Why Brain Health Is the Key to Hormonal Balance Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to Neuroendocrinology

We aren't trained to analyze labs at the level we really need to. We're like accountants. You read growth hormone level, good bad, whatever. We read prolactin level good bad, or rather we read T3 two forward to T3, conversion good, bad or otherwise.

Well, it turns out that all three of those growth hormone prolactin, TSH also and T3, T4 are all interrelated. So you can have patterns that change growth hormone that will influence prolactin, influenced thyroid stimulating hormone influence, the conversion rate of T4 to T3.

And if you don't understand these relationships associations you will over or under tree. This is doctor talks real talk from real doctors. Only issues that matter to you most.

Hey, how's it going? It's Doctor Ivan Roscoe here, the host of the Lifestyle medicine podcast sponsored by Access Medical. If your doctor's not doing diagnostics, he's not a doctor.

And I got a special guest today. And I'll tell you why. We are getting into the neuro endocrinology world. Like you can't believe that. I am very excited to have doctor Mark Gordon with me today.

Thank you so much for coming. Hey, doc, it's a pleasure. Heck yeah man. Again. So just, just, you know, just just to kind of introduce you, which I don't think you really need any, any introductions with your history, but again, so you started out in family practice or family medicine, right?

You kind of evolved into this whole aspect of clinical orthopedics, cosmetic dermatology, sports medicine. And now I love I love the idea of interventional endocrinology.

Can you explain that for me? Well, Interventional Endocrinology was my first book, and it was because I could not call it anti-aging medicine. I guess I dare you.

I was working in a very academic environment, and in fact, I had one of my colleagues who was in the same building as I was and he says, I hadn't seen you for a long time.

You're not at the hospital. I said, what are you doing? I said, I'm doing anti-aging medicine. He turned changed the conversation. So how's your dog? How's your wife?

Immediately. And it's like. So I knew there was something wrong. So it made sense. Interventional endocrinology. Because anti-aging medicine, or any term you're going to put on to that, it's about intervening in a unique area of the biochemistry or the neuron, the chronology of the body and hormones are very, very good.

From Anti-Aging to Interventional Endocrinology

I was a professor, associate clinical professor at USC, and Caleb Finch was one of my gurus who wrote one of the earliest books on neuron to chronology.

And that turned me around to understand that neuroendocrine ology is a valid area where the brain has its unique assortment of hormones, which are the exact same ones below the neck.

Below the neck. Yeah. Okay. So could you explain the difference between neuroendocrine ology and endocrinology? Sure, sure. It's a tough one for me because I try not to be a servic towards the either one.

So in in endocrinology it deals with the glands of the body and usually below the neck. Yes, we know the regulatory

system, the hypothalamus and the pituitary.

But I in the neuron, the chronology that I've been working in since 2004, it takes it to another step. And that step is how the hormones made in the brain influence neurological functioning.

And it turns out it's not just neurons or neurology. It's neuro immunology. It's neuro psychiatry. Because in my writings we talk about how they we now understand how proper levels of hormones in the brain influence inflammation.

And the premise of most of my work is anything that causes inflammation of the brain will disrupt the chemistry of the brain, leading to cognitive emotional disruption.

And that's what we've been proving again and again. We have 12,218 people who have gone through our program, and it's not permanent. Our treatment is do testing, do proper testing.

28 point biomarker panel, which, thanks to my involvement with Access as Medical Director of Education, was able to develop this panel over a period of about 14 years in total.

I saw you you called the millennium 28 point biomarker panel, correct? Yeah, 28 point biomarker dropped the millennium. But yeah, I know I did it. Maybe you don't know, but now you do.

Two yay it's a 28 point. Actually there are 24 markers that are measured about all of them that are calculated and the the standard problem a problem or we aren't trained to analyze labs at the level we really need to.

We're like accountants. You read growth hormone level, good bad whatever we read prolactin level good. Or rather we read two, three, two, 4 to 2 three conversion good, bad or otherwise.

Well, it turns out that all three of those growth hormone prolactin, TSH also. And T3, T4 are all interrelated. So you can have patterns that change growth hormone that will influence prolactin, influence thyroid stimulating hormone, influence the conversion rate of T4 to T3.

And if you don't understand these relationships associations you will over or under treat. And so like because every single doctor, their friends, their sisters, their their, their, their second cousins are trying to jump into this industry right now.

And how many doctors do you think right now who are taking on things that you treat currently, who are basically coming into this industry, not understanding these different types of protocols, these different types of interrelationships?

And just do you think they're the ideal of a majority? The industry is actually doing more harm than good because they don't understand these things or they aren't testing for it.

Well, I agree with you. They are doing more harm than good because you have a patient who's low in testosterone. Why is he getting 200mg a week as opposed to what I asked doctors who come to me, I say, okay, how much testosterone does a healthy 25 to 35 year old make per day?

If they answer it, I'll respect them. They don't answer it. I'll send them back to the drawing board. It's 4.1 to 10mg a day, 28 to 70mg a week.

Why Lab Interpretation Matters

So why do we use massive 150, 200, and 300? Because they treat everybody like a bodybuilder. Because a lot of our early science, actually our early clinical experience on the street from Bubba's selling, you know, the the master loan or the Breck Salon or the whatever it is, the testosterone on the corner.

