Podcast intro and guest introduction

Don't go to a doctor that sees a body without a mouth, and don't to go a dentist that see a mouse without body. Wow, I like that. It's connected. Meet Dr.

D, founder of Biohacks, a trailblazer in biohacking dedicated to transforming health and wellness. Get ready for inspiring insights and groundbreaking ideas.

What is epigenetics? So epagenetics is the interface between your genes and the environment, who you are. And to illustrate that, just remember the numbers, right?

Grain of rice, 52,000 genes, mosquito, 170,00 genes. A human has 23,0000 genes We have half the genetic makeup of a grain of Rice. Wow. Today we had an 18 year old come in because the dad said, Hey, we tested his testosterone.

It was 170. At the age of 18. What do you expect that kid's output to be? Toxins. Once they're in the body, what do these toxins do? So different toxins will do different things like…

Welcome to another episode of a healthy point of view podcast. I'm your host Sam Tahata. Today we got a special guest. He's here in Miami and one of the beautiful places of Miami, the design district, he has a beautiful wellness center, state of New York with all of forward thinking modalities.

Actually had the pleasure to go take a tour of and I'm a little jealous, to be honest with you, but what he's doing, he is changing people's lives. He is getting them to perform at their peak levels.

Today we have Dr. Marcos de Andrade. It goes also by Dr D.

Dr. D's path into functional medicine

I'm happy I didn't butcher it. You know, I made it happen, but I want to go with Dr. D moving forward. That's what everybody does because the last name is too hard.

So welcome on the podcast, man. Thanks for having me. It's you know I've been wanting for you to come onto the podcasts for a while. I know you've. Been doing a lot of different things.

Um, you got some some stuff on. The medical licensure that you're working on your testings and all that other stuff. with different states that you're trying to get licensed in, which that's always a process.

I've met a lot of doctors trying get license in multiple different States. But you know, I want to talk about some of the stuff you're doing, man, because you are just making a change in a lot of people's lives.

But first I wanna start talking about like, what made you get into this industry? Because you live, you, not just in this to treat people, but you like live this day in and day out.

I follow you on your social media. You're taking every single pill possible. You're injecting the peptides. I'm just like, man, his refrigerator and everything, it looks just mine.

Our supplement cabinets are just full of everything. So how did you get in this and how do you just get into all of these different alternative treatments?

When you go to med school and if you have a little bit of an inquisitive nature and you start really like thinking about

what they're teaching you, some stuff starts not to make sense, right?

That's really where it started, like some things didn't feel right, you know what I'm saying? So the first two years of med school, I was really in love, physiology, biochemistry, anatomy, your understanding how the body works.

But then the next two year they teach you how to fix the bodies. And I remember this clearly, man, I was sitting in my dorm one day, and I'm having like this epiphany, right?

I like, wait a minute, you fix everything with these drugs, not biochemical resources, what I mean by that, vitamins and minerals and so forth, because I learned biochemistry, but I don't learn to fulfill the resources that are missing in the bio chemistry.

You bring in these weird medications, which by the way have patents, you bring these medications in, and then through those, you don't really fix in a lot of things.

You just take care of the symptoms. And if that doesn't work, or in other scenarios, your gonna do surgical. So I'm like, wait a minute. If you think about this, You have the body, organs, tissues, molecules, cells, atoms, 34 subatomic particles, if I'm not mistaken, and then string theory, you get into the quantum world.

And me having, I grew up Seventh-day Adventist, very spiritual guy, whatever, and I'm like, bro, why are we not talking about spirituality? That's where it really started to get to me.

And then in this decreasing order of magnitude, we're fixing the problems at the highest level and with weird interventions, the pharmaceutical stuff.

I'm like, how about, the spirituality started to get to me. I was like then the power of belief and then even if we have scientific people listening to this and maybe questioning this thought process, what the heck is placebo?

Which is powerful. And what is nocebo, which is also powerful? So that's really where it started and really the crux of it which was maybe two years or so before I met you, I getting diagnosed with depression and I say quote unquote because I can explain that at another point, but just had a really bad burnout.

My chemistry was off. The doctor fixed me six months down the road. I'm like a comeback story. So that's a little bit how it went. Yeah. And one of the things that I could relate to that because when I was a fireman working as a firefighter paramedic, I became a firefighter because I wanted that heroic job, being a hero, and what wouldn't be more rewarding than that?

And I started actually seeing a lot of these patients that we would run 911 calls, where I'm taking them to the hospital once every six months, then all of a sudden once, every other month, all the sudden, once ever other week, And I'm thinking to myself, well, I'll take them to the doctors, right?

The experts. Why do I keep on taking them back so frequently? That's why I started noticing our medical system is failing these people. And what's happening is I kept on seeing that these patients were just getting more and more of these medications.

I mean, bags full of medications, so I started thinking to myself, man, I'm not being put to good use. So what about everything else? Like you mentioned, there's all this raw material that has to be focused in when you're looking at someone's actual metabolic pathways.

There's something that you touch on quantum. A lot of people, I don't even talk too much about it because some people start thinking you're kind of crazy talking about frequency medicine and everything else.

But to be honest with you, that's like the future of medicine. Yeah, a lot. Of the stuff that we're doing is not even it right now. It's it's a. Lot of the.

Stuff down the line. So. One of the things that I noticed with a lot of this stuff when you speak publicly is you always start breaking it down to the science.

It's not, hey, just take this pill, it's going to fix you. You start going into the details of, this is the reason why you take the peptide, because it is going change this, and it will add this.

This is why the vitamin is because your body needs it. Where did you learn that? Yeah, it's continual. I mean, I'm always studying and like to be around, you know, great people that can I can learn things from, like you, your team and, we work with a common doctor.

Gee, he's very, very smart. Dr. Heywood. I love the guy. Funny. But it's continual. It's about being just curious. And I find myself sometimes just going down rabbit holes.

You know, I've had to study for boards recently, like traditional medicine.

Rethinking diagnostics and preventive testing

And then it's a problem for me because like sometimes I'm I mean for the docs out there whatever they'll remember you know these boards you try to do like 120 cases a day and you got to solve it and there's A timer and then sometimes i stop and i'm like oh i'll read i don't know um I'll give you an example iIll read a case i remember this i read A case kid has a heart attack 37 years old with about 40 blockage of his coronary And then whatever that was, I don't even remember the, the exact point of the question, but I was like, wow, 40% only.

