get referrals from Chelsea from Hunter Sevens. We're in a partnership with Hunter seven and it's a direct referral.

So, we're not finding the cancer. Chelsea's identifying the patient with the that's veteran and then it flows that direction. And then she reaches out for the holistic treatment side of the house.

So amazing organization, they're just doing great things. But again, she's gotta wait for somebody to be in crisis to even hear about them when we could be pre-screening.

And she does a lot of that. Hunter Seven will go out and have an event, a fundraiser. You know, they'll do 100 kits

that day. Bring nurses on. Everybody draws their blood and they to pre-screen.

What tests are they doing? It's a cancer screening test. It is a functional medicine test that screens for cancers. Do you know the name of which one it is that she's using?

Which one? I can get I. Can absolutely get it for you. Yeah. The grail, maybe her. I want to. She was doing that. And she was. Doing the grap. Yes, she.

Was doing the grill originally, but then she switched to the one on Rupa. Yeah, I'd have to get it for you. We do one. The one that we do is called the RGCC, but it's based out of Greece.

They have a whole footprint. Did you know how many biomarkers are in it? Not off the top because there's some that are only six to eight and then some get in deeper and deeper And deeper, and I think the last one that she and i were talking about is almost 75 different cancers So it's come a long way right originally.

We're looking for breast cancer testicular cancer Yeah, now we're getting into pancreatic oat cell like it can get very specific And some of these tests, I mean, you know, like the one we do will detect through blood, we call it the liquid biopsy test.

So through the blood it will the cancer at stage zero, which is incredible. But it's made in Greece. Yeah, it's based out of Greece.

High-Dose Vitamin C and Integrative Cancer Support

I mean, they have their whole North America market here, but the lab had actually just shipped out to Greece, our functional medicine doctors, They were using the grill before I brought the founder on the podcast a while ago.

And a lot of doctors are using it in the functional medicine space now to Dr. Mitch Ginn who's like the guru behind IV therapy. He's the OG, he's one of their spokespersons here in U. S.

So he'll actually be speaking at the VIVE conference this year about that test. That's amazing. So, you know, with a lot of these cancer patients, one of the things you guys are talking about is the high dose vitamin C.

And I want to talk about it because you, guys, are using the liquefied product, which we all know the liquid product is preservative-free. It doesn't have the benzo alcohol in there like the multi-dose vials.

which we know the important part of it is for a patient who is suffering with a disease like cancer or any other patient that has any type of disease, we want to improve cellular function, right?

And if we're introducing a toxin like benzo alcohol, it's not going to prove cellular functioning the way that a preservative free product will. So what type of benefits have you guys seen utilizing the LiquiVida product with the patients that you work with?

I mean, every one of them that come in and they start it, just they First thing they say, I feel amazing. I fell good. We have one guy who he again refused chemo and radiation and he is thriving.

And he was coming in weekly for it on the dot. He's doing other things like the ivermectin protocols and fasting. That's a big he's big food guy. Food is like his thing.

Meditation, grounding, all the things. But he just he drives all of the way up from San Diego to come do it. Always comments about how great he feels.

We had another one that was coming in and he hadn't started the chemo and radiation and was doing fantastic, you know, tons of energy. I feel great. He did end up starting chemore radiation, and it just.

And it's just changed them, so it it, it hard to. But, you know, it's hard to say like, oh, we don't need that. Or not that you don' need it, right? But it just, like do these other things with it.

But if you have a doctor who's not really agreeing with, then I don''t know. I just I feel it it''s anecdotal, but I do I see the difference when they are doing the, whether or not they just choose to do that or if they're choosing to.

Do it in conjunction. You see a difference in it and it I mean, well, the other thing is, you're not allowed to say anything's curative, right? Right.

Right? So, I can't say that. And you can say with food, which that's crazy. We know if people change their diets, it cures. Obesity it cures High cholesterol it Cures type 2 diabetes.

So we know those things We're not allowed to say it for obvious reasons, right? They want you in the allopathic system doing the meds But there's so much behind and it's scary like I can't imagine if I had cancer and I'd a doctor say here's your surgery Here's your chemo, here's a radiation plan and me saying, nope, I'm going food and high dose vitamin C.

