Introductions and Keto Mojo Origins

Hi, everybody. Welcome back. I am incredibly excited and delighted to share with you two people that have become near and dear to my heart. first professionally and later personally.

but you'll see, I think by the end of this conversation why that two transitioned into them being friends as well as colleagues in a, in a space that the tools they've brought to the market have been instrumental in the success of my patients, my patient advocates and the clinicians that serve serve these communities.

So welcome Dorian Greenow and Gemma Kochis So every time I say your last name, I feel like I'm. A flight. Kochis There you go I love it. I'm like, I just came out so weird.

I just call you Gemma Welcome you both. And better to the world around us may be known as Mr. and Mrs. Mojo. So welcome. Thank you. Well, let me out then. We have different names.

We have been married for 27 years, I love it. Goal! You guys are giving people goals and you do what? You do it so well. So I'm excited about this conversation today because you and I have known each other.

the two of you have known me and my community for a very long time now. I'm very supportive of what it is that we're up to. But one thing I think we've also witnessed together, collectively is how the word Keto has become kind of a bad name.

Yeah. And, Dorian, I know you have some strong opinions about that, of how we've changed, the languaging around this, but maybe, you know, like, let's let's talk first about what is what is the concept of keto, what is the concept of ketogenic diet, and what is even more important, what you to really promote is the concept of a ketogenic lifestyle.

So let's start there. First, big, big swath before we dive in. So, you know, it's interesting you said keto getting a bad name. And I think that's because people are fickle.

They're fickle, and they want to brand things in a different way if they feel that it's not quite going their way. And so they're going to try and wrap it up in to a different vernacular, like let's call it insulin suppression, or let's call it therapeutic carbohydrate restriction.

No restriction sounds bad. Let's call it therapeutic carbohydrate reduction. And at the end of the day, when you get down to the baseline and you get to Simon's, nutritional ketosis and a well regulated ketogenic diet is actually defined by a measurement within the blood that was started by Dr. Volek and Phinney in a seminal book, the Art and Science of Low Carbohydrate Living.

And I think this is an important piece. And, you know, people think of fad diets, right. let's just be kind of like, clear here. a ketogenic diet has been around for over 100 years.

Yeah, as a one, as a therapy. As a therapy, as a documented scientific therapy. And within that respect. So if we look at the current standard American diet that's only been around here, since 1960, because if we take a look at the foods that we're currently seeing in any supermarket, if you look at that, that carb age that is in the center of that supermarket, which I call the morgue, just go to the that's the that's the center of the, of the supermarket.

And that's a good place to buy things to die with. where is the outside? Which is, you know, shop the outer iron list is without doubt the, the place, the place to go.

And, you know, what's what's interesting is that I am a product of the dietary guidelines. My mother read Jane

Brody. We loved our carbs, and we ate so well.

And I have been on every diet ever invented, from the cabbage soup diet to the flight attendant diet to the chopstick diet. You know, if I were to chopstick and I was very good at dieting, unfortunately, I was also very good at eating.

And I would go back and forth and I said it before, but I probably lost about 500 pounds and I gained back 500 pounds. So it would be a diet. The concept of diet to me was like, oh yeah, I can do that, and I did.

But a lifestyle is something that's sustainable and especially for cancer patients to to say, oh, I'm going to go on a diet and then I'm going to not have cancer and then I'm going to be fine.

It doesn't work that way. And, you know, you talk about that all the time. It's not like you just got cancer and then suddenly not unhealthy. There's stuff that's been happening for a long time and I know mine is.

I started on the formula. My mom took the, it's just like boom, boom, boom.

Keto as a Lifestyle, Not a Fad

So I think it's very, very important to talk about the lifestyle and not the diet. yes. I love and as a light, as a lifestyle, Gemma and I have been living this way since 2015.

I love it, I have cancer, but I do know pretty much all many of my family and friends who have had cancer, so it's really not a matter of yeah, it's a matter of when, when are you going to get it?

