Ep 590: Brain Health, AI & Wearables: Microhabits That Rewire Your Biology with Thoryn Stephens Transcript

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Introduction to Thorin Stevens

Hey, health junkies. On this episode of the Health Fix Podcast, I'm interviewing Thorin Stevens. He's a leading expert in neurotechnology, longevity, and analytics, specializing in data architecture, consumer insights, behavioral analytics and systems optimization.

he is the founder of Brain Dot One, a pioneering brain fitness platform featuring the world's most extensive collection of brain health, micro habits and protocols.

Thorne holds a degree in biotechnology with a focus on molecular and cell biology and has authored multiple scientific publications contributing to research and development in cardiovascular as well as infectious disease therapeutics.

So Thorin and I talk a ton in this podcast about micro habits. And one of the best ways that I can see AI helping us to improve our health is to really nail down on what we need to get to a certain outcome.

It can help automate us and ask us what things do we. And so Thorin and I talk all about that in this podcast. So if you've ever wondered how can I use AI to help me or how I improve on the little habits that Add up to make a big impact on what I'm going for with my health.

This is the podcast for you. So let's introduce you to Thorin Stevens. Welcome to the health fix podcast where health junkies get their weekly fix of tips, tools and techniques to have limitless energy, sharp minds and fit physiques for life.

Thorin Stevens, welcome to the Health Fix Podcast. Janine, thank you so much for having me. I am excited to be here. Well, since I saw what you are up to, of course, as we said before we hit record, like, oh my goodness, if we can help people with the stuff that happens in their head when it comes to adapting new behaviors, I'm all for it.

So of, course I guess there's a little bit of backstory here in terms of why you were like I need to do this. So give us a little of your backstory. What inspired you to come to AI and use AI in this particular manner of helping folks with their behaviors?

Yeah. Awesome. Great. Thank you. That's a wonderful question. So first off, my background's in molecular and cell biology. I began my career in biotech as a bench scientist.

We were the generation that really sequenced the human genome, and it was under the hypothesis that we could help really solve human disease. But what we found out, it wasn't just about your genetic blueprint.

It's also about gene expression, epigenetics, your proteome, everything in between. And that was really my foray, though, into drug development and really using analytics at scale.

From Biotech to Data-Driven Health Optimization

I then transitioned into a career as a data scientist, so building digital systems of measurement for large brands, really focused in on optimization of different what we call journeys or pathways and so forth.

In parallel, I'm also an Ironman distance triathlete, and so I have been using data to optimize my biology for really decades now. Normally I had multiple wearables on, but the idea of again using a wearable to, you know, attenuate your lactic threshold or ultimately change your biology such that you can race longer or harder, with more power

and things like that.

And so brain one is really a culmination of a lot of those years of research, both in biotechnology and biology, molecular biology as well as data science using data sets at scale to help predict human behavior and then ultimately optimize it if they are looking to do a particular thing.

So that's some of the background. Nice, nice. So it's kind of like getting into your brain in the areas that sometimes you can't necessarily tap into in that subconscious area or may take years to kind to learn what to tap in.

Yeah, it certainly could be. On one side of the model, we have all the inputs into who the human is, why they are, those pieces. But the hardest part is the change.

You know, it's actually not the technology. It's not data. Its quite literally getting the human to do the thing and that's one thing per day. Um, you know it can be very challenging.

So we have been really working on that model. What does that look like to help again using cognitive behavioral therapy as an example, CBT type of frameworks of cues and rewards and so forth.

To not just get a human do their thing but to understand why and actually want to it and see the value in those pieces. It's kind of like gamifying it at another level.

It can be. Yeah, but ideally not like kind a sleazy gamification. You know, you see when you're going to, whatever it might be, to use like a loyalty program.

But yeah, definitely some similar principles. I didn't even think about loyalty programs and all of that, but yeah, I guess, that makes sense. So now you have some background in cardiovascular research as well.

Now with the Ironman training and the cardiovascular, research, always going to geek out on like HRV and those kinds of things. Did you do some work there and does that play into a little, does it overlap with brain one and anything you brought to that?

Yeah, yeah, absolutely. So really what changed for me, I was very much an athletic human in my younger ages, but more in the skiing, snowboarding side.