But and I am not in that situation, but I m telling you at this point, i would absolutely try first. Absolutely. 100%. I would try. And even if someone decides to go the traditional route with chemotherapy or radiation, The services that you guys are offering with a high dose vitamin C.

Are those still beneficial for them? Absolutely. I definitely absolutely. They feel better. And, you know, even the person she was talking about that was doing it and then added the allopathic and kind of started to feel so great when he could get to us, when you was feeling well and he can be in the space with like minded people.

supporting that mental health perspective, too. You have to have people telling you this is going to work. That's half the battle, right? With so much of this.

Your mind's powerful. We would purposely try to put them, book them all at the same time. So they would, you know, we just kind of set them in together and they just start talking.

I don't know. you just saw the change in like their mental status. And so it was just, I dunno. But just from him coming in and sitting there to leaving, which is only usually maybe two hours at most.

There's a difference. Absolutely. Like a visible and scorable difference in how he was behaving, feeling, looking. Yeah. And you get a lot of that feedback from the patients.

You can just tell by the way they look brighter in the face. Even at our clinics, we'll work with quite a few cancer patients and patients with autoimmune issues, et cetera, patients that are immunocompromised, and in patients who undergo that chemotherapy and radiation, the level of oxidative stress that's happening in the body, it's up there, right?

We're looking at those oxidantive stress biomarkers. And the one thing that we know from high dose vitamin C, from utilizing glutathione, powerful master antioxidant, is that it will reduce the oxidate stress level.

One thing that we've seen on the leukemia side is tremendous effects of how their quality of life is throughout the chemotherapy and radiation, where they're able to handle it a lot better, reducing that oxidative stress.

And some of the research is showing, you could actually go on PubMed and research it, that the actual cancer treatments of radiation chemotherapy have been more effective during the high dose of vitamin C.

So obviously there's more data that's gonna be needed through the different phases that they're doing some studies, but I can only imagine what these veterans you know, how beneficial this has really been for the recovery process, the treatment process when it comes to cancer.

I mean, you knew it benefits everybody. You can take the most healthy person, gym rat, eating correctly, you put them on this regimen, they feel better.

So you know there's benefit. It's just where does that benefit take them? We are true believers that it should all be integrative. They should be doing all of this, all this and all that to get their best outcome.

You have to work as a collaborative team without a team of people. If you're listening to one person and you are on one treatment regiment, It's probably not going to be the best that you could have done.

Right. And this is where like the benefit of stacking a lot of these modalities, because it's not one thing. Dr. Erin, you've said that health does not start at the doctor's office.

It starts at a grocery store. Correct. Elaborate further on that. A good grocery store. Yes, a really nice grocery. Let's say grocery stores. There's one in California.

I went once. You and Sir. They just opened up one here in South Florida, I think. Yeah. Yeah, yeah. Oh, that's awesome. So, um, but yeah, the grocery store.

I mean, obviously the best is homegrown. If you can have a garden, if you produce it on your own, you know, she just bought recently one of those indoor gardens just to grow stuff in her kitchen, to have healthy herbs.

This is the next best thing. Right, but for people that access is huge, right? You see in some of our communities in this country where their grocery store literally is a 7-Eleven, that's a problem.

You know, you can't start health or wellness in a seven-eleven. Absolutely not. Those people who are in those communities are already starting off Hard right, but when you have access to real food even now looking at all the things that are out there the appeal that's going on all The fruits and vegetables, which is atrocious.

Like how do you know what to look for? so there are codes on a lot of our produce the threes the fours we know are pesticide and the nines are supposed to be organic.

But again, you're trusting a system to tell you what you are going to pick at the store. I tell a lot of our clients, if you can, we've got great, in Temecula we have great farmers markets, try to hit the farmers market.

This starts from parents feeding their kids. If you had the pleasure of meeting my three wonderful children, they would tell when they were little, I told them mayonnaise was poison, Mac and cheese was poisoned.

I know, white bread, but all these things that I grew up, that grew, and not in my house, my mom was a hippie, thanks mom, she was amazing. We had a garden in our house.

But I told my children that because that's what they were exposed to at school. It was mac and cheese, it was chicken nuggets, all this stuff that did not want them eating.

I wanted them metabolically healthy. So our meals always consisted of a warm meat, so whether that was steak, chicken, fish, everything else was cold and fresh.