No. Yeah. Hey, how much of this should I use? Exactly. Oh, yeah. Yeah. Oh, good. Yeah. But you can't find in Google exactly what it is because you find the fallacies as well.

And, you know, I only work with the military and I'm freaking out. We're doctors at the military. Say take one cc of a 200 milligram per cc. That's 200mg.

That's why they burn out their gonadal hypothalamic pituitary. Exactly. So now the whole. The whole negative feedback loop because, I mean, I also do a lot of, you know, consulting stuff like that.

And to find how many physicians don't understand the the whole aspect of a positive and negative feedback loop is just bananas. I mean, everybody is coming in now.

And I think being in Miami Beach, the sexiest city in the world, you know what I mean? So everybody's trying to look like a bodybuilder. And it's just scary to see, especially with the I call false prophets in this industry right now, you know, come in, pay $10,000 and get testosterone and growth hormone and walk away.

Yeah. Which is it's terrifying. Yet, you know, you have a million followers and you have this celebrity on your thing. Everybody thinks you know what you're doing and you're doing just that.

The amount of people I've had to fix who are just on testosterone, sipping eight or Ananth, eight at some stupid dose that aren't paying attention to the, you know, the the actual negative feedback loop at the actual brain versus the actual gonads.

It's, it's it's it's sad actually. You know, and these are young kids, these are in their 20s and 30s who are still looking to have kids. So, you know, the amount of damage that's being done by physicians who don't understand the industry, it's it's pretty scary, you know what I mean?

And in this industry right now, you know, the the whole traditional aspect took a gigantic hit with the whole Covid thing that went on. So everybody is now looking for trusting physicians.

So they're turning to the wellness industry. And unfortunately, all those physicians from the traditional medicine snuck over here and are masquerading as biohackers.

And right, like you said, anti-aging doctors. And it's it's pretty much given us all a black eye. Yeah. And that's why we need to educate our patients or the people out there to understand what are some of the fundamental questions that need to be asked of the doctor.

Exactly. You know, and that's it. And give them the license to be able to do that. There are people out there who but he's a doctor. He should know. Well, he should know how to make money.

Right, exactly. It's a business, you know. It's a business people don't understand. Since the insurance companies started doing their their stuff to us back in 1975, you know, we learned that we've got to defend ourselves to some degree financially, but not to take advantage of the of the the patient, the clientele.

So, you know, what we do in the millennium is we I work with the military and my daughter works with all the civilian population from NFL, NHL, Hollywood, Hollywood, skateboarders, whatever.

Really weird for sure over the years. Yeah. I'm medical director of CBS, CBS, Radford Studios for 23 years. God bless you man. God bless you. The story is. Weird.

So I've met a lot of nice people, and I've got two people I've kicked out of the practice because they've they don't understand, you know, treat me nice.

Don't screw with me. You know. I'm a man. Entitled. That's where I close the door. Your mouth, your god's ears. You know, I mean, like. Yeah, I'll tell you what.

So anyway, with the with the program that we do for anyone, whether or not it's military or a civilian is, as you said, the first thing you need to do is the laboratory testing.

And unfortunately, we see some really shoddy poor labs. You know, someone comes in and they're stating all the things that seem so accommodating for low testosterone.

So they do free total testosterone. They might do luteinizing hormone, they might do estradiol level. But there are that's four. There are 20 other hormones that's.

Actually manning the IGF DHEA, cortisol. You need all those all the full picture. Yeah. It's a puzzle you know. And then you need the puzzle. Also, you ask most docs and you say okay is it primary, secondary, tertiary hypogonadism.

None of them can get it. None of them can get it. I love that aspect. What is primary? What is secondary? What's for sure?

Testosterone Dosing and Feedback Loops

Well, we've found in the military, I found in the military a lot of the guys because of blast wave trauma, they have interruption of the arcade primary ventricular nuclear area of the hypothalamus, which leads to primary a problem with prolactin.

What happens? Prolactin loses piff prolactin inhibiting factor, which is also called dopamine. And their prolactin level goes up. Prolactin elevation shuts off. Luteinizing hormone. Yep.

So they become testosterone deficient. That's a common one. Another one which I just dropped the new article. It's called The Two Eyes of Hypogonadism.

The story behind ibuprofen in inflammation. Oh I like okay. Go on. And you can get my full attention right now. Yeah I just put it up anyway what the paper is about.

And I talked about it to Congress in task and Purpose in December of last year. Was that operator syndrome operated syndrome is the special forces. When they've been under a lot of stress, they've been exposed to a lot of blasts and everything. They become testosterone deficient.

So Congress is pushing the DoD, Department of Defense, the Veterans Administration VA, to do testosterone testing. And if they're deficient, testosterone to put them on to testosterone.

Wrong thing. No. Wrong thing. What they need to do is learn that ibuprofen, which is the index, chemical for all the non-steroidal anti-inflammatory, we're just using a few paraffin to represent the entire population of non-steroidal.

So what? It does two things. It blocks the ability of the brain to turn on the hypothalamus, to make gonadotropin releasing hormone, to stimulate the production of luteinizing hormone.

One, two, it blocks the leading cells receptors so that the luteinizing hormone gets to the LH, that gets to the leading cells and binds to the R receptors.