I went to school here in Colorado. And then in 20s I began running. And I never was really a runner, but my mother one day was like, let's go do a Susan Jacobin 10K.

And that was the impetus that drove me into half marathons and marathtons, and then she got into Ironmans and she actually got me in Ironman's. But the concept of, again, optimizing your biology.

So when you're racing a long distance, like Iron Man's, you are constantly optimizing, your hydration, electrolytes, proteins, everything really in this kind of Multifaceted multivariable equation and if you get any one of those variables off, you're not going to finish the race.

And so it was through that experience. I began to use a structured framework. What we call health health protocol essentially, but it's really just a routine.

And you're optimizing each of those dimensions essentially simultaneously. And ideally, you know, having a baseline and getting stronger and faster and, and really seeing that progress over time.

So that was the initial impetus for when one really came out of that type of training where again, a training plan of micro habits, as well as nutrition, supplementation, and then, you know, putting it into practice.

And then layering in data on top of that was game changing, because then you could see relative and back then it was the big chunky garments, they were like these massive, massive things on your wrist.

The metrics were also, pretty limited back, then and now you can get HRV out of nearly any wearable on the market. We just did some really cool testing with some facial scanning that gave HRV that was within 5% of my core wearables.

So you don't even need a device now, by the way, you know, that's some of the testing that we're doing at BrainOne. If you do not have a wear able, then you can get HRB essentially directly out of your phone.

Really, really, cool stuff in the pipeline there as well. Wow. You know, that leads me to thinking of a couple of different things, just because I've done all the wearables, the garment.

I laughed because, I'm like, remember being on marathons thinking like my arm feels so heavy, you know? To those last mile 19 plus, and you're like everything, but also thinking about just, we're in a world of EMFs, right?

And the more wearable we have in our body, then I think that we probably need some breaks. So being able to get data without having it on. 100%. And yeah, I couldn't agree more.

I try to limit, you know, as much EMF as I can. That said I ran into some friends the other day and they're like, Thorn, are you okay? I was like yeah I'm great.

What's going on? And they were like you're wearing two watches. And I literally had my Apple watch and a Garmin because we were doing a time series and comparing the variance between HRV.

Microhabits, Behavior Change, and BrainOne's Origin

So when I sleep, generally sleep with an aura and with the aura ring, it's the least invasive relative to EMT and then you can actually turn Bluetooth off.

So very, very limited there. I do think sleep trackers are very helpful for most humans. Of course, there's the whoop, which is just a band. You know, that's another good one.

But generally, I sleep with Aura and then I train with Garmin. It's kind of my working method. And I'm utilizing both so you don't have to sleep for the big bulky watch or whatever.

Yeah. Yeah, I found that I was like ripping my whoop off in the middle of the night. Like subconsciously, like, locked me. So strange. But then the aura, yeah, it would keep the or on.

It's interesting. I know that a lot of people are into optimizing and really getting the data. And it can be a journey to figure out like what works best.

Yeah, actually we're working on a white paper right now I can share with you and your listeners and we are actually looking at HRV across the different wearables and then actually look at new modalities like I mentioned face and voice.

So voice is a biometric signal that is an indication of both of HRB as an example and some of the preliminary research looks really interesting there.

So again, if you don't have a wearable at all, you could just do a quick voice note and then that would transcribe your voice into, essentially, a understanding of stress as an example or HRB as a correlation.

So fascinating to think about the hurts that are coming out of us and how we can read that. But I've seen different tools in the alternative medicine space where you speak and now we could also tell all the different things in balanced in-the-body in terms of the channels in one.

Right now. Yeah, we actually have it in brain one. We're testing a system as we speak. And they get very specific, you know, and I don't know. Anyway, where we're still evaluating and we have seen high and medium correlations

between boys and HRV.

So that looks good. When it gets down to like mineral deficiencies or bacteria, I get a little bit woo-woo. But, you know, the data at some point, I think, will get there.

Yeah, so it's interesting. And also to have those non-invasive, essentially, outcome measures, it ultimately will go more mainstream, and so more people can get data that can hopefully help their health.

Absolutely. Absolutely in it. You know, I think people are really starting to wake up to, you know. Yeah. In terms of data and in terms. Interpretation, helping them out, kind of the different ways to move the needle forward.

