Amino Acid Therapy Red Flags

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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, tell me, Lori, about, you know, many clinicians, they lump mood, fatigue, cravings, anxiety into one bucket. How does using the five system model that you described, serotonin, GABA, catecholamine, endorphins, blood sugar regulation, change the way you personalize care for patients?

Yeah, because, well, I don't believe everything is in the same bucket, right? So there may be, maybe it's a serotonin issue as to why you're having the food cravings or addictive issues, or maybe it's a low catecholamine issue.

It could be a lot of different things. So I like to assess all those five areas so that we can get very targeted, because you probably need more serotonin than you need, say, you know, with L-triptophan, then maybe you need GABA for that GABA pathway.

So we can get we can balance those things out if we're using the five systems. I see. So how do you tease them out? Does that come back to the subjective intake form?

It does come back to that subjective intake form.

Five-System Model for Personalizing Care

And it helps people to really pay attention to what's going on in their body, which is one of the reasons why I love it, because we rate them on a scale of 1 to 10, and 10 being the worst of all the symptoms.

And so people actually really think about it like, oh, I do have this issue or never really thought about it in that aspect. And then as we're doing that sublingual trialing, they're paying attention to what their body's actually telling them.

So I feel like there's a multipurpose to that sublingual testing. That is really interesting. So you're doing a, you're basically given the modality and having them subjectively measure the outcome of that in real time through their own perception of their response to it.

That's cool. So what might that look like in terms of, okay, let's say I've got L. tryptophan, I put it sublingual. What would you be asking him in that moment of, okay, what are you feeling?

How does that show up? I just say, okay, so what we're looking for is do you feel anything different cognitively, emotionally, or physically? Has anything really shifted for you?

And I don't want to tell people what they might feel because I don't want to plant anything in their brain or anything. But yeah, then they just sit there.

And if they don't feel anything, that's fine too. So I always just reassure them that as well. And we might need to do a second, third, or fourth capsule of that L-tryptophan in order to get a response, positive or negative.

And yeah, then we go from there. But it's confirming that you're one that your body knows how to feel for one, right? And then it is validating to you like, okay, so I know this therapy is going to work.

because my brain just feels lighter, I feel like this heavy weight has been lifted off my chest. Sometimes people tell me, gosh, the blue looks blue or the green looks greener.

I can actually read this thing on the edge of my desk. I can't normally read because their eyesight actually improves, which sounds really crazy, but those things do happen.

That's amazing. That's great. How do you control for the placebo effect, right? Because oftentimes, like you said, you don't want to tease out a certain sensation or, you know, biasing their subjective experience, but yet, you know, because they're taking something, they're physically going through the motions, they kind of anticipate, potentially anticipate, some sort of reaction that maybe they're filling in the blanks.

How do you control for that variable? Because it seems that that might be something that you have to work against, right? So that you're getting an actual therapeutic dose, a therapeutic thing, right?

It's really tough to tease out, I would imagine. It is tough to tease out, but we're doing nine different supplements. So they're not going to be able to have a placebo effect with all of those.

You know what I mean? So if I feel like that's happening, I will just stop with that particular supplement and we'll move on to the next one. So you just kind of learn to play that dance the best you can.

You know, that makes sense. And that's got to be exciting, too, to see some things kind of break through for them that are, you know, those moments where they're like…

It's so exciting. I never get tired of it. Yeah. Yeah. I bet. It's interesting.

Sublingual Trialing and Symptom Tracking

And then when we get to the thing, the therapeutic dose, the actual chemical that seems to work for them, Are you then dosing it, you know, when you're no longer working with them as a clinician in that moment, when they're at home alone doing their thing, do you then subscribe, prescribe, recommend an oral form of this?

Is it sublingual? Is it the same way that they were testing with it? Or what does that look like? No, we just do an oral form. Okay. And if they're in an emergency situation though, say if they're having a panic attack or they're having intense cravings for whether it's food, drugs, or alcohol, you can do it sublingual and get an immediate effect though.