And so, and they would have the little bowls all around where they could pick from what they wanted. And, so I, you know, I probably had the only two year old, three year olds on the planet that would pick cauliflower and just eat it.

But now, And again, they were teenagers at one point, So they did all the bad stuff, Natalie love and Dr. Pepper, You know? And she comes home and why is my skin like this, mom?

You were taught correctly, you can't have that in your everyday and expect your skin to be beautiful. You have to cut certain things out. you have preserve your health.

So does, and we tell our clients this all the time. We're not saying you cant do it. It just can be your every day routine. Right. Yeah. your everyday needs to be healthy, and then if you want the chocolate cake and the glass of wine, like we all love, you have it, but it's a treat.

It's only when you're in Fort Lauderdale. One of the things I go by is I'll have a piece of cake, right? I just don't have those things at home. If I can go out or whatever, I have it a little bit, but I'm not bringing it back home because then you start snacking on it and leaving a bit here.

And teaching people how to snack appropriately. That's really hard because everybody craves the junk panel. Right. You know, the Junk Pantry, whatever that is, with all the me too, me included.

And if I buy it, I'll be like, oh, that's easy. Yeah. It's so much harder to go wash berries and make a cup of cottage cheese and watch a movie. I'm like.

Oh, it's not as fun. But that that was a taught. Thing for everybody, and we're just not teaching our kids that. So recently there was a change in the dietary food guidelines, right?

The pyramid is now finally upside down. So comment on that. Nikki, what do you think about that? I mean, it's I, I think the I don't know the exact history of the food pyramid, but it, you know, that whole push for cereals and crackers and I.

Think was the 80s. For sure. That's it. I said, You know. And it that was a corporate thing that. Was a huge moneymaker. It was get people addicted to carbs and sugars.

You. Know, It's healthy. Right. Cheerios is healthy and. Our grandparents were like Cheerios and berries, was the best thing you could eat. But American Heart Association has it right there on the side of the cereal, right?

This is heart healthy. Yes. And then, I mean, you go through those middle aisles and it's all, oh, this is protein and blah, blah. It's just garbage. Its chemicals.

I think all these people are in bed with each other, with the politicians and the companies, and somehow they manage to, Oh, that's the new food pyramid.

carbs and grains and all the stuff on the bottom and the good stuff at the top. So, no, I think it's much needed. I mean, we're meant to eat proteins and vegetables and fruits and things like that.

These grains, and just think about the gut health, right? The gut is an important thing and it is being destroyed. All of these young people have stomach issues.

It's all connected to the brain and body. And all of them, my kids included, have all these stomach issues and they're just not eating the right foods and there's so much chemicals and all the things that they do eat the wrong foods.

But if we're flipping that pyramid and, you know, protein and those things are the important part and that leads them more to like the whole foods because you can't really get I mean, I guess you could get processed meats and stuff, but.

Yeah, but for the most part, you know, your you're going to reach for that one ingredient phase or you can get the healthier options if you flip that pyramid.

Nutrition, Metabolic Health, and GLP-1s

So but I always tell people that they're not taught that you've got your second brain. They don't know that. Yeah. But even like our clients, we know they are on the weight loss journey.

I'll pull a picture like that. And it's like, what do you think that person eats? They're not eating processed foods and carbs and all the things every single day, all day long.

They are eating probably proteins, right? And one ingredient foods, and veggies, fruits. But one of the thing we hear the most even when we… Because people know, a lot of people are starting to know.

They're starting to understand how to eat properly. But we hear it time and time again, which I don't like that. That doesn't taste good. Yeah. Well, part of that's because you weren't brought up that way.

You were brought this way, and now when I tell you you have to six eggs and a piece of hard cheese and that all you get, it's boring. And I want you to do it every single day.

That is the true difference. My oldest brother, him and his ex-wife, they raised their kids, all three of them. His ex wife, she was a raw vegan. So these kids as three, four, five years old, their walking around straight up eating a lime, eating seaweed, Like stuff that I eat healthy, but I'm not eating what they're eating.

But for them, it's become normal. And they want it. Can I have another one of those? But that's how, when you raise them a certain way, that what's they know.