Hmm. I wonder why. And boom I went down a rabbit hole, you know, and then understanding, yeah, didn't know them. Most heart attacks happen with less than 50% occlusion and yet traditional medicine will tell us, hey, You know, if it's over 70 or 80%, that's bad, right?

Like the guidelines for the carotids. You do an intervention with 70% stenosis and symptoms or with 80% when no symptoms. I think that is idiotic. That's crazy in the preventative space.

Absolutely bonkers. but that's what insurance will cover. Those are the guidelines. So then I'll start getting into, you know, I'd just go down this crazy rabbit hole and I end up reading sometimes like stuff published in Russia, stuff publish in Germany and then sometimes I get confused.

I write to another doc that I know is like good in the area. Honestly, like my wife asked me this not too long ago. She's like, Are you piecing certain things together, especially in the epigenetic side?

That's really where my heart sits. I love, love epi genetics. And I told her, I don't know. It's just genuinely being curious and, you know, And I do have to say in my prayers, I ask God to be guided to knowledge.

And, and I don't say that lightly because there's been times I couldn't figure things out and then I'm talking to somebody about something completely different.

Then I'll connect the dot to a biochemical scenario that I could figure out before or something like that. So I believe we're guided knowledge as well.

I, believe that too. You know, one of the things when you're talking about this, about the 70% blockage and 40% One of the things that I've noticed in the industry, and I want you to comment on this, is the testing methodologies that traditional medicine uses for this.

Like our chief medical officer, Dr. Christopher Davis, who's an interventional cardiologist, he won't even do a stress test anymore. Because a test test is not gonna tell you if the person has a lesser percentage of blockage.

That still needs to be addressed. So he'll actually utilize technology so clearly. to actually utilize the AI mapping and see, you know, exactly where it's at and how much plaque buildup is where and what vessel, et cetera.

So I feel like there has to be a big shift on the type of diagnostics that we're really running on patients when we are doing this yearly physical. Because I'll tell you what, when I was going to a traditional medicine doctor and getting the yearly physically, they do probably like two pages of blood work, By the time I was 18, they didn't even have me drop down my pants and check my testicles.

So now it's just like they don't want to touch you. Let's talk about that, man. Yeah. I mean, if you look at the USPSTF, the United States Preventative Service Task Force, what the guidelines that they give us, And how they have changed.

It's not only looking at what's in play now, but how have they come to change. For example, for breasts, right? For women. Now they say that the guidelines will say, what we did before was a little excessive, so we don't need to test women so much.

They're advocating for less testing. So if they advocate for testing, then insurance covers less, right? So if you're testing less and I'm not quoting right now the guidelines because I don't remember off the top of my head what it was before and what is is now.

But I know before there was more testing, now there's less testing. So you are catching less cases and thus you allow cancer to run more rampant. say that it's undue stress that you're causing on women if you do more testing.

This is something I've researched the reasons, and I'm like, this is the best reason I found. Maybe there's something else. You know what I mean? Yeah, yeah, the guidelines.

If I am not mistaken, before it was at 50, you did the mammogram, something about the age. The age and the, um, You guys can look it up, USPSTF. You know, as also the world gets sicker, for example, colonoscopies, according to USPSTF, right?

You're supposed to have a colonoscopy at the age of 50. But man, we got younger and younger people catching colon cancer. I'm 39. I'm dreading it, but I wanna go do a colonoscopy myself.

I gonna go have to pay for it. And I'll gladly pay that because it's my health. It's My health, you know? Same thing with heart disease. The number one killer in the US is atherosclerotic disease, heart diseases but kind of cover stroke.

Basically, those mozzarella looking plaques inside our arteries. And I've been in tons of surgeries, I actually wanted to be a trauma surgeon, so I lived in the OR, or I would study in OR.

Which we, oh, we probably work in some, Broward? I was at Brroward at the trauma and Delray. I went to FAU, here in Boca. So I'd leave and just go to one of the hospitals and sit there and study and wait for traumas.

That's when I started seeing him, like, bro, not gonna sleep if I do this for a living. But hats off to all the Trauma Docs. I mean, respect to All Doc's, but I think those guys are, hats of man, I love those guy's.

They're beasts. But even with, so I've seen those plaques in surgery, and it looks like a little piece of mozzarella, But that kills people, right? And then, like you said, the stress test.

Like, i think it makes no sense to do that stuff. And I totally agree. Im doing my Clear League next week. i do one every six months, because I actually have a bit of plaque.

Okay. Cosm score went up a little bit. I don't know where. So now we're actually doing some therapies to try to reverse it. You know, and look at look, I never drank alcohol in my life.

Definitely don' have insulin resistance. Healthy guy, et cetera. Look, I developed a little bit of plaque. No family history, nothing, right? Where did that come from?

And that's where I'll open the door to a topic which is one of my favorite topics, environmental toxin. Oh yeah, we're gonna go deep on that. Now let me ask you this.

On the testing, in your professional experience, should people be doing a lot of these testing more proactively or reactively? So, that's so funny, because I was talking to our clinical director now, and she was following up on this.

I got one of those emails, I'm like, what is it? I told them in our clinic meeting I want to do a health calendar for our clients. So take me, you, right?

So Sam Tahad, a Health Calendar. You have the USPSTF, things that you have to You're a 50-year-old, you're colonoscopy and so forth, and kind of like woe unto you if you not at least following that.

If you are 65 years old male, plus male ex-smoker, we need to do an abdominal ultrasound to check if we have issues with your aorta. They have all these little things there.

But basically what I told my team, I said, do you see this stuff on the guidelines? All right, so now we're gonna add, because clearly it's not there, for example, right?

I like that, that's actually an amazing thing. So take that and then. I'll help you with that one. You think about it, then you create a calendar, okay, you should be doing EBO2 for this part of the month, of a year.

Some patients might need more than whatever, but when you're looking at it for longevity purposes, There's certain services that we do where someone can come in, like we'll tell people, you should get exosomes every birthday.

So creating that calendar, that health calendar. This is the first time I hear about something like that, and I love it. I think this is a great idea.

Epigenetics, healthspan, and lifespan

You could call it the functional medicine health calender and make it a real thing where the function of medicine industry is following this thing with their patients.

So because the I mean I started doing this for myself because I got X points, you know, I'm gonna do my eBO2 I want to do. My plasma exchange I'm gonna go do my stem cells, I'll gonna do mine.

And then even, there's other therapies I am a big fan of, not so well known, like thymus therapy. I will do three months of thyrmus therapy, now three month of mitochondrial therapy etc.

and then at the end of the year I going to gauge my epigenome, or I gonna check my genetics to see how well I've been able to shut off, right? Or methylate certain genes that I don't want on and to turn on or acetylate certain genes that I want them on, right?