Got you. Got you. Interesting. Okay. All right. Wow. And do you work in concert with physicians, other clinicians that are working with them, you know, in other capacities?

Do you have pharmaceutical-grade compounds? And do you work in tandem? I'm sure you have battery questions regarding other meds and stuff that might interact.

What does that look like? Yeah, I work in tandem a lot with a lot of different types of practitioners. I love working

honestly with their prescribing practitioner because a lot of people come to me on medications and so, you know, they come to me because they've heard of amino acid therapy and it helps them to taper off their meds.

So I do get the opportunity to meet some really amazing you know, prescribing practitioners. I know they get a bad rap, but I mean, almost all of them, they just want the best for their patients.

And, you know, most of them are willing to work with me, so it's fun. And I would imagine if I were a patient in this context, I'd want to try and get away from pharmaceutical, not to disparage our psychiatry colleagues because they do good work and they work with compounds that are very complex and very nuanced.

And going on and off of these medications is a challenge for patients and for clinicians, making sure that you titrate the dose up appropriately and dose down appropriately.

But if I'm a patient in this context, with every drug that I've ever prescribed in the course of either work in psychiatry, I've worked in psychiatry, but as a primary care clinician, I've prescribed some of these medications in the past, in the remote past.

I've never taken them personally, but if I were taking them, knowing the side effects, I'd be like, I kind of prefer to not be on this medication if at all possible.

If it's changing my life in a beneficial way, then yeah, of course I'll continue as long as the side effects aren't insurmountable. But if I can get away from taking these medications and not have any side effects and not have to deal with remembering to do something every day, why not?

And so, naturopathic, you know, natural remedies, things that we would take in our body through food substances that can be compounded and, you know, amplified in the form of a compounded capsule, why not?

So, I love the fact that you can work kind of side-by-side these clinicians and helping them to find the best path for them. So that's super encouraging.

What percentile would you say, if you had to guess, patients have come away from their pharmaceutical grade compounds to just relying solely on amino acid compounds?

I would say about 90% of the people I see. Wow. That's shocking. That's amazing. I know. It is true. It's true. Wow. That's awesome. And I bet that on the other side of that, they're probably grateful because they don't have to deal with the side effects associated with some of those other compounds.

Is that true? Yeah. And it is so true. And I will say, gosh, To be able to feel, like to really feel life again is a foreign thing for most people because they've been on these.

I mean, I have some clients that have been on since the early 90s when these drugs first came out. Yeah. So it's profound what happens when people get off of the medications.

That's wild. Yeah, again, this is anecdote, but I saw a post this last week, a guy who had been on a couple of compounds and he was talking about the experience since he was a child and not getting into the granular details of the case, but he felt stuck is the point of the video.

It was really just just he felt really stuck on these medications.

Placebo Concerns and Oral vs Sublingual Use

And for his case and his diagnoses or what he was dealing with, he preferred not to be on the medications. He felt kind of blunted. His affect was a bit blunted because of the meds.

Although they were keeping a lot of his, you know, wild symptoms in check, he just wanted to be off the

medications. And so he tried to, he attempted, you know, a slow titration off the meds and it ended disastrously for him.

He spun out of control, mentally speaking. And that was very frustrating for him. It's like, well, how do I do this? How do I make this change? And I don't have the answers.

But I found it interesting that he felt that way after having been on those compounds for quite a while. And the question that dangles in the air around that is, were they necessary in the first place?

And in this case, I do not know. I don't know his care. I don't know his position on the relationship. I don't know. The nuance might have been completely appropriate, might have been completely inappropriate, I don't know, but it was interesting to see him 10 years later as an adult, no, longer than that, probably 10, 20 years later, I think he said 20 years later, grappling with the fact that he was on these meds and any moment he tried to come off of them, it had shaped his chemistry, his brain chemistry to such a degree that he questioned the utility and the decision-making those decades before.

And again, I say this with a lot of respect for my colleagues. So with regard to this guy, I don't know his specific case, but I do respect his thought process and I do respect his concern and I empathize with him and that he wants to make a change for the better and try to remove himself of these medications.

