The Fatigue Fix Your Doctor Missed: Recharge Your Cells with Peptides Transcript

(Transcripts are generated by AI and may contain errors)

Podcast Intro and Guest Welcome

It's I think we are in an age of disruption, and we also need good solutions that are very cost effective and mean, you know, for our Ms. patients, you could be treated for a full year, all different stages for around $2,000 for a year, okay.

And get results. And those meds, you know, cost that per month. Right. And I don't even worry. Objection. Right. So we know that you know we know we're just trying to improve outcomes.

We know that we can help overcome challenges. And it has to be affordable. It has to be accessible. It has to be measurable. And. You know, I don't see Apple and these other things saying that in a board meeting.

It has to be affordable. Welcome to the Peptides and Longevity podcast. Each week, we'll dive into groundbreaking science, innovative therapies, and the future of health and longevity alongside visionary physicians and experts.

We'll explore how peptides, Cutting-Edge medicine and lifestyle strategies can redefine the way we age. Get ready to transform your health. Optimize your vitality, and unlock the secrets to a longer, healthier life.

Let's get started. O start your Can't Hole tour with another episode and a new speaker for you, amazing guy and Doctor Raja, thank you for being on. Looking forward to this conversation and doing some very cool things with with mitochondria.

So we're going to be talking about mitochondria dysfunction and disease. And he's an expert in that and a self-proclaimed mitochondrial geek. So welcome.

Thank you doctor Hunter thanks for thanks for having me. Yeah it's I'm amazed is looking through all your stuff. And I've been a proponent of, you know, basically mitochondrial dysfunction and give lectures on it even with, you know, hypothyroidism, you know, mitochondrial function causes hypothyroidism.

That looks normal on the blood test. But there's a little bit on doctor Raja is innovative, board certified otolaryngologist for almost 25 years, specializing in minimally invasive sinus ventilation procedures.

He's self-proclaimed medical device geek and and has helped to design many of the tools that he uses as office in Orlando, Tampa, and West Palm Beach, Florida.

So, so many people from Florida. Doctor Raj has been red pilled, i.e. the matrix, take the red pill. He can't go back into mitochondrial medicine as result of caring for younger and younger patients suffering from autoimmunity, chronic fatigue syndrome, bio toxin illness, mold and nerdy generation.

Which I totally agree with. The mitochondrial picture becomes a vicious cycle when you have low mitochondria that you know your hypothalamus doesn't work, your immune system doesn't work.

So then you get chronic infections, and that makes the mitochondria worse. And you oxidative stress, it makes it worse. So just goes around around and and gets worse.

And and so danger response. And so just pumps out all this oxidative stress and people are in trouble. And you got to try to unwind that. But fix the mitochondria is is very key.

He understands that all chronic disease stems from having a lack of mitochondria voltage and considerable cell.

Fortunate to be involved in mitochondrial rescue for the second half of his medical career.

Mitochondria, Chronic Disease, and Energy

Mother, excuse me, but I kind of rescue couples proprietary mitochondrial neuropeptide therapy and advanced scientific research to follow the improvement in patients and their outcomes at an excellent value.

He's always been solution solution oriented, and he's grateful to be able to offer the mitochondria rescue program to like minded practitioners with his full support.

So there's a lot of training and and then really, you know, shows you how some you know, one key aspect that I don't know if anyone's teaching on mitochondria, you know, really what to do when we have some, you know, standard mitochondrial peptides, which we like a lot.

But he has a way that we're really talk about cost effective and and we won't I won't give it up yet, but it's it's you I'm sure you've seen it, but I didn't know it was a peptide.

And so it's only has wearables which I'm looking forward to hearing about. Also advanced heart rate variability training. And I'll talk about, you know, why that correlates with mitochondria and what he's pleased to offer on a complimentary basis.

So I'm looking forward to this learning some some cool new things. And I appreciate you being on. Thank you. Right. So the concept is that chronic inflammation is the cause of all disease.

And it robs you of power and the voltage that we have in our body, which is greater than a lightning bolt, 250,000,000V, actually, at a minimum. Really?

Yeah, yeah. Can go down. And if you lose power, you think about your cell phone, right? You have a certain decay rate once your battery age is a bit. And as the older you get, once it gets 75% discharged, it just dumps it.

Can't run all the programs. So it's very similar. And mitochondria are like a smartphone battery on your smartphone. They make up about 10 to 15% of your body weight.

So it's very similar. So what we like to do with our program is we like to determine your middle profile. We like to know what your reserve is like. You know, what your middle decay is.

And because we're so confident in our peptide therapy, we know that we could raise your reserve and slow down your decay. And we can give you the tools to measure it for yourself as well as for your clients.

I mean, that's huge because I've been looking for a good mitochondrial test, I don't know, for decades. You know, there's might have some I haven't found it that use.

Well, what's your thought on that test? You know, there's so many. And the organic acids and, you know, mitochondria represents energy. So we I am interested in more energetic measurements, to tell you the truth.

And I use a lot of diagnostic and therapeutic energies in my, career as a surgical subspecialists. I'm very comfortable with it. And now that we're in the era of BYoD world, bring your own device world.

I do think that there is an opportunity coupled with where telemedicine is heading. It's not really going back. In my opinion, we can connect to patients with their biofeedback data and talk about their metabolism and give them therapies, that they could do at home.

Perhaps, you know, some of our, our dietary, peptides and make a really huge impact in a way that I don't think really has been done before. All right.

So you're diving deep into peptides and longevity on this podcast, and we're right there with you. Integrative peptide stands out, trusted by over 10,000 doctors to deliver real results for their patients.

These premium peptides are your key to unlocking vitality recovery and a longer, stronger life. Visit Integrative peptides.com and use the code Pod life for 10% off your first order.

Again, integrative peptides.com. Use the code pod life for 10% off. It's time to elevate your journey starting now. Let's say just to differentiate what you're saying.

Energetic testing. Most people think of like you know, where, you know, taking your arm and that like energetic. So that's totally not what you're saying.

So, you know, I just want to put my hat on is as an EMT, I went I've been through six cycles of revolutionary technology in my 25 years as an EMT. And on the diagnostic side, we do hearing tests.

We do advanced infrared balance test. We do audits, auditory brainstem studies, we do recurrent laryngeal nerve monitoring. When we do our neck surgery, we do facial nerve monitoring.

We do electromagnetic image guidance for sinus surgery. And on the therapeutic side, we used all kinds of heat laser infrared radiofrequency ablation.

And then we ended up using cryo ablation. And right now we're using high pressure balloons to do the work that we do. And that is what I would describe as energetic treatments.

And when you talk about mitochondria really what we're talking about is their fuel okay. Which is are they burning carbs or are they burning fats. Because, you know, if you're burning fat, you're making 4 to 5 times more energy.

And we feel that our peptide makes fasting and going ketogenic, including the mood that you would get much easier. Okay. And of course our food is our electrons.

Okay. We get them from sun, we get them from Mother Earth. But those are the voltage okay. And so we can measure that I mean it is electrical measurement.

Heart rate variability is. And because the bandwidth of our device is so high, we get measurements that others don't. But that doesn't mean the more commercially available instruments are not worthy of our analysis.

So that's voltage okay. And of course oxygen levels. You know, in this Covid pandemic world, that's a big deal with all the cytokines and not being able to hold on to your oxygen, to the hemoglobin.

And, you know, so that would be oxygen levels. And we have advanced oxygen monitoring devices that are coming out as well. So there's a packet of energetic measurements that are more advanced that you might have to go to the doctor and have them do.

But there is also a packet of things in your stable bio that you can do at home and relate to your doctor there. So, you know, if you have an effective therapy and if you're not, if you're really not concerned that maybe your therapy doesn't work, or maybe you want to see how additive what you guys already do when you add our peptides, I think, you know, this might be the right program for you. And the training isn't all that difficult.

It was meant to be a weekend course, so it's not it's not like a big march. Well. That's nice because it makes it easy and it sounds affordable, affordable for patients.

You know, you got some great device. But if it, you know, cost $200,000, you know, it's and you got to charge so much to try to get your money back in ten years.