And then effectively check how well I'm aging. And I think this is something new. I started thinking about this in the last month. It's amazing because the thing is with what we do on the preventative health side with functional medicine, It can get a little bit overwhelming with some patients.

So if you have it structured with that calendar, it's no longer overwhelming. People have that like guidance of exactly what it needs to be. Yeah, like the visual.

Like I just did I added to my regimen. I just did a pre-nuvo, a full body MRI. Did that for the first time. They invited me over to do some content and stuff.

The founder's gonna come on the podcast as well, too. But that was an eye-opener, man. Like, they scanned everything, every single organ, and I was able to see certain things about my body that I had no clue of.

You know, I born without L5. And I've been dealing with sciatica and it's literally L4 and S1. You know, I got a bulging disc, you know. Yeah. So if it wasn't for the prenatal, well, would have had no clue about that.

And these are some of the type of services and modalities that I think most patients, most people should implement proactively, right? So you could catch things early.

Absolutely, absolutely. And like the full body MRI, I'm such a big believer in that. So we're a 50 state licensed telehealth company, right? It's part of our highest package, that we will go and hunt down a place of high quality Be it Pernuvo, be it Ezra, or another place, just a random place because we have clients all over, to go do their full body MRIs.

They sign up for our highest package and we will go purchase it for them. I was trying to figure out how to do this. It got so complicated. And I'm like, whatever, we'll dollar cost average this, make it into the cost of the whole thing.

Client signs up and we're like, you're gonna do your clearly, your gonna your full body MRI. Oh, that's too much, I don't wanna do it. Well, then don' buy this package.

You know what I'm saying? But it's like you come in and were gonna check environmental toxins, were going to check everything head to toe. I mean, my birthday I do my full-body MRI, hate sitting there for that long.

So annoying, right? It's like an hour, just sitting there. I fell asleep there in mine. The guys yelling at me through the headphones, you know, because that's how you breathe, don't breathe and stuff.

You got to hold still. So, but yeah, it's good that you're doing that, and you doing with your clients. Now, earlier you were talking about epigenetics and how you're so passionate about it.

What is epigene? So epi genetics is the interface between your genes and the environment and who you are. And to illustrate that, if I may, just to bring back to everybody's memory, in 2002, when we were April, I don't remember, the day of 2002 when the Human Genome Project came to an end because they were trying to figure out how many genes are inside of a human.

Check this out. Some people were expecting one billion genes, half a billion jeans. So why were they coming up with these numbers? Well, because a grain of rice has 52,000 genes.

Wow, okay. A mosquito, a Drosophila melanogaster, proper name for the mosquito. 170,00 genes Remember the numbers, right? Grain of rice, 52,000 genes, mosquito, 170,00 genes.

A human has 23,0000 genes we have half the genetic makeup of a grain of Rice. Wow. We have less genes than a rice does, grain rice. You can look this up.

I'm making this. That's crazy. So exactly. All the science books, science communities were like, ooh. So, should we say it's in your genes? It's not in you genes, and that's why I love it, because it pre-conditioning humans and limiting humans to what they can truly be when you say, it in in genes.

It in genetics. You're like this because in it genes you are this way, that is wrong. Right. Because us as humans, though, we have the ability, one gene can turn into 30,000 different things.

Now you start looking at the permutations of who you are and who can become even. I'm not even talking about biologically, I am talking your social presence, etc.

You can raise yourself genetically or epigenetically. And then things that you're exposed to, so environmental toxins that your exposed too, like if you are exposed atrazine mercapturate, which is in our US water unfortunately, and it is influencing sexual behavior, especially in younger populations.

that will change your epigenetic expression, right? Or if you're exposed to glyphosates, or if your exposed

tetrachloroethylene from dry cleaning, whatever it may be, you are going to start to change, your genes.

And it's under your control. Just because you have a bad gene doesn't mean it needs to express itself. That's where you can get into quantum, and that's why I love quantum because your ability of belief Also can change your your epigenome.

And that's why I'm quoting Dr. Bruce Lipton, which also is a big epi genetic guy. He he has his whole like kind of marketing and movement. There's he talks about the biology of belief.

How belief can change the epigene. And the power of the mind, you know, Dr. Joe Dispencil talks about it, of how many people can heal themselves. I strongly believe on it.

That's one of reasons I do a lot of guided meditation. You know I use the brain tap Dr Patrick Porter's device. I get certain relief even with the sciatica that I've been having.

I do guided meditation for a spinal decompression one that he has and I give relief off of it. And that just shows you the power of the mind of how it works and then obviously the frequencies that they put to the music and stuff in the guided mediation.

But yeah, you know, one of things you're talking about, it's like And you probably hear it all the time. People say, oh, I'm like this because of genetics or because my genes, right?

And can things get passed on to you from your parents and grandparents? Absolutely. And toxins, Dr. Davis was talking about this, how toxins can get past through from mother to child as well.

And then you'll have it your entire life until you do something about it. So a lot of the times, there's some of these things that people says, oh, it's in my genetics, but there is a way to correct it, right?

Through a lotta these different modalities and stuff that we offer. With the epigenetics, how are you treating your patients? How does that process go for the listeners so they can understand this whole epi-genetic stuff?

So, and I'm just gonna rewind a little bit here, what you just said about being passed on from generation to generation, I wanna say a word here and if the listeners want, you know, go ahead and do some research on this word, it's gonna blow your mind, scare you a bit though.

It's called the imprintome. The imprintem? Imprintem, yeah. What is that? So basically, You pass on what you ate, toxins, et cetera, to your grandchildren.

It's weird, it skips generations. Oh, skps generations? It skaps, the imprintome skops. So it's a subtopic of epigenetics. Wow. And now with the advancement of AI, because the problem with epigeneetics, there's so much data.

AI can actually quantify this stuff for us and so forth. There's a lot of noise in that space, which is called stochasticity. It's the term for the noise of the data.

But amongst all that, they've been able to understand now the behavior of imprintome and how what we do today will influence not your children, but your grandchildren.

So that's how specific it can get. As how, I mean, as it relates, how do we treat it? So, first thing, kind of like, it's our knee jerk, where do start?

It's like how old are you really, right? And we look at the health span versus the life span. And I know a lot of people get confused with this, right?

What's the difference between health span and life span? So there's one test. I love this company. It's called True

Diagnostic. They're familiar with them.