This is not a treatise to come off psychiatric medicines. We don't want to take that stance here in my opinion. But the fact that you're helping clinicians do what they do and helping patients to find the most natural path forward for them is super cool.

So we talked about the accuracy of self-reporting and identifying which neurotransmitter system is low. Here's a good question. So are there any red flags people tend to underestimate?

Well, if we're doing amino acid therapy, you're talking about red flags with amino acid therapy. Yeah. Is that what you mean? Yeah. So if you're on an SSRI, we want to navigate that very cautiously.

So we wouldn't use serotonin boosting supplements within six hours of you taking that medication. So that's a red flag. Okay. If you are bipolar, there's different things that we don't do with the amino acids.

If you've recently had like a serotonin, my brain is not thinking of the tumor name, but carcinoid tumor, they love serotonin, then we won't give you serotonin boosting things.

So there are some red flags that we navigate. But for the most part, with most people, it's pretty straightforward. And then walk me through how you interpret the assessment.

So what does the score 8 out of 10 mean in one column versus another? Like how is the Leichhardt scale, if you will? It is Leichhardt scale by definition, right?

So it's 0 to 10, is that correct? 0 to 10, yep. So how does that scale work? Like how do you differentiate a 1, a 5, and a 10? Yeah.

Working with Prescribers and Medication Tapering

So zero is you rarely feel it, or you never feel it, or in 10 is this is what you feel all the time. So however you want to subjectively rate that. And then an eight in the serotonin is we probably have a pretty good serotonin deficiency.

So I'm looking for anything under If there's anything over a two, we're going to trial the amino acid in that category so that we can fix those deficiencies.

And then I like to repeat this assessment several different times while we're working together to make sure that we're having the changes needed. Most of the time we don't need an assessment to see the changes, but it's good

to have that data for myself and for the clients.

Gotcha. Okay. Very interesting. All right. So regarding serotonin, it's talked about constantly in mental health. What do people still misunderstand about serotonin deficiency in your opinion?

I don't think it's all that cut and dried, right? Serotonin is one of the first things to get depleted in your body. So I think there's a lot more rampant serotonin deficiency out there than I think we give it credit for.

And the medications don't make new serotonin, they just falsely inflate that serotonin in between the two synopsons. people are just walking around all the time with no serotonin.

Their body is just so depleted. I think we underestimate the power of having sufficient serotonin. We just think, well, we can just falsely inflate it and then people just move on.

It doesn't work that way. You need that for everything, for your hormones, for your brain, for your You know your muscle function it affects everything from head to toe So I think we really underestimate the power of serotonin and you know Just to do things naturally just to even boost it whether it's to get out in the sunshine to go You know to exercise or to eat more protein You know that really helps to to keep that at a level that your body really needs Yeah, no, that's a good point.

Who do you tend thinks? Who tends to respond better to tryptophan versus a 5-htp like what are the differences there? What's your experience been with regard to that therapy?

Man, I wish I knew, because it's sort of rando, to be honest with you. I'd always try the tryptophan first, because tryptophan converts into more than just serotonin, so it's more nutritive to the brain.

So I want to try that first. And if people respond to that, then I don't worry about the 5-HTP. But if they don't respond to tryptophan, then we'll certainly try the 5-HTP.

So I haven't yet to see a cut and dried reason why people respond to one over the other. I have no idea. Interesting. Wow. What symptoms improve first when serotonin is restored, typically?

Um, less anxiety, less depression, a little more mental energy. Okay. Okay. All right. And what, what do you think separates some like low GABA anxiety from low serotonin anxiety?

Well, it's just sort of a different mechanism. So GABA is what lets us take that deep breath and just kind of let things out, like water off a duck's back kind of thing.

And you respond appropriately to stressful situations, and it has a deeper physical effect on you. So GABA is the one where if you're really deficient, you're just so tense all the time.

And when you take GABA, it's like your muscles just kind of melt and relax. Where I feel like serotonin is, you know, tryptophan is more of the mental relaxation for a lot of people.