So you got a worthy cause. And it really, you know, it sounds like your big goal is to help patients and help doctors

help patients, you know? So that's that's awesome.

Thank you. And I think it is such a problem now I mean, you know, I know 20 years ago, ten years ago, you know, people were too sick. It seems like everyone's sick.

Either they're sick or their family member like you're in a cocktail party. It was like, oh my God, I'm so feel so bad at it. Oh, or my sister's got this. What do you know?

I think we're getting, you know, there's so much toxins and stress, you know, emfs and pesticides and and all these things. And, and I think our care's becoming so cookie cutter and.

Yeah. Do you think Kaiser's looking at mitochondria, you know, that it's just having, you know, a huge problem and, you know, lifespans going down for the first time and neurodegenerative diseases and things like that.

So we'll we'll get into all that. Are you doing I think you should have some research that you're starting or in the middle of. We have a long track record of product specific advanced research through three different medical universities from the part of the world where this comes from.

And, you know, we first of all, we prove that our particular peptide has a intracellular concentration. That is amazing in terms of the bio availability.

And we also have proven that it cannot be broken down by the only enzyme that breaks down. This peptide therapy, even though it's only two amino acids.

So that's the main manufacturing proprietary IP. Do you want to tell them what it is? Sure. It's Kahn is an extra and the product line is called mitochondrial rescue.

And so it does not get broken down by consciousness. So that means you can have bad dosing if you have a big state corn meet. Right. That's where a tradition needs to come from historically, although this is a vegan and vegetarian, it'll last maybe a year and a half and you won't get nearly as much into the cell as you can with our product.

So you regenerate faster than your normal years of age would allow you to, is basically what happens because the car design is so atrophic. But we did a lot of our research on Ms.

because the country of origin, you know, they thought that it would be good for the brain because energy in the brain is basically everything. And they gave it to some of their patients who had M. S.

and they were getting phone calls, hey, this is getting better. So they went to their government and they say, can I have a grant? And that's how their and their studies became born.

So they presented in Dubai, they presented in London. And we have a human studies, we have rat studies. We have functional MRI studies, that basically show that it slows down the rate of demyelination in an animal model.

It protects the blood brain barrier, and it actually acts like a brain growth factor in culture. Wow. And since we had a 28 patient study that show that they had more energy, less pain, less fatigue, and they were overall much happier, I have to just I think it was three months of therapy at the sweet spot dose of six capsules a day.

Because this is not an injectable, this is oral and it's made from food and your body makes it yourself. Okay, how many milligrams is that? It's 125. And, we have.

A in a capsule. In a capsule. But it also has CoQ10, vitamin E, bilberry, grapeseed, you know, some other things in it. But really, it's that massive bioavailability.

We have a big metabolic study coming out this year, very big, where we're going to be doing rats, humans and

mice. And it's going to be insulin, cholesterol, leptin, anti oxidative potential and glucose over a four month study.

And we're actually going head to head against metformin and Lipitor. Wow actually wow that's amazing. You know and these studies aren't cheap. So you know your money where your mouth is.

The research dollars goes a lot further where we are. And what I can tell you so far with that study is that in the rats, the oral glucose tolerance test showed a very, very rapid return to baseline glucose levels after being given carnitine extra as compared to the control.

But they don't allow me to say too much. It's going to be a pretty exciting study. Yeah, because once you come out as a supplement, you can't make a claim.

So it's really hard to, Well, what about if you do the study on your product? You can say that. Yeah, exactly. And so. Right. I understand that. And we're not claiming to cure anything.

All we're trying to do is improve people's metabolism and shake the rust off their mitochondria, their oxidative stress and and maybe patch some holes in their leaky mitochondria.

You know, because our exposome of the modern world is basically causing our mitochondria to leak and to rust, and we need to be able to stop that. Okay.

And how about the energies that we're going to be exposed to with, 5G and whatnot? No one really talks about it. That's oxidative stress. That's the mitochondrial theory of aging.

That's the electrons going the wrong way and frying the naked mitochondria in the cytoplasm. So, you know, we're very good for that to actually. Yeah.

You know prevent that because yeah what they're finding with the EMF. So I started doing research and I couldn't believe the research on the harmful effects.

And you know, it increases il6. It causes the voltage gated calcium channels to open up, which are associated with neurodegenerative diseases, autism, migraines.

You've got chronic fatigue syndrome. And if if you happen to have a genetic defect also where it's not really a defect but a snip where it's just it's not quite perfect that you may be okay until you get a physiologic stress, until you get some trauma or stress or something else and or emfs.

And then now you're voltage gate starts letting all this calcium or palpitations huge, you know, in the heart. And that's you'll find a lot of our patients will understand is that, you know, they get palpitations all the time.

And I tell them, turn off your EMF, you know, your Wi-Fi or yeah, especially at night. And they're, oh my God, my palpitations. So much better, you know?

Right. I mean, let's say you're a mold patient, okay? I mean, mold grows 600 times faster in a Wi-Fi environment. Yes, yes. Right. And so that's the chronic inflammation.

You reach a tipping point and, it becomes a real problem. And it's a modern problem. But we we believe we have solutions. I mean, we keep the mitochondria pH in at a good level because Ansi represents one third of the buffering capacity of your body.

We crank up the function of the electron transport chain. We of course would then produce more ATP. And finally we keep the cause that we're learning more about, thanks to the different types of cryo electron microscopy and the different advanced microscopic techniques that we have, we keep the pores intact and we prevent the mitochondria from swelling as well.

So and we're very good with those voltage gated calcium channels. So it's easy to talk about anything extra. Frankly. It's just that, you risk sounding like a snake oil salesman because you're so upstream with the mitochondria.

Peptide Therapy and Research Evidence

Yeah. And I, we have the same thing when I'm talking about, you know, BPC 157. It's like, what helps this helps that that was like, yeah, it's like snake oil while helping to help everything.

You know, because it's like it's like it's helping every cell and every system. You know let's that's amazing. Now harnessing versus a team right. So it's part C right.

So carnitine you know it has the same prefix. So it comes from meat. But that helps with beta oxidation of fatty acids. So we actually do have a little bit of carnitine in our product too.

I failed to mention that. So let's talk about fat burning. So we know with our HIV our advanced HIV device that you need to have a normal power. You need to have a normal percentage of very low frequency energy in order to participate in beta oxidation.

So you can use a wearable device or a breathable device in this instance, or you can have an advanced hrb done at an office. Or you could have something done in your own home.

Nowadays, because our bandwidth is 2000Hz. But the device that we recommend is 500Hz and I have a nice dashboard set up. I've been very, very impressed.

And as much as people want to talk about insulin resistance and glycation, actually I would say that mitochondria dysfunction occurs before even insulin resistance occurs.

So you're kind of leapfrogging okay. Instead of just looking for glucose floating around and having attached to your hemoglobin or even see how are we discovering insulin resistance, I think if you can discover mitochondrial dysfunction, you're a step ahead.

Yeah. I mean, you know, the drugs out when you look at drugs like, you know, the basically the, you know, basic poison, the kidneys, so they just dump sugar into the urine, like, is that fixing anything?

You know? Yeah. It's gonna lower your sugar, but you're not you're not, fixing the problem at all, you know. So that's that's great. So and you have a number of products in the pipeline you're working on.

It sounds like you're kind of just constantly doing research and developing. And yes, we have a big product that's going to be coming underneath our distribution chain, and it's called graduating.

And it's probably going to change the face of creatine as we know it. We have a three country, six month study that started last month on sarcopenia and frailty.

And these bioenergetics, these supplements really not just helping muscle as a fitness supplement. But they also really help the brain. And because you're putting a precursor of the creatine in it, the bioenergetics are just massive.

So you don't have non-responders anymore. You don't have the water weight that you want. It's much more effective overall. The dose can be lower. So we have a lot of it attached to our products.

And this particular one is a study by Doctor Austin Chick who's, who's very well known to creatine world and in the bioenergetics world. And so we're very happy to have him and we're very excited about that.