So let's talk a little bit about brain one. Let's. Talk a. Little bit. About all of. The capabilities and, and you have the ability to share some stuff with us for those of you who are watching on YouTube.

Those of who you are listening, You get to come back. Check it out. So yeah, share with us a little bit more on brain wands. Let's kind of walk through it and however you want to guide that.

Great. Yeah, let's do it. Again, the impetus for this came while I was doing some pro bono work in the brain space. What I found is, again, we as humans are not really taught much about the brain and the nervous system.

And so, you know, from that perspective, where we really started was initially in brain optimization. What we did that was different was we would take a scientific paper and then run it through our AI.

Actually, let me just shift for one second and I will just show you this. So here's an example. You can see my screen. So, in this example, you have a paper such as the Lancet 2020. Let me just start there.

And if you've ever heard the hypothesis that dementia is preventable, it's generally based on this paper. And why is that so pronounced? Well, in this paper site, again, it's called The Lancet 2024. It's been republished now.

This is the third time. And they are essentially identifying modifiable risk factors. So these are things that you can likely change, modify, relative to a microhabit that could ultimately help prevent.

In this papers specifically, 30 to 40% of global dementia cases, there's about 55 million global that people could ultimately, you know, help prevent dementia.

And that's based on modifiable risk factors, just behaviors, things you can do every day. So what this paper does is it outlines what the different risk of factors are.

Then what we do is we put that into BrainOne as an editorial. Here's an example here. where we outline again these, in this case, 12 risk factors.

Wearables, HRV, and Non-Invasive Biometrics

And then what we do is we put it into a easily digestible, importable health plan, basically. A health routine, we call it a protocol, same thing. What it outlines are, again, these 12 modifiable essentially microhabits.

So what's a micro habit? Could be something as simple as making art once a week. And then over here, you have an outline of what that type of microhabit could be, the benefits, how to incorporate it, and so forth.

And you literally just do two clicks, then the protocol is available in the BrainOne dashboard. That's it. We're primarily B2B right now, so we've been focusing on large health networks and we're going to have a D2C offering in Q1, actually, of this next year.

But that's the concept is you can come and you download a protocol and share it with your parents and your parent could ultimately follow a structured framework to help prevent a predominant number of dementia cases.

And that is the concepts. So this is what an example of the dashboard looks like. You come in in the morning and got these different what we call micro habits that comprise the protocol.

And maybe if you don't know what one is, cut out caffeine, maybe you want some more information, you can click on it, and then you could have, again, this overview of what it is and why and all these pieces.

And then, add it to your protocol. You can change it once you do all the things for the day, so you essentially have your game plan there. education module that we're working on.

And this, again, has bite-sized, adjustable daily things relative to the microhabit or behavior change, ultimately. Why are you doing the thing, not just saying, hey, do the things, but ultimately this is the data around it.

And then those follow essentially a protocol over the period of 12 weeks. And for every week you have a different foundation, sleep, movement, nutrition, gut, brain.

We've really analyzed every longevity protocol, every health protocol ever published, and that's ultimately where we derive these different types of protocols and then ultimately the educational content.

Uh, any questions on that so far? Yeah. So I noticed you had had the Lancet and then, then you now just said that there was other things. I'm like, is this on one research article or multiple that I know I'll get that question.

Sure. And then. Then what about, you know, besides research are, do you have any, medical advisors, people that are bringing in data even from across like healthcare systems or whatever's been tracked anywhere else?

Yeah, absolutely. Yeah. We've got some really exciting partnerships that we're going to be announcing over these next few weeks with some large medical groups and universities.

So we, in this instance, this one protocol was based on that one paper. Just to answer your question directly. Now, we have ingested thousands and thousands of papers, and we're looking at actually ingesting millions, you know, quite literally.

So, the scale that we've built behind this, that's one of the ways we are using AI. We're trying to use it, intelligently as well as judiciously. we had a human in the loop that really approves everything.

But the health protocol could be based on a research paper in that example. It also could based a specific, you know, researcher's research, an influencer.

Really, it's up to the individual or the practitioner at the end of the day. We do, however, again, since we've indexed thousands and thousands of research papers, we have pulled them in and then we do have a series of, I'll just show you what the library looks like.

In our library, we have hundreds and hundreds of these protocols, TBI support, brain optimization, you know, that people can come and utilize essentially.

