Introduction to Bill Faloon and Life Extension

Hey, everybody. Welcome back. Another great, great, great interview. Do not go anywhere. Sit in your chair. Take notes. We brought the best. This is Bill Faloon.

Officially, William Faloon, who over 30 years ago founded an enormous organization called Life Extension. It's not only a supplement company and an education company in south eastern Florida, but a very deeply involved in aging research.

And if you want to keep a young heart, you need to keep tabs on aging research. And literally, there is no better person we could have invited. So thank you so much for taking your time.

You're very welcome. I look forward to entertaining your group. You are all you are always. You entertain because you're so energetic and you're so passionate and you're so out of the box thinking it has to be entertaining in terms of you can't possibly get distracted, so nobody look at their phone, just take notes.

So let's go here and let me just ask you a few softball questions, but they're so important. And again, if anybody isn't familiar, go over to the lifeextension.com Yes.

That's okay. Because you're a commercial site. How long has life extension group been identified novel ways to prevent and treat age related diseases?

How long has it been going on? Well, we started in 1977 as a nonprofit organization, and then we moved into the publishing business of anti-aging news.

We've been talking about preventing and even reversing cardiovascular diseases since the early 1980s with coenzyme Q10 to treat heart failure, low dose aspirin as a primary or secondary way to prevent stroke, heart attack.

Thrombotic diseases of people suffering from cardiovascular disorders are where we focus because they remain number one problem.

CoQ10 and Early Cardiovascular Prevention

Wow. 1977. That is so ahead of your time. Yeah. I don't know how much we're going to hear about CoQ10 and the rest of the summit. Tell us a little about, you know, 30, 35 years ago, what got you excited about CoQ10 and why it's still such a important, you know, pillar of cardiovascular health.

Back in the late 1970s, there was a significant amount of published research emanating from Japan, where CoQ10 was added to standard medical treatment, and they were seeing heart failure rates reversible.

But people live a little longer than they were supposed to, and they weren't even dosing them that high back in those days. So we moved that technology into the United States.

We convinced a lot of cardiologists to start recommending it to their patients, and we were able to see reversals of chronic heart failure in a way that some of the cardiologists would sometimes call, some jokingly saying, What are you doing to my patients?

I was thinking, oh, did something happen? Terrible. And I would say, no, they're living much longer than I projected they would, and the families wondering how come they are still alive.

And I said, Well, we see that if people take magnesium and taurine carnitine, high dose CoQ10 what you really need to reverse heart failure. You see some added years, the people who are given a very short extension as it relates to remaining lifespan, we can make that go at least a couple more years longer in better health.

And you know and I know it's still crazy in 2024, what percentage of patients with congestive heart failure on proper dose of CoQ10 are any CoQ10? I'd submit less than 25% for my clinical practice for prostate.

That came out probably not five, six years ago saying that 79% of cardiologists were recommending CoQ10 to their heart failure patients. I don't know how accurate that data set was, but it was widely disseminated.

And it makes sense because the patients are coming in saying, I'm reading all these things from different companies. So the doctors essentially were being educated by their patients and seeing the clinical results.

It must have been a life extension magazine reader cardiologist, because. We don't have any kind of exposure to CoQ10 So lots of companies were promoting it.

It wasn't just us. So you're a practicing cardiologist and you have a couple of patients every day coming in with a new study on CoQ10 or a brochure, and then you see some clinical benefit.

It just makes sense to say, Well, this is not a prescription drug, buy it on your own and then take it with the other medications and live longer. I couldn't agree more one of the safest supplements on the market, without a doubt, even at high dose.

But it's 2024. What are you investigating now? As it relates to heart failure? What's new. What's really exciting? It's only being done right now offshore.

As you know, stem cell therapies it was talked about was 25 years. This procedure, though, goes in through the brachial artery and then uses the catheter, go directly into the heart, just like you would do, insert a stent.

Instead, they insert stem cells directly into portions of the heart muscle that are not functioning as well as they should be. And they're seeing remarkable reversal, which is being done in two places in Colombia.

We've got our investigators going down there within the next three weeks to see the patients, look at baseline records, follow up records, call patients up because the anecdotal reports are tremendous.

And just for common sense, if we realize you just can't put stem cells, the stem cells in systemically and expect it to have a significant impact on heart health, but you put them directly into the heart muscle just like you would a stent.