And we believe the cornerstone of the team is going to be through the roof, helping people in ways. That's that's

how you mentioned reality. And it's a killer, you know, and people get older and they really die of being frail.

You know, they'll end up dying of whatever heart failure, you know, they break a hip and then they, you know, bedbound and they're then they get pneumonia.

So but that's the big thing is keep from being coming frail. And, you know, basically you just have, you know, the way standard medicine is. Yeah. And we might live longer, but it's terrible quality of life.

But if you prevent those things then, you know, you have a great quality of life for much longer. And and that's the key. Who wants to be a nursing home?

And you know, with dementia and, you know, basically in and out. So that's that's amazing stuff. So how is your currency different then let's say what you get that health food store or whatever.

So we know compared to pure Elkhorn is seen in Elkhart as seen that our our product is not broken down by corn. Since that is the main enzyme that breaks down corn.

And so it breaks down into beta alanine and El histidine. So if you don't do that and you can prove pharmacokinetic studies and UV spectroscopy and intracellular concentrations to show that the other products are not like our product.

But the only thing I can tell you about our secret sauce is that it's a proprietary manufacturing technology. Does it have to do with isomers? So I don't think so.

And it's not just raw material production with the ingredients like a sharp eye. And it's not liposomal. It's way better than liposomal. But, you know, I just honestly, I don't even know myself.

I just look at the studies and I see the effects. Yeah, I see. What are the results. So no, because yeah, we have so much research on on peptides and, you know, bioavailability and breaking down.

And there's it's interesting there's a lot of ways to do it. But trying to really do it is a lot harder than, you know. They they say in the research it's like you know, and you have to you have to get, you know, basic contract people to do it.

And you know, so it's tough and it gets expensive. So but it sounds like you have something that that's really, really different and effective. Right.

So let's see what's the about the, the heart rate variability. Like so what what do you do with that. And again like how what what does that really show a doctor or a patient.

So right now a lot of professional athletes are using heart rate variability to see what their readiness is, what the recovery is. And, you know, even ordering those kinds of devices are very low bandwidth.

And they work by the photo plates. This ography the infrared light, and they tend to be 150 to 250Hz. Our device is 2000Hz. And it's just looked at hooked up to a laptop.

And you just have some electrodes that you put on for lens. And you just sit there for five minutes. But because it's so high bandwidth when you're studying the for those of you who are unfamiliar, the R to R waves of the EKG lead actually 12,000 bits per second, that could compressed into 2000.

You put it in some Fourier transformations and you apply to a seven year old age and gender match database. You get an incredible one page report that kind of tells you what your bioenergetics are.

So it tells you your total power. It tells you how much of that power is being distributed in parasympathetic versus sympathetic versus what's called very low frequency.

And that would be higher order functions like cerebral communications, hormones, immune function, things of that nature, our particular high bandwidth device measures of stress index okay.

So that's your oxidative stress index. The oxidative free radical theory of aging. Right. So that's your mitochondrial exhaust. That's that's your mitochondrial leakiness okay.

So it measures the stress index. And it also measures something called your index of centralization which is your hypothalamus your master conductor. So we see some patterns that are fairly common in today's world.

And we could talk about it for hours. But most people are stressed out low power brain on fire hypothalamus. They on fire. Very sympathetic dominant okay. Oh yeah.

And a lot of our younger people are talking about in their 20s. They are burned out. You know, they don't have any hypothalamic function. They're very low power and they can't even mount the stress response.

And I think it's very sad. You know, I believe it to be a very important noninvasive biomarker, maybe the most important that I've seen. You get a lot of information.

I mean, if you could measure energy from galaxies away, why would it be so hard for us to be able to measure energy that our own body is emitting, to give us information and able to examine it.

For the lay person, like so what is heart rate variability usually used for? And it's amazing that the information you're able to derive from your device.

So, it usually it would be is your parasympathetic balance to your sympathetic. And that would be are you ready? Okay. Let's say you work out and you are not so recovered.

You will show that when you wake up in the morning and they actually have HSV scores that are attached to these devices that are more commercially available, ours is more like a scientific research device, but the kind of data I'm getting from my patients are more what's out there.

You know, we have a world champion that that just has on our Kanzi an extra. He won the world trial championship, six hours cycling 50 year old. He did 100, almost 140 miles.

And he said he didn't have any lactic acidosis or anything. So we followed his HSV. Wow. So it's very common. Yeah. I mean, we don't have that many athletes.

We tend to stick with the sick people, but certainly it's good for fitness and anti-aging. So it's more in the fitness world is what you would hear about.

Are you recovered? Are you not recovered? A lot of athletes end up being overtrained, and that's what you see out there now. What's happened are that now I make sure I'm not overtraining and I workout religiously every four months or eight minutes. But, you know, it's raining, so, you know, rain or shine, I'm doing it.

But yeah, we get, you know, these people that are, you know, tip top shape or you look at, you know, determine their like, DNA age or cellular age, and they're older than average, you know, and but they look great and all this stuff.

And you mentioned stress too. It's like I'm thinking, like, growing up, like, you know, the stress of growing up, everyone. You're kind of a pecking order where you think you are and all this where now it's like, and we would, you know, we'd have computers, you'd send a letter, wait a week.

And, you know, now it's like everything's instantaneous and there's traffic and Facebook and you got to have so many likes to be, you know, popular. And it's just overload, you know?

Yeah. There's always papers coming out about Carnegie next, or there is one that just came out a couple months ago that showed that when you're on it, it gives you a better demeanor.

And that's the first thing you notice. You're like. Hey, I'm going to get something to have in my pocket for people are now here, take take this. Yeah, yeah.

It's it's I mean non-native apps are a big deal, right? That's, you know, when you're enmeshed, you have a billion fold increase in periodically nitrite, which is a non oxidant radical, but it breaks down into the hydroxyl radical and into the nitric oxide.

Super potent. Species. Yeah. Yeah. So that's bad. So we can fight that because we have really good antioxidant potential. And like I said it's a very good heavy metal key later that crosses the blood brain barrier.

It actually cuts down on IL eight. Yes. It inhibits glycation. And it's like a Pac-Man. It gets rid of those rogue electrons. They get richer carbonyl groups and aldehyde groups.

If you have proteins that have things attached to it, it removes whatever attached to it, like a glycated protein, like an advanced glycated end product.

And that's, you know. Yeah. So it's yeah. Yeah. So it seems to hit so many areas. That's it. That's what I'm saying. So it's not just mitochondria, it's just that it's so trophic.

What's good for the mitochondria is good for the cell is good for the cell is good for the tissue. It's good for the tissues. Good for the organs. Good for the organs. Good for the human right.

So and what's good for the cell is going to be good for the mitochondria. If it's one third of the buffering capacity of your cell it's going to be good to buffer your mitochondria too.

Yeah. All the. Benefits of brain growth factor, you know, and if it reduces Eylea and it helps with calcium. So we're very happy to have it. And you know we see a lot of forget it.

There's too many things I don't believe it. Yeah I know I know we we well we concentrate on the neurodegenerative side. But the other pattern that we see with our HIV, with the young children, it's a very close to my heart.

I really do. You know, I think it's a shame that, you know, seven and a half and percent and even greater of all American children are born with some kind of developmental disorder.

I think that's just a crime.

Wearables, HRV, and Biofeedback

So we can help with that. And a lot of times we see big changes in the VLF, with our hrb. And, you know, we're not claiming to cure anything. We're just trying to improve outcomes and help people overcome their challenges and just using their biofeedback data and just and food to, to help them.

But so we have lots of cases all over the world. But that's nice because you know, like these, you know, parents of autistic kids, I mean, it is so, you know, difficult then their stress is just like crazy, you know?

Right. Yeah. Yeah. But yeah. Did I mention so I, I did a review article on thyroid transport and you know, saying that anyone with chronic illness really is low thyroid.

And here's just a page in it. And so with references like every you know, there's not every condition but conditions that have my their documented mitochondrial dysfunction includes diabetes, obesity, chronic and acute dieting, depression, anxiety, bipolar, neurodegenerative diseases.