There's no transcriptional signal being sent to the nucleus to take cholesterol and make it into testosterone. So you've got a high upper level and a lower level involvement.

And it happens in women through their facial cells as well. So for sure that's fascinating. There is that article started in 2017. The first article came out talking about ibuprofen blocking the production of testosterone.

And the pattern it gives is primary hypogonadism. So everybody says, oh, your testicles are burnt out. I'm 18. I burned them out, you know, because it's cold.

So it's called compensatory hypogonadism. Pattern high luteinizing hormone, low free testosterone, which fits also primary high primary. So all you do is you ask the patient, have you ever had head trauma?

Have you ever used lots of ibuprofen? Well, I played soccer between the ages of 14 and 18, and I was on ibuprofen all the time, or naproxen or fielding or collecting or whatever drug is in the NAD.

Yeah, NSAIDs. Group. And since so the treatment in 2017, the article came out 2018, I read it and it turned my entire world around. I stopped using injectable testosterone.

What did I do? Started fixing the problem. How do you fix the problem? Selenium and either E Clomid or Kamath and citrate. Yes, I'm a huge fan of and one was a huge fan of it.

I think I think that's promising. I start using Clomid, then I switched over from Clover because again, I came back, you know, I used to be one of those guys doing the stuff.

I have a whole history of being Mr. USA in bodybuilding. So I was back in the day. So I started using it and often I'd say probably in 2016 or 17 or something like that.

So I'm a little bit back, but I mean, I was on the Clomid aspect as well. And then I kind of, you know, started doing my research because I believe every physician needs to be a student of life.

And it's kind of unique because I see you're also coming out, which is going to kind of circle back to what you just said right there with, with basically a, an office, assistant.

So kind of an AI that's going to help kind of go through. And you just went through a so much biochem, organic, you know, all kinds of good stuff on it.

How many people do you think? And then the way you structured it was, I mean, for the for the doctors who actually understand what you just said. I think it's fascinating how you, you, you put those two together with your AI system.

Is, is that what you're kind of aiming to do is kind of giving an empowering physicians to look past just, you know, HCG and found this, that the other but look at the actual problem itself, or is it more about just diagnosing, saying, listen, you know, you check testosterone free testosterone this you need IGF, you need, you know, the different thyroid health all kind of stuff.

What does that system about? Because I find it fascinating. Yeah. The Millennium Office laboratory assistant, we just call it mod A. What it is, is an artificial intelligence program.

It took me nine years to write. I got my certification from MIT in artificial intelligence and health care in 22nd March and then September, after the professors and my colleagues in the class, you know, looked at it and played with it and said, this is great.

They couldn't find anything wrong. That's why I took the class to make sure it works. Oh, yeah. What happened was I released in September and we have 127 facilities in 14 countries.

We just added Thailand, Philippines, Australia, New Zealand to the list. And what the software does and the reason for developing it was when I came out with my TBI book in 2015, TBI and Clinical Approach, Diagnosis and Treatment.

It had a chapter on how to run labs, but I got a lot of complaints. Damn, that's too much. How do I know how to use it? How do I know how to interpret it?

So I had already started notes back in 2010. The the the book came out in 215, so I started consolidating it into a software package. And what it does is it analyzes in a multi-tiered matrix which is four times ten to the 13 power.

Military Hormone Dysfunction and Head Trauma

So if you take 28 to 20 eighth power, that's where you get that number. So what the software does is it analyzes every hormone against itself and the next.

So growth hormone against IGF one, growth hormone against IGF one and binding protein three, growth hormone against DHEA, girl time against testosterone thyroid and so forth.

And so and then and then the next one IGF one against binding protein three then against. So it's a cross correlational matrix. And it gives you a level of incredible answers.

And a 12 page report. It gives educational cues for the doctor because this is to help the doctors to embellish their skills. It's not about just selling a software.

It's about helping our colleagues get better at the skill that they're professing to know exactly. Now. Very. You and I both know that there are a lot of people out there not to disparage anyone, but there are a lot of people out there who barely know what they're doing.

They say testosterone is elevated. That's it. But why is it elevated or why is it low? Or why is this happening? My question is always why exactly? And I think that's the biggest thing that we like.

We've we as physicians have lost throughout. The thing is what makes it better or worse. How is your sleep? I mean, the basic stuff that I think we need to ask where, you know, I tell everybody we will with access.

And again, it's nice. I do a lot of their talks and everything, and they want me to kind of construct the world's most in-depth blood test, I guess you would say.

So we have patients fly in from all over the world and do this for testing heavy metals, natural killer cells, all this kind of stuff. And it just kind of unique, you know, you'll sit there and like, a physician will call me up from Cornell and be like, why did you do this for my patient?

Because I have the types of patients I have have armies of doctors with them. And it was funny. I think I did an article for Forbes or Playboy that was entitled The Most Hated Doctor Among Doctors, and I kind of wear that these days are the badge of honor, because when you're empowering not only the physicians but other physicians, that kind of question doctors who have just sat there and said, oh, your cholesterol is high, let's go on this and this and this, or you have diabetes.

Just take this as opposed to what are you eating? Should we be treating cholesterol as a high sugar cause in the issue? So I mean, you're what you're doing with this.