We're seeing at least reports of favorable outcomes now. That is very exciting.

Stem Cell Therapy for Heart Failure

So I have to pack our bags for Medellin, and I think that's where a lot of them are and obviously Bogota. But yeah, I hope you bring back a positive report and we can convince the FDA to continue the trials in the United States.

Right? Well, my goal is to get enough patient data to send it to the FDA, indicating that we've already overseen people going down there and coming back.

And this is not that unusual. I mean, they're doing categorizations all the time to look at coronary blood flow to determine whether a stent or bypass is needed.

Well, it's not that big of a deal to insert some stem cells through that catheter and see some regeneration of the heart muscle. So within the next six months, I'm hoping we can present the FDA with enough evidence to at least allow some studies to initiate in the United States.

Well, I actually the next question I want to ask you, and I think it's so important, everybody listening gets us. I've kept a poster, framed a picture in my cardiology office for years, and it shows an artery and about 20 different daggers, each with a name and the dagger handle.

And I know that came from your magazine easily more than a decade ago. It's a beautiful colored picture I just ripped right out of your Life Extension magazine.

But that leads to the question that because that was over a decade ago, that I hung around my wall how many independent risk factors for coronary artery disease?

Number one, killer men and women in the world. How many do you think there are Roughly? that I can show that to your group. By the way, before our conversation ends, I have it right in front of me.

There are 17 independent risk factors that we identified that we could fit onto that nice looking coronary artery. That was that was what we identified back about eight, nine years ago.

And of course, there were more and more emerging and some of them more serious of what they were originally anticipated as being risky for, such as apolipoprotein b, i mean, if people don't look at that, they only look at LDL and triglycerides.

They're missing out on a lot of high risk patients who could benefit dramatically by lowering APOB down to a safe range. So you've been teaching that there's 17 that were on that picture eight or nine years ago.

Of course, cardiologists learned five hypertension, high blood sugar, high blood pressure, smoking and family history. Heart disease, that's five. You've just added 12 more.

Coronary Risk Factors and Blood Testing

And as you said, just to hopefully put a little smile on your face, if you came to my office, you'll see that I took out a Sharpie pen and I've added about five or six and each side of the pictures I'm up to about 25, easily like TMAO and lipoprotein a new 5 GC and some of the others that are being discussed.

So yeah, you got to unfortunately draw a lot of blood on your patients. If you really want the complete profile of why you have coronary disease or why you're at risk for coronary disease So thank you, you know, for introducing that concept.

But like CoQ10 it's just moving so slow. In fact, you often say how many years from the introduction of a new concept does it take for it to enter clinical practice?

Well, the American Medical Association, published in April of this year, 17 year average delay from the time a discovery is made before it makes it into your doctor's office.

That's a lot of needless suffering and death that's occurring right now and some of this data, it's good solid data. It doesn't require a lot to optimize.

Some of these markers, especially people can afford, is not that much money. And sometimes Medicare will cover it NMR A blood test. So you can look at LDL particle size, small, dense LDL particles, all kinds of lipid markers that are available.

And if you have high levels, will do something about it. Don't wait for a heart attack before initiating these therapies. Right. So it's one of the reasons we do this reversing heart disease naturally summit.

So it isn't 17 years. Somebody listening to this conversation can say, I'm not on CoQ10 and I'm over 50 and I'm on a statin and I probably should be. So don't wait 17 years.

Go get CoQ10 from life extension. They're an amazing company and I use their products proudly in my office. Without a doubt. Why do you think people are so vulnerable to atherosclerosis?

Why do we have this problem? What's your thought? It's it's a natural phenomenon. And I know there's a debate about that, but there was a study published two years ago, a people in Sweden An asymptomatic individuals, no sign of faster disease whatsoever.

42% of them using computed tomography angiography. 42% had significant coronary atherosclerosis. They didn't know it and Sweden is a healthy country and the United States from a cardiovascular standpoint and that means well over 42% of older Americans, middle aged and older Americans, have significant atherosclerosis right now.

And the reason is, unfortunately, you go all the way back to the time of the ancient mummies. They're doing autopsies now on mummies and finding they have lots of atherosclerosis caused by inflammation caused by, well, a myriad of what is in our blood.

Unfortunately, it's not very nice to our endothelial lining. That inner arterial wall suffers decades of damage, and we wonder why 40 or 50 we already have a lot of vascular disease.