Another big area of focus is women's health. So in this example, PCOS, endometriosis, perimenopause, menopausal stuff is coming up on a daily basis. In that instance, may take multiple studies essentially and then amalgamate into one protocol.

Here's an example of one for PCOs. So it started in brain and now we're really seeing the applications across all aspects of human health and women's health is also topping that list.

Sure, sure. Yeah, I mean, it seems, you know, now that we are in the space of different protocols being run for our patients, and I've had people go to chat GPT and kind of take what I've given them and create protocols for themselves, which is cool.

And then ask me like, you know, does this sound legit? I think the biggest question a lot of people are going to have is like okay, with these kinds of programs, if your doctor is going use them, can the doctor input their own tidbits?

Is there going be variability to use anything customized within that?

How BrainOne Turns Research Into Protocols

So, yes, I mean, absolutely, that's what we're seeing in the market is that humans are set up with their normal doctor, you know, their primary care, and they are absolutely uploading all of their medical information into chat GPT.

Which is terrifying, actually, because, again, there's zero governance around privacy, you know, so that data ultimately, I mean, HIPAA doesn't even apply in that context when it's you uploading your medical data, your health data into an LLM.

goes out the window. So there's zero protection relative to governance and just privacy. And then, you know, also necessarily know if the data is really evidence-based.

I mean, and you think it is, but you don't necessarily. No. That's what we've done. It's a little bit different is again, it's not a perfect system, starting with the scientific papers, at least there is a basis.

You know where it coming from and then putting it into a digestible, easy trackable piece. But we're absolutely seeing that use case. I mean, right now, today, people are coming to BrainOne, and we have that ability now.

You can upload PDFs. And again, we are working on the privacy piece and putting that really to the forefront because it's fairly terrifying. But it also is an indication of humans not getting their needs met relative to nutrition, microhabits, looking at more personalized plans.

At the end of the day, the fact that we still have a food pyramid, All Americans get the same concentration of carbohydrates and it doesn't even break it down differently between men and women.

I mean, it's just absurd, ultimately. So this is the first step in a truly personalized healthcare protocol. You can download a protocol, you can use it today, and then you also have the AI updated on a weekly basis based on things like your adherence and your biometrics.

you could also share it with your doctor, then your doctors can make recommendations, Relative to, for any of these, high protein, like maybe they could come in the protocol and then actually add how much protocol, I'm sorry, how many protein you would be getting based on your weight and gender and all those things.

So a high degree of customization is built into the system. but to, you know, whatever degree the human is looking for. Some of them want to share it with their doctors, some of the, as you are aware, don't, they just are looking a quick, easy answer.

But it's definitely interesting times, and again, the whole LLM thing with the health data is fairly terrifying for that reason. It is. I mean, it's definitely I don't feel threatened whatsoever that that my job is in jeopardy just because of the way I work.

But at the same time, when people will bring over the stuff, I'm like, what did you know? OK, yes, this is a great idea. Let's let's talk about a couple of things that are on here that, you, know, based on your specific health condition that you didn't type into chat, GPT, and it doesn't know.

That's it. Yeah. I mean, 100% contraindications. Unless the LLM has that data, it's not going to know. But again, the trade-off is most doctors are not really taught things like nutrition, and that's also a bit of a travesty.

It certainly is. I had over a year of nutrition in my practice to be able to do this. So nevertheless, I'm curious, do you get the brain body reset program?

Because you know, brain one obviously foundations in brain. And as we get older, it is something that a lot of folks, you will come to me and be like, especially in the perimenopause menopausal space, like doc, i'm having word salad.

I am forgetting certain words. You know walk into rooms all the time. Can't remember why I was going there. Of course, everyone's like I think i am getting dementia.

Let's talk about how we can help the brain because a lot of people are thinking, you know, I'll get asked do I need like Lumosity or do i need some kind of brain game or Do I?

Need to be doing something that helps keep me with micro habits things of that nature for my brain So I'm gonna let you take over here and give us a little bit of insight into the Brain-body programs that you have.

Yeah 100% I mean You know we are You know, our generation, I mean, we're thinking about our parents' brain health. We're maybe thinking that our grandparents, if they're still alive, as well as ourselves, or partners, potentially children.