It's testing again off camera. I we have something similar going on. So I'd love to chat with you about it. Okay. I think it's fascinating because, you know, I think that's what's needed not only to hold doctors accountable to, to talk to what they perceive, you know, but also even empower patients to ask the right questions, which is probably what every doctor dreads.

You know what I mean? Like, you want an informed patient is either a very good patient or a pain in the ass. But I think this day and age, with so much information being available, I, my first podcast I did was actually called I the good, the bad and the ugly because there's some great stuff with it, and there's also some terrifying things about medicine and I but I think with this, with this whole aspect of how you're, you're basically interconnecting the hormones themselves is very unique.

And I think it's going to take a lot of people to school, which is awesome about that. So kudos. I'm very excited. That, you know, the whole purpose of, well, another layer to the purpose of the software is to help get our colleagues to be very accurate.

You know, the panel, the access panel, I know the LCMs and some of their other technology, whether or not it's chemo, luminescence or Eliza testing. But, you know, really what it does is it gives the a skill set to a doctor so they can do much better at outcomes and efficacy about efficacy.

We also some point in my military having guys who were given labels a multiple sclerosis, PTSD, Parkinson's, Alzheimer, we reversed it all by correcting the inflammation and by correcting the hormonal deficiency.

You know, because a lot of times the perception or the understanding of hormones is that it's a sex hormone. Well, it turns out they modulate all our inflammatory immune system for sure.

So you are hormones. You're nothing but a collaboration of your hormones. Everything else is just structure. You know what I mean? What what are your thoughts on things like neurotransmitter testing, testing dopamine for the urine, testing that kind of stuff?

You're not a fan. No, I use a surrogate marker. Okay. So. All right, why do I have to test dopamine when the direct relationship is prolactin true? No. Very true. Okay.

What about things like glutamate and gab? Are you would you be testing more of the things like tyrosine and and. What regulation are. Yeah. There you go. So you're you're the actual precursor.

This is what you're like a precursor. What regulates it. Well I feel like this is a big. One I mean the diol progesterone alo pregnancy long. So if you're not generating it let me give you an example.

I just got finished with two veterans. And one of them was first time in some first laboratory. And I asked him, so how many hours are you in bed? He says, ten hours.

I said, oh, that's a long time. How many hours of that do you think you sleep? Said, 5 to 6. I said, when you wake up in the morning, do you feel good, bad, good, fair or poor?

He says, poor. I said, what does that mean? Takes me a while to get up and running and moving. My brain is going. I'm looking at his needle on progesterone levels and they're low because they're low.

You cannot generate Gaba because they're low. You have higher anxiety. And also something called proxy nitrite, which is a nasty nasty R and reactive nitrogen species that destroys enzymes in the brain that increase your risk for Parkinson's.

This is all connected, okay. But the majority of people aren't aware. My job is not to say you're a bad doctor. My goal is okay, here's the knowledge that I spent 44 years in medicine, 30 years in this field, 819 years with the military, developing, testing and have the results.

So it's really of one that I want to play it forward.

Ibuprofen, Hypogonadism, and Recovery

I want to offer it to them and any of our access doctors who are on this who want to play with the software package, the Millennium Office Assistant, they can go to my website and they will be gifted with a month to three months of free use of the software so they can see what it is.

So they go to Millennium App, Millennium App API and they'll see a little box up there. It says enroll. You click it, it shows you free says one month.

But if they're with access and so forth, we can talk on the phone and get them a extension on it. Some of the docs contact me and I'll make time 15 minutes to go over and give them a quick, quick run through the program, walk through.

And I know it's very simple. All the software I've built since I was 18 now 72, is all about great man. Use your user interface. Okay, okay. User interface.

How easy. So I've got three daughters. Two are docs. One of them is not a doctor. I gave her the software. She comes back in five minutes. She says pop, that's a cool program.

I didn't have to walk you through it because it's intuitive. I love the common sense based, straightforward. I love that. Straightforward. So so so so there's a system also suggest protocols or is it just simply making connections?

Oh it does and I do the protocols involve hormones peptides, nutrients IVs I know what all. No no IDs. That's where the doctor puts his spin into it. It didn't.

It includes key nutrition. It ceuticals key nutraceuticals. It includes Clomid. It includes a growth hormone secrete a gag called second to open or Dyna open.

There's the most cost effective and they have 24 years of clinical application. Fantastic okay I love that. And hormones testosterone, thyroid is all incorporated into that.

One of the things that happen we have a psychiatrist in Punta Gorda, Florida okay, new West coast, and we have got a center in Hawaii, Jason Kiefer and Doctor DeMaio in Florida.

And independently, she calls me, she says the laboratory results suggested this patient had a pituitary adenoma. I said, so what did you do? It told me to do an MRI with contrast.

I did it, so what happened? I found a tumor in Jason. Same thing. The software looks for unique patterns that most stocks may not know about. And it's not just growth hormone prolactin, it's thyroid gonadotropin releasing hormone no age LH and it tells you and it says suggestions.

Also in our military a lot of them had very high. They weren't on any hormones taking no supplements. Their DHEA level was twice normal and their testosterone level was very low.

First quarter. What caused it? He's a military guys. What are they doing? They had Fort Bragg. They're doing close quarter combat. They're doing, you know, urban combat training.

And they're. Both. Say again. Sleep deprivation and all kinds of craziness. They're exposed to their own plumage from all the rounds. Mercuric chloride in the primer.