This is not an opinion, this is a fact. they are definitely forefront of the market just because in this space you have to do proper science and you for you to say something, it has to be published, right?

And they're publishing like crazy, and Cornell, Duke, Harvard, I don't know if I'm mistaken, Yale, University of California, they have a lot of publications, you guys can look them up.

So we do one of their tests, which is called the Dunedin Pace, that one is more a quantification of health span. And then we did another one called The Omic Age, was a Quantification Of Life Span.

So lots of times, and I'll give you an example, you got this athlete and he can bench press four times his weight. He can sprint. I don't know what he could do with this and you can do that.

So it's health span score is great. but then you look at his lifespan score, not so much. You see what I'm saying? And then, you'll take this other person that eats, I don't know, fasts a lot, eats very, skips their dinners, et cetera, sleeps very very well, takes their, does their stem cells, their EBO2s, they're dah, dah dah.

They have a hyperbaric, They're in their hyper baric chamber, whatever. And you go see their… Oh, there not using microwave. There being conscious of environmental toxins.

longevity count or their lifespan on this other test called the omic age and it's great. They're actually, you know, seven years younger, 10 years, younger.

So we start there. Okay. That's where we started. And then, so then once you get that raw data, and this is where I see a lot of, in my humble opinion, where they leave so much meat on the table, where there's so much that they can, I think it's meat on the bone.

I said the wrong expression, whatever. But on table too, you know, wherever. Where there is so that could be done is once you get that information, right, and unfortunately most of it comes really messed up.

People are older than they should be, et cetera, the faster you're aging, Mortality is accelerated so is morbidity. So what do you do? You decrease morbidity so you can decrease mortality.

Very simple. And by the way, you want to help our economy? Do this at a mass scale. We're going to start doing very, very well. Because our health care is really, it's hurting our economies pretty bad.

Anyway, so if we could decrease morbidity, we'll actually improve mortality. For us to do that, then we have to go improve insulin resistance, improve inflammation.

We have go to improve people's mitochondrias. Basically, I like to say something called SOGI, sub-methylation, oxidation, glycation, inflammation. There's about 10,000 monogenic diseases, so a disease that's connected to one gene.

Remember, the gene can turn into 30,00 different things. 10,000 documented diseases that are connected to these four pillars of disease, which makes sense.

Inflammation, oxidation, free radicals all over the place, glycation, sugar issues, and sub-methylation. The process of turning on and turning off certain genes.

Environmental toxins and detox pathways

target those, and then how do we do that? We do extensive and in-depth blood work to check environmental toxins, gut issues, neurotransmitter imbalances, HPA axis with hypothalamus, pituitary, adrenal gland axis, hormonal im balances, micronutrient im balances.

Gut flora, so we're really big on having people on their proper pre and probiotics. uh, acidity levels of the gut, you know, a bunch of people taking these omeprazole and all that bad, bad bad business.

That area's, Jesus, it's so upside down. You don't need anti-acids, you need more acid. It's the other way around. I won't get into that now. We rebalance the person's whole chemistry, let them do their protocols, we follow up with them, sit back and relax.

Six months later they test, boom, improved. One year later, they tests, and boom improved and then that's it. The health span and life span of people start to improve.

Yeah, there is a, you know, people have to understand that difference, health span and lifespan, because a lot of times in the longevity space, everyone's only thinking about lifespan.

And it's just like, okay, do I really want to live until I'm 150, but in a wheelchair, borderline debilitated, it was like no, the health of span is important.

We want make sure that you're healthy, not getting sick, able to move around. You have flexibility, all of those different things. So that's important to have both, right?

And just to give you a quick example on a product that, I'm gonna talk about a molecule here that super popular, everybody loves it, in our space, growth hormone.

Right. I've seen some docs go at it because some docks are like, oh, a growth hormones makes you live longer. Other people are, that growth doesn't make you longer, et cetera.

It doesn' cause cancer. There's plenty of studies now showing it's not correlated with cancer. Just because it is called growth hormone, now people think it makes cancer grow.

It's crazy to me that doctors that are so sophisticated will take just a small, I'm like, why does it cause cancer? Oh, because its called Growth Hormone.

What's the mechanism? What the biochemical mechanism, where's like the pathway? Let's talk science. Oh no, its Growth hormone. Doesn't make sense to be.

Plus you're full of growth hormones when you are pregnant. frickin' atomic bomb of hormones, where's the cancer? You're actually very protected in those ways.

Puberty, you're an atomic bombs of hormone. Where's a cancer. The cancers are when there's no hormones. You see more cancers after menopause and andropause than you see in any other period of a human's life.

But growth hormone, on the health span side, it improves healthspan. Epigenetically, the studies on epigenetic side all are failing to show that growth hormone, they're not failing.

They're showing that both hormone does not improve longevity. Doesn't hurt longevity, but doesn't improve it. So when you take it, it's like, oh wow, I look good.

I got less wrinkles. And so, and then clinically in the studies, it looks like the person's living longer because their health span is improved. So there's some, what I'm advocating here is there is a confusion sometimes when people are looking at healthspan and lifespan in our space.

Like a big, big big confusion, like you see docs, no no, you're talking about healthspan, we're not talking lifespan, or we talk about lifespan not health.

And the beauty about epigenetics and AI, I really believe the day is coming I really believe in this, where if we have a question about a product, I don't know, is Perrier good for longevity, right?

Or Pellegrino. We have to do studies, you have do clinical trials and blah blah to see if it improves or it doesn't improve, et cetera. With epigenetics and AI, you can almost ask the, I kind of joke with it, like the oracle of epi genetics.

Like, okay, if I expose X amount of people to this, what does it do to their epigeenome? It can give us answers quicker. So growth hormone, when we look at growth hormones in epigenetic studies, which was obviously very, one of the first things that these people in the epi-genetics community wanted to understand, you know, does growth help or does it?

No, it seems to only help in health span, not life span. Interesting. Wow. Yeah, that's good information to know. So, all right, so we're talking about epigenetics.

Now, let's talk about, you were talking toxins, and you and I, we've talked about toxins off the charts about it. And you've gotten very, very deep with the whole toxin stuff.

You know, now you're offering EBO2, You're doing different type of testing. you got the infrared sauna over there. All the modalities to really get people right.

So I know you see some crazy stuff with these toxins. Yeah, yeah. So as we test, we're getting more people coming to us just because they know that we like this.

I didn't know this, but apparently we have the, Not the largest epigenetic database, not by constituents, but we have the most complex epi genetic database in the world.

