Introduction to the Ever Young Podcast

You shotgunned all these tests, right? We were basically ridiculed for more tests we did. Or you get your hands slapped. It's like, wait, you can't order this test.

Explain why you ordered this test. Are you going to pay for this test? That's right. And again, in some scenarios, maybe in an ER setting, if you're trying to focus on one problem, sure.

But if you're saying, hey, I'm a pretty healthy person. I want to know what my risks are down the road. I know now, and even with my patients in the insurance model.

Welcome to Ever Young, a podcast for high performers who live deliberately and age with intention. I'm Rich Hanley, Harvard trained, military tested, and still chasing P performance at age 60. Here we explore what it really takes to stay sharp, strong, and deeply alive.

So let's get to it. So on today's episode, we are joining Dr. Meir once again. Thank you so much for being here, Dr. Meir. We've got so much to talk about with regard to longevity, escape velocity, current models of insurance-based care, where we've been, where we are currently, and where we're going in integrating the longevity mindset, the healthspan mindset into both conventional care and outside that context, and thinking about it through the lens of What will the world look like, the world of healthcare look like in five to 10 years once newer technologies come online?

So let's begin that conversation. What are your initial thoughts on this, Dr. Meir? Well, I love where things are going in longevity, but they're going at a very rapid pace, right?

And so when we look at where we are now and where a lot of your listeners are probably are, they're in the insurance space.

Medicine 1.0, 2.0, and the Shift to 3.0

I mean, some are probably in the medical space as well. But it's how can we How can we keep up with what we're learning and how can we integrate that into our lives?

Because for me, I tell my patients, look, I'm trying to get deeper and get more prevention done for you guys so that when we see what's happening at this rapid pace of technology we're developing through AI and through gene editing and through stem cells and through peptides, that there's going to be, this stuff sounds all out there sci-fi right now, but it's going to be more mainstream in five years.

And what position are you and I going to be in? And what position are you listeners going to be in in five years to be able to take advantage of all the things we've learned?

So as far as what we talked about in the last episode, lifespan, health span, we just want to be able to give as many people the opportunity to find out about themselves and create a health span plan for themselves.

So they live healthier for, let's say, let's just take it five years, five years down the road, there's going to be tons of new innovations in five years, but do you want to be in a position to take advantage of them or not?

So I think that's what, you know, what this, we can get into the longevity escape velocity sort of principles, but backing up to today and where we've been, right?

The whole, the whole principles of what we're now we're at, we went from 1.0 to 2.0 and then we're getting to 3.0 of

medicine. And so let's break that down a bit for our listeners that might not be familiar with Peter's framework, Peter Attia's framework.

Like, let's describe for them, what is 1.0, what is 2.0? He's not the only one that created frameworks like that. That's true, yeah. But he does a great job in explaining it.

But yeah, of course, you know, 1.0 is where we were up until, you know, the last 60, 70 years before we had all these medicines. And 1.0 was pretty much, you get sick, something happens, you just tend to it the best way you can, right?

You bandage it up or you do some natural treatments and you bandage them along based on just whatever you know because medicine was very archaic as far as we know now.

Most of, most everyone is familiar with what 2.0 is, right? Which is algorithmic healthcare, where it's basically follow, follow a protocol. My entire career has been built on algorithms, yours as well.

Especially you coming out of the ER, everything's an algorithm. And even prior to that, for many, many years, it was still evidence-based. Okay, what did the science say?

What did the, what kind of, what drug did we come up with for that disease state? You treat the disease and then you, and then you move on to the next, next phase and then follow the algorithm until you've gone through the algorithm.

And if it doesn't work, oops, we, we may not have an answer for you. So certainly that's been a phase we're still in, in a lot of ways. And again, there's nothing wrong with it for treating disease, but there's everything wrong with it for preventing disease and creating health, because it's not allowing you to be creative, not allowing for discovery.

So I don't have any codes that I can put in my EHR for you came to see me as a patient that it helped me discover what triggers and what risks you have for the next five years in your health.