They just affect aging, chronic fatigue syndrome, fibromyalgia, people with migraines, chronic infection, physiologic stress and anxiety, cardiovascular disease, inflammation and chronic illness, high cholesterol, high triglycerides.

And talk about the standard blood test look normal. But it's all because thyroid is transported in the cell the active transport which needs mitochondrial function.

But so all these people are low mitochondria. And so you know you say all the problems. Another problem is they're all basically have cellular hypothyroidism.

The thyroid is low in the cell which makes mitochondria worse. And then the thyroid can't get into the blood into the cell more. Yeah. So everything's a vicious cycle.

Yeah. They're they're low voltage right. Chronic inflammation taps your voltage. There's over 2300 studies on Karmazin. We encourage people that are part of pedia.com with the KKR and op pedia.

We have it listed by all of those different things. Those are all approved PubMed, that type of research articles that are already out there. It's just that ours are so much more potent than any other, and that's what makes ours so special.

Everything is chronic inflammation. Okay. That's the concept and it robs you of your voltage. You just go to. The next you and then it causes more inflammation because the mitochondria messed up.

Of course, the only reason we breathe oxygen is to give it to our mitochondria. There's really literally no other reason. We need a final electron acceptor to make our structured water and to have the ATP then be produced.

Or how about this? Sometimes your mitochondria need to be rescued, not to produce more ATP, but to go away like you were talking about before. So the injury response, my top ag apoptosis.

You guys talk about it a lot in your peptide world. So we did a mcf7 cell culture study, human metastatic breast cancer. And we know that in those cells it's you know, it's in vitro.

We can shut down complex two and complex four, and we've measured it with our corners in extra. So sometimes in order for you to be rescued, it you mitochondria need to go away.

Yeah. Yeah. So the cells that they hang around their energy to die and they're programed to die, you know, and then move on and you get healthier cells.

You know, they start getting dysfunctional. But when they don't go through apoptosis as they're supposed to, I die because of enough energy. Then that's when they turn into cancer.

They cause all the, you know, basically increase inflammation and all these problems. So you give them the energy to do what they're supposed to do, which is to go away.

Right? If you talk about the Warburg type of metabolism, the so-called aerobic variable glycolysis, that's a runaway train. It's just the machinery that is your cancer cell.

And I believe cancers and metabolic disease, I don't think I'll never not leave that. And so if if you're just making to make and it's not even energetically feasible, you're not subject to any signaling molecules.

So you need to wake up those mitochondria say, hey, wait a minute, I didn't pay attention to those signaling molecules. Told me to stop. Oh, I have to go away now.

Yeah. And when you said that, it reminds me of. I'm picturing a graph from a study on quadriplegic syndrome or fibromyalgia above that they basically exercised and where they went into anaerobic metabolism was so much earlier than normal.

You know, it's their mitochondria just couldn't keep up. And so they went from, you know, basically burning fats to having to burn the emergency glucose very quickly.

And I just that makes me also think of, you know, I've sent reports now showing that and the disability people go, you can pick up 3 pounds, okay. You can work, you know, and it's just it's crazy.

But you know, and I just love your background and your passion for all these medical devices. So what types of things are you are you doing in that arena.

So we're trying to build a software based platform so that patients can maybe spend $600 and get 2 or 3 devices. We can measure their mitochondrial voltage with, with that 500Hz, core sensor lead halves and the device.

And you can also get, an oxygen monitoring device that we believe, through a pretty major company. Maximo. It's called the oxygen reserve Index. And we're pretty sure we've looked at the advanced physiology that probably represents mitochondrial partial pressure of oxygen.

So that's the oxygen okay. And finally we have this device called lumen that just came out that I don't like sticking my finger okay. So you blow into it.

It's a breathable it has an advanced CO2 acoustic gas analyzer. That shows you how much CO2 you remaining. And I've looked at the studies very carefully and I've matched it with the keto mojo.

And I don't like sticking my finger. And it tells you whether you're burning fat or carbs. So if you put those three together now you're measuring my control voltage, oxygen and fuel levels.

Okay. And if you stack, let's say, a ketogenic lifestyle with our corn next year and some of our other products, and perhaps you go in my bespoke hyperbaric chamber, I think you and you do some electric ceuticals like scale our energy, electricity. Because I have a lot of devices.

I have a lot. I have not heard that term. I love it. Right. So electric vehicle stack, micronutrient stack, ketogenic stack. You know, those are the kind of things with with ability to measure the results so that if you want to prove that, hey, you know, we can prove it, you know, are you listening?

Right. We can prove it. But are you listening? So I think to get doctors to be more open to this kind of thing, to get them to leave their silo, is also part of the messaging we're trying to come across.

And I, you know, I'm going to give you a call because the moratorium on my buying toys is, is, my, accountants. I was like, buy and stuff, and that would never come.

I'm getting mad. They didn't tell me they canceled everything. Like you're buying too many, too many things. You know, I have a. Lot. I have a lot. So I sell, I don't mind, I like it, I enjoy it.

Yeah. And it sounds like they're reasonably priced, you know. Right. So I do worry about you for one reason. You're bringing out these devices that are very cost effective.

You're going to piss some people off. And so you better have like a security guard, like you end up, you may end up in a weird, oh, strange death, you know?

So what's wrong with that? No, I, I we do watch out for it. It's. I think we are in an age of disruption, and we also need good solutions that are very cost effective.

I mean, you know, for our Ms. patients, you could be treated for a full year, all different stages for around $2,000 for a year. Okay. And get results.

And those meds, you know, cost that per month. Right. I don't even word objection. Right. So we know that you

know we know we're just trying to improve outcomes.

We know that we can help overcome challenges. And it has to be affordable. It has to be accessible. It has to be measurable. And. You know what? I don't see Apple and these other things saying that in a board meeting it has to be affordable.

You know, I'll say right now. They're busy trying it. They're trying to steal your health data right now, frankly. Right. We want to give it back to you and give you solutions at the same time.

You have a different model. Yeah. They want your information. That's interesting. Yeah. So what what wearables do you do you have or coming. Up it would be the lumen.

It would be the core science elite Hrb. And it would be the Maximus safety net, the latest version that they have in the EU. Those are the three. But frankly, you could have a regular pulse ox, right.

Because even your pulse, your O2 stat will go up with the kind of therapy that we're presenting. If you have that kind of problem. And are those available?

Yeah. We out there we I'm not a medical device. I'm a medical device geek, but I'm not in the medical device business. I like to look at the tools and figure out which tools make sense, and maybe put a dashboard together so I could talk to my patients in a HIPAA compliant environment.

Basically just flat or biofeedback. My, my title is The Chief Metabolize and officer I mitochondria rescue. So we just want to just improve your devices. Yes.

No, no I help develop some of the devices I use for my son is ventilation procedures. But you know I'm trying to move into the mitochondria medicine world right now.

So we're not I see the device world is tough because every few months something comes out that's like, oh my gosh, that's what I was looking for, you know?

And. Yeah, exactly. Yeah. I just hired a person who's expert in getting medical devices through the FDA and just kind of help us in the peptide space because we're spending so much money on FDA attorneys and, you know, all this stuff to get these out and really pisses me off.

People just throw say, oh, someone else doing this stuff. Where does, you know, you have to do so many things, and we're talking to the FDA all the time.

Yeah, we also have to hire the who has had regional head of FDA supplement enforcement. And, he basically said he would go into doctors offices with his Glock bald and Aflac jacket on.

And for like B12 that they heard was like illegal. I'm like, you are a dick. And I'm like, see? Everybody's like, he goes, yeah, I loved it. And I'm like, yeah, but now he's our addiction.

But, you know, so he's always talking to FDA and saying, hey, what do you think of this? And you know where this is? There's some weird loopholes, but there is so much testing.

And so everything we do is just over tested. And, you know, well, you. Know, you just we're just improving metabolism. We're just using biofeedback devices to, to, to to help you maybe overcome challenges.

That's all we're really doing. If people have happened to make big gains, we are not making any drug use claims of, oh, I would never say that we are.

But we do have research that we can can talk like that to. Yeah. Get, you know, take a look at all that stuff. It sounds like very cool. Yeah. So let's say for training tell me about the training program.