And, you know we generally don't think about the brain as a organ that can be strengthened, like a muscle, any other muscle in your body. Now there's more and more evidence, really since the beginning of neuroplasticity in the late 80s, essentially, when that became more and more widely accepted, you know, the idea that your brain can be strengthened ultimately.

And so those are, so how does it get strengthened? Well, through things like microhabits, like you see here, we have a series of different micro habits that we may look at for whatever it is you're looking to help optimize.

In one hand, I think it's a great opportunity. My background in molecular biology, again, DNA makes RNA makes proteins. In between, your DNA and your protein and gene expression is ultimately epigenetics.

There's different studies on this, but let's say roughly 30 to 60% of your gene expressions is dependent on your environment. And those are the things that you do.

So we call them microhabits. A micro habit could be cold plunging. Then within cold plungeing, you could have things like the temperature of the water, their duration, the frequency per week.

And so, you know, we look at each of those essentially as independently. So this is like an example of how we think about it. And you can do striking and things like, just for whatever the given microhabit might be.

our brain, our biology, gene expression, and ultimately our lives. So while you have this genetic blueprint, you can continue to optimize that. And so our perspective is, again, looking at it multimodal.

It's not just doing lumosity. Lumosity of all of them probably is the lowest on the list. A lot of their science never really checked out. But there are great brain training games that you and we and our parents should be doing ultimately.

And starting now, you know, that's one of the problems of modern Western medicine is that it's oftentimes when you have the onset of tau proteins and amyloid and you really start to see the negative consequences of dementia, it could be too late.

And so these are activities. That's why this Lancet paper is a really good easy, digestible example. These are things we can be doing now in our 30s or 40s, or 50s to lay the foundation for our 60s and 70s.

So I think that's a really important part.

Customization, Privacy, and Clinical Use Cases

And something like brain training games could be helpful independently, but also in the context of broader lifestyle and behavioral modifications. That's where we're really starting to see some awesome work.

Makes sense, makes sense. Yeah, it's really fascinating to really understand that a lot of what moves the needle is micro habits. And of course you're highlighting on that.

I think a lotta people think we need to do some drastic things. We need do the big things, you know. It's little. Yeah, exactly. It's these small incremental changes, you know, ultimately.

I think a funny real-world example is Noom. So Noon is a CBT-based, weight loss system, essentially, based on cognitive behavioral therapy. And it's just interesting to me because they're doing so well in part to the GLP-1 explosion, but also because their system is more rooted in science and behavior change at the end of the day.

You know, you contrast that to Weight Watchers, which, Weight watchers has been around a lot longer. They just went bankrupt, whatever, four or five months ago now.

And you have Noom now worth four to six billion. Why is that? It's because of the behavior change, the optimization, these small micro habits, essentially.

That's the hardest part. You can give the human a blueprint, but ultimately they have to see the value and they've to take the time and do the thing that they commit to doing.

Yeah. So that's the secret sauce, but ultimately we're really working. I hear it so often, you know, patients will come in. And I feel like I'm like a Catholic priest some days because it's like confession.

They're like, doc, I didn't do anything, or I, didn' do this or didn do that. Sure. And part of it for me, and I think for a lot of docs like myself, we're trying to figure out what's going to resonate with someone.

And so with Brain 1, what I see in there is that you have the customization where it's like, if this particular micro habit series didn't work, We can change things up.

Will you walk us through a little bit of thought process there in terms of tweaking the set protocols for folks? Yeah, absolutely. So we have it both from a human intervention, so your point yourself, you can go in, and what you could look at immediately is adherence.

That's the primary metric that we optimize against. Did the human do the thing that they said they're going to do? And did they track it? You know, that's the other piece too.

So both are challenging. Getting them to do the thing and then getting them track. Now we're working more towards algorithmic tracking. If you have a wearable and we know if you went on a run.

Because the tracking piece is really challenging for some humans. Adherence is one of the pieces that we look at. And then the doctor can be like, hey, it looks like you didn't do your cold plunging for the week.

Do you want to try a different type of autonomic reset? You know, why don't we look at cold plunge to help your parasympathetic, you know get into a more relaxed state.

And so that would be an example of using the data. You could be looking at HRV and then ultimately the adherence data looking, did they do the thing? And coming up with a plan, essentially.

So the practitioner can go in and make changes. Where we're working is also the AI. You can come in on a Monday and just click a button and be like, yeah, let's check out the new health protocol.