Or the hallmarks of aging, which is a whole other podcast, but right, there's a dozen or so hallmarks of aging now. proven entities, proven philosophies and findings in our health that cause aging that we can address and try to address if we feel like they go down the wrong path.

There's no codes that I can type in to get coverage to say, I'm concerned about these hallmarks of aging for Dr. Fitch. Therefore, I want to do this testing.

I don't have a code for that. Yeah. purposely, because that's not part of the disease algorithm. So I don't have the ability to check and check deeper for that.

And if I wanted to do that, you know, we don't, as doctors, we get, that's, that's not a badge that you wanted to have, like the badge of you tested all those tests, then you must not have known what the heck was going on with that patient.

You shotgunned all these tests, right? We were basically ridiculed for more tests we did. Or you get your hand slapped. It's like, wait, you can't order this test.

Explain why you ordered this test. Are you going to pay for this test? That's right. And again, in some scenarios, maybe in an ER setting, if you're trying to focus on one problem, sure.

But if you're saying, hey, I'm a pretty healthy person, I want to know what my risks are down the road.

Longevity Escape Velocity and Emerging Therapies

I know now, and even with my patients in the insurance model, I do five times the tests that I used to do on them.

because I've just figured out in ways through diagnosing things, nothing fraudulent at all, trust me, it's all very legitimate, but ways to do more testing for patients.

And guess what? Guess what? I find more I find more trends. I find more trends. And then I can really have a conversation with my patients, hey, you've got these nutrients are trending low.

Your vitamin D is bottomed out. You have low intercellular magnesium. These things are trending in the wrong direction. And I can tell you why we should correct these to fix the terrain in your system.

You're training your body so that your system works better. And when you explain that to people, they go, huh, That makes a lot of sense, right? Yeah.

That's fantastic. So that whole… medicine 2.0 model you know is we're coming out of that and we're creating this 3.0 and as Dr. Atiyah has talked about and that model is exploration, it's discovery, it's being creative in finding ways we can not just wait for disease or catch it or catch it right when it's happening but but discover ways to totally prevent the disease and create, how about this?

Not just prevent disease, but create optimal health. Really? Imagine that. That's what I went into medicine for. Now, like now, finally, we're getting the tools to do it.

And conventional medicine is, they're not, certainly with conventional medicine, and when I'm talking about conventional medicine, I'm talking about insurance-based medicine.

They're not equipped. to help us do that. They're not to pay for, they're not equipped to keep up with that. So let's keep up with that whole technological advances that are moving so rapidly.

And I don't see them catching up to that anytime soon. Therefore, we have to try to make decisions for our patients and for ourselves to create our own path and try to make it as affordable as possible for everyone.

Not everyone's going to be able to do everything, but you don't have to do everything anyway. Yeah. With exception, right? There's Cleveland Clinic, Mayo Clinic that are attempting these things.

You got Mark Hyman with Cleveland Clinic, where he's integrated a lot of his thought process and proven therapies within that context at scale. And we got function health as well at scale, which is great, which gives power back to people.

But you're right. In large part, people are just now kind of coming online with this. They're starting to understand, oh wait, there is this idea of the 12 hallmarks of aging.

And I believe that they're increasing now. There's more than 12 now. I think they're like 16. Let's talk about them. The listener can look them up. We have a length over the screen.

Just to, let's talk a bit about them and why they're important, how they're going to get us to this concept of longevity escape velocity. So let's begin by describing, defining what is escape, longevity escape velocity.

Well, so my understanding of longevity escape velocity, which is, you know, very smart scientists out there sort of theorizes this idea. So the advancements in the technology we've been talking about will actually outpace aging.

So we'll get more advancements that are available to us if we maintain our health and we can take advantage of those. to the point where we'll have so much of this opportunity to take care of ourselves and reverse our biological aging process that we will theoretically stop aging, right?

Which is a crazy thought, but the escape philosophy is when that basically stops our aging process because we have the opportunity to do so many more things for our health.

Now that gets into some topics that are, you know, are I don't have a lot of expertise in at all, but in terms of getting into gene editing and things that really are going to be interesting topics down the road and where we can manipulate DNA.