The training program is all online. It's all complimentary. And we have three different levels. You can just watch a couple introductory videos and open up a practitioner account or you can take our didactic course, which is all about mitochondria.

Medicine is meant to be a weekend course, and you can become certified that way. And if you want to go full on, you can become an advanced HIV practitioner.

And it's not expensive. It's $800 down, it's $100 a month. And now you the device preloaded on a PC, and we get on TeamViewer with you. And we have lots of videos to watch and we just train you over TeamViewer.

We have a nice dropship portal that you can order to, you know, get a product on your own. And the telemedicine I think it's about six months away. We're working on the software, and what we want to do is we want to set up a loyal rescue program and a loyal royal rescue program so that if patients want to buy, maybe the stable of their medical.

Andrea. Devices and maybe they'll get a discount on on the products. Okay. Or maybe they'll earn points toward getting the next device. Or maybe if you group together as a group and we look at all your dashboards and say, hey, you guys do great as a group, you really improve this parameter that I really includes.

You metabolism you qualify for for more discounts, and perhaps you can even go down on the supplements because that's what we find. People get so healthy they don't need the same dose if they need it.

When they're molded out. And chronic fatigue. Yeah, the goal is not to be on more and more supplements. Oh you we need it. But but then you can get off it.

But the thing is what's interesting is what I do. Well you can you can like look at them and say well maybe you need a little extra today. What's going on? Where were you. Right.

And then you can say, well, and then they learn how to dose it according to what's going on. Maybe they're taking an international trip. Maybe they have a big, you know, athletic championship or something.

So it's much more catered. But the goal is to have it be cheaper and cheaper for them as they get better and better and has they get more into your community, to improve their metabolism.

Right. And to reduce the chronic inflammation. Who doesn't want that for so many reasons. And so where do people where in a doctor go to get more information when we're at a patient go right.

So we're practitioner based right now. So the best way to reach us is through mitochondrial rescue.com. Or you can just contact me directly doctor Raja Draga and mitochondria rescue.com or.

You're in trouble. Now if you're. If you're on if you're on the telegram might or doc on telegram. So. Program is. Yeah it's a it's an encrypted kind of the WhatsApp to to get away from people watching us so much and using our information.

So that's getting better. We could talk about that forever. Yeah. Right. So I mean and they had the username Nitro doc. So I just grabbed it. And I'm just going to use that one because I love it.

But you know, can I drop a URL on this on this talk so people can just click on. Absolutely. Well, in fact, I wanted to put like your website and the URL while you're speaking on the bomb.

So let me talk to our. Yeah. So he should be talking about this offline, but yeah. Well we'll do whatever, whatever we can. I have a I could send you URL in a minute so people can just click and get all my information. With all the research and all the information about becoming a practitioner, do.

You love it? You're just so into just helping everyone, you know, and just that's. Why we're all here, isn't it? Yeah.

No, it's true. It it's refreshing.

You know, I love it. And, and so, you know, when we talked earlier, you talked about, might not profile, might not serve, might or decay. Can you go into a little more detail about those because those.

Right. So, so the way your mitochondria are, are different than mine okay. Let's say someone is really toxic and you're giving them a lot of treatment.

Well, they're probably going to be very low power. And how you would dose them would be different because your might or reserve is very, very low. And maybe you raised them to high and all of their toxins get excreted and they have a really big problem.

So that might profile's different than someone who's a professional athlete for burns fat really? Well, like our world champion Anthony Passos. He doesn't even need to carbo load. Okay?

I mean, all this whole thing he does and he just, you know, he's an elite mitochondria and mitochondrial person never gets there. He never. Well, he has the most elite mitochondria in the world.

So we can figure it out with all of these devices and with our advanced stuff that we have in our office and with the work I'm doing in hyperbaric medicine, which is very exciting, by the way, we can figure out what your middle profile means.

How much can we charge your mitochondria, and how long does it take for it to drop in voltage? Okay. And so that should decay rate in at your reserve.

And the goal is to raise your reserve and slow down your decay. Okay. And if we can do that just by using biofeedback and by improving your metabolism and getting you to burn fat and, you know, really just improving your lifestyle through community where, where you're giving back if they do better.

I think it's going to be really amazing. But if you're, let's say, an Alzheimer's patient, okay. You're right. A profile is going to be much different.

And how we treat you is going to be much, much different. And you might need a higher dose. Okay. And if we can figure out what's going on with you and if you don't hold a charge very low like your smartphone battery again.

So we might need to dose you even three times a day. Or maybe we need to add an electrode suitable stack. Or maybe you need some hyperbaric treatment or maybe you need to go into therapeutic ketosis.

So those are all parts of the middle profile and moral decay rates. So it's stacked micro stacks on top of really different types of data streams okay.

And and because we're living in the information age it doesn't always have to be bad. You know, it can be inexpensive and it can be good.

Cost-Effective Treatment Model and Training

Yeah. And it seems like, you know, everyone's stressed out, like you're always in fight or flight and you never get into that bad oxidation, burning failure.

So, you know, burning glucose and just that's amazing. You know, I thought I knew a lot about mitochondria. You're you are the mitochondria geek. Yeah.

I think they do amazing things. They even make the nano tubules and make little tunnels and crawl through and go from one cell to the other. Or if you have, I think it's Parkinson's.

They fold up into a donut and they get extruded. They get like kicked out of the cell. Okay. Andre do. Yes. They literally get kicked out. Okay. And that we're living in the world.

You know, the microcosm is really the macrocosm. And when you're talking about being stressed out, you can have all the fanciest instruments in the world.

But I think it's important to have a good, gratitude practice. You want to call it spiritual, however you want to call it, I think. I think it's very important because to to raise your parasympathetic reserve is not as easy as you might think, even with all these might stacks and all these might all paralyze.

It's like stopping stress, you know. Yeah. So but a gratitude practice I think helps the most in breathing practices. So, you know, we we believe in all that too.

So we feel the mission statement of our company is where spirit meets technology. So I know we spent a lot of time talking about technology, but we were also very much on that side as well.

I love it because, you know, you know, I have chronic Lyme for VCA, Bartonella. I mean, couldn't go to bed when the heart failure you did. Oh yeah. I could not like, stand up.

I could not walk up the walk up the stairs, take me hours. The cardiologist said you may be able to get 10% better in ten years. And and I'm like, oh my God, I can't live like this.

And I'm like, I pray to God. I'm kind of an atheist, but I'm sure God's a woman because she hates me. But I said, just take everything that I have. Everything. Just please help me get better.

And so she held her part of the bargain. She didn't take everything because I got divorced and my ex got Gloria Allred and a cover of our Woman Attorney magazine that was sick.

And it's like, okay, so but it's worth it. When you don't have your health. It doesn't matter how much money you have. Like it's, it's it's nuts. And so it did make me much more grateful and I think much more empathetic.

And because when someone with like Lyme, you cannot explain how bad you feel to anyone, no one will get it. They just go, oh yeah, I'm tired too. You're like, oh, you know, might kill you.

But it's it's so true. You don't know until you lose something, you know, and and to be grateful you on a bad day. I got a parking ticket on this dog was like, dude, that's nothing, you know?

And then it's like, I like to watch Military Channel. Like, it's like, you know, learn the foxholes of the mud and slow, like, okay, that's a bad day.

You know? I'm pissed off because I have to do some PowerPoint or something, you know? Right. And it's. Yeah. And and I think people with gratitude, they're just so much happier, you know.

Yeah. And you know, when it comes to chronic fatigue, you know, I read Doctor Michael's book. It's not it's not hypochondria. It's your mitochondria. And you know, I really I realized that they can't move.

They every molecule of ATP is made just for them to sit and breathe and do what they do. But that doesn't mean it's all over, because we are born with the inherent ability to self-heal.

Okay, that is definitely true. You know, I'm a domain collector that happens to be one of my domain. Self-heal dot com. And I figured that, well, what happens if you did self-heal.

So a couple months later I would self healed.com. But that's that's another story. So I do think we have the ability to to self heal. Even if you're like that.