And to me it's like, well, I want my body to be in the best position that when that cancer creeps in, I have a good enough immune system and then a prophylactic approach to it that, you know, I live the most optimal lifestyle.

I mean, generate your cancer. Well, yeah. And I don't know, your listeners know, but I am a cancer survivor. 2011 for, stage one. My, my, college. I said it was hardly cancer, but it was.

And I went through radiation. I went through, you know, I didn't have chemo, but I did go through, you know, eight weeks of radiation. And so it did a number on me.

And I never forget the dietician talking to me. And I was, I think, what, 30 pounds heavier than I am now, you know, on one of my downs, you know, down the spiral.

And the dietician said, just make sure you don't lose weight. Make sure you have, you know, you're okay and your grains and your, you know, and watch fat, you know, and it's like, oh, I thought, oh my God.

Oh yes I will and I, I did. Yeah. And so it wasn't until 2015 there were, you know, and everyone says it's light game. It's like, wait a minute I'm feeling better.

Things aren't you know. So wow. Yeah. This is huge. And so I really appreciate the both of you came to this field. You you came into the field of the concept of ketosis, ketone bodies, ketogenic diet test, fasting for measuring, the ketogenic lifestyle, all of these pieces through your own paths.

I mean, Dorian, I love when you present. You usually show kind of your before and after picture, and it's like you stepping out of the water like a James Bond movie, kind of like Mr.

Pudgy on the first one and the second. That's that's my that's my obituary picture that I want. That's not going to be for, for hopefully somewhere in the reasons of another 40 or 50 years because it's always I don't know why I'm obituaries.

They want to have this gray haired, spectacled old gentleman, you know, I don't want to look like now that was one time. I'm pretty good. Thanks, darling.

Adorable. 27 years married, folks. That's what happens. But I love that. And then, Gemma, I appreciate you being, vulnerable about sharing your background as well, but neither of you are, strangers to meet a black disease.

And as such, one of the things when I first met Dorian at a conference, I'm trying to remember how many years ago now. I was six and a half years ago.

Had gone back. Just goes like that. It's a snap. Meeting this man at a conference at a low carb USA conference. And nonetheless, I see this booth and walk in and I see this guy, and I see him talking to another guy and I'm like, wait a minute, wait.

I kind of catch out of the corner of my eye because I've been implementing, therapeutic ketosis, intermittent fasting, you know, carbohydrate restriction, whatever names you want to give these, give this in my patients with cancer for a very long time, and I wanted to test them, but really, there was no literature about how to do it. Why to do it?

No one was really talking about it, but it was also expensive. So for my patients to invest into 150 or $200 device as well as anywhere at that time, 5 to $6 of test strip.

for something to get this information back, was just not possible for majority of people. So I suddenly run into current and dapper Don here, who is completely able, in my mind, of having a device that is into the price point of everyone's abilities and test strips that far undercut anybody else in the industry.

So suddenly it's like, oh, we have a way now to be a living laboratory and to actually see if we're doing what we think we're doing and not be it lip service or a game changer for me in my practice.

You guys truly. I think many people that don't even remember the history of how it all came about. But, you know, I you know, when I was I was 47 pounds heavier than we see now.

And I was testing testing within the Abbott meter. And like you said, the strips were really expensive. Yeah. So when Gemma and I use our home equity line of credit to, to start this up, we changed the pricing by over 75% overnight.

any of those big corporations could have done that. It shouldn't have taken as a husband and wife team to do this. But it is the classic avarice and greed that we see in the especially in America.

There's no reason to strip out ketone strips of beef 4 or $5. I mean, there's just no, I didn't when Dorian started. Retallick. It's like, wait a minute. Not of this.

Yeah doesn't happen. So but I think really for cancer patients ketones matter. They seriously matter. If somebody is maybe looking for for weight loss does it matter as much what you could potentially go carnivore for sure.

But certainly for, I think for cancer treatment, ketones really do need that, that ability to dial on in and get that go. I get at targeted moments during the treatment.