So I like using the two of them together if people respond to it. Gotcha, yeah. Where do you think both theanine and taurine fit into this complex? Yeah, they certainly do.

They're more modulators than direct builders, correct? Correct, yeah. They certainly do. And if people don't respond to GABA or 5-HTB or tryptophan, you know, there's definitely things that I'm going to try.

All right. Let's talk a bit about calicolemines. So tyrosine phenylalanine, the evidence is pretty strong for tyrosine improving cognition under stress.

How do you explain this in real world terms for like high performers? Yeah, if your tyrosine is low, if your catecholamines are low, you're rabbit trailing.

You can't focus on the task at hand.

Serotonin Deficiency and Tryptophan vs 5-HTP

Just even if you're a high-performer athlete, the more sufficient your tyrosine, the more sufficient your catecholamines are. I think the quicker your mental faculties are so that you can respond, whether it's on the football field, soccer field, or as a high performing business person, you're able to go from meaning to meaning, you know, participate and you don't have the exhausted mental, what do I want to say, collapse at the end of the day.

Yeah, yeah, that's kind of how they show up, catecholamines show up differently for like burnout and depression. Exactly. Yeah, you're less burnt out.

That's a really good way to put that. Yeah, yeah, that's cool. And then regarding the endorphins, D-phenylalanine, DPA, they're rarely discussed clinically from my experience, but what are the telltale signs of someone who has low endorphins?

I'm just a lot of emotional pain, like super sensitive. So if somebody says something remotely negative to you, it just breaks your heart. Or you may be super sensitive to physical pain, where if I stubbed my toe, it would be like, that hurt.

But if you stubbed your toe, you'd feel it from your toe all the way up to your head. And it's just so intense, right? So you have a definite intense neurological response to it.

People who tend to If we want to relate this to practical things like craving, they're craving foods for comfort, right? Or maybe pornography or exercise, but it's just to bring you comfort, to find that inner joy that you feel like you're missing.

So that's what the endorphins are. I feel like they're more of our inner joy, kind of like a comfy sweater. It just feels good to have your endorphins.

It's sufficient. Nice. Okay. Yeah, that makes sense. You mentioned emotional resilience improving. Can you share like an anecdote, a personal story or a personal identified redacted story from one of your clients?

Oh, absolutely. So I have a lot of clients that come to me, you know, on medications. And I just had a woman recently who'd been on medications, gosh, since she was in her teenage years.

And she has since gotten off all five of her meds and she's 37 now. A lot of her trauma happened in her childhood and stuff, and so going home is a big trigger for her and not being able to navigate her family well.

But being off the medications, fixing the deficiencies, just getting her life to a place of health And just really grounded just she recently went home a couple months ago And she had never really navigated her family without medication and it honestly went really really well and she came back She's like I want to go back home again Like I actually miss my family now because there's just so much healing that's happened Which is just it makes me cry, you know, because that's what we want We want you to be in a place where we can't avoid stress.

We can't avoid a lot of these things going on in life But how does your body respond to it? How do you respond to it emotionally body mind and spirit?

And we get to our bodies in a place where we just navigate all that stuff. And it's just not so much trauma and drama in our lives because our brain is actually working.

And then we can think through things and we don't have all these arguments and all this crazy stuff that's going on in our country. I'm like, just come to my office.

We're all going to try amino acids and then we're going to have a conversation. because there's so much more common ground. And so I just feel like it helps us navigate each other better when we fix those things.

That's awesome. Wow, that's cool. Yeah, some major breakthroughs. You have a spiritual component to your care too, which I really appreciate. Can you tell me a bit about how that comes into play?

I would imagine you see patients who vibe with you in terms of your belief system, the things that you find super important. and those that don't, and how do you cross that bridge with whomever comes to you, despite whatever they may believe in?

Yeah, it's really fun. You know, God brings to me who I'm supposed to see, right?

GABA, Catecholamines, and Endorphins

And so I'm always relying on the Holy Spirit for that. And some people come to see me because they know I'm a Christian, because they know I rely on the Holy Spirit.