That was my question coming up. Coming out. So what does it do. It blocks three beta and 17 alpha hydroxylase is steroid hormones right. So it blocks the enzymes that converts the DHEA to testosterone from two levels.

So what happens is DHEA and the system will tell you, hey, the pattern suggests heavy metal toxicity. Go run a test for mercury lead and whatever I love that.

That's fantastic. I was gonna ask you about heavy metals, like hidden pathogens, like chronic EBV line, things like that. No. That's so that's that's great.

That's super great that your system kind of sit there and do that. And it's very interesting. And it's been every six months it's being updated. I'm adding to it. Now the ibuprofen.

So that if they used ibuprofen it will block for a long period of time. How long is long? I haven't the foggiest, but it will block the ability of your body to respond to luteinizing hormone.

So you can't make testosterone. So the doctor who is unaware of this relationship will go ahead and start treating with injectable testosterone. We don't use any.

Yeah. No. Good. Fantastic. Really? You're correcting the problem. You know what I mean? Like you're swimming upstream. Not no no no no, not mandated free hemorrhages.

We're not worsening digging a deeper hole. And that's what I find. I mean, I've got young guys who are burnt out, their doctors burnt out, the stars from their infertile, and they can't make testosterone.

Jeez, Louise. My God. And we're seeing a much higher prevalence of that. Whether it's the stress, whether it's everything else that's going on in this world.

I have a clinic now in Bahrain, and it's unique. So I go out there every day, I open it. What's that? Bahrain. Bahrain? Yes. I'm trying to get all my assets down. Meds?

Yes. You need both. Great. Bahrain. And it's it's unique to sit there and see because you go out there and nobody's really doing this, out there right now.

So I brought this gigantic lab test, and it was it was a battle with the actual lab company. Like, why are you testing FSH and LH and men and all this kind of stuff?

And it was really neat to see the amount, the prevalence of high prolactin and that, I mean, literally it's probably coming back, I'd say 90%. And I'm talking men and women who have high prolactin over there.

And I mean, I don't I in Miami will you will see that every now and then off the clip. But when you have 90% of somebody come back in a population like that, it was a complete zinc deficiency and a complete magnesium deficiency over there.

Everybody has those three markers going on.

Building the Millennium Office Assistant

So I just think it's fascinating now that, you know, not not only with like systems such as yours, the AI that can go through and make these unique associations.

Now, you can sit there and start looking at, you know, parts of the world that you said you're in. How many different countries with this now? 7 to 14 plus five to add 19 or in 14?

Obviously it's fascinating now. So I'm kind of curious to see now, do do you see any trends going on with that or. No, I mean is it anything different.

Is it across the board the same? No. What I do in Southeast Asia, Asia is I train other doctors and we set up medical centers. My partner for the past 18 years, Singaporean, lives in Thailand.

He was my boss at. He was my chairman, the division head CEO of the Wellness center that built for one of the largest hospital networks in Southeast Asia from 2010 until 2013. So.

Okay. Yeah. So I don't get involved. I mean, 147 clinics, I only own one mine. I don't want to have anything to do with anybody else. So you're also saying you're a good businessman too?

Not just a great doctor, I love that. I don't know about that. But, you know, we want to use our products. Fine. Use the products. They want to access the license for the software, go for it.

You know, and contract with, with Australia. Be very good because it'll fund me enough money to add more veterans into our program where I'm self-funded.

No one gives me anything. I work to generate the funds, you know, to move things forward, which is amazing. And then absolutely. I know you saw the movie Quiet Explosions.

The documentary that was done on our work. No I haven't no, no, no. It's not about me. It was my partner Andrew Marr and Adam Marr. Adam Marr was the Apache helicopter pilot, Andrew Green, beret, EOD, explosive ordnance and demolition.

He was blown up in his fourth tour of duty, not a scratch on his body. Six months later, he's on 13 medication, full blown alcoholic and suicidal man.

He came to California, did Pepperdine, got his MBA, and now he's in law school in Texas. Oh come on, what a story that is. Yeah. And I've got a lot of guys who are physician assistant nurse practitioners, major business owners.

I mean, I took care of some interesting people, but fascinating. Yeah. And it's all about the hormones. No, I get it. I said you are your hormone. You know, I mean, like.

So how did you get started with, with the military? Did you serve or is that just something that that that is played on your heart hard core there. And from 1995 until 2007, I was working with NFL players.

I did two years spent outside line boxers, hockey, whatever, with head trauma. And in 2007, I went back to him and I said, look, guys, I've been reading a lot about the suicides in our military.

I want to open up a separate division for our veterans. Not a single one of those guys helped to donate money. So I said basically goodbye politely. It's goodbye as a new Yorker. You know what I said?

Yeah, well. Yeah, I can only imagine. So it took me from 2007 to 2009 to generate enough reserve funds. So I had articles out there inviting any branch to come in.

We pay 100% of their services. So that's what we did. 2009 and then Andrew Marr came on board 2015, and I started getting some of my patients were donating to his 500 and 13C tour.

The organization, one patient, 380,000. A guy that I podcast with a lot. He donated a good amount of money and it helped to allow us to pay 100% for these guys until he and I went bankrupt in 2017, 18.