Those are topics that are a little bit scary to think about for most people right now. But we also have, again, stem cells, which are 2000 plus active studies on stem cells and benefits.

That's still, I think, going to be the game changer in terms of how we can find how those fit into so many diseases. Yeah. And certainly peptide therapies because they're such natural cell signalers that heal.

And when we harness those better and figure out how to stack and use those together, we're already going to make so much progress. Yeah, absolutely. The 12 hallmarks of aging all point in those directions.

There's many that are important, but cellular signaling, intracellular signaling, the whole idea of improving our immune health. Our immune system keeps us in check from getting cancers, not just getting sick with the cold, but you know, preventing, you know, from cells from running rogue without an intact immune system that becomes problematic.

So yeah, there's a host of things that can spur our immune system to work more effectively, including peptide therapies, including stem cell therapies, which is super encouraging.

It is a really wild thought to think that that's even remotely possible. And there's some consternation among the PhD bench scientists with regard to when this will happen, how it will happen.

Is it even plausible that longevity escape velocity is real? Is it truly going to happen? some very impressive scientists that have done a lot of work that would suggest and won Nobel Peace Prizes in the process of trying to figure this out that they really do believe that it's possible.

Guys like David Sinclair at Harvard Medical School is one of the most notable, a controversial gentleman who's talking about this. But his scientists are legit.

They're doing real science. They've got, you know, they've done it at the bench in both non-human primates and mice to the degree that they're now beginning to cure, at least in animal studies, pretty profound diseases, even blindness.

Nyon is a type of blindness that they've cured in mice and in non-human primates.

Healthspan, Prevention, and U.S. Healthcare Gaps

Take a look at Sinclair's work. It's really fascinating. A lot of work, a lot of interesting podcasts and him speaking with regard to that science. And they're going to be doing their first human clinical trials here in January of 2026 for nion, which is a form of blindness.

So we'll see, hopefully, we'll see the positive outcomes with regard to that. That's just one organ system. So imagine us, you know, doing this in multiple organ systems.

We go beyond the eye and did like say kidney failure or liver failure or, you know, uh non-alcohol status hepatitis or where you get fatty liver that's now something's called something else other than i think is it nash now what is it called now it's made it nash now it's a metabolic yeah metabolic because everything's metabolic associated now so So being able to reverse that in mice now and in primates, non-human primates, and then eventually in us.

And then this whole concept of being able to give us a pill that's based in nutraceutical or slash pharmaceutical that we take on the daily. To me, that sounds like we're going to the moon or to Mars even.

It seems so far beyond what we're capable of doing right now. But Sinclair and other labs around the world are

working on these modalities that seem very sci-fi.

Even if we're not going to get to that in 12 years, like some people say, it's the idea that we're talking about it. And there's really smart people saying, that's something we could get to.

Tells me right there that there's going to be plenty of benefit. We can attain that, right? I mean, we can still slow down our aging process and live a healthier time with our family.

as we age, so we're not all getting patted on the head and living in nursing homes. And that's what most people tell me when they're in their 70s and still independent, hey, doctors, I just don't want to be like maybe my mother or my grandmother was, and I want to be active until the last years of my life.

And as you know, I'm sure that the studies, and your audience may know this too, but we as a nation, in our country, As wealthy countries go, amongst other wealthy countries, we have the worst record in terms of health span to lifespan.

So for your audience, that means if our average lifespans are in the low 80s for women and for most of those women, You're the last 10 years, 10 years, 10 decade, 10 to 12 years of life are lived in a state of unhealthiness.

Now compare that to other wealthy nations is half that. So we already spending the money on healthcare. We spend twice as much or more on healthcare in our country than these countries do.

Yet our health is worse than these other countries in terms of measuring it by health span metrics. So we got to improve that. And most people would just say, I don't care if I live to 100, but I want to be healthier to the end of life.

I want to spend my last years not being able to function. I want to be able to play with my great grandchildren. I want to be able to carry my groceries from the store, or maybe even continue to drop them off, maybe be active, walk around the block.

Things that you think you're taking for granted, but you don't want to. What are the levers that you think are driving our country in that direction? We talked in our last episode about food scarcity, the type of foods that we eat, the hyper-processed function of our food source.