And it would actually change based on your adherence, based your biometrics, and actually recommend things like okay, Janine, you haven't been doing your cold plunging, how about breath work?

Yeah, so that would be a very real world example of where we are going. Still early testing, but you know, it's interesting. I can see how that would be really incredible because I mean, I spend as a doc, a couple hours a day on email, troubleshooting.

Sure. and trying to help people tweak their different protocols that they're on. And so I'm seeing that like, oh, that would be very helpful in my space, but also because it's taking real-time data from someone else.

So, you know, I can see that. The other big thing that I am curious about, because I have some patients who are like me, data nerds, and they track a lot.

They're tracking like through chronometer, what they are eating, they tracking, the aura, tracking this, this and the other. Yeah. What ultimately the biggest question I will get over and over again is, Is there some way that we can integrate everything into one platform so that it can give an ultimate protocol?

And this kind of sounds like that's what you're doing. Yeah, we have over 300 wearables integrated today. Nearly everyone you can imagine from whoop, garments, draba, fitbit.

women's health flow. I mean, it's really like the broad array. And so, yeah, we could potentially do that right now. We haven't wanted to intentionally become like, the, you know, wearable integrations of them all, because people have certainly tried that and not been successful.

You know that was also a bit earlier, kind of in the adoption of wearables. But we can certainly do it now, actually, Janine. Yeah, if you're, you know, more and more interest, that's something that we can absolutely add.

We do have all the inputs, so. Wow. And I'm the perfect example. Again, I use, sleep for one, activity for another, and then also I didn't really show the full breadth, but, again, the concept of using something like your voice to actually get the signal.

So if don't have a wearable at all, it's another option. Yeah. I really like that. It reduces the cost and subscription amount for certain folks. And of course, you know, my next question is gonna be like what other folks are gonna ask like, okay, Thorin, where are we at with cost here?

How does this integrate? Do you integrate into electronic health record systems as well? You know how does that look for someone who may be interested in trying to figure it out?

Yeah, so we have our primary focus again is B2B. So working with large health network systems that millions of users basically also We also have the D to C side, which again, we haven't launched, but we're actively working on, essentially.

And so we'll keep the monthly costs low. I mean, were still looking at the pricing, anywhere from 10 to 20 bucks a month, something along those lines, depending on the features, potentially lower.

We're testing all of that now. Then the clinician can essentially utilize the system. we have a full white labeled version. They can use it essentially with their client bases.

Either not charge or charge, you know, just depending that's the basic Okay. Okay, I was curious about yeah my end because I don't have like epic in terms of like the big electronic health record system Well, I don't blame you.

And, you know, that's one of the challenges is again, EHRs, built them in the past.

Brain Health, Neuroplasticity, and Microhabit Strategy

They're notoriously unstandardized. You know there's certain APIs like FHIR. Anyway, it's just, a bit of a mess, which is that lack of interoperability that has really slowed down I think some innovation in general actually, side note.

But we intentionally, we can integrate into EHRS and we definitely have the capability. And we intentionally didn't build a medical piece. We're not getting medical advice.

You know, ultimately it's coming through the competition act. But yeah, these are definitely the things that we're thinking about. And so, you know I can imagine that if you're working in the next couple weeks coming out with new stuff, I'm imagining that probably with some of the insurance companies, it is discounts for people that work through these programs as well.

So they may be sharing about it through their business. So we're looking, there's a whole corporate route exactly for HFA, SFA. Those pieces, reimbursement, all of that.

And my goal is to actually give away a percent of these protocols, dementia reduction, you can get for free. You can come, utilize the basic system for tracking.

We will just give those away. Women's health, a number of protocols. Then we have the advanced essentially features around the AI and then the ability to Very cool, very cool.

So when should folks be able to expect the direct to consumer? Yeah, Q1 for sure. Okay. Welcome to sign up for the waitlist now and we'll put a note if they want to mention your name as well and happy to give your listeners first access.

Awesome. I'm looking forward to this. This definitely helps me. A lot of people right now are afraid. of AI a little bit, and they're afraid of sharing information to China.

And of course, I can't leave this conversation without ensuring folks that this is not being sent over to other countries to use it against us, et cetera, whatever the thoughts may be.