And then so now we I paid for 60% of their entrance into the program and a year program. If they paid for it 100%, it was like $5,000. And it's not a life.

It's not a lifelong thing. Yeah. It's I've got guys three months in and out, six months in and outs. I just finished with a 48 year old major out of Fort Hood in Austin, Texas.

He was on eight medications, not doing well. Eight, six months later, he saw falls medication. He's helping us to get a bill passed in Austin, Texas and Texas.

That's why I have a house there. And, I'm in Austin and Houston. I have a house, but I go to Austin a lot to meet with with the representatives last week.

I was there talking with one of the representatives who I hope she will, you know, help us. Yeah. So it really is. I mean, it's good to see, like, when, you know, physicians who specialize in a field such as you do.

I mean, you're obviously considered a pioneer and, neuroendocrine ology that can sit there and kind of not only sit there and profit from it, but more importantly, kind of change a narrative kind of change the way the industry is growing, which I think is fascinating.

I think with everything going on right now, the amount of depression, the amount of issues with neurodegeneration getting earlier and earlier and earlier and nobody really knowing why, that's probably the most prevalent field out there right now, I would say even more so than, you know, immune systems and everything like that.

Yeah. Well, what I'm working on right now, a couple of articles that focus in on neurodegenerative diseases because we've been able to reverse multiple sclerosis.

The patient did the video, I did he did the video. And he's talking about how in 90, 104 days, he went from having problems with multiple sclerosis, no medication to being in remission.

He's been in full remission since November 2023.

Using AI to Improve Diagnostic Accuracy

We've got Parkinson's, Alzheimer's, we've got some PSP, the progressive super nuclear palsy, CTE. CTE is very similar to PSP, but they won't acknowledge it.

And it's because we address the inflammation and we address the hormonal deficiency caused by the inflammation. In 2013, they found the entire mechanism.

2013 inflammation shuts off astrocytes communicating with the hypothalamus. So you can't generate gonadotropin releasing hormone to turn on luteinizing hormone or follicle stimulating hormone.

So it's in the literature. And what we do is I do translational medicine. I read a ton of stuff that's a medical term. So the the the reading is incredible.

The amount of stuff that I read, it starts forming pictures and being on all the stuff for brain function, you know, nutraceuticals, good hormones, NSCLC, max, some other things that seem like a great.

So hold on. I'm curious, being the being the neuro guru, what do you take personally if you, if you don't mind me asking for, for, for for brain health and and and just keep your brain as healthy as possible.

What nutraceuticals. What hormones would you suggest? Well, I take pregnant a lot. Yep. DHEA, Nad+, Nad+, injectable or okay, no, don't need injectable.

You need the doing daubing technology. Okay. My the field that I'm in is with the products. We develop our nano liposomal. And I like. You get a lot of all our products are nano liposomal.

Let's see what else. Multi nutrient multivitamin with mineral in it plus seven different magnesium and acyl cysteine NAC for for ten glutathione copper.

Let's see zinc. And it's very few products because we put them all together. All in one one day. Yeah that's not all one. But we put what we can together for optimizing absorption.

Let's see. Clomid I take 50mg of Clomid every third night okay. And get a good response there. So you should do it 50mg every third night, correct? Okay, all my stuff is on my website.

We did the three year veterans study on Clomid in 2014 1314. The DoD sort of like blocked testosterone in their active people, in their veterans as well, because they were afraid it was causing them to be hyper, causing them to be aggressive, causing them to be.

It's the deficiency that does worse than. Yeah, exactly. I was just going to say I. Mean, yeah. So so what we did was three year study, 2000, 14, 15 and 16, 2014.

There is my first review of the results was in January 2015. I had already been on injectable testosterone for 17 years, 60mg of a blended testosterone we developed in 22,001, 60mg every Sunday for 17 years that suppress your LA passage lowers it, but doesn't suppress it.

And I stopped that and went on to Clomid because the results were just unbelievable. Oh, fantastic. So what we did

was we found what the lowest dose and the lowest cycling was.

So we have people who are taking it 25 or 50mg every 72 hours at nighttime or 12.5 of common or 25 the economy. But it's the pulsing of it. Why do you pulse it if you give it two frequently to close together?

It suppresses the luteinizing hormone receptors. You suppress it just like every other receptor ligand system in our body, hormone receptor ligand, that will be a shut down.

And that happens a lot in growth form. That's why using things like Summerall in test morale and morale, and they're prone to a homologous downregulation, which is a system that occurs because giving too much, too long will shut off the receptors.

So you have to raise the dosing. Well, the problem with those drugs, those growth hormone secreted bugs, is the fact that there are single channel secrets.

Open and DiNozzo open have five channels more. You get it from five channels from the synthetic receptor, the jerilyn to the dropping of the arcuate nucleus and release of of or ventricular nucleus, release of somatostatin, arginine.

Very good for doing that. You can just throw in, you know, 3 to 5g of arginine every night. You get good erection and you increase growth hormone. And sign me up for double.

I mean. I you you double header on that and it also drops blood pressure. Through. No good. Yeah. Arginine is one of my favorites. You know I mean it really is. And again the whole nutraceutical aspect.

But unfortunately in medical school I don't know if it's the same with you. I mean medical school doesn't really harp on nutrition hardly at all. I think I got 30 minutes of it in my entire time.