Well, it's been exposed to a lot of aster toxins over that period of time. Yeah. Amazing. I don't know if you've ever heard of ever heard of Ötzi the iceman?

No. I would say the iceman is a Neanderthal. I don't know if I'm getting the right time. Period of 5000 years ago in Europe fell into an ice crack and was uncovered about 20 years ago with an intact body that was 5000 years old, which I think is even older than most of the mummies.

And what did they find in his and it is a male coronary arteries. They found atherosclerosis. Interesting, a well preserved corpse frozen in ice for 5000 years. So thank you for that, because my data goes back 4000 years.

So you can you got one for 5000 years. So what this helps your listeners understand is atherosclerosis, unfortunately, is a natural process associated with aging.

It just happens almost to everybody. Lots of blood tests are the most effective way by identifying your risk factors, correcting those risk factors, and then getting your blood adjusted again.

I'm just amazed the people have been taking it that for two or three years. I said, How did you get your LDL? Oh, I don't know. I never retest my blood.

In many cases, they may not have taken the right dose or the right stat. Right. And as you said, there's eight, nine years ago in your magazine, there were 17 daggers affecting arteries.

I think now we got 25. And you probably were one of the first companies offering direct to consumer lab panels as you do so regularly. So just like in 1996, we were recommending our supporters get their test, blood test for homocysteine, C-reactive protein and LDL particles.

And all other doctors say, No, you don't need that. We're saying, wait a minute, leading cause of disability, death in the United States. We can identify it early with blood test and your doctor won't do it.

So we just started doing it right. And people nowadays can either go to your doctor, you can just prescribe it and they can use their insurance. They want to pay out of pocket. They got life extension.

We get them a requisition. You get their blood results back in about five days and then they can take some action. That's been a great thing. And people come to me all the time.

My clinic in Detroit with a life extension lab work that they just pay for themselves at a very reasonable price and there's no barrier. You just got to get your blood drawn.

All right. So let's just heat it up with this last main question for you. And this may confuse some of the viewers and just know that there's different opinions on this topic.

But a recent Life Extension magazine had an article, The LDL Cholesterol Debate. So tell us a little bit about your views on the debate. And, you know, this constant kind of tennis game back and forth, it matters.

It doesn't matter how important it is. What's your view? Well, I'll tell you, my view today is a little bit different than it was in prior years. I go to medical conferences, talk to people.

I've known him for many, many decades. Some of them have severe coronary artery issue, severe occlusion.

LDL Cholesterol Debate and Lowering Targets

I get stinted resented and what they're doing for the most part is using aggressive drug therapy. One of the PCR nine inhibitors like REPATHA, they're taking these drugs and starting to move LDL down below 30 milligrams per deciliter.

They're pushing it down as low as they can. And this is on advice of their doctors. They're doing this and they're seeing the progression of their problem stop and they're seeing a little bit of reversal occurring.

And this is something that we didn't think would occur. But by virtue of the drug being available, they can push LDL down to super low levels. So it turns out if you look at all the data, any LDL level, over 38 milligrams per deciliter, over 38 incrementally increases one's risk of coronary artery disease.

The higher the LDL, the higher the risk. So we now have evidence to do what I'm doing right now, and that is I'm pushing my LDL down to around 32 or lower.

It doesn't bother me to keep it that low. I'm seeing what I hope will be results in preventing me from having a heart attack or stroke caused by an anthropogenic event.

I got to say, it is not the answer. I expected that because, you know, patients get confused because there's books out there about the great cholesterol myth and such things.

And I have to reeducate them that 99.9% of the scientific depositary says Joe, it's what you just said, that since 2019 we've been talking about an LDL cholesterol under 55.

But if you look at a healthy young person before they start eating McDonald's and cheeseburgers, they have an LDL of 25 or 30 while they're growing, developing, expanding their brain.

And it works just fine for them. So I am on board with you and believe you are doing the right thing for your health. And well, the lot of the listeners, those summit are very healthy eaters and I am a very healthy eater and I'm sure you are too.

But to get to an LDL cholesterol through diet alone is very, very unusual. So it is going to take some combination of diet plus nutraceutical supplements or diet plus prescription drugs.

And I think you probably agree with that, right? I do. And we have to be the person that sometimes persuades them to get on a low dose that you want to try diet.