So privacy policies, please give us the rundown so folks understand if they use this program, how this going to be protected for them. Yeah, you know, relative to the data collection piece.

Yeah. I've been in the health space quite a while. And then as a data scientist, I really seen how our behavioral data has been, ultimately, commoditized and resold.

It's an area that I have a lot of passionate around in general, and it's something we put to the forefront. So we have very open privacy and data governance policies that we're happy to share.

The data's not resold. You know, we are using it for very specific purposes, but it is not an area that I take lightly, period. Yeah. Yeah, fair enough.

I mean, it's an interesting world. Now let's turn to something fun, because of course I have a lot of really fit folks that like to listen to the podcast and they may be thinking like, okay, so we said he was an Iron Man.

So was there a training protocol that you've got that folks could mimic? You know, I know that a lotta people, especially in, you know Ultramarathons, Ironman, we wanna know like what are the secrets?

What kinda things should we be focusing on? Cause you now some people might be dreaming of things of that nature. I imagine it, you know, things to be much like training peaks in the beginning stages of when things came out now.

Yeah. So give us a scoop. Could we ask it to help us train to being in an Ironman? Yeah, 100%. I mean, zooming out for a second, the way we think about the world again is like micro habits.

What are the things that you do? And then a breakdown of nutrition. And then within nutrition, it's your, you know, day-to-day and then supplementation as a essentially subcategory of nutrition.

I have different protocols when I'm here in Colorado and when it is the winter versus the summer or when i'm traveling. Basically, those are kind of the big buckets.

And again, a protocol is just your daily routine. It's the things that you do. You don't need to overcomplicate it. When you wake up in the morning, is it direct sunlight, hydration?

What does that look like relative to supplementation and so forth? So that's a general context. And then when I'm training, then I layer in additional micro habits, focused again in swim, bike, run, if I am training for a triathlon.

Similar to a training piece, but really have the additional layers essentially across nutrition and the So that's generally how we think about it and bucket it.

I have a pretty regimented routine. And I live here in Colorado, you know, try to ski as much as possible in the winters. Um, I do hot Pilates almost every day.

Uh, and so that combination of, of core with weights, with a sweat is game-changing. What I found was that I, when I began to utilize hot pilates in context of my skiing and snowboarding, actually was getting hurt less because of all of these, like, um, just the tightening of really across the board.

A little bit of a hack, we also use different types of frequency modalities, so things like Tesla coils, Rife, you know, different, I have a Tesla coil here in my living room.

It's called the biocharger and do that on a daily basis.

Training, Recovery, and Personal Health Experimentation

Healthy blend of cold plunging, So I, have one here, in the house and then actually we go in rivers in winter. So that's pretty cold. In the snow! break the ice and jump in.

So those are the different micro habits that I do on a regular basis. And yeah, but I'd be happy to share my protocol with you and the listeners and we can see what that looks like on it.

A daily basis and that's also what we're building that supposed to be fun and social is the ability that i can just share My Health Protocol with You and you can take a look and if you're interested you Can download it and use it so it's kind of where we are adding a social nature to all of this too.

It's fun, I'm like thinking like the Strava for health junkies of sword in this case. I am a big fan of Stravas. So as you can imagine, yeah, they've done a really good job on their community front and leaderboards.

And so as opposed to doing leader boards for, you know, King of the Hill, we're looking at leaderboard for heart rate variability. You know, like who among your friends has the lowest HRV and, you know the least amount of screen time.

You now, those are the metrics that we want to overindex on getting people out of the house and working out and in nature and community. Yeah. All those pieces.

That's really cool. And yeah, for the listeners that haven't seen Strava, I mean, the King of The Hill is a big deal, especially when my husband lived in Breckenheide with me.

I, mean it was, everybody's trying to, it, was fun and like you'd see people in at the grocery store and you'll be like, two minutes behind you, you know, or something like that.

So, bringing it into geeking out on your health and really, the way I see this, I mean, this feeds into my geekiness of really teaching people how to experiment with their health, and learn what works best for them and take the power back when it comes to health.

And that's a big part of it, you know, we are in ends of one, right? Like we're all doing these changes and ideally you have some measurement behind it.

It's insane. I mean, some of these stacks that we see people are on, We have one woman, she's on eight different peptides. And I was like, why are you on a peptide?