Access to health care is another issue, depending on where you live, socioeconomically, that has an impact. What are your thoughts on all of that? What drives that disparage, counterintuitive?

We're spending the most on health care, but yet getting the worst outcomes. What are your thoughts on that? Well, just like you said, I think number one in our country is we just, our standard American diet is killing us.

Yeah. There's just no doubt about it. And people, as much as we're, you know, in the last 10 months or eight, however many months that our administration has been in where there's been the main focus is to try to start driving, striving some of those points home.

There's no doubt about it that that the industry, the industrialized farming and industry and our oils and our sugars have driven, you know, the math, you know, you can see the graphs.

The graphs are just crazy when they started in 30 or 40 years ago and just the disease, everything going straight up that, straight up that graph. So I think, I think, and then of course, socioeconomic issues always play a role when there's a McDonald's and a, and a and a Burger King on every corner, and you're not introducing whole foods into all communities and have access to them.

And then if you want people to eat organic, which is a great concept, when the organic foods cost twice as much and the bottles is half the size, you know, it's hard for people to really be able to budget and make sense of that.

A lot of it comes down to education and letting people really understand that because most of our country,

unfortunately, have been educated by what they see on social media, what they see on commercials.

And these companies spend billions of dollars on catchy jingles and beautiful packaging and making these food scientists make these food taste really, really good and make people want to come back for more.

Yeah. Yeah, absolutely. That definitely has to be the main issue. The countries that do so well, rich and have these longer health spans, they have a lot more, you know, I'm not a big government overreach guy at all, but they have these countries have a lot more government.

input onto how their country is fed, let's put it that way, in terms of healthy, organic living. And we need to do a better job doing that for ourselves.

And though we try to feed the world, we need to feed our people much better. So God bless people like Casey Means and those folks in that world that are pushing those agendas.

Peptides, Safety, and Regulatory Considerations

And hopefully we're going to see more and more impact there. There's a whole list though, right? I mean, no one's exercising as much. Kids are staying indoors, playing video games instead of being outside like we were when we were kids.

So that is a big problem. We need physical education back in the schools, which is something that's being proposed again. Instead of give back to some good old-fashioned Americana, you know, let's get outside, exercise, healthy, you know.

And then we can reduce the obesity rates and the things that are really driving illness. Yeah, you're right. It does seem like the trends are hopefully moving in the right direction with regard to access to good food, great education, physical activity needs to be put back into schools for sure.

Yeah, I hope that that happens. It's so important because we're starting to see, well, we have been seeing an epidemic of childhood obesity in this country.

And it's really hard to change that trajectory in a person's life if they've learned it from childhood. It's hard to reverse that. So if we could do it at the earliest possible stage in life, why not?

There's a lot of things that has happened that they've been talking about a long time, that you and I have probably been listening to. And you're out in California, maybe you listen better than I did here in the South.

But even the concept of insulin disruptors and endocrine disruptors. Yeah, because in which obviously drives insulin resistance, but also drives drives all these other problems that we have with it.

It starts in kids, you know, and I would have probably 10 years ago said, well, yeah, there may be something to plastics. Maybe there is something to life is safe.

Maybe there is something. But I but I didn't look at that with the lens. I look at it now. And I'm going to sit here and say it all day long that I believe the literature, the research is really being very clear to us now that these are major problems for the health of our kids.

And these kids have grown up to be adults and we can get into hormone rates and we can get into testosterone rates over the last decades that are plummeting in young men.

And I see it all the time in my practice because we have no other explanation but to blame it on their exposures. Yeah, yeah, excellent. Yeah, that's so true.

Let's divert a bit away from, so we've talked about medicine 3.0, the whole idea of potentially extending our life in a

healthy way beyond what is typical now.

So yeah, we know now that the human lifespan, at least for us here in America, is roughly late 80s for men, early 80s for women. we've talked about extending that, you know, the idea of living to 110 healthy, 120 healthy, or even beyond.

It's extraordinary to get to 100 at all. I think one in 5,000 people live to be 100 years of age. They seem to be all around us, but actually centenarians are quite rare even now.