So when it comes to metabolic health in your clinics, obesity is a huge issue. And one of the things that we're seeing, there's a huge uptick on the GOP-1 drugs, right?

Which I do think that there is definitely a place for it. What are you guys seeing with a lot of these veterans or even just with your patients that are coming into your clinic with obesity?

What are we seeing as far as their health? I mean, I still work in hospitals. It's the same pattern. You have a lot of body fat on you. If you start going down this path of hypertension, cardiovascular disease, diabetes type 2, then that leads to kidney disease.

I means, it's this same vicious cycle that happens. And it is nutrition based, lifestyle based. And preventable and curable. Yes. And so that's the first thing when we have weight loss clients is that we talk to them about, you know, we try to educate them on that.

You know, again, the doctors aren't, it's not the first thing that they start talking about nutrition and whatever, right? Because they don't I don' think have time to do that because it does take time.

I mean, our first appointment with her is a good hour or so. Then they come to me and I'm continuing that conversation. So you do have to spend time with people to get that through their head.

that it's your lifestyle that's causing this. But in the hospitals, I try to tell them all the time, like you again, they're with their baggie and medications.

I mean, you're talking 15 to 20 different medication, which I'm like, if one of these was doing something good for you, the 20 interacting with each other is not.

It's making you very sick. That's why you can't get out of bed and you are 50 years older, whatever. and I try to say something about nutrition, like, hey, let's talk about what you're eating as they're eatin' a Big Mac or whatever it is in the hospital.

We do, we love GLPs. But it's like you said, they have to be used correctly. And so what we're seeing in our space is the abuse of GLP's. Yeah, well we see it too.

So what we're seeing is people go to these online clinics, order it online, go down the street, whatever, wherever they're going, going to somebody's garage, all the mommy groups with it, selling it out of their garage where you don't even know where it's coming from.

It's not a true 503 produced product. And they might have some success with. But there was no education on the lifestyle changes that have to happen. And so when you put somebody on a GLP and you just keep upping the dose, most people don't need to be on anywhere near a high diabetic dose.

That's what the medication was used for. Most people, microdosing works. It's a hormone regulator. And so people don't understand that, that that's what a GLP-1 is.

It is a Hormone regulator, you're regulating your insulin, all this insulin resistance, All this type 2 diabetes, it's food problem. So for people who are morbidly obese, obese heavy, it can be life changing for them.

It 100% gives them the control back because we're seeing a lot with this drug that about the mental component too. This medication is A game changer for appetite, munchies, cravings, all that kind of thing.

But what it does to your brain to give you the ability to make the right choice. And so we spend tons of time in our clinic talking to our patients about that specifically.

You have the tool. It's going to help. However, now that you have some control, you now have to start implementing correctly. You have the meal prep, You you to buy the steaks that are lean.

Pot roast with all the fat on it is probably not a low fat option. And it's teaching these things slowly, but getting them to find foods they like, find food that is reproducible, because that's the other thing, and we touched on a second ago, if you're not willing to eat the same, Often, you look at bodybuilders.

You look people who are real health nuts. They eat a lot of the same stuff on repeat. And so teaching them how to do that is really one of biggest challenges.

But once they figure it out. And the first thing we say to him when I talk to them is that if you're not willing to treat this like an addiction because it is an addition, then you are in the wrong place.

Like you have to understand that you were addicted to sugar or whatever it was. I was 250 pounds at one point. I had addiction to sugar. And once you realize that and you treat it, it's no different than an alcoholic.

You know, you have to understand that this is your you've had a problem with this. This is going to change and it is gonna help you change that. But the mindset is what's important and going into it.

But if you're coming in here because you watch TikTok and all these women are losing all this weight and I just want to just keep going up in dose and you are not making any lifestyle changes, then this is, you know, we're not the place for you.

Yeah, the lifestyle change is definitely it. And listen, I grew up Dominican, so a lot of fried food and everything. It tastes good. But now, don't get me wrong, I love to eat food on the way it tastes, but I eat based off of how I'm going to feel.

If I feel sluggish, if I am not sharp as a tack, and if can't move, If i don' have any energy, i do not want to that way. I stay away from it. So right now there's a big movement that's happening.