So I actually had to go while I was in medical school. Go and get my actual sports nutritionist. Agree? Yeah. Just to sit there and be able to justify understanding and prescribe nutraceuticals, which I think every physician, that's probably the most important thing you can get.

I don't care where you're getting credential from. Get a nutritionist. Agree. You know, I. Mean, I did I did Jim Bell, you know, Jim Bell on Florida doctor Jim Bell.

Oh yeah yeah. Yeah yeah yeah I know him personally. I did his class in nutrition and sports. Oh fantastic. I did Cleveland Clinic with chiropractic for because the chiropractors had it down.

They had you right for. Doctor and man. Yeah I like chiropractic medicine. Let's see 35 years dealing with chiropractic medicine. And I ended up doing Cleveland Clinic for just their nutritional course.

That's awesome. That really is. My father was actually a chiropractor. So I mean, I'm a big believer in it, you know what I mean?

Hormones, Neurodegeneration, and Brain Health

So yeah, it was super cool. But yeah. No, I think like what you're talking about, I think every physician needs to kind of, you know, graphs to and actually gravitate towards because a lot of physicians don't get excited when you talk about the actual biochem of it, you know, I mean, like, everything is such a, an immediate gratification, like, oh, come on.

And does this, do this? And just like, why does it do that? What is it acting on where? And I think once you stop thinking literally and you start thinking about multifactorial, I think that that's where I think a doctor becomes a physician.

Very quickly. And again, with the whole, you know, 20 points system, I think that's fascinating. What are the for a calculated, markers that, that are found in that.

Yeah. We developed in 2005 a mathematical model called the A. The epi ratio is just one ratio. We do estradiol estrogen and progesterone. And then the relationship between these can tell us whether or not the woman has estrogen dominance or not.

So when we have a woman who is having premenstrual syndrome or postmenopausal, what is it the premenstrual syndrome. It's usually estrogen dominance. So this gives a mathematical number over the past 2005 to 2020, before we released it, it was 20 years doing the crunching of numbers to see the model.

And it turned out it's for 250 or less. You probably didn't have it, but when you're higher, a thousand, 2000, 7000. I had a woman, 7000 who was bouncing off the walls, emotionally volatile.

And then my niece, my 18 year old niece, had migraines. She was estrogen dominance, which causes migraines. So we progesterone gone fixed it. Oh, we treat that.

So epi ratio is calculated by this system. Testosterone. You will call it bioavailable. We use what's called a 2% rule. So 2% of total testosterone should be the bottom of your free testosterone.

So if you have 853 853 of total testosterone, 17.06 should be your free to start from. But if the free testosterone is less than that, you got to look for where it's going.

And the most common places it goes to is sex hormone binding globulin, conversion to estradiol, DHT, and so forth and so on. And this whole thing about sex hormone binding globulin, if you just learn the biochemistry of why sex hormone binding globin goes up, it's under the direction of DHT, mostly in estradiol secondarily.

So you don't chase after sex hormone binding grabbing. You drop the DHT. DHT. Exactly. No, it's just straightforward. I mean. Like, why do you, they want to use our ultimate, what is it?

Aldosterone. They want to use aldosterone. Yeah, it's the cause. Not, you know, it's like, you know, all the docs want to do, you know, treat the psychiatric aspect to head trauma with anti-depressants.

And we think, why don't you go fix the problem? That stuff nitrite destroy serotonin and melatonin. An increase in something called kind of chronic acid in the brain, which according to studies out of Japan.

Doctor, Nikki mora, he found that the higher the level of this kind of rennick acid, the more you are depressed. Serotonin 2017 1819. What did they find in England?

That there was no direct correlation with serotonin in depression. They had people with high levels of serotonin who were depressed. They had people with low levels of serotonin who were normal.

So they said it's all up, but so what is it? It's the fact that proxy nitrite blocks El tryptophan going to serotonin going to melatonin. And it backs up El tryptophan becomes kind of runic acid.

I love it, man. So I work at a molecular level I. Do that I, I love nerding out on this stuff too. So it's good. It's good right about that. I write a lot of nerd stuff now.

I'm rewriting things in like Scientific American language so that people can read it because I'm reading it and say, damn, this is just too deep. Yeah. You're too tired, too far down the rabbit hole.

People are reading a lot of it. The hard core people like the guy I'm meeting within a couple minutes who, who coined the term operator syndrome. Okay, I. Go.

Oh, that's why I'm meeting in ten minutes. Ten minutes. Okay, well, very cool, very cool. I'm going to give you some

time. So I was like to ask everybody two questions.

Okay. It's a two part question. So number one, so for all the physicians or health care practitioners who are listening to this podcast, what would you say is the number one thing that they should take away from it from a health care business slash, efficacy for your patients type view?

Well, the most simplistic thing is do the right thing for the patient, okay. That's number one. But to parallel that, take advantage of what I'm offering you is to you can get access to the to the MOA and use it for free to see if it's something that makes sense to you.

Also, the software was originally written just for Access Laboratories because access has a quality of testing that quest doesn't have that. LabCorp doesn't have that.

A lot of the labs that I've interacted with do not have. So take advantage of it. Just go to Emily's nice, ape app that I just Google it and you'll find it.

That's doable for this, I love that. What's number two? Number two is so there are a lot of people who are not health care practitioners or people in the on the industry who are going to be watching this as well.