But we're going to start to see with the advent of these technologies that we're going to be living healthier, longer lives, which is super exciting. Let's go a deep, deep dive on peptides.

How have you utilized them in your practice? What peptides do you tend to gravitate more towards for your patients? And if you're on a stack, do you do any peptides yourself if you're comfortable talking about that?

And let's also talk about the regulatory frameworks that we've seen in the past, where we are, what you can do in your state versus like a state like California, where I'm currently at.

Yeah, peptides, we have to be careful with that because that's what we are dealing with. We're dealing with a framework that makes it more complicated to utilize products.

The peptides that we know and feel are going to be really good for our patients. We just have to know when and how to use those. Yes, I'm a peptide fan and I've tried and utilized several different peptides.

Sleep Hygiene and Recovery Strategies

As a matter of fact, I don't think I would try a peptide on a patient unless I tried it myself, just because I just kind of want to know what that's about for them, which I don't have a problem with simply because I know I do the research on them and I'm absolutely not going to bring any of them into my office that I don't feel are very safe.

Whether they work or not for that particular patient, that's beyond the point of just making sure they're first safe for the patient. Well, this has been an awesome conversation.

We've talked a bit about diet and exercise. We've talked about longevity escape velocity. Let's talk a bit about the heaviest levers, the biggest levers we can pull like sleep and finding meaning and managing our stress to kind of help close this episode out.

Yeah. Get your deep sleep. I mean, the research is clear. The research is clear. You need seven, eight hours of sleep. And at least, at least an hour, hour and a half of that needs to be deep sleep.

How do you know if you got deep sleep? Well, you might have to get one of these puppies or, you know, get some type of wearable device you can monitor, right?

Yeah, right. Right. And so it's an eye opener sometimes, right? When you go, wow, you feel like I'm sleeping, but where's my deep sleep? Where's my, you know, where's.

Yeah. Where are the, where's my HRV, which is something we, these are markers of sleep, right? So, but sleep is critical. Sleep is so important. And there's lots of data out there on sleep disruption and longevity.

Like you said, a huge lever to pull. You want to make sure that you're doing the things necessary to get a good night's sleep. So let's talk about a few things that everyone should do every day, right?

Yeah. You mentioned, you showed the oar ring, but let's talk about that because we're going to have audio version of this. So oar rings one. Oro is a great way to monitor your sleep pattern.

Like I did the top five, what are the top five things you can do for sleep? Number one is if you're a caffeine drinker, you better either know what your metabolism is, which you'd have to do genetics to know what your metabolism genes is, or just do not drink caffeine 10 hours before you go to bed, period.

Because if you go to, if you drink caffeine and late in the day, you drink some iced tea or have some coffee because you at five o'clock in the evening, you're metabolized in that coffee at three in the morning.

And you know, you're not going to get into deep sleep and you're not going to turn on your circadian genes to put you to deep sleep. So, you know, that's a, that's, that's a no brainer.

That's a non-negotiable if you want to deep, deep sleep. The other is your eating habits, right? You should never eat within two hours at least before you go to bed.

Same principle, if you've got food in your belly, right? If you've got food in your belly, you're not going to get a deep sleep. Your body is awake. It's having to deal with that.

It's having to use energy. You're not going to get into deep sleep. And then of course your room, the environment you sleep in, we need to sleep like our ancestors slept.

Cold and dark. Yes. And that dark also means do not go to sleep within 30 minutes to an hour on your computer or cell phone staring at that blue light.

Unless you've got some really good blue blocking glasses on, which you can at least use to block it or you have some screen protection. But that's really important.

We even have light bulbs in our room that are blue light protected. But those are the critical basics for sleep that people should all consider, especially if they don't sleep well.

And then, of course, you get into natural sleep products. I've prescribed lots of sleep drugs in my career. I try really not to stay away from that now, but I try to focus on more natural products, which is a lot of stuff out there.

Yeah, absolutely. Yeah, that's true. So yeah, we call this sleep hygiene, right? It's like getting up and brushing your teeth every morning. It's the same thing every day.