The MAHA movement, Make America Healthy Again. What is your input on this movement? I love all of them. I think it's great. It's amazing. This is not a political thing that everybody wants to make it.

R. F. K. is really like, hey, these are, and he lives it, right? You see him, he's in great health. Do those pull-ups? That's awesome. For him I really don't think that's a politically thing.

He's really trying to do what we're trying do at a lower level. The food that is killing it You know, you're trying to make people healthy, honestly, and, people I think are resisting because it's, oh, your on the Trump team or whatever.

He's lived this life, he's done it, proven. You know, yeah the food babe Trivani getting the dyes out of the kids food at school like that's huge my kids my Kids were all athletes and all the parents would bring the red and orange Gatorade and my kid's couldn't have it And I think it kind of damaged them a little bit.

I was like you get water and they were like, why can't I? I have the Oreos and the Gatorade. I said, "'Cause it's soccer." I was like, you know, red dye.

It's one of the most caustic things on the planet. But you were like way ahead of it. Right? But I love that she's doing it, I loved that. And I talked about this on a podcast not too long ago, my dad was that way growing up.

So my Dad was always a vegetarian growing, but I've never seen him eat meat. But my mom would always want to give all four kids whatever we kind of wanted to make us happy.

We grew up not having much money. But, my dad would tell us, don't buy these kids the colored cereal. Fruit Loops and stuff. Anytime we would have that, it would be the biggest treat.

It would be done by dinner time. The whole box. And she would buy it after breakfast time, so think about it. It'd be gone because we didn't have access to that because my dad just never wanted it, and I tell my Dad now, my dads like totally on the left side, you know, but I told my Da's like, a lot of the things that they're talking about in this administration is everything that you were Talking about growing up.

And he looks at it and says, yeah, I'm happy that people are finally talking about this and all these dyes that are causing these different type of diseases.

What are you guys excited about to see in the next five years with what you do? I think we both always had a vision for a real wellness space. You know, being small business owners is really, really hard.

We had no idea what we were doing when we jumped into this. something that people know is there and exists, and it's a place to go that is different. What does that look like?

We always envisioned, especially on the veteran spectrum, is having a space for them to come, kind of like what we do on a smaller scale with the guys, if we can get them in there together.

They're in, they're talking, their getting the wellness, the IV, there learning from each other, it just a good space to be in. And we wanted to do that on a bigger level where people can come and, you know, learn about nutrition, learning about all the different modalities that you can use for the holistic side of medicine, functional medicine and and meet people that are like minded and build a community.

But. It's man, we've been nurses and medicine for a very long time, the business side it is just. It's been beating us up a little bit lately. I started my company with $500 in my back pocket.

Haven't taken a penny from anyone. So it's bringing the right people, collaborating with the people and building relationships. Relationships has been my biggest driver for success.

is just connecting and going out to conferences and meeting new people and partnering up on different programs. But yeah, the business side is, and it's become very competitive, saturated.

I mean, even a lot of the peptide stuff, now people are selling it out of their trunk. So how do you compete against that? I can't sell you a bottle of a GOP1 drug for 20 bucks, it not gonna happen.

Right, correct. And I think with the wellness part for the veterans, that really is the hard part. you know, when we have them come in and we want them doing the hemo lumen and IV height therapy and maybe a peptide, maybe ivermectin, adding all that into a package that they can actually afford is It's hard.

I mean, that's the hard part. Like, we still have, you know, We are we are not a nonprofit. We're a for profit. And so

people do think, oh, they're just a med spa, Botox, facials, blah, and we have this huge underbelly that costs a lot of money.

But we can't really. we can't charge what it costs. We don't want to. Like we have the heart of an MPO, which is the problem, you know? And so every time we sit down to talk money and to how do we package things to give, we're just like, well, just give it to them.

And that happens time and time again. I was seeing that a lot. She was on the backend doing all the admin finances and stuff. You know, We gotta keep the doors open.

Then she comes in and she's like I'll just take it. is that I give away so much free stuff. I have people come in through the door. Because the thing is, I wanna see people do well.

You know, and I want to see that people take control of their health, so I get it. Yeah, us too. We have such a huge community in Southern California of the need in southern California.

And I know that there's need everywhere, but it's tremendous. We have so many very large bases in such a small area that you can't throw a pebble without hitting somebody that served in some capacity.