This is where I think that test, guess, as you so often say, really begins to matter and we're actually seeing great science coming out that correlates correlates that that the ketone measurements correlate to outcomes.

But I think also for, for a practitioner and for the consumer, this instant biofeedback gives them the empowerment that I've got. This I mean, I remember when Gemma got her diagnosis and then the noise that came out of her mouth in the living room was pretty awful.

Why Ketone Testing Matters

And then when you go to the, the, the oncologist and the radiologist, everything seems to be taken out of your hands and you end up with like the, the where's my cell phone is, where is my command of this?

And you go to the University of Google and you try to show things to the oncologist, and then you get the classic, don't you confuse my medical degree with your 15 minutes of googling, and you kind of like, want to go back to that oncologist?

Well, don't you confuse my five years of nutrition and learning with your 15 minutes that you got and medical school. And I think that. This empowerment because really important.

The empowerment because you are, stripped away with so much and you want to to live, you want to survive and what, what what can I do to make that happen?

And so by testing your ketones, seeing you're doing the right thing, seeing that. Yeah, that donut sort of did affect me, even though I didn't think it did.

that empowered you to make the choice. If you choose to have that donut, then that is your choice. You're not just guessing that, oh, it's fine. I'm sure that bagel and the the it's fine.

But then when you see it, then that empowers you. And if you make that decision to have something that that isn't is you know, decreasing your ketones and elevating your glucose, then you know that you are doing it.

Yes, this is huge. And I want to touch on a few points that both of you have brought up. One of them is this concept of what you have created here at keto.

Mojo is a tool of empowerment, so it's a tool of empowerment to the patient but also to the provider. This is huge. And it's a it's a conversation tool and it's a curiosity generator.

And it power somebody to take to take matters into their own hand and stop telling themselves lies such on themselves stories. Right. So I think that's really, really powerful.

It's like, let's get honest here. And you, you've made it affordable and accessible basically, you know, risk becoming global, which is really cool. Or at least my patients are finding it globally, even if you're not in those countries.

We are as of yesterday, I just opened up Canada. We are now in 37, which means. There's probably a lot of who come in there right now. Let's say they took four years.

And it's a combination of kind of how yeah, wow. We are now in Canada. As of yesterday, we did acquire opening. We have some little kinks in the background that.

Went with our community. Baby, we've got a massive population there. This is so beautiful. So congrats on that. So this tool of empowerment is now able to be shared with many beyond just the United States.

So kudos on that. The other piece I want to speak to, Ketone Bodies. You alluded to the power of ketosis. and being able to test for whether or not you're in ketosis and something a lot of people think that ketones are just about like sort of fad diet, that they're somehow this is a fad and it's going to go away.

I want to remind people that we are born in a state of ketosis. I want to remind people that ketosis is a physiologic state and not a diet. I want to remind people out there are multiple roads to achieving ketosis, which can be high fat.

Low carb, which is the definition of a ketogenic diet, can be just carb restricting, can be exhaustion, is ketones and can be carnivore which is carb restricting and can be, ketone, exogenous ketones.

Any of these things can create a tested level. You know, I should do like a test, a level of ketone bodies on a ketone, monitor, which is what keto mojo is.

And so I want people to understand that, that this isn't a dogma war. This is a, you know, a dietary dogma war. This

is a data conversation, and that there's multiple ways to achieve this physiologic state, no matter your sort of dietary leanings.

Okay. Number two, what's important is ketone bodies themselves. They're not just about lowering glucose and lowering insulin. They are signaling molecules.

And as such they when people look at the hallmarks of cancer, I know one of our speakers will be speaking to the hallmarks of cancer on this summit, but they literally impact every one of the hallmarks of cancer.

And so this signaling agent is a powerful tool in both the treatment and prevention of cancer and enhancing other therapeutic interventions for cancer, not just about starving ketones or, excuse me, starving, insulin or glucose.