I didn't know this because we test so much environmental toxins and we contrast it with epige genetics. So yeah, one of the labs flew down to us actually, and they told us this about two years ago.

So now we're going to be publishing very soon with God Willing with Harvard in some stuff in regards to environmental toxins. So just that to kind of set the tone on how obsessed we are with that.

So yeah, I mean, we will see people sometimes come in with like mast cell syndrome or, you know, just breaking out in hives. Just these, especially when it's like these weird things that, and they've gone to like, multiple doctors and stuff and no one can give them an answer.

Yeah. And then nor can we, cause it so nebulous, it was like which toxin do you peg to this? But then once they do their environmental toxins, that I'm talking about, its big, like we've got, there's people that we won't even, deal with, especially if they come from certain people, blah blah, they've gone to great docs and so forth and they still have symptoms.

I'm sure you've seen those patients, 10 years, and still get super tired. You start doing the testing on these people and then you're like, boom, what's this?

boom, what's this? And you start finding toxin after toxine, toxins after toxins. I mean, we'll find stuff in people, I'm remembering this one guy. He's like, he lives on a farm kind of thing, plants his own food and all, just like I am clean, man, and he didn't come particularly for that.

he actually came because of cardiovascular stuff, but anyways, He did the environmental stuff. And Red 40 comes out like strong, super strong. There's been a lot of talk about the Red Forty.

Oh, that sucks. I mean, it makes no sense to me. And then he's like, no, impossible. Super healthy. So we start talking and we keep talking, and talking.

It has to be around you somewhere. Then I ask him, do you do protein powders? He's Yeah. For years. I used this one brand for years." I'm like, really?

Oh, wow. Can I see it? Because we're on Zoom. He brings it over. Like, put the… And then I saw the brand. So then we had more people on the clinical team on call.

They go and Google it real quick. And I am talking to him there and they're like… It's like full of Red 40. Listen, your formula thing, it had like two things there that are connected to Red Fort and it literally said Red40 on it.

And it's like, listen, you're taking this to build muscle, but it is an endocrine disruptor, right? It's part of the red 40s, one of those environmental toxins that falls under endocrine disrupting molecules, and it makes no sense.

You're talking your optimum nutrition protein, I remember saving money to buy that back in the day at Vitamin Shop, go to college, buy your vitamin, get your Optimum Nutrition, lift at LA Fitness.

And that thing's full of red-40. It's an endocrine disruptor, right? Dropping your testosterone, et cetera. So we'll see the craziest stuff, man. Young people, what I just touched base on, I mean I could talk about this forever, you will see children, today we had an 18-year-old come in because the dad said, hey, we tested his, they were traveling overseas, like we test his testosterone.

It was 170. So at the age of 18, what do you expect that kid's output to be? And then lots of times the parents are like kicking the kid off the couch.

He's like, my son's not doing anything, doesn't want to do anything in life. Mom, dad, have you checked this kid hormones? You wouldn't wanna be anything in life either with a testosterone of 170. You're gonna have no motivation.

No motivation, no. Forget dating, forget like, you know, like kinda, hey. It probably doesn't have any kind of sexual desire, none of that stuff. And then you go see, what is this kid eating, right?

And you start to see all the processed foods and the excitotoxins, which is another family of toxins, that further puts them into depression, anxiety.

Excitotuxins is a another one, You got your endocrine disruptors, your excited toxins, you're toxic halides. I mean, there's all these families of different toxins.

Not even talking about the gut too, because the guts, the psychobiome thing is really connected as well. So these toxins once they're in the body, what's happening?

What do these toxins do? So different toxin will do different things. Like, for example, I just mentioned the toxic Halides, right? Well, fluoride, bromide.

and iodine, right? Or iodide. So iodines, for example, is the smallest of the halides, so guess what? He gets bullied. Now when you eat the fluoride, or when, yeah, I guess he can eat it with the toothpaste, which guys, please, the fluride…

All right. Cut it out. The fluor… I mean, it's a well-known fact that stuff is bad for you, a bunch of countries don't even allow it, come on. to wake up to the fluoride, right?

But what happens is you'll take the, you're exposed to fluorite. Fluorite, fluorine, and you start to have issues, for example, with your thyroid. Why are you having issues with you thyroid?

Because the fluoride is displacing the iodine from the thyroid, your thyroid, as we know, does not work without the iodine. So then what you need to do is remove the fluoride, and then maybe start using 2% Lugol solution at night before you go to sleep.

You know, for example, but if I stay this way, is it gonna hurt my epigenetics? Are my scores gonna come back bad? Yes. Am I gonna age faster? Yeah. Is my health span gonna go down?

But if I do the shift in my lifestyle and supplementation, will it improve my epigenetic scores? Yes. You see where it is? That's just a small little like, like our staff is trained in that.

Oh, you see the person exposed to, if you the fluoride or something like that, or if your exposed like bromide, which is in the bread or too much aluminum, I think excessive vaccines that we have in this country, right?

Aluminum displaces GABA in your brain. So when you displace GABa, which by the way, alcohol turns on GAB, a happy hour for you just means GAba, gamma amino butyric acid, just a neurotransmitter that is still not talked about too much.

People talk a lot about serotonin and anxiety. No, it's GAbA. And then here's proof because when your doing your dark biohacking, as I call it, with the happy hour and the volume and, you know, the benzodiazepines and all this garbage, stuff to sleep.

You're turning on GABA, right? And aluminum, for example, will displace GABa. Right? And for example, we won't even get too much into this, but the hepatitis B vaccine, which is the first vaccine on the children's pediatric schedule that they give a child, that is sexually transmitted disease, has a pretty strong amount of aluminum in there.

Somebody can explain to me why they should take that so early on in life. And that's where you're seeing a lot of these younger diseases and stuff developing in a lot of these, the youth.

So with these toxins, what are some of the modalities that, number one is, Being aware that you have it, right? So the testing, you talked about that.

So what are some of the modalities that people can do to detoxify their bodies from these toxins? But before we get into that, statistically, just so you guys understand something, You could test for a lot of these.

But in the United States toxic inventory, toxic chemical inventory. There's about 30,000 documented chemicals of which we only have studies for less than 3000. I want you guys to understand the gravity of this.

And just so you understand how exposed you are to this, because I know there's people right now listening that are like, I don't think I'm a healthy person.

Let me drop the mic on your toes right know. Hard. Nowadays when children are born there are more than 200 chemicals toxic chemicals in the umbilical cords Wow of these babies more Than 200 this is published you could go that's crazy.