I have a wounded healer story myself. We all do. That's kind of like why we're doing that. That's most people that get into this. Yeah, that was a standard physician was told anything alternative means no evidence.

And I snuck off to some of these conferences and then went, oh my God, this is more evidence based than what they're teaching me. You know, it's yeah, it's crazy.

And, you know, these people get treated so poorly if a doctor can't treat it and it doesn't exist, and it's the patient's fault. And will patients cry just the first visit?

They're like, you believe me? I'm like, yes, and I'll show you on paper you're sick. And they just start crying because no one believes me, you know? And they're just treated.

It's just it drives me crazy. I mean, there's always exceptions, but on average, you know, it says a bunch of doctors, but actually the doctors are watching this or not, like it's doctors seem to be the most uninformed, pathetic people, you know, and just, just treat them so that like, well, when one case she was in the ICU and the doctor was saying was psychological, you know, it's.

I mean, this is these are conversations that you wouldn't have unless you were integrative, you know, and I feel like I can tell this adage because everyone in my family is a doctor, literally, my sister is my in-laws, my wife, you know, my uncles, everybody, you know, what they say is you go to medical school and you kind of forget half of what you learn.

The problem is you don't know which half. Right like that. And we also found that the less a doctor knows, the more adamant they're right. Interesting. You know.

And so I just like well, have you ever look there's no studies on that. Well I'm sure there isn't if you don't look you know but doctors are put general standard docs are put in a difficult spot because they can't like it's so rare like you send a patient back who's been with the doctor.

They love their doctor a great relationship. They've been sick for a long time. They come in, they get better. They like, so happy. You tell their doctor their doctors can be happy and they're pissed and they're like, I'm not going to treat you like if you go back to the doctor, like what?

You know, and it's it's weird. But also they can't do some of the things that are one doctor called one. So what did you do? Which is really rare. And I start talking was like silence. Like what's wrong?

So that takes 20 minutes. He goes, I don't know, 20 minutes, a ten minute. You know, so they're putting a bad position. Yeah. Yeah. Well, I'm happy to have, you know, I've been a doctor for 30 years now, so I feel like I could be a doctor for another 30, actually, because it is anti-aging at the end of the day.

So if you have good metabolism, you're aging the right way. I see you got out of that system, and doctors are miserable. Yeah. You got a smile. Already been on that.

It's like miserable doctors trying to. They don't think they have a way out. And I used to post and say, learn something. Really well, you know, and get out of the insurance model.

And they just don't think like, oh, that's quackery, you know? But anyways, yeah. So that that's awesome. You just set up your passion for this is just taking you so far.

It's a you mentioned also your chief metabolism officer. I really like that Evolution Hyperbaric Institute. So tell me about the hyperbaric. You have hyperbaric and you're off as a hard, hard chain.

It's a hard. Shell. We're going to be we're going to be manufacturing our own everything. But right now we retrofit our we have three patents on our gas management software platform.

And we have different pressure titrations. And it's really pretty amazing because we have all these micro diagnostics hooked up to it, and we do all these electrode ceuticals, and we see what happens when we drop the pressure and raise the pressure.

And it asks for your mitochondria. Yeah. For, for for different for different. The decimal points. And my, my founder, my inventor, he brought my trucks of the world if you're scuba diver.

So he changed scuba diving with enriched air mixtures of forever. And he held the patents for that. And he's been in the compressed gas business for over 40 years.

And he was William Delp the third. And before that he was in alternative energy. In fact, he I developed hydroelectric systems 45 years ago when he was in his mid 20s, and one of them just came out to bid on the island of Hawaii, and it was dubbed as one of the most advanced energy projects in the world.

And it was the same people he worked with and designed 45 years ago. So we're trying to do that for hyperbaric, and we're trying to concentrate on just neurodegeneration.

That's it. That's really what we because that's what we need. That's the big epidemic. So yeah, when you stack it with our our peptides are made of nutrients and you know, I like I like hydrogen, I like magnesium, I like vitamin D, I like folic acid.

And it's not all about my product line. I like nitric oxide. Right. But they tend to need more signaling molecules, small molecules that can do a lot that are very nimble.

And you know, cost is a factor for me, to tell you the truth, because I feel like, you know, you spend a lot of money on blood tests. You spend a lot of money on this.

I mean, this is so expensive for patients, you know? Right. So that's the thing. So that's the whole package and super duper exciting. Okay. The truth, the hyperbaric work. Really.

I just know we're on to something. I just it's just, intuition is what I would. Say, right? Yeah. That's. You get that gut installed feeling, and I was doing hyperbaric and I'm like, I go in.

I was so anxious, you know, with Lyme and the fart down because I was like sitting in the car, like, work it up to like, get in there and get in the chamber.

I'm like, just crank it up, you know, turn up la mama. And then so he does, and then he leaves and I start going, oh my God, I'm having a panic attack.

And so I and I'm like banging on. Really? Yeah. All right. Yeah. We're going to address all that right now. Right now we're retrofitting and we're. But that was my fault.

I just told him to crank it up, you know. But you know, you get a little desperate. But, you know, that's that's interesting. And we looked into doing that.

But I know at least in California, so many regulatory issues with, you know, because really a hyperbaric is a kind of like a bomb, you know, if you if you don't do it. Right.

Yeah. A lot of us with the humidity and a static electricity, we've solved all those problems with my my partner is just like me. He's all solution oriented.

So we can take care of that. It's. We can. Do it. Yeah, I don't California. I mean, I know another doctor put one in the cost of like 400,000 to put it in.

So it's crazy. But yeah. Yeah I love them I think I think they're great. We're trying to reduce the footprint and half the

price, make the make the footprint of a unit into a quarter and half the price.

And how many treatments do you think again, need is a relative term. But when do you start seeing benefit. Right. So that depends on your middle profile. Right.

Because initially when you do hyper parks, if you're really toxic, all of that oxygen is meant oxidizing your toxins. And once you're done oxidizing your toxins then you re-energize.

And after you re-energize, you release 800% more stem cells. Okay. And what that would be for a lime patient might be different from someone who's an elite cyclist.

Okay. But we're finding that with the dashboards that we're getting is you don't necessarily. Do we are stuck doing 40 or 60 treatments. You might need to come in three times in a row and then come in twice a month after that.

And we're following you with all these devices because obviously use the same dashboard for both companies. So that's going to change as well. Right. Because we're going to know exactly when we need to come in.

So you even can maybe predict when someone says, how long do you need? Instead of just given a standard answer, everyone say, well, you have this profile.

I think you're going to need X amount, right? But the problem is that they're usually the land of broken toys are the ones that end up after the doctors and the insurance companies have sort of done everything they possibly could.

Then they'll say, okay, kick them down the road, send it to the hyperbaric. This patient generally need more treatments, but for anti-aging, for metabolism, right.

For your mitochondria, you know, it's a different ballgame. You know, you you if you can be ketogenic and a good hyperbaric stack and a good minor nutrient stack and a good electrode stack, I think you can self-heal in a logarithmic way rather than.

Is there any issue of increasing oxidative stress with the increase oxygen. Right. So that's why we do the Carnegie next. It's a massive antioxidant potential.

And we do the dissolvable hydrogen tablets. And then we measure it. So oh. I, I like those. Yeah yeah yeah we measure it. So we know I mean someone who's subject to a lot of toxins, we wouldn't bring the pressure as much and we wouldn't do as long of a treatment.

Okay. So this is so it's very customizable with what we have there. And our car design is a big part of it. So with our car is that you can take in each RV measurement and then measure your RV number like two hours later it will go up.

And anyone who knows anything about RV, it's not so easy to raise your number just by taking a couple. So I'm very interested. So tell me. Okay, I'm a patient. I come to you.

What's kind of the process? Well what happens. So now I base my practice out of the hyperbaric. So what we usually do is you come in and you're fasted for two hours and you don't have any caffeine, and we do the heavy on you.

And obviously we take a history. You look at any bloodwork that you might have, but we would like to enroll you in what's called a heart print program.

We want to know your heart rate. And that's basically ten hyperbaric treatments where we give you some wearables that you go home with the second week.