So I wanted to really highlight that and then think. Also and work on that point, you know, talk about the signaling aspects of, ketone bodies and the upregulation of the epigenetics.

but doctor to spoke at Low Carb USA and they're on our website. If you want to go and take a look at all the videos on that, we give them away free for to everybody.

but all 15 biomarkers of inflammation. Wow. Go down on a well-regulated ketogenic all 15. So if you want to say, hey, I want to see what's going on with inflammation here.

She said it in the Q&A. He said it's better to test for ketones because, you know, the results will be all of those. Inflammation will go down and that's what we kind of want.

The same thing is also a little bit between the the battle between CGM is a little bit, because I know a lot of the fashionistas are into into the CGM because there's $1 billion company that's going into that.

But for me, when I if you want to CGM, it's boring. It flat. Well because you're like lifestyle. Exactly. If you are in nutritional ketosis you will have good glucose control.

And I think that's what people don't understand. So yes, I think you can certainly test for the wrong path. And that's what a CGM can show you if you want a learning experience of what not to do, that's.

Yeah, but if you want the right path or the which for some people would say this is the how we biologically evolved in a state of nutrition, ketosis coming back.

Yes and yes, we are born in ketosis. A great Japanese study that actually showed that they measured the the mother in the second and third trimesters, and they measured the baby at birth and they measured the placenta, that the placenta was at 2.95mm.

That's cool. That's that's therapeutic ketosis. Right. And the amniotic fluid is also bathed in ketones. So let's just say that our whole GI tract and our whole, subjects and our breathing, we want bathed in ketones.

And remember, there's not just obviously one ketone body. There are three different types, which I think some people don't understand that there are three different types.

Well, before we go into that type, into the types of testing and then move into some of the other arenas. you mentioned GK, I and my imagination is a lot of people will not know what that means.

So let me quickly break this down. GK II is a ratio that also the keto motor device calculates, which is beautiful. And this was first kind of brought to the attention of our awareness by Doctor Thomas Siegfried and understanding that he lower your GK by the higher therapeutic, value of being in ketosis.

Right. And so I'm kind of overly simplifying here, but just to give the listeners an opportunity to understand the average American today, and you might be able to answer this better than I can, but Jordan or Gemma, do you

guys know what the average Americans GCS?

Because I do know the answer. But I want to hear if you have seen this many. I actually don't, because I'm only in the world that I know, which is the ketogenic lifestyle.

So when you see my numbers, really I would I would shudder to think with probably the best. You've guessed. 20 or 30.

Ketone Bodies and Measurement Methods

I'm pretty damn good guess, because what the average, depending on who you look at the average GK glucose to ketone index this ratio. And it's a mathematical formulation, easy to find, calculated automatically on your device.

But people can also do the math themselves. but the average American is somewhere between 26 and 30. Wow. Okay. And what the research has shown, I cannot believe I can't think of this gentleman's name right now, but somebody I met at Low Carb USA this past year, we actually have a meeting coming up.

So, if I remember it later, I'll apologize and bring that on. But he was explaining that if we all just shot for having our guy under five, we put a lot of the medical, practitioners out out of business.

Yeah. The, the many chronic conditions that would just reducing or GK to under five would make. And that's not even therapeutically treating a cancer process at that point.

But it's certainly changing a lot of other metabolic diseases. Yeah I think it's estimated that between 20 something like 2030 or 2040 that non-communicable diseases, western diseases will cost society something in the regions of like $30 trillion.

We already know that type two diabetes, which is clinically proven, can be reversed with the with a well regulated ketogenic diet is costing America over $400 billion.

You know, one disease, state House one. Yeah. This is on. A on a more personal level, just having those the the added parameters, of investigatory, information that I found on the job that really helps, especially when you're first starting cancer treatments.

So for all of the viewers out there who are just, you know, it is shocking. And, you know, if you've used to the standard American diet changing the way you look at food, the way it treats you, you know, is, is important.