Yes published by a California University That's nuts Okay, and of the chemicals that we can study and catch it's only a couple hundred of them, but there's a Supposed, we don't even know.

There's supposedly 50,000, 60, there's a lot of them. So now I am going to strengthen the therapeutic side. Why did I say all this? To piggyback off of you.

You can do your diagnostics, which you should. I don' want you to feel dismayed from doing your diagnostic. It's like, wow, Jesus, they're so many of the, I can't catch it, and I'm just gonna sit back and enjoy the ride as much as I know, You should still take inventory on the ones you can catch because those are your easy culprits.

And even if they're not hurting you now, they can and will in your future. Especially guys, if you have kids, do environmental testing and micronutrient testing on your kids and their guts too.

But then you should use therapeutic modalities to remove those toxins that you know of and those that do not know. And for example, that's where extracorporeal blood oxygenation and ozonation, EB02 comes in.

That's were plasma exchange therapy comes or plasmapheresis, which is FDA approved for a ton of different

conditions like immune thrombocytopenic purpura, Thrombotic, thrombocytopenia, all these a bunch of different autoimmune conditions.

It's approved, but unfortunately not used much. It helped, even LDL little a, lipoprotein A, which supposedly nobody knows how to decrease that stuff, in one treatment you could decrease, if I'm not mistaken, 42 to 72% of LDl little A in 1 treatment.

So you're literally removing a bunch of bad cholesterol, VLDL, your LDLC, you LDLD, with plasma exchange therapy, right?

Biohacking tools, dentistry, and the MAHA movement

So I really believe you should do these quote unquote, I joke around and call them oil changes. You should go do your oil change on your health calendar, right?

But then you also should also do therapies to strengthen the surveillance of your immune system. The more powerful your system, the more or the less these things will come into your body.

And I'll give you an example. Your liver does 60% of you detoxification. So he's your homie, you gotta take care of him. But he doesn't run without glutathione.

He doesn' run with out the B complex. So this is basically you enhancing your detox pathways. I could leave. You just said it, yeah, exactly. And there's certain things, because the thing is at the end of the day, You can't get rid of all of toxins that are out there.

No. Right? You and I go step outside and we're just breathing in toxins. We're close to the airport, we are breathing all the crap that's coming off the jets and all that other stuff.

So cheap. You know, it's good to be aware of it. It's got to aware what's inside of your body, but you're not gonna be able to avoid it completely. You now, some people might be about to move somewhere a little bit more eco-friendly or whatever.

But at the end of the day, you do have to able enhance your detox pathways. So part of that are some of things you are talking about, EBO2. What are the supplements that, like when you talk about liver, glutathione and all that stuff, what are supplements to help enhance the detox pathway?

I mean, to tell you the truth, anything All the supplements that, it's God's pharmacy, all supplements, I mean, you could go take a biochemistry book and you start going through it, there's things that don't move without niacin, right?

You know, vitamin B3, the pathway gets stuck, actually just coming to mind. You get pellagra, diarrhea, dementia, dermatitis. It's like, oh, why am I getting dermatitus?

This was back in the day, people used to get pellagra, don't think now, pellogra does stop. Or scurvy, right? I'm just remembering here, again, back of the days, corkscrew little looking hair and bleeding gums, et cetera.

The sailors used get scourvy until they figured out, let me just stop taking potatoes on the boat. Let me also take some lemons and vitamin C. You know what I am saying?

They used call them the limeys. Yeah, yeah, so, There's a lot of different micronutrients. It's hard to pick them out, but look, don't mess around with having low vitamin D levels, for example.

Vitamin D, you have to take it with K2 and you take with magnesium. People forget about the magnesium all the time. Just those guys right there, vitamin B3, K-2, and magnesium, so important for you.

Every day. That's something that everybody should take every day, just because we are not exposed I mean, people are like, I'm in the sun. No, you have to be in sun between 11 to 2 p.m.

in the afternoon, like when it's bright red, and 70% of your body has to be exposed. It's not like, oh, I'm out in sun and my cheeks are, you know. You know what I am saying?

So for those people are a little different. But your micronutrients are super important. Your antioxidants like CoQ10, glutathione, your vitamin E, which also functions as as an antitoxin, these things all have to be, not optimized, they just have be normal.

The problem is, people talk about optimization, it's like no, just no. We're depleted, we're just bringing you to normal! If people talk about, oh, this is excessive, no, you don't understand.

You are literally creating disease inside of yourself because you're depleted, your baseline. America thinks like what we do. Oh, they're optimizing you.

No, I'm just bringing you to normal. I say this to people all the time. We're just bring you back to the normal, You're depleated, do you understand? Then when you show them the data here, does this make sense to you?

You know what I'm saying? People see something like, they'll see you out eating or something. They'll say, well, Dr. D, you eat healthy. I see that you got all your vegetables.

You got your proteins and stuff. Why are you supplementing? And what people tend to forget is that a lot of the foods that we have today are nutrient deficient because of they way they're made.

So that's where the supplementation is a must. And everyone's body's a little bit different. You mentioned something earlier about gut health. If your gut is not on point, you're not going to be able to absorb those nutrients out of the healthy foods that you are eating.

Absolutely. Listen, just to add to what you were saying, we've gone through two agricultural revolutions. We're going through the third one now. which is the pesticides in the 70s, right?

So me and you, we were already born in that one, and then years 2000s with the GMOs and so forth, now you have all this other craziness, 3D printing salmon and all that stuff, so it's not food.

That is not, it looks like food, smells like, that is food what you're eating. Vertical farming and I want nothing to do with that. I'm not giving that to my kids.

You know what I am saying? So, think about this. We have gone through agricultural revolutions, and if we don't pay attention to that, you're going to end up thinking that the chemicals that you are consuming that call food are food, but they're not real food.

Right, right. No, your absolutely right about that. So when I toured your facility, You got some amazing modalities there. I saw some workout equipment.

And I was like, man, I got to talk about, ask about this workout because Dr. Davis put it in this longevity center, similar stuff. But it has, let's talk, what is that?

You want me to be brutally honest? I hate that machine. You hate it? Being honest, you bought it for a reason. I spent 100k plus over it, and I don't think it works.

That's the, I mean. What is that machine called, what is it? ARX. ARx. Let's open the can of worms, man, because like, hey, honest man. Sorry, you're always gonna get raw with me.

So listen, in the biohacking space there's a lot of like yeah man buy this, cause it's really cool man and you know,

there was a A4M. I'm not even kidding, i spent 700k in one day in an A-4, and I burned the MX, like went bop bap baa, bought a lotta stuff that's at the clinic.