It is like that is insane and like the majority are injections. the liver toxicity on a lot of these things. So we're trying to provide a safe structured framework that people can manage, you know, these different essentially interventions, variables that they're, we are all essentially experimenting on ourselves.

And at least with this system, there's some data behind it. But at some point you're doing 12 different variables. You have no idea what the NAD is doing versus the glutathione versus hyperbaric.

That's the goal is ultimately, at the least we start to have some of the tracking behind That's the true meaning. I love it. This makes my life a lot easier.

It makes me own personal health journey a little easier because I don't have them all here where I'm at, but I have notebooks. Like I am old school, I still write my workouts in notebooks and there's a LOT of them.

A hundred percent, actually. As a scientist myself, Stephanie, if this is like downloaded in my library, I use notebooks for everything. And actually something we are working on relative to Prane One is you can just print the protocol and get a cute notebook and essentially just take your notes and have it in a printed form and then upload it essentially at the end of the weeks.

There's absolutely a use case for that. As people rightly should not always be on their digital devices, this could help essentially provide a solution for Oh my gosh.

I love it. You have the same exact type of notebooks. Something about those ones with the hard cover. Oh, my goodness. Yes. Now, now everybody knows a little bit more about my geekiness and how I absolutely love to track data.

And really, like you said, N01, we're trying to figure this out. looking forward sounds like okay direct to consumer we're gonna you know January 2026 so this podcast is coming out the end of 2025 so I'm thinking like you stay on it the next thing I am thinking is like ok brain one you're going to you said you've expanded to is it body one what what's next what next we own women's health dot one so that's probably going be the Next one actually just because there's such a need within women tell if I mean every woman I know is dealing with autoimmune or thyroid, you know?

I had a woman the other day, she's like, yeah, auto-immune's the new cancer, and that was like mind-blowing to hear that. I mean, it's so prevalent. Why does every woman I know have an issue with her thyroid?

So we're really trying to look at that, also related perimenopause, menopaus, that side of the cycle, all of it. So that's very, very exciting for us and all the amazing women in our lives.

Yeah, I look forward to seeing that and you said you had quite a few integrations. Okay, mira, fertility, is that integrated? Temp drop? No, we should chat about them though.

I'd love to hear some of your favorites and yeah, I mean flow health out of the gate and all the other major ones. But yeah I love hear any recommendations you might have.

We, if you get a couple of minutes, we are going to geek out. Well, Lauren, welcome. I mean, this is just so

welcome to you, to the health junkie community, because I think folks are definitely going want to hear more from you.

Women's Health, Integrations, and Closing Thoughts

And I look forward to hearing when the women's health dot one comes out because they think that will be a really good intro for folks to really hear what's going on.

So I definitely want bring you back to chat more about that. Yeah, I appreciate your work. You're the perfect example of a practitioner that really gets this new framework of health.

This is the future. Again, standardize human health protocols and then personalize from there. I truly believe the direction and appreciate the work you're doing in supporting this.

Hey, my pleasure. Thanks again for coming on. All right. Hey health junkies, I'm asked all the time about what brands from supplements to toothpaste to clothing that I use.

90% of the items that are sent to me to test out do not pass my standards. You might be wondering, what are your standards? Well, I like companies that are small companies, they're still family owned or at least owned by the original owners or someone from that group to maintain the standards.

Now I also love a company with a great story of how the business came to be. I liked things that were high quality, non-toxic, as well as transparency, major big deals.

Above all, i love things at work. So made in the U. S. is definitely a major bonus. But while I have worked with a couple of different clothing companies over the years, I realized that these companies sometimes need support in other countries to get off the ground.

And it's really important about how they treat their companies, sometimes more than being 100% made the US. Nevertheless, I'm working on putting together a list of companies that I like their products and what they stand for, along with discounts for you to try them out.

Full disclosure, i do make a little commission if you buy any of the items on the page and this money goes back to helping me keep producing this podcast.

If you're curious about a few of my favorite apparel companies for life's adventures, check out the website, thehealthpodcast.co.deadx.me. That's the health fix podcast,.co-de-ad-x-.m-e.

And if you decide to buy anything, tell them I sent you by entering the code healthfix. All together, one word. All right. Thank you so much for watching the podcast.

You have a great day, whatever you're doing.