What would you give? Well, what's the best advice you can give to a patient who's out there looking to get into this industry, who's coming from a broken traditional medicine type setup?

What what would be the most important thing when it comes to selecting your doctor, as well as selecting your your direction of care in this now budding wellness industry?

Yeah, you've got to learn what it is that you need. And the only way to do that is to read and say, okay, do I need to start from do I need growth hormone, do I need DHEA, do I need pregnant alone?

And then find a doctor. Find out if they'll give you a 15 minute consult on the phone and you ask question. What's your feeling about the use of pregnant alone?

I don't know, I don't use it at next. What's the. Swipe left? Swipe left when when you replace testosterone in a male who's 50 years of age, what is the usual dose?

Yeah. And how often to the milligrams. And how old you are at 100.

Practical Advice for Doctors and Patients

As I said, a healthy 25 to 35 year old male makes 28 to 70mg a day a week, a week around. I think we max out a in a rare case, at about 100, but the majority of our patients in a week are getting 40mg twice a week.

It's an every 72 hour. Why? Because if you understand the bio kinetics of hormones, you know that testosterone sippy eight is 36 hours for Nate and amp eight is 48 and propionate is two hours.

So why did we develop in 2001 a blended testosterone, which has appropriate incipient aid in it because you want it to get into the system so you feel good?

What does it also do? It means the amount you use is far less than the slower, you know, they try to compensate. Well, if I give you 40mg of testosterone skipping eight, it's going to take 36 hours for it to dissociate from its custard to start getting into your brain.

Everybody thinks it's what it does in the muscle. It isn't. It's what it does in the brain, the brain, DHT in the muscle, DHEA in the muscle by increasing the Glueck for receptors so you get sugar in it and build better glycogen, but it's in the brain that gives you, I mean, the grandmother, the 73 year old grandmother who picks the car off of her grandson.

How is she able to do it? The chemistry of her brain allowed her muscles stress factors to be zeroed, so you don't get the stretch that causes you to shut down.

It's a feedback gamma FC feedback. Exactly. Yeah. That's fascinating. Yeah. I mean. Anyway, so the same thing in the mind, testosterone allows you to lift better because you're not having that reflex to tell you to stop lifting.

Now that's great. They did that. The whole mind body emotion aspect, which I think is the most important thing in medicine, you know, we are a collaboration of our weakest link.

And I think that's the cliche is that is it's true. You know what I mean. Yes, I like that clean. Yeah. Yeah man. Heck yeah. Me too. So, doc, what you're going to do is you're going to go to the website and you're going to sign up for the free email.

Right. Why do we get down here, I promise. And again, I there's a couple of things I chat with me about. And then what will happen is I'll find time and we'll connect and I'll walk you through it to accelerate you.

You're already using access. You don't have to use all all 24 markers because I spent a year rewrote it so that it is in the beginning. You have to use all 28 or all 24.

I rewrote it so you can use one test and it'll give you a report. Okay. So yeah, doing. It's a 12 page report that includes a predictive treatment protocol.

What a predictive treatment protocol. If you're low in T3 what do you do. Well you obviously figure out why you're low in T3 I think is the most important.

You don't I mean. Don't you love it? They did. Even form of it is you replace it. If you're low in DHEA, what do you do? You treat it and tells you how much to give.

Based upon an analysis of a multitude of points, a lot of what might be 15mg, 25mg, 50mg. Okay, pregnant alone, it'll look at progesterone, alone, it'll look at the pregnancy on Steele syndrome.

Okay, I don't know for sure. I got attacked by traditional docs who didn't believe in pregnancy steel syndrome until. I was there. Basis. What's the. Logo?

What was their basis? Why? Why do they attack you? Ignorance okay. The I a lot of that in traditional medicine. Yes okay. So you know my goal is to try and provide to anyone who asks help so that they can step up to the next level.

It's not to say that what they're doing right now is not good enough, but I'm saying that in this, in the patient population, you're going to find that you're going to need to do that level of intervention and assessment in order to be the very best.

What we do is on an annual basis, we do an assessment every month. We do assessment of our patients with something called an MP Q monthly program questionnaire.

And at the end of the year, we take it all together. We have it statistically analyzed, not manipulated, analyzed. And when I went to talk to so com, which is a command for the military Special Operations Command, we're at 78.3%.

Of the people are 50 to 100% better in 12 months. Wow. That's a hell of a stat. It's very good. And, you know, in my dialogs with Walter Reed and Georgetown University, one of the one of the top guys was following us for two years.

And he said you got better outcomes in the military, but he can't help me. I said, so we're figuring you. 48 man red tape, you know what I mean? I got it.

So I'm not depending on relying on anyone other than our community of back to doctors and the connections I, you

know, have with military podcast, with Rogan, with Montel Williams, with, boxers and so forth, and just trying to do the very best so they so they can live a really high quality life.

I got that many. You definitely have a friend in Miami Beach. I definitely looking forward to following up with you. I am going to sign up immediately after this.

And again I just want to say thank you so much, man. This has been such an educational one, not only for the listeners, but for me as well. So to impress me is a hard thing to do, sir.

And you definitely did that today. So thank you. Awesome, man. Awesome. Thank you so much man. It was awesome. Thank you. So have a good one. Thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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