Yeah, to add to that, going to bed at the same time relatively every night is good. Getting up at the same time every morning, and that includes weekends, if possible.

This is really hard to implement. I find myself struggling with this even now. If I don't do this, then it seems to get wonky. If I drink more than a cup of coffee a day, you're right, it affects my sleep.

Yesterday, I tried this really interesting coffee drink. I didn't look at the caffeine content and tasted great, had no sugar in it. And I was like buzzing all day yesterday.

Like, I've got so much energy. And 11 o'clock came around. I'm like, I've got so much energy. I'm like, I should be like, ready to go to bed. And here I am at 11 o'clock.

Like, I can go another 10 hours. And I was up until… three, four AM because of that. And I looked at the can, I'm like, Oh man, 150 milligrams of caffeine.

That is four times the amount of caffeine I consume in a day. So the little things catch you off guard. You're like, that's insane. Why I spent the time working, but I was a mess this morning.

I'm like, this is, that is throwing my circadian rhythm off for at least three days. It's going to take time to pick that back up. So sleep hygiene. I'll throw in grounding.

You know, some people, including myself, I have a grounding, a grounding mattress pad, I think does really nice. Ah, cool. And, and anything you can do to activate your Vegas tone, right?

So that's why we talk about whether it's meditation or box breathing, or if you have devices, you know, you can have a, I'm a gadget guy, so I use this falsetto device.

Falsetto. Nice. It could activate your vagus nerve in a few minutes. There's other devices like that. I'm not selling anything. This happens to my office.

It's full of gadgets. But those are other things that people can do to activate sleep. And one thing I heard recently, and I verified it, that's interesting.

We build up, as we build up during the day to make us tired, we build up a molecule called adenosine, right? Something you used to give in the ER to take somebody out and attack a card.

That's right. But your adenosine builds up to go to sleep at night, and then you obviously need to get rid of it by the next morning to wake up. And the first thing that a lot of people do when they get up, right, straight to that coffee cup.

And the science is suggesting that you wait, if you can, at least 45 minutes to an hour before you have that coffee in the morning, because you're still trying to eliminate adenosine.

And if you drink the caffeine, you block that adenosine from being able to clear. And then again, it becomes a cyclic here in the day where you can't build it back up.

So that's interesting math. I'm not a big coffee drinker, so I can say without any reservation, probably coffee drinkers out there, including my wife, I know that's like, are you crazy?

Yeah. No, that's true. That's true. Yeah. I try to get outside first thing in the morning. I wait at least 90 minutes before my first cup and I never drink it afternoon.

And it's always a cup and that's, that's as far as I go. But yeah, no, that's good. That's good. Waiting. Great point. Get that light in your eyes first thing in the morning.

Yeah. Super important. Yeah. So sleep, so what's your, what's your sleep stack? Like what do you, what do you take before bed? Do you take any, some people do melatonin, some people do magnesium, some people do epigenin is one that's super common these days.

Yeah. Combination of those things. Yes. I love L-theanine. I use it on my patients all the time for either focus, low dose for focus or high dose for sleep.

I think it's a wonderful safe amino acid from the green tea leaf. So it's wonderful. I combine that oftentimes with, I take epitogen. I do that every night.

I don't really do it for sleep as much as the other components of that. It helps block. Oh gosh, this gets in deep, but it blocks CD38 markers, CD38 markers that actually forces us to consume too much NAD.

So if you block CD38, then your NAD could be used to reestablish your mitochondria energy while you sleep. So that's why I do it. Nice. I love that. That's great.

That's awesome. I do melatonin. Some people don't like melatonin. I've measured my melatonin. My natural melatonin levels are not as adequate. I do a little melatonin at night along with my L-theanine for sleep.

By the way, I don't do this because I don't sleep. I sleep great, but my deep sleep improves when I do do some stacks. Yeah, let's talk about your sleep score.

So that was a real game changer for me, just to know how I'm sleeping through that and knowing what's good from versus bad, right? And waking up feeling arrested, it correlates with the way my sleep score looks.

What is your experience been with that? It's been really a game changer for me, knowing that that kind of feedback. I definitely, I definitely agree and I use it all the time.