With the first week, we hook you up to our own micro diagnostics that again measure fuel, oxygen and voltage. And

then we slowly introduce you to our technologies.

We have different pressure titrations that release the oxygen massively. Once you drop the pressure and you're still in a 100% oxygen environment, because remember, you're compressed, all that oxygen is completely compressed.

And all of your fluid systems, you CSF, your lymphatics, your plasma. And once you drop the pressure and you're in the chamber, it gets released, okay, to go where it needs to go.

And we, you know, part of the heart print is doing photo bio modulation before you get in the chamber. And then doing pulsed electromagnetic field afterwards.

Okay. So what are you doing for photo bio modulation. We just have a I forget what it's called the IMS image system just in that and we just lay people on it for eight minute cycles and.

Right. And then we do, we do the light for photo bio modulation. And then we use a ten and bio modulator for scale our energy. Once we get to know you because our sessions after ten sessions we know your heart rate.

We know what you're all about. And then we come up with your middle profile. We can figure out what you might or reserves you figure out. Yeah. So that's like you got to give us ten sessions and then we'll be able to tell you, well, this is how you responded.

This is how we would go for you're good to go for this many go home with these wearables and just dump the data to me, you know, whatever you want. And we send you emails to, hey, did you give us data?

And then we'll set up a telemedicine console to look at your data and say, hey, what's going on with you? Maybe you should up this or change this, or why don't you come in just for lunch?

I like it, and I remember the first time I saw a tenant speaking, you know, with this, you know, all voltage and looking at the whole body different way.

Yeah. Damn it. Now I have to learn a whole new way. Oh, yeah, I love it. Makes sense. And it's like. But it's like the body is voltage and and but that's not what we're taught in medicine.

Hyperbaric Therapy and Recovery Protocols

And I'm like, damn it, but I frickin learned a whole new, you know, way of looking at things. And but it's pretty amazing. And I want to talk to your program.

So how long like, with the hyperbaric. Like, how long do people have to stay there? Let's say that people are traveling. Yeah. So right. So we we are set up for ten minutes from, from Palm Beach International.

So if they could spend a couple like ten days with us, we're open on weekends, maybe not so much sun. So you can basically like ten in a row. Ten in a row.

And then we can decide, I mean, if your ears can take it, but you know, in the near doctor so we can we can figure that out. Sometimes we have to take a day off here and there.

But, it's usually sort of like five days. We like to do three in a row. Okay. And and see the three in a row, maybe four in a row. Three in a row. Because that tends to help. Okay.

I'm going to check this out. And you should. You're in California, right? You should. You should come over. We happy to to sort of show you around and I mean, I think I think it's I love hyperbaric I've been doing it three times a week for over a year.

And, you know, for me, I know that my motive, my whole profile is if I'm not in it, I found out of it for 5 or 6 days.

Even though I'm doing all the other micronutrient stacks, I'm not the same.

Okay. And what? I do it. I know the treatments that I'm getting a literally the most powerful hyperbaric treatments in the world with our technology. And so I do a little bit of a free diving breathing.

It's called stacking actually. It's a call packing. Yeah, it's called packing. So you can actually take a really deep breath as it's it's pressurized.

This is very advanced. And this is what the Navy Seal divers do. And as the pressure is decompressing, you can feel your lungs expand. Okay. So you're actually increasing your vital capacity of your lungs just from the pressurization.

And yeah. It's like people get older and sicker, like, you know, they got to try to blow on those things. Yeah. This is for. You. And then the oxygen just explodes into your system and it feels like like it from the college days. It feels like a whip.

It literally feels like a nitro. Okay. I'm in. Yeah. And then you go on the pants because oxygen is paramagnetic and the oxygen that you have in your body will go right where it needs to.

And with the hyperbaric, it's very easy to figure out what your micro decay rate is with our advanced mitochondria based on. Definitely check this out.

This is kind of so fun. I just say it's just it's so it's like really fun, you know, just to get to know people this way. And it's, I'm very grateful, actually, to be able to be able to do this, to tell you the truth.

You know, remember names. It's like, wait, I know your mitochondria. It's kind of like an it's kind of like an OB, like, okay. Anyway, I don't remember your face.

Oh, no, that. That's funny. Yeah. Or a colorectal surgeon. Oh, my God. I have to. Remember, I covered more holes than anyone else is. And your nose and throat, so.

Yeah. Oh, I just I just got my nose fix. I broke, shattered it in seven places that a oh, no. We had a management meeting offsite and basically went out to dinner at two drinks.

And we're on those electric scooters and just buzzing around all LA. And then my girlfriend says go in the parking structure. And so it's safer. My account was coming down this way.

I was going up blind curve. His head was down. Oh my gosh, this hit right here exploded my nose. Oh, now you breathe and you breathe in okay. It's better. Well, I got gotta fix.

And then with the first guy and it was worse and I'm like, should I get a CT? Like, now? We'll just come in, we'll save it down and I can see it. And it's like, you missed a dislocation.

You know. And so I went to actually the doctors from botched. But it's the luminaire very perfectionist. So at least it's. Good I think it looks good.

How's it looking. Yeah I think it was really good actually. Yeah. Yeah. I couldn't breathe before like, you know, after it was fixed and it, it's actually I started getting like terrible, periodontitis because like, you know, no moisture and no saliva.

It's bad. Yeah. That's why they do the mouth taping. And, you know, nitric oxide is produced in the sinuses. Right. And when you do the pranayama and you hum, when you hum, it releases even more nitric oxide.

Really. Yeah. Well I'm learning so damn much. I love it, I love it and. Oh yeah. So you've talked about that world champion. So he just loves your product and has really helped him.

Right. So he was on the mitochondria rescue the you know three out of the actually four out of the five products. And normally you would hit that lactic acid build up.

You know it was a six hour race. It was virtual, which was interesting because it, because of the pandemic, it wouldn't be. So he was on these rollers that you had to kind of balance on his rollers.

And he was looking at a TV screen. So he actually won a world championship from his own living room, which was kind of interesting. He didn't carbo load himself hydrogen.

He had some keto water. He had. We loaded him with the Four Corners engine to compost futilely up like a rock and complex Q10 and two hours and 45 minutes in.

So almost halfway in, which is normally when he would feel some lactic acidosis we dosed him again with for the corn is ancient to the complex ketones, and he did 140 miles, and afterwards he took our colostrum and our stim.

You know, we before our grass fed colostrum, we have a really good bio flavonoid system, you know, and he said that, you know, really about 20 minutes into after taking that second dose, he felt like his thighs were burning and then it went away.

And of course, he did a hyperbaric treatment a couple of days before his, before his run to. And he said he would never and he said he would never do another race without the rescue.

And he's 55 zero. Okay. Yeah, he was ranked before, but he really wasn't in competition for a couple of years and just recently got back into it. Yeah, it's hard to compete.

I mean it's good for everything, right? Anti-Aging. And you know, so we tend to see more of the sicker patients because they need help. But it's really good for anti-aging.

It's just hard to get people to believe. And that's why we like people to have all the measurements. And you can even give them the measurements and they still won't believe it even after they improve.

So it might as that isn't true. Yeah. Yeah. I mean, you just you have to be ready for when they're ready. Right? That's that's all. It's really all you can do really.

You just give them the tools and. And it's true. It's like, you know, people come up to me in a party and so, you know, so sick I got this or that. And then you say, well, you should check in my doctors.

I don't have that. Well, yeah. Exactly, exactly. It's like, how's that working for you? Think? You know it's fine. What what is your thought on like, PCU might have to.

Yeah, I like it. I like PK, right. That's basically, Stardust. Right. So, I think it's very good for the electron transport chain. You know, a queen alone or queen.

Oh, you know, you can argue about that. But again, it's a pricing thing for me. You know, like I think our, our, our compost content is really, really potent.

So I don't really think people need to spend that much extra more money. And even the okay, I think they have great research, but I think a lot of the marketing costs get kind of baked into their cost of product.

Yeah, that's the thing. It's like, you know, and I think of like the insurance companies, this commercial, if they're commercial, I'm like, I'm not going with them.