And then other people are, you know, they don't have that faith system. But you know what? Every single one of them will let me pray for them. So if I ask whether they believe in God or not, so I always feel like there's an open door.

That's cool. And it's just, it's just fun. It's beautiful. So we'll just let God do what God's going to do and I don't have to worry about it. Yeah, no, that's really cool.

Yeah, it's kind of sad that we've kind of distanced ourselves in some ways. I mean, many hospitals that I've worked in, they do encourage and support that kind of care, bringing pastors or priests or shamans to the bedside for patients and respecting them where they're at.

with what it is that means the most to them. And that hasn't gone away, thank goodness. But physicians, you know, we tend to rely too much on the science and less on the unknown and trusting that the universe in some way will help, you know, spur on the healing process.

And we're just an adjunct tool, you know, in a complete armamentarium of getting people where they need to be and being open. to prayer and being open to spirituality.

It helps heal the soul as much as the body. Potentially, you know, I can't say definitively, no one can, but perhaps even definitively heal a body. I've heard of miracles.

I've never seen one personally. Maybe I have and just didn't recognize it as such. That's probably true. Yeah. A lot of things we don't recognize. I mean, I've had depression and anxiety leave people in my office after I prayed for them.

I'm like, fantastic. I mean, I know that's not a good business model, but it's one that I like. Yeah. I would love that if I could pray over every single person and their anxiety, depression left, and then I just teach you how to live your life with the food, the drink, the lifestyle, everything, body, mind, and spirit, so it never comes back.

That would bring me the most joy ever. That's awesome. How did you get your training? I'm curious as to how did you learn to do what you do? It seems like you're unique in that regard.

I haven't seen this until I met you, but I presume that it's out there and people are doing it and it's probably a teaching methodology and a place to get this knowledge.

How did that look for you? Well, I teach it now. So I have a certification course in amino acid therapy. So anybody listening, just contact me. I'll help you with that.

But the way I learned it was, well, I got my BA in psychology. And then eventually I went back to school because I wanted to be on the preventative side nutritionally and stuff.

So I went to nutritional therapy school for a couple of years. And then I got my certification in neuro nutrient therapy and then, you know, taught for that specific Institute for a while.

And here I am today. So it's like a bona fide credential that you get that makes sense as it should be, right? We're dealing with biochemistry at the neurological level.

We need to know what we're talking about and that's going to take some time and understanding. So it's taught in mass. Essentially people can show up for these conferences and or credentials and take their sweet time.

There's like didactic curriculum that people are going through. And then how do you get the experiential? Like how do you, what's the clinical component of that look like?

Yeah. So when you take my course, it's a six month course and we meet every Monday night. So we go over case studies and I have you trial friends, family, like test the amino acids on anybody you can think of.

And then we go over those things and then, you know, discuss the reactions and non reactions, you know, what do we do next? So we do deep dive into a lot of components of this, so that by the time you're done, you can either stay on and, you know, keep joining us for more clinical application, or you can go out and work on it on your own.

But it's a fun course. Wow. Yeah. How do you deal with regulation regulators around this space? You know, obviously, I noticed your site's very careful to not, you know, say you're diagnosing, you're not prescribing.

It's an adjunct, so there's that.

Client Breakthroughs, Faith, and Training

But what other things are you doing to kind of maintain the right, you know, lane so that you're not called upon by the FDA or FTC coming in and saying, hey, what are you doing practicing medicine?

I never got that from your website, but I would imagine because it's so adjacent to psychiatry, it seems like a really good adjunct to psychiatry. How do you stay in the lane that you work in and not tend to swerve off into the lane of like practicing medicine, quote unquote?

Yeah. So we just come at it from a completely nutritional therapy perspective. And so, you know, we're not crossing the lines at all. I work with prescribing practitioners, you know, so there's no way that I would, you know, advise somebody how to, you know, taper or titrate their medications or, you know, anything like that.

I do have clients that do it on their own. I can't control that, but that's not my job. And so we just, we just really stick with, you know, there's no diagnoses, there's no treating, there's no curing.