All of the parameters that you you want, all the information you can get. Yeah. Just to to give yourself that that and the power and the tool. Yeah I love this I love this.

And so you alluded to three different ketone bodies. But I also know that in looking at those different ketone bodies you also look at three different.

There's three different ways to look at them. Can you break those down. of those three very briefly for our community. Yeah. So the three different types you've got acetic acetate, very volatile chemical.

red represents about 28% of the energy that's in the, in the body and can be quickly shunted into beta hydroxybutyrate and, and back, through the Krebs cycle.

And that can be some measured sometimes in a urinalysis strip. But the urinalysis strips, notoriously bad for a giving or a false negative. So you think you're not in ketosis, but you really are, because your body has stopped spilling, ketones into the urine.

And they can also be wildly affected by hydration. and so, you know, yes, most people that you don't know, the keto mojo actually has the number one selling urinalysis trip in America on Amazon.

But in there we tell people what the limitations are of that tennis understand the limitations. Yes, it's super cheap 999 for about 150 tests, but at the end of the day, when you get those false negatives, you get disempowered and this can be a problem.

And that was a actually a GBM trial that was done in the UK, where they were using urinalysis. Two people dropped out of the trial diet early because they didn't see the results.

So I did offer to give them three meters for that one, because for the next time they need to use a gold standard. So that's the C, the acetate, the second one is acetone that can be potentially measured in the breath.

So breath is really, really hard to measure consistently, reliably, reliably and and accurately. And the flip side with the breath, I mean, the promise of breath I think is absolutely wonderful. You think about noninvasive next.

And you know, you know, that should be wonderful. But you can get a false positive from a lifestyle contaminant like toothpaste, lozenges, chewing gums, Nicorette, nicotine, any of these things.

And what can happen is alcoholics. Yeah. You can have a glass of wine. Go. Oh, let me test with on my brand new device that costs $160. And you would have blown out that sensor because the sensor was actually designed for something else immediately.

Because the sensors that I use are metal oxide ceramic, because we really looked at breath because we wanted to have a best in class, but because of the, the limitations of that, you could end up with pretty much an expensive paperweight.

and, you know, breath is dirty. There's all sorts of things that can be on your breath from, from hydrogen, from from humidity. and then with, with these machines, you have to do breathing techniques as well.

So the use of it and the application within the pediatric population is really difficult. And because of the unreliability, that kind of like of a super bad rap and realize that when you're trying to measure with breath and but what I always find is funny is a lot of the breath analyzer.

People want to tout the studies that was done well, every single study that was done and, breath and even we're done with a gas chromatograph or mass spectrometer, and one of those breath meters have ever tried to correlate back to the bench analyzer and tell you how accurate they really are and what the problems are.

And I think that's it. And then you've obviously got the gold standard that's been around for over 20 years. The capability of doing that, which is measuring beta hydroxybutyrate in the blood, that represents about 70% of the energy that is, that is there.

But I think it's important to realize that when we measure measuring, we're measuring what's in the tank. We don't measure how well your liver is at producing ketones, nor how well your body and your mitochondria are fat adapted to receive that because, as you know, toxins, this changes over time.

And I think a lot of people don't understand, you know, how the body changes and gets fat adapted, on a well regulated ketogenic diet over time. And I think that's important too, especially for someone first starting out now, Dorian became fat adapted.

Within weeks. He lost 40 pounds to him. sorry. He becomes fat adapted. And when it really, really took a long time. And then it wasn't until I really started testing, figuring it out, finding my car bench that I was able to do it.

And now I sit at a probably about 1.5, it turns pretty much now. Whatever. If I go off, the wagon comes back. You know, that's a. Really interesting point, is that you started off with quite low ketones.

Yeah. And this was the challenge of for you personally what you were we were eating the same. And this is the bio individuality becomes it very important for the individual or what you need to adjust.

Now I feel you're in the carnivore camp. You know carnivores are like, yeah, you can just eat carnivore. And they go, well, we never get very high ketones.