I mean, I think like any device, it's not perfect. And so I take it with a grain of salt.

Wearables, CGMs, and Behavior Feedback

And I'm also like you where I'm not as consistent. I wish I went to the bed at nine o'clock every night and woke up at five o'clock every morning, but I'm all over the place with that.

So I accept what my ring tells me based on my actions. But I also do, I have made adjustments and utilized different tools and stacks just to see if I could, you know, activate some benefits there.

And so, yeah, it's not perfect science and I think I do encourage people to do it and I'm beginning to activate it more in my practice as I As I'm building more longevity programs, I'm going to use wearables and help and follow my patients with wearable devices, mainly for their sleep.

That's great. Yeah, we're talking a bit about what's called the Hawthorne effect where the information feeds back into behaviors, right? It changes the way you think about a thing and that it plays into how you live your life in terms of behavior.

So having the ring and or an Apple Watch can be helpful in feedback to your, you know, it's like that cup of coffee at 3 p.m. affected my sleep, that meal at, you know, 8, 9, 930 at night, right before I went to bed, affected my sleep, my deep levels in my REM and my deep sleep levels, the understanding kind of how much you need every night of those two things.

It also plays into a glucometer, right, so like a continuous glucose monitoring. I had quite an impressive Hawthorne effect in myself. When I put a continuous CGM, a continuous glucose monitor on myself, I'm like, oh my God, who knew that white bread had such an impact?

I enjoy a loaf of sourdough every now and then, not an entire loaf, but a piece of sourdough. And just the difference of like a piece of bread without olive oil, I'll put my bread in olive oil and it would blunt the glucose uptake.

And just knowing the nuance of like, oh, white rice combined with white rice by itself spikes my blood sugar. It'll go up to 160, 170. It's like, that's absurd.

If I eat it first, if I eat it last, and knowing if I put a little bit of a healthy oil into the, into the rice, it'll blunt that glucose uptake effect.

all which plays into my hemoglobin A1C. So these devices and gaining information, the feedback loop is very, very helpful in understanding, teaching ourselves what's good for our bodies.

The Hawthorne effect is very powerful, at least it has been for me. What are your thoughts on that? Have you done that too with like CGM and other modalities of learning about ourselves?

Oh, yeah. No, I use a lot of CGs in my practice because I have a big diabetic practice here, you know, in terms of, and so that's huge. I mean, what you just said is huge.

I wish I could stop my, get my patients to dip their bread into olive oil. That'd be great. They dip into a lot of other things, but not olive oil. But yes, but you know, several of them that, you know, it's funny because it's a lot of times it's the ones you don't expect to take control of themselves there.

They show back up and they're just so proud of it. They want to show me their numbers and what they do. And that's a good thing. That's a good thing. They take, they can finally take ownership of their sugars.

And that's, that is game changing for a lot of them. Yeah. So we've gone down sleep. We've talked about diet. We talked about exercise. Let's end with probably one of the most important levers we can pull on, which is the whole meaning of why are we talking about this in the first place?

And that's connection with others. The whole reason that we're concerned about living long, healthy lives is because we want to maintain life with the people that we love the most.

and be effective in our lives. So let's talk about that. What is your thought process on drawing meaning from life? What is the whole purpose that we're here and how do we do that objectively for our listeners who were wanting to connect and why it's important from a longevity standpoint?

Well, yeah, I'm really happy we saved this for last, even though it probably should be first, you know, for bringing our minds first. But it's a great way to finish, you know, as we know that, you know, most people have seen all that stuff on Blue Zones and how people live healthier, longer around the world.

And every place that people live healthier and longer, this is the concept that is threaded through all that, right? The whole idea of purposeful life and meaningful relationships and faith in something.

And all that comes together and it makes it really, really important for people to live long lives. And there's something to that. And it's because we also can tie into stress and anxiety.

depression and all the emotional states that we live our life in that ages us, that drives our biology to age faster.