You know, most of our first responders are ex-military or vice versa.

MAHA, Wellness Vision, and Closing Reflections

And, you know it's just they're everywhere and bringing the awareness to that group of people specifically has always been at the center of what we do.

Absolutely, absolutely. So we're gonna have a little fun here really quick. I got these conversation cards that were put together by Stephen Barlet from the Diary of a CEO.

You're going to grab that. Go ahead and open that up. Oh no. And you slide it. Yeah. Shuffle them a bit. Diaries of CEO, is that the? There's a big podcast.

Yeah. OK. So you'll pick one card. You each will pick on card from anywhere in there. And then whoever wants to go first, you read it and then you answer it.

Oh, no. How will you control your own greed? I just said I try to give everything away, so I don't think there's a lot of… I'm bad. I am bad with money.

Like, I get it, and I want to get away. Again, we never did this to be millionaires when we were not going to uber rich. It would be great, but it's not gonna happen.

We did it to really try and change the thought process of the community, try to educate and make people healthier. And especially when it comes to the veterans, they're not swimming in money.

So it's not like we're targeting a group of people that have all this money, we really want to help them. I don't know. Yeah, no, I would say no. I think I've controlled it.

She needs to draw again is what I have a doozy. Let's do it again. Yeah. Get a good one. All right. What is an ecstasy? What is an inadequacy you admit to that you could work on starting tomorrow?

I know this fat roll, this baby that your deck scan told me I have. I'm not responsible for that. My little five pound fat baby, that Arnold said. Yeah, fat around there.

Does that count? That's actually a good one, you know, we're talking about health so yeah, I'll be 50 this year. So I really was your first time Okay, so I Knew it was there but to see it.

It was like no, it's a wake-up What are you gonna do about it I am going to practice what I preach and so starting Monday. I can tell you what she's going to do.

She's gonna have us all in scrubs running around the clinic with our weights. Yes, that's what's that. That's it's got to happen. Yeah, I do I turned 15 November.

So I want to I wanna be at my healthiest, hopefully. But it was awesome. Oh, yeah. And that skin's definitely going kick it off for me. Yeah, we want to come back in about six months and see where we're at.

So I love it. You're welcome. Let's do it You welcome to comment at any time. What do you got here? All right, what has been the most happiest moment of your life?

Brought you the Most Joy And why just look at the face laughing at me? This is what happens when your business partners for over 20 years partners 20 I've had a lot of happy moments.

Are we just talking just about being a business owner? Just from the CEO perspective? No, no, anything in your life, what's the happiest moment? This is one we can do together watching our children grow up and move out of the house I think that's the best like that.

They're trying of your kids are no I have one at home and two out. Okay, and watching them be able to do that with Minimal, please minimal help for mom and dad.

That's awesome. Yeah Amazing, amazing. Yeah, some of those questions in that deck can get a little crazy, so I just never know what's gonna come out. I think you should pick one.

Oh, no, it's not about Sam. When I come on your podcast, you hit me with all of them. So as we start wrapping up here, if there's a listener or viewer that's tuning into the podcast and they truly resonate with today's message, If it is just a regular person that is out there or a veteran, what's the last thing that you both can leave them off with?

I mean, to reach out that we're here to help. Absolutely. Give us a call. Our consults, like she said, last about an hour, so you'll get to really know us.

And come in. We can start working through what your needs, desires, wants, goals. If we can't help you, we could put you in the right direction. Every time.

I love that. Love that, and if people want to find you guys, where do they find? Temecula, California, a wine country. Yeah. Website phone numbers. Yes.

Oh, I see. 951-444-9359 is our phone number. We have it on Instagram. TheJabLabAesthetics. And we have a website, www.thejablab.com. Amazing. Ladies, it was a pleasure having you on a Healthy Point of View podcast.

This was great. Thank you so much. I thank you for everything you guys are doing. It was awesome. Awesome. Guys, you heard them. There are solutions. There's guidance that can be provided.

There are many things that are here in place that aren't necessarily part of the traditional medical system. If you know someone, if it's yourself, a family member, or a friend, make sure you share this podcast with that person.

Make sure to reach out, get some more information. Subscribe, comment, do all that fun stuff, and we'll see you for the next one.