0.3 some for some thighs, you know. So but you know, you know too much protein. I and have an effect. I believe your husband is one of those people who gets high.

He loves to be a carnivore, but he becomes diabetic when he gets too much protein because it's it's stimulating gluconeogenesis. That much protein. Yes. Because for him he has a certain genetic snips.

And that's why I think within the NTIA program, you're very, intense on looking at those genetic strips to apply the right thing to the right individual.

Personalization, Cancer Care, and Targeted Ketosis

And I think you can only do that by looking test and guess look at the genetic data, look at the ketone data, evaluate those things together to try and diet it in for the for the individual.

So this is very, high touch acute personalized medicine. And I think people forget about their data, their ketones, I think all testing. But they don't realize that it needs in this particular instance, it needs serious professional assistance to get it to the right light.

Getting a GPS eye on the one that is not easy and is not easy at all. and it's different. What we do is choose as in maintenance mode. The Gemini are in, you know, our world is is a very different on the ketogenic spectrum because there are different types of ketone, and it's where you need to be on the expect at the spectrum at that time, during your diagnosis and during your treatment and during after.

I love and I love this company because it's Segway so beautifully that I think people think, oh, I just have to do this during this period and I'm done.

And what you just spoke to is there's a place for this in prevention, there's a place for this and treatment, and there's a place for this for ongoing, maintenance and even longevity.

And the, the, the spectrum will be different, differ between individuals, but also between your therapeutic needs. And so one of the coolest things I have loved about the two of you, because I don't know, I'm guessing you were on the road a hell of a lot more than I was last year, and the last couple of years that we are get we're up and up there that people always tell me, oh, it's just hard. I travel too much for work.

It can't be done. Oh, I was on vacation, so that's where I got off this. I wish I like I get very confused because I have been, you know, Steven, I've been this lifestyle since 2009.

And before that we played in it. Right. But then we really became solid with it in 2009. So good. Six years where you guys, you know, jumped on this train and are not missing a thing.

And people who hang out with us, travel with us, come to our house for dinner. No 1 in 1,000,000 years would think that we are missing out on anything.

And I've had the pleasure of traveling with you, of of dining with you, have feasting with you all over the world, to know that none of us are like, oh, boo hoo, I can't believe we're not eating X, Y, and Z.

So talk to us about this as a life style. And guys, just a little bit of background. Gemma and Dorian met each other through the wine industry. Gemma was a similar, and a big, big silly she has you still she's still official.

but you guys, man, you've learned how to thrive with this as a part. It's just part of your livelihood. Now, can you talk to us about how we incorporate this into our interactions?

Their family, our interactions with our our travels, our work, and our just general joy of life? It's so much easier than people make it out to be. I think the the common misconception is that the ketogenic diet is a hard boiled egg and a piece of bacon.

And and yet Darren and I love food. We live in the Napa Valley. We also love wine. So the the key is finding foods that work for you. We've eaten it, you know, diners and three star Michelin restaurants.

You can do it. the first thing actually a tip when you travel, use open table, all of the different reservation, platforms to look at the menus. The first thing I do is actually look at the wine list.

Nine times out of ten. I kid you not, if it's a well curated wine list with choices that you know you can make, and we can talk about that on a different podcast, but or, interview.

But nine times out of ten, the menu will come into line and you can find things that you can eat. And by that you look at a, the sides aren't as important because you can usually get substitutions or not eat them.

But how are the foods prepared? Florida was tough for us because a lot of the food was fried and a lot of, you know, but we've found restaurants where you could get food and it's really not.

So the biggest challenge how to stay cream in different languages. Oh my God, we were. In South Korea. It's like you say heavy cream ice. And they think you're crazy when you ask for it in most places.

Why do you want it? But it's interesting, doesn't it? There's an interesting piece here is are you going to sweat the carrot or the onion in the beef bourguignon?