And that machine was there and I bought it. So there is not one machine nowadays that I had for this easy workout, do one rep, da da, no. You're catching me on a vein that, I'm like no, there's not machine right now I would vouch for in that space because there are a couple of machines that are like, You know, that's good to know.

Yeah. I've seen a couple of guys, I won't mention the name, like selling these like elastic bars and, you know and just come on, man, cut it out. You're on steroids, bro.

Tell me you look like that and you're just like taking the bar and I'm like, well, do you want to do a blood exam? No, no, it's like in your sound. These I hate that.

Right. People selling crap. that doesn't work. And that machine, it's for sale. I don't like it. You can take it as a… I'm actually putting a DEXA skin there.

Yeah, I didn't the machine. It actually almost broke my wife's legs. Yeah, yeah, because if you're not, cause it's AI, so it starts to crush, she had microfractures and all her ligaments tore a little, I had to jump on it and slap her legs out of that thing.

Oh, that's crazy. Yeah yeah yeah. You gotta be careful with those machines, it was just the brute force coming in, her leg's locked. And it is our fault, we didn't, The ARX guys are watching this like, you didn't adjust the machine, right?

I didn. But that's the thing. You make one little tiny mistake because like the distance of the things, if your legs lock, then the machines starts coming at you.

Oh, that is crazy. Yeah. So again, my knees are starting to hurt just thinking about it right now. It's like yeah. Sorry, man. Just honest. Yeah, no, and I'm happy that you are honest that, you know, that's what it's all about.

But because in the biohacking space there is a lot of garbage. Oh, there's a lotta stuff. You know you walk around some of these conferences and you gotta question a few things that are out there.

And that why, I tell people you got to go based off data, You gotta look at, is there any science behind it? Who are the people representing it, are these reputable scientists, doctors, et cetera.

So. That's why a lots of docs, Don't like or still accept a lot of the biohacking stuff or the word bio hacking or whatever and I get it right because it is not properly and scientifically Presented, you know, so you you um, You're not just in your family.

You know the only doctor No, I am. Your wife is a doctor. Oh, oh, yeah. So don't forget about her. I think you're talking about parents. Yeah, so your wife has a dad, which you actually read across the hall from your clinic is her holistic dentistry, Which is big part of this biohacking space as well, too.

It's amazing how you guys work together on that. She's obviously very passionate about all of these aswell. Oh yeah, yeah. I mean, I'm just gonna throw it out here.

You should have her on, because she will rock your brain with some of the stuff she says with the, like, we went to a conference not too long ago, and you're talking about Tourette's.

Tourete's syndrome people are just like unfortunately they don't have motor control of their bodies. And there was a doctor, Dr. Simmons, dentist, and he's like, well dentists should, you know, understand neurology, something a little bit better.

I was at the conference, actually our surgeon general in Florida was speaking there too, so I went on Dr Latipo,

which is great. And, He puts these videos on I got I'll send it to you people with Tourette's they put on a Device in their mouth like an expander in there TMJ talk about serious Tourets They can't hold a phone to their face.

They put it in your mouth stops Wow, so they expand for like a year and a half and I think they have surgery afterwards like that world is like completely It's like, oh, we need to do clinical trials now, man.

I'm a big science guy. This guy is convulsively, he showed a few cases of Tourette's and it's boom, you put this expander in their mouth, done. One minute, they stop shaking.

And they can walk, and they could read their phone. These people are bawling this guy's patients. He's in Maryland. So, my wife introduced me to this world, right?

And it's beautiful, because we've been together going on 10 years, and we met at the Nova library, the nova university library. So she walked by and I was like, God damn!

And that was it, you know? But we were both very traditional. And then it was funny because I started to have my kind of renaissance, You know, after med school, I went straight to Cleveland Clinic here in Weston to do research.

That was a research in the metabolic institute. I was there for a year working. Oh, on the metabolics side? Yeah, yeah, always love this stuff. And that'll make you really think about when you start getting that deep.

Yeah. and that's where I stopped. Okay. So, and I mean, I remember working with 1,000 pound patients. Anyway, so I started to change my thought process there.

She also, you know, she started learning about functional medicine and so forth, She stumbles upon biological dentistry, And she went down a rabbit hole, man.

Until this day, like I'll get in bed, and sometimes I'll kick something hard, like something in the bed and I go see it's a textbook. You look at her nightstand and it books about holistic dentistry, how to be a good mom, personal development, and spiritual stuff.

This is all she does. That's awesome. Yeah, that's all consumes. She really knows her stuff We were talking about toxins earlier. And when you start looking at something like that, what she's doing, a lot of the holistic dentistry, with the fillings and all that stuff, Yeah, traditional dentistry really has messed up a lot of people.

You know, where they get a lotta these metals that leach into the body and then it causes neurological disease, autoimmune issues, and all other kind of chronic illnesses.

Yeah. Come up with it. So, I think it's a huge both biohacks and then her dentistry complement each other, right? I can only imagine that people go between both consistently.

Yeah, 100%. I mean, it's like this whole back and forth and sometimes like, for example, headaches. Sometimes like we've checked everything. We've check the gut and this and that and I don't know what.

And it's like, why don't you take a walk across the hall and then she'll do a CBCT on them, which is like this kind of like MRI looking thing of the head.

Okay. Which, you know, way better than doing an x-ray, like a CBCT, even if you're not anywhere near medically oriented, You're like oh, I can actually see the infection, versus the x ray.

It looks just like an MRI, it is very like interactive. So we put that on a big screen and it's like, okay, here's your jaw, your sinuses and da, da da.

And you can actually see, right? So, we'll send the sometimes patients over and, you know, she'll figure it out and they're like the headache goes away, yeah.

It's what, and she always says this, like anybody that tells you that any type of dentistry, holistic dentestry or whatever, it's toxin free, its never toxins free.

But we drastically try to decrease the toxins that go into your body, you know, so even the water's ozonated, all the waters that's used in there. Yeah, everything's ozone.

That's pretty cool. Everything, I mean sometimes I'll walk into one of her operatories and it looks like she's going into a spaceship, she is removing amalgam, So like you have to do stuff to the air and so forth, you know, so she removes toxic She does amalgam removals, but you don't know root canals root.

Canals is a really bad idea Implants to like I remember not too long ago. She was doing another course for zirconia implants, a lot of people will do Different kinds of metals that are more toxic and zirkonia tends to be less toxic or is less toxics So it's never toxin-free, but it is definitely something that we try to decrease.