You're still working at a low dose. Then the good news about drugs like Repatha is you just need a minimal amount of a statin drug then to push your LDL down to that 30 or below range.

So people who are adverse to statins just a very low dose can help them get to where they need to be without the side effects of muscle aches and other issues they may be concerned with.

I know that you give a yearly presentation that's renowned around the world at a conference called Rad R&D, and it's become a premier anti-aging conference.

And, you know, I've seen you present in person when I've been down in southeast Florida and you do that regularly. Your slides are the most up to date and well referenced.

And you know, you pulled from scientific literature in the media and lay literature. So it's always exciting, maybe a few kernels. I want to ask you about taurine.

We got a lot of vegetarians and vegans that are part of this summit and not all of them have heard the new data about taurine and potential anti-aging impact.

And maybe they particular need for taurine in the plant based community. So I'm going to let you run with that one.

Taurine, Senolytics, and Aging Research

Well, they should be shocked if they're vegan or vegetarian. They are probably only taking in 1750 milligrams of that. You need several thousand milligrams a day as you grow older.

The reason this came out June eight, 2023, this year in the journal Science that is people grow older. Their internal synthesis of taurine from sustained diminishes to the point where when they're over 6070, they have virtually no to drink.

The only way to get it in is through dietary sources. That could mean eating a lot of meat and even seafood and storing, but even then you're only getting about 200 milligrams a day.

You need about 3000 milligrams a day of Touraine just to keep what would be a healthy young person's level. And for some people they're going up to five or 6000 milligrams a day.

And a great news is taurine is sold by many, many companies. It is inexpensive, less than $10 a month enables you to take 3000 milligrams a day. And I hate to bring up something new that most people can't afford.

This one is widely available. It's something that people can add to their supplement program and potentially extend their life, strengthen their heart, do all kinds of metabolic favors to the body and not break the bank in doing it.

So we love that idea of that being available. Yeah, and I couldn't agree more. And I mean taurine just in case people aren't familiar to you are I and it's an amino acid, but it has many other functions.

It's also a very good natural blood pressure lowering agent and probably, you know, supports heart function. So a lot of people that are treating heart failure naturally will add it into the program.

So exciting stuff. And you know, we had some new I think there was there's always mouse data, but I think there was more primate data that came out recently. That the primate do.

They confirmed what occurs in humans, mice, worms, taurine levels decline across the board. It doesn't matter what you are as you age an enzyme in your body to convert cysteine to taurine diminishes.

And as a result, primates monkeys have 85% less taurine when they're older compared when they were younger, humans have 80% less to agreement or compare.

When they're younger. And the same goes through with worms and mice. And when they supplemented mice with taurine, they live 10 to 13% longer and in better health.

They were able to absorb low taurine levels in people with correlated with abdominal obesity, hypertension, inflammation, diabetes, all the problems that we saw over and over underlying causes of cardiovascular disease.

They relate to a taurine deficit easily correctable for under $10 a month and hundreds of companies sell it. It's nothing proprietary to us and that's good news.

We don't like people having to overpay what they need to stay alive. All right. Well, everybody listening knows the word senile. We think of old age and infirmity and, you know, kind of a downward slide.

And I say that because there's as the family of drugs and vitamins called seen a lytic activators or C analytics, give us a few comments on, you know, your current perspective.

Again, I don't mind doing it you giving a plug your company sells a once a week supplement called C Analytic Activator. So tell us a little bit about Quercetin and Pfister ten and Green Tea and all the rest.

Yeah, the good news is as we grow older, unfortunately it's not good. A lot of our cells become senescent. You wish they were just disappear rather than hanging around being nonfunctional because they emit protein degrading enzymes, they secrete pro-inflammatory signals.

They really have it in your body. It may be impossible to reverse heart failure in many patients without getting rid of the senescent cells in their heart muscle.

So there's a couple of ways of doing it. You can use a prescription drug called the Saturn It, which is a chemo drug. It scares people, but you only use it maybe once a month.

Does that quercetin post by Saturn or a supplement called Synthetic Activator. And instead of the Saturn IB, we used the employment that the black tea extract works by the same mechanism as the Saturn it so you can get it be a nutritional supplement or add a prescription drug to it.

Some people choose the drug, some people want a nutrient. But the good news is we can at least make some attempt to reduce the senescent cell burden that we carry as we grow older.