No, but I will sweat and say, can I have that beef bourguignon without the noodles underneath, please? I think part of what a good, educator can do is to help somebody deal with the the swap outs or how to deal within the in that moment, like one of the classic things that I heard back from a coach was, you know, I had heard that this, I've seen that this person was not in ketosis, and it was kind of like happening regularly on Fridays.

And then they they started not to test on Friday and they went, no, well, what's going on on Friday? And they go, well, it's pizza night at the office and everybody keeps going, oh, just go and have pizza.

It's gonna be absolutely fine. Just have some pizza. And so this, this, this peer pressure is what made them cave. Well, the coping strategy is that. So, you know what?

Next time I want you to have four slices of pizza. But I want you to take scrape off the toppings and put the garbage in the garbage. Once you've given that person the coping strategy, they can move on with the restaurants.

You can kind of like if there's with potatoes, there's always going to be something like mixed vegetables or broccoli rabe or a salad, or you can just go without them and have, you know, a nice basically, you know, maybe about that steak that is being done with a sauce bearnaise and maybe some mushrooms that have been done that being soaked in butter.

Absolutely fantastic. What about a hamachi crudo? Just last year we we all went to a, an Italian restaurant together, and it was amazing. Most a lot of pasta, a lot of bread, a lot of, you know, carb things.

But we came away beautifully. I mean, there's always meats, there's always vegetables, you know, and it's, it's, it's exciting to, to find. And then the chef, if you're at a really nice restaurant, the chef gets involved sometimes.

I mean, I'm amazed at these restaurants that come up with these things for us. That's why another little simple things is if, you know, obviously, if you're trying to target your ketones and you're going to get that up, you're going to want to want to increase the fat within your diet.

You know, this is now as we start talking, targeting, I mean, I always think of a, a well-regulated diet is adequate fat

modern for protein above ground vegetables.

That's very simple. That's just a basic one. But if you're targeting for a cancer treatment or for maybe for bipolar or something like that, the there a ketones matter at a targeted level.

So some things when I'm looking to say, okay, I've got a busy day today and I want to get my ketones in the right result.

Travel, Dining, and Living Keto Every Day

And I happen to be traveling, I'll see you on the menu that they might have an eggs Benedict, but I'm also not really in the mood for, like, getting them to change everything.

So I say, can I have an omelet, please? And I would like that with a Benedict sauce. The hollandaise sauce. And now you've got an easy add into that or bring it in and say, hey, can I have a side of olive oil that is on there so that you can increase the olive oil that is within the dish or something like that.

So there are these easy methods that kind of like, come on in, and I like to come back to people in this adequate fat business. And Gemma mentioned about the weight loss that our oncologist said, we don't want you to lose weight.

It's okay to lose fat mass. Yeah. What we want. To protect around your organs, what's internal? You know, if you look skinny on the outside, you might be very fat on the inside.

Yeah, it's okay to lose fat mass, but we want to protect the protein. your protein, your muscle mass. Well, well-regulated keto diet is protein sparing.

And I think there's a there's a wonderful study that's been done in mental health is for anorexia nervosa. And I'm really looking forward to seeing the results on that one, because then what we can do is hand something like that.

Anorexia. You don't want to lose weight. So why would you be choosing a ketogenic diet for that? Because a ketogenic diet is nutrient dense and this becomes nutrient dense, good quality products that has all the essential amino acids for life.

And this is what we're looking for, to optimize the health of an individual in the birth of prophylactic way by living the lifestyle so you don't get cancer or targeting it in to make this the actual, standard of care to be more effective.

Well, what do you see this in a hospital and a brain cancer trial with Doctor Hugh down on that one? That so that we can see in the standard of care that for GBM, it can it can be better and that we can get outcomes at the end and to use it to stop the recurrence later on, like your experience, just like that.

And I think that that's what's frustrating for us is we're involved, you know, is involved in over 40 clinical trials. 40 now I'm just going to ask, what are we up to, gang?