Create the healthier route for the patient. And we always say, don't go to a doctor that sees a body without a mouth, and don' t go a dentist that see's a moth without body.

Hold on, say that again. Don't got to doctor, that se's body, without mouth. and don't go to a dentist that sees a mouth without a body. Wow, I like that.

It's connected. That's good, it's all connected, yeah. You know what I'm saying? That is true. This is all connect, bro. Yeah, so Dr. D, there's a big movement going on right now with Trump getting elected.

There's big a movement. Let's go. Make America healthy again. What are your thoughts? Oh my God, now is the time. Honestly, honestly I was scared. I will say something.

Very heartfelt here to all the listeners. There's a weird narrative going on. I'm 39 years old and yesterday somebody sent me a video of A guy I used to watch growing up, maybe you guys watched them too, Mr.

Rogers. Mr Rogers' neighborhood, right? And he's talking about, oh, a boy is a boys and a girl is girl and only the girls can be mommies and so forth.

And it's like, somebody sent me that yesterday and I'm like wow, and today they're offensive and this and that. So there's a weird narrative, okay? I don't wanna get too deep into all these different little, I just brought up the gender stuff now, but there is weird a narrative out there.

And those people that are aware of the narrative and that wanted Trump to come around and so forth again and et cetera, I noticed that they don't understand how woke medicine is right now.

The same narrative that is pervasive on, you don't have freedom of speech online, this country was founded on freedom, right? You can't, fact check this and fact-check that, we don' like those narratives, et cetera.

But in medicine, it is very, very woke and it's been woke, and its this big monster that's you know, growing in the background, and most people don't understand.

And those people that despise and hate the narrative that we so much fought against now, that Trump's coming into power and hopefully squashing a lot of this stuff.

And I know, I can't get into too many details, but I white house people, not currently, just whatever, people up there in power that don't understand the food industry and the health space.

Mind you, they're not in front of those departments, But still, it's like, wow, you actually don' I see them really not understand, in conversations and so forth, there's people literally, what's the issue with genetically modified food?

Or what is it, like I've had conversations where I'm like My jaw drops. And it's no hate on them. They just don't

understand. People in power just really don' understand and even people putting our products on our supermarket shelves and so forth.

I know celebrities that they don''t understand how nefarious the product is that just launched. You know what I'm saying? It's like, bro, you do not see all the environmental toxins that are in your product.

the preservatives and all that stuff in your product, and you're not understanding this, because there's a big business reason. And then you go into medicine, medicine is extremely woke.

Extremely woke, especially on what you were saying. You take a patient once every six months, you take him once a month, then take the patient a week, every other day.

Because we are acutely dying of chronic issues. And that's what people don't see. It's a money game. Big metal, big pharma, et cetera. And here's my message to them.

They could make all their money in prevention, if not more. You know what I'm saying? There's different ways. In other countries, doctors get paid to keep you healthy.

Over here, they get pay to get you better once you're already sick. Exactly, so that's a problem. We need a change in that and I think ma make America healthy again is the time because RFK understands right RF K understands he talks about things that are so weird to people like the atrazine and water which I mean Sorry, I'm gonna say but it changes make it can change change people's sexual preferences and Atrazine, which is in our water.

You can go look this up, RFK atrazines. And you'll see him talking about, and there's studies that shows this, male frogs mating with female frogs in regular water, you put atrazing in the water with low dose.

I'll show you studies, low-dose studies of atrozine. The frog stops mating the female, then kind of oddly starts hanging out with the male, doesn't hang out the with a female anymore.

The male frogs start coupling with each other. Wow. Forget the females. Kermit the frog. He's a little crazy. Stop talking to Miss Piggy. That's crazy, man.

You know what I'm saying? So like he talks about that stuff. So he understands deep, he understand deep. And I feel like this is the change in the course of medicine that we've all been hoping for in functional medicine space.

Absolutely. Then you start looking at people that Trump nominated to lead the FDA, to the CDC, the general surgeon. All of these people he nominated are all functional medicines.

If this all happens and goes through, which it looks like it is, then there's gonna be a huge shift. Amen, amen to that. And the shift needs to start in our schoolbooks, man, in school books.

From a young age. Yeah, exactly. Listen, a lot of people didn't like the Fauci guy. I really don't that Faucia guy at all. But what most people don' understand Fauci has been writing the Bible of Medicine for, I believe, 26 years, 24, or 26, years.

You take Harrison's Internal Medicine, which is our Bible, a medicine, okay? It's in every shelf of every hospital. That is the internal medicine book.

It gets two volumes, it's huge. His name is on that cover for 24 or 25, some odd year. So think about that for a second. that book needs to change. it does, It does.

Dr. D, man. This was great being on the podcast here. If there is one thing, one of the viewers or listeners that just wants to take that leap to change your health, that one that you can leave them with, what is it?

If you want an ultimate life of abundance, right? And abundance defined to you whatever it may be, I guarantee

you, whatever definition you give it, be it a material definition, a spiritual definition a social definition.

a life of abundance, it will be on a center pillar called health. And for you to live that life and for to improve your health, you have to get data. Start with data, understand your body.

We live in a time of data where you want data for everything. You want projections for your business, your whatever. Get data on your bodies. Sit down with somebody that understands this space.

Understand insurance doesn't cover this stuff understand. It's not you're not gonna follow your traditional guidelines Understand that you need to sit down with somebody that understands this this space and to study you I would say do a dissertation on you do it PhD on yourself Yeah, because you are the most precious vehicle you have.

I agree with that man. Absolutely Thanks, dr. D. Have really appreciate that band Cool, man. Hey, this was great. You know, you go all in. I know we can go for hours and days and talking about all this stuff.

But you know guys, make sure you guys check Dr. D out, Man. The links are going to be posted below. Yeah, he's doing some great things. He's in the heart of Miami and the design district.

you know, dealing with a lot of the celebrities that are out there, a lotta the athletes, you might catch him driving around in one of his Lamborghinis or something out.

I'm loud, I am loud. Very loud very loud you can hear the speakers of my phone when he's always driving. You can barely even hear him you just hear engines of Ferraris and Lamborghini's but you're doing something great man.

Your helping people, your helping them in the right way as a doctor. And what I like about you two is you connect with the right other people in the industry, collaborating together.

You and I think that way of if we wanna see this change, we gotta do this together, so there's gonna be a lot more to come. So appreciate you coming on the podcast.

Guys, make sure you like, subscribe, share, follow, do all of the stuff that you gotta with this podcast, and we'll see you on next one.