They're spending so much on commercials. There's, you. Know, so we look at it is the complex content, the okay, the GPC, they regenerate. Excuse me. They are power.

They literally are power, but they're not necessarily generating power. Okay. And what we find is when we give the Carnegie an extra with our CoQ10 is once they start getting better, we cut down on their CoQ10 because your heart rate starts to go up.

Okay. So okay, well, you know, you don't really. Yeah. And they have a little trouble sleeping if the real sensitive is too complex. Q10 so that's what I'm saying.

We're always kind of like balancing it. And so we tend to like I take a lot when I'm healthier. I take less complex Q10 actually. Okay. Because I don't need it.

It keeps me up. My heart rate's up. I, you know, I live pretty clean, you know. So that's the interesting comment I would say. But I like all of them.

But how much is a cost? I'm always going to ask. Right. You know, because I feel like ours is well priced and. Yeah. And do you like any of the mitochondrial peptides like C and five amino one.

I'm cuz I'm not overly you know, I can't tell you that I know, I mean there's one called poly MBA that I looked into and that was more of a liquid form.

And I don't like injectables. Right. I just, I just like, you know, the whole bioidentical hormone stuff. Are those all by. Are those all. Yeah. Well, yeah, those are peptides.

But yeah the poly amba is basically a palladium method. You tend I like it. But again the cost was yeah. You know it's. Much cheaper to do IB. When you do an oral you have to take so much.

I mean it's like. Unless you have the right bioavailability. See that's, that's that's the thing right. You know. So I don't know we're getting good results.

We're not really looking around. We consider ourselves to be a mitochondrial neuropeptide because we still count. Hey, you're cured with two amino water.

You don't worry about it when else. We, you know. It counts as a peptide. Lotion. Exactly. Yeah. That that's great. Yeah. This has been fabulous. And I'm going to come out and see you.

I'd love to have you. I just love to check all this out. So you play golf? We could play some nice golf here too. Well, I don't know if you call it I.

I take a look at the balls, and when I run out of balls, I, I it's like, I'll see you. I'm over there, but I'm cool. Hey, I gotta get out of California.

Anyways, this place is nuts. But. Yeah. So. Okay, where can we find out more information? And I think it's that already, but so you URL up. Right you get we'll have a URL, but you can reach me at the doctor.

Raja. Raja mitochondria rescue.com. Or just go to our website and just fill out a contact info and we'll get it. And we'll send you everything that you need to know.

It's very easy process whichever way you choose. If you're on telegram, am I on telegram? Right now we're a practitioner based group, so, you know, our website is very vanilla for all the reasons that we talked about before.

But if you call us as an interested practitioner, we can get you all the research, all the information you need. So it sounds like you can really help doctors treat these tough patients.

If they're open to it. Right. You know, we have a lot of fertility. I mean, it would be great for fertility, to tell you the truth. But again, you put on the snake oil salesman hat and, you know, it's.

Just the doctors watching this are we are open to it. I hope. So. I mean, that's that's before that's why. Yeah. You know, it is you know typically doctors there sounds great, but then they gotta check with other doctors, like, you know, what do you think of this, guys?

It's it's an interesting thing that, you know, doctor psychology and just human nature, too, you know? I mean, my doctor friends, I think I'm, you know, way out there, so.

And maybe I am, I, you know, I think we're tip of the spear. When you're like, your friends say, you're way out there. That is a compliment. I figured, I figured, but we were like, we we consider ourselves to be tip of the spear is.

And this world needs it. So that's what we think. Yeah. That's like, you know, people ask, what do you do? I don't even know how to answer them. You know, it's like, what type of medicine about anti-aging.

What does that mean? It's the same kind of way. Integrative. I just say. That about, like, we're metabolic practitioners. Yeah. That's it. Like for now is I'm a quack.

And then they start asking more questions at the it's so intriguing about that. But I just get tired of trying to explain it. My girlfriend's like you are the worst explaining what you do.

Thank you though it's I don't know, we just I just think we're who practice better medicine, you know. But you can't say that to especially a doctor, you know.

Oh, no. No. Yeah. You're not even in space then quick. So we had franchises in the first franchise with a hospital and and they actually so we put it in they will try to do an anti-aging clinic quote unquote for like ten years.

We couldn't do it. So we we went in and it just exploded. And it was like the middle of nowhere. And all the doctors were so mad because like, the endocrinologist got like, so many calls.

The reversal of the first week. And so they call me, you got to come out here. They say you're practicing medieval medicine. So I took it as a challenge and I said, I'm going to show them, you know, how we're evidence based and they're not, which was a huge mistake because I went out there and there's a whole board, all the department heads, and I started going through it, showing our evidence base, and it just made a matter.

And then they go, you got to talk to the the CEO. He's so mad. They're just going to kick you out. So I talk to him. He goes, listen, yeah, my wife has been so sick for ten years.

Closing Thoughts and Contact Information

They've gone to every one of these damn specialists here in two business with your clinic. So much better. I'll take care of the doctors. I'm like, no you won't, they won't give in.

You know, I said, just say you're defunding and we'll call it something else, you know? And he goes, no, I can talk him into it. And then I heard they had a, a doctor's meeting, and the guy described it as like Frankenstein, where they had, like, pitchforks and and and, like, torches going, get them out.

You know, it's like. And we were getting all these patients better and they didn't want to hear it. You know, they're saying you're putting us down. You're saying you're better than us.

Like you saying that, you know. Yeah, there it is. That that's, you know, I mean, you know, anyway, I just look, they're they're all trying and things do need to change at some point.

They, you know, they, you know, germs used to kill us. And, you know, we concentrated a lot on nuclear genetics and the people who are studying mitochondrial more and, you know, big pharma, they like to study the mitochondrial DNA genetics.

Maybe they should be, studying the epigenetics, but really, maybe they should just be studying voltage, you know, and cleaning it. That's that's only foreign to 99% a doctor.

It's so sensible. I could talk to a regular person about it and they're like, oh yeah, I get that. Yeah. You know they get it. But yeah, you wouldn't.

You're trained and and we'll have like hiring a doctor, doing interviews like we'll have specialists like no, no, no you're not going to work. Well you know, because you, you're I going to have to you're gonna have to unlearn all this stuff.

You spent all this time learning because it's not great, you know, but it's it's interesting. And I think now also doctors coming out, you know, it's like about, you know, great test scores and and in general they memorize.

They're amazing at memorization. But they're not graded concepts. They can't extrapolate. And really funny story but it won't take time. But is that it's everything's algorithm an algorithm.

That's what they're made to do. Also you know in the hospitals, if you don't do exactly this, you're in you're brought in front of the board. You know.

They're like, no I do. No. Yeah. There's there's no like, hey, let's look at some concept and fix this fix. That's like, that's why anyone with a complex illness doesn't do well in standard medicine.

Because they got it. You know, the gastroenterologist fixes that part, and I'll just fix that part, you know, and and they just don't get to the core of it.

But yeah preaching to the choir I mean, I was a surgical subspecialty. I'm a reformed surgeon, you know, I mean, I still enjoy operating, but I enjoy my medicine a lot more as I think the impact is much greater than just being able to help, you know, a couple hundred people a year, you know, three, 400 people a year. Right?

So and that's what we need because, our exposes one is oxidizing us is essentially what's happening. That's awesome. I, I'm is very impressed. And again, I want to come out and see you.

And I think this is great information for doctors and patients. And it sounds like you've made a, you know, complex subject and, and, you know, problem very treatable and doable.

And cost effective. So I think my hat goes off to you. I think it's great. And thank you for coming on and taking the time and and sharing your information.

I think it was this was just fabulous. So thank you. Thanks for the invitation. I look forward to seeing you hopefully in person. Great. You will. I'm going to come back.

You all right? Take care. Thanks for joining us on the Peptides and Longevity podcast. If you enjoyed today's episode, don't forget to subscribe, share and leave a review.

It helps us reach more listeners passionate about optimizing their health. For more insights, resources, and updates, visit our website at Dot Whole Turf med.com.

Together, let's embrace a future of health and vitality. Until next time, stay inspired and keep thriving.