I think it's 40, 50 over. 40 actually. But 50 states, cancer, bipolar, Parkinson's, a lot of different diseases. And so we see the science in action. And to me, what's frustrating is that the efficacy isn't there, the science is there.

And we need to get the education out there. And I know this is the impetus for why you're doing all this, but that is the frustrating thing for us because once you see it, you cannot unsee it.

And the science is very clear. And it's not it's not trendy. It's science, and it's very important. And, we need to have the ketogenic lifestyle diet, if you want to call it the doctor recommended otherwise or practitioner recommended otherwise.

We know personally I know for people, family members, good friends who have cancer, who one doctor told them,

oh, you have to go on a no fat diet. Oh, you're going to lose too much weight.

Oh, you know, this isn't this isn't going to work for you because it's just a trendy thing. Yeah, yeah. So to us it's frustrating because we're just the friends.

We're just the son in law, which is the brother sister, you know? But my God, what we have seen it just, you know. But I think the results speak for themselves.

I mean, I want the wonderful moment. I think you were you were on the Cancer Revolution documentary, and you look at the end of that, and you, you see the voices, you see the person at the end of the treatment and you see the successes that they they've had.

And this is kind of like our foundation, the ketogenic foundation, that we have a 501C3 501C3 nonprofit where we out to to fund the Cancer Revolution documentary.

Because this was the challenge of them getting the funding. And it's still the challenge that we're going to see within the cancer community when there is not a magic pill to make $1 billion, who's going to do the science?

How do we fund the science to validate and prove what we're seeing out of an N equals one? Case histories, more case histories do need to be published.

Yeah. And how do we fund the I mean, the narratives of the world, you know, those who are speaking and looking at the science, how do we get back to to be put forward?

That's you know, that's what's important is the the science has to be there and, and educated. And part of that I want to touch on is Gemma and I. We did we did our succession planning last year adulting and daunting.

And you know, we don't have any children. So the question is, is what is your legacy? It is a legacy that you made it back or you made a difference. And so we have elected to do that.

At the end of our lives, everything will go to the ketogenic foundation so that we can advance education and science and clinical trials and the efficacy and use of ketogenic therapies for the benefit of humankind, because I think that's, you know, we will.

The old adage was, even when I was a boy, Scott leads the place better than you found it. You know what I mean? And I still carries through in your normal life.

Clinical Trials, Education, and Legacy

And love it. Well, it's interesting because you guys came from a place of having some health issues that, you know, give you something like, I'm going to try this on for size and see what happens.

And then you realize there was not a tool that really met what you needed. And so instead of waiting for someone else to do it, you created something new.

So you moved and created an empowerment tool, and then you moved into the Kino Mojo empire. You've got other methods of testing. You've got education programs.

My got people to to go on. If you feel like there's no recipes or inspiration out there, their website is loaded with inspiration and ideas. Educate all of it free.

It's like a it is a university and ketogenic lifestyle on their website. Absolute at your fingertips. so please take advantage of that and this movement into the foundation.

I cannot get over the fact that you are now over 40 closer to 50 or over, clinical trials. You have a direct hand in

either helping fund or actually giving devices to for them to use in their clinical trials.

And then even these other endeavors of helping, fund documentaries and other education platforms to the masses. Because you're right, you see, you see the problem.

And the problem is that there is a barrier to this information and to access to this lifestyle in a meaningful way. And this legacy. You are living legends, which is beautiful and know that there's something more to come.

But my gosh, you guys, that what you are doing, what I've witnessed in such a short six years of my knowing you, it's incredible what it is that you created and how much you've supported me in my endeavors, in the nonprofit space, in my endeavors in educating the masses on a metabolic approach to cancer and, livelihood.

I can't imagine a better tool of empowerment for my patients. And so I have such gratitude and such love for both of you. And I hope that we get to travel the world around sharing this message and enjoying incredibly delicious, food that is very friendly to our ketogenic lifestyles.

So love you both. Thank you for being here. Thank you. Thank you.