Again, these are cells that at one point were healthy and instead of just dying off, they're lingering. You want them to disappear. They won't do it unless you do something to turn them into a self-destruct mode.

And that's what the some of the activator and the Saturn IB and other different nutrient combinations do. And I know, you know, in senolytic activator you've got Fisetin, you can get that from strawberries, but I have no idea how many strawberries you'd have to eat to really get that concentration.

And Quercetin are of course eaten. You can get from onions and garlic and apples, but same thing. It's really not practical to eat a bag of apples to get a dose of quercetin that probably has, you know, both an immune boosting as well as potentially an aging support function.

So, yeah, we don't like to just tell people to take pills. We're a lifestyle oriented summit and a lifestyle oriented group, but when you want to reach these doses, you have to do it.

So that's two things. We're talking about taurine. We talked about senescent cells. Let's get one more topic at RAD. What was the one other kind of spectrum at the most recent RAD conference that you presented on or heard other people talk about?

Well, what I presented was an overview of the prior year research findings, and there were two additional studies in live mice where they reversed the aging process systemically.

And in the third study they not only reversed aging, they extended remaining lifespan by 109% and that's what we want to hear. By the way, as a result of these studies, how much remaining lifespan occurred as it related to more of it, when in response to a certain intervention in these interventions they're doing, these are gene therapy interventions that are going to be available, I think, very soon.

Relatively speaking, these gene therapies were able to turn on proU genes, enable these mice to grow younger. And the third time they let the mice live as long as they could and they lived 109% longer.

So if we were a person and let's were 77 years old, we're supposed to die at 87. If we're pretty healthy, if we get to 109% increase, we get to make it around age 98.

I can tell you right now, if you get 20 years of extra life, you're going to benefit from all kinds of revolutionary technology emerging well at some point soon.

It's good. It's not soon enough, but when it does emerge, you won't be allowed to do it. So that that was the most exciting topic that I was able to show.

Three Independent Studies Reversing Aging on a systemic basis in live mice. That using Yamanaka factors or. Exactly yes. In.

Yamanaka Factors and Age Reversal Projects

The transcription factors essentially tell all cells how to behave younger and then they flip back on their gene expression of youth and they start behaving and functioning as a younger type cell.

Right. And unfortunately right now you can't go out Russian by Yamanaka factors, which was the topic of a Nobel Prize in medicine in the last few years.

But it is being increasingly tested in animal models and undoubtedly will have relevance in human biology. No one should try those. I mean, you can buy them from research laboratories by looking at the transcription factor, but they have to be put into something that's going to release them gradually into your body.

We have to have a control mechanisms when to turn on, when to turn them off. So I beg people, do not buy Yamanaka factors yet. Wait for some research that's going to happen very soon.

I'm supporting a lot of it and we'll figure out how to make them work in people same way they did in the mouse model. Okay, well, as had been unbelievably exciting and I don't want to overstay our welcome because I want you back every year.

Thank you very much. This is Bill Faloon, lifeextension.com, Life Extension. I mean, where you have and I apologize there's usually a URL if people want to learn it was an age reversal network just tells you to go look for more information.

People want to go beyond just life extension. The anti-aging age reversal. It's age-reversal.net age-reversal.net And that's the that's the upper echelon group because absolutely nothing to join.

There's about 5500 of these individuals who are aggressively utilizing experimental therapies to control their aging process. And so far, we've had no casualties.

People are getting sometimes some benefits, significant benefit or no benefit. But no one's dying with these experimental therapies yet. Isn't there even a research project that people can join and participate in?

If they go to that site. They can join the perpetual project, which is a way for us to meticulously measure what's going on in the bodies of thousands of people who are using, let's say, metformin, rapamycin, dasatinib and all these potential compounds to delay, reverse aging.

We want to see how well they're working in a large group that's going to be ready in about 6 to 8 months, and people can pre-register for it. Again, no charge for any of that.

This is a public benefit group. We're here to save people's lives. I'm talking about the age-reversal.net, those

people who want to get some very interesting emails about what some of our members are doing.

And I get them and I enjoy them and everybody can go to age-reversal.net All right. Thank you, sir. Appreciate it, as always. And our audience is just scribbling down notes like crazy.

I know it. All right. Be well. Thank you, Dr. Kahn. Great interview.