Meaning, Faith, and Staying Active with Age

And that all comes into the purposeful life sort of scenario as well. So I'm a big believer in that, a big fan of that. And I asked my 90 Even though I have a look if you live into your 80s, my mother's 85. I think she's she's doing fantastic And that's amazing.

We're working on a lot of things for her But but she's not even you know, I guess because I'm in this space, you know I like to call her a super-ager, but I tell her mom you're not a super-ager till you hit 90 You know, then I'm gonna give you status.

So I talked to my over 90 crowd and I'll ask okay, you know, I You're not getting into social media, getting into space. I'm going to ask you questions like I would if I was interviewing you.

I want to know what your top three, give me, give me your top three secrets. If you're 90, you're not in my 94 year old recently who still has just unbelievable interactions with me and is so with it understands everything going on.

And even she's not driving, but she, she probably could. but you know so and i'll say well what's please tell me she's kind of been bashful with me before but recently she said she said okay i have an answer for you yeah and first and foremost was her faith and she she said it's my faith she's like i said well explain that to me she goes well i just never in her daughter's weather and agreeing shaking her head the whole time going she never worries about anything yeah she she gives it to her faith she gives it to her And I was like, you know, that's mad.

That's such a magical thing. That's beautiful. And I say, okay, so what else goes with that? And she's like, well, I got good genes. Of course, you know, she's like, you know, she has sisters that live there.

So you got to take that epigenetic. That brings an epigenetic, right? It's your genes and how they're passed down to you and what, what's your, but what's your environment has done to those genes to have you express them.

So she's right. jeans play a huge role. But the third thing got me. She's like, she gave me the, if you don't use it,

you'll lose it. That was her third.

I said, what do you mean? She goes, you got to keep going. You got to stay active. You got to use your brain. You got to use your body. I'm like, I mean, this lady blew me away.

I was like, she just gave the secrets of life. Absolutely. I said, we know the science is saying you got to keep using your brain. You got to keep that.

You got to keep challenging your brain. You got to keep talking. But you also have to use your body if you want to stay active. You got to stay active and function.

If you don't use it, you lose it. So my 94-year-old gave me all the facts I need to be able to practice longevity medicine. That is it in a nutshell. What a great way to end.

You were thinking of a quote. Is that the quote you were talking about? That was her three. Okay, that was a three. Okay, so that's all right. That's awesome.

Yeah, what a great way to end today's episode. Man, this has been so fantastic. I look forward to doing this again soon. Maybe we talk about peptides next time.

That's the whole conversation unto itself. I'm excited about that. We can get into all kinds of esoteric stuff, even stem cells. Do you do stem cells at all in your practice?

I have done some adipose derived stem cells and joints converted to exosomes. I do exosomes now, and I see really good results with exosomes through joint.

And we do even some IV exosomes for folks that are in my longevity program that want to do that. Amazing. For the tip of the spear longevity stack. Gotcha.

That's awesome. Yeah. We can get into that. Go deep dive for sure on that one. Maybe we do that. Maybe we save the next episode for the, the tip of the spear.

Let's call it that episode of the tip of the spear. When we get there in a couple of weeks. Yeah. And we'll prepare for that, but that's, but yeah, that's, that's all, that's all good stuff.

Great. Cool. I enjoyed it. Yeah, it's awesome. All right.

Stem Cells, Exosomes, and Closing Remarks

Well, thanks so much for joining us here today. Until next time, we're signing out and we'll see you guys on the next one. Thanks. Thank you for watching and or listening to the Every Young Podcast.

This podcast is for educational purposes only and is not intended to diagnose, treat, or cure any disease. I'm Richard Hanley, a licensed and board certified physician associate, PAC, trained at Harvard Medical School and the USC Keck School of Medicine.

And while I do hold two doctoral degrees, including the doctor of medicine and doctor of health science, I'm not a licensed physician. I also hold a master's degree in healthcare quality and safety from the Harvard Medical School and bring over 30 years of clinical and executive leadership experience.

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That said, the views expressed herein are entirely my own and do not represent the official views of Harvard Medical School. Always consult your own health care provider before making any medical decisions.

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Remember, age is just a construct. Vitality is a choice. Stay ever young. Thanks. We'll see you next time.