We are just fixing deficiencies. Gotcha, gotcha, brilliant. That's good. Yeah, it's a healthy way of doing things. I would, as a clinician, I would think that there's probably some clinicians who are like wanting to know more and probably joining your course so that they can bring it into their practice.

Maybe before they prescribe, they're less apt to prescribe. And it's like, well, let's just try it in amino acid first before we go to this medication.

So have you seen that in play? I've seen that a lot. Yeah, I love it when, you know, prescribing physicians come in and take my course. It's a lot of fun.

That's awesome. Medications are there if you need them, but so often when we don't, so. Yeah. Yeah. That's wonderful. I'm sure your patients appreciate that as well.

So let's go back to our earlier part of the conversation talking about the research, but where's the research the strongest and where do we need to still catch up, you think?

I would love, there's been a few studies done on like 5-HTP and SSRIs, right? But I feel like there needs to be larger studies done on like all the amino acids compared to the medications or how they interact together.

So there really hasn't been any of that done. So what I see clinically, there's so, I mean, there's There's definitely amino acid research out there, but I would love to see research done on an ADD med and an SSRI, because so many people are on those, compared to let's support all five of these areas with amino acids and see what the differences are.

Because I am seeing in my clinic that it's like 90% of the people are responding amazingly well to the amino acids, because I'm seeing people who don't respond to the medication.

I just feel like there's just a lot of lacking and we don't have any studies on three of those medications together. Like what is that doing to the brain?

What is that doing to women who are pregnant and nursing? So I feel like there's a huge disservice. And I'm not trying to make like a conspiracy out of this or anything like that, but there's no studies done on, you know, two meds together or three of the mood medications together.

And that is frustrating to me. And there's no studies done on using those mood medications, especially long-term on pregnant and nursing women and the effect that it has on our children.

long-term as well. So I think there's so many components that are missing, and it's not serving humanity well not to have those studies, because we're just assuming, yeah, it's fine, it's going to raise your serotonin, it's going to help you focus, and it does some of those things, but we don't know the long-term stuff.

And I see in my practice the negative effects of all these medications. And 50% of the time, it doesn't even work. So we're giving these people medications that have a lot of side effects.

And there doesn't seem to be a huge answer for any of that, unfortunately. Yeah. No, that makes complete sense too. Yeah. I have some friends who are in psychiatry and they have the same frustrations you have.

Yeah. Yeah, it's such a difficult subspecialty to work in. It's so hard to test these chemicals. And so, yeah, I agree. Having large end studies, double-blinded placebo-controlled trials, they're there.

But even then, it's really hard to kind of grab hold of the knowledge in a very robust, refined way to understand exactly what's happening at the biochemical level in our brains.

We don't know. We barely know anything. Let's just be honest. So true. Yeah. Yeah. For all we know, and I think the smartest among us realized this, right, that to ascribe to the idea that, yeah, we're really in the know, we know exactly what we're doing.

It's scary to admit, but the fact is there's so much that we do not know. And if we're wise, we understand that we have a self-awareness. where we have to be careful and humble in our approach to putting patients on these medications and treating them and, you know, being forthright with them, just being honest and open.

It's like, we hope that this is going to work in this way. We've seen it work in this population of patients in this way. We'll give it a try. Start low, go slow, and try it on for size and see, you know, and if it doesn't work, then we just step back.

We try something else.

Regulation, Research Gaps, and Getting Started

So, having something like this in our armamentarium works really, really well. It's nice to know that it's just stuff that we get in our food anyway. It's a focused amount, a focused dose of this.

So, if someone wants to start amino acid therapy safely, where do you suspect they should start? Well, you can contact me. That would be great. I have a list of practitioners that I've trained that I can help you with.

But contact me and we can set up an initial amino acid session where I would send you a kit of the amino acids and then we would get on like a Zoom call just like this and we would do the sublingual testing after we get a good health history.

You know everything that's going on with you and then we would do the testing in that manner. Then when you know if the amino acids, you're going to respond to them or not.

It's a good way, it's a good initial introduction to them. That's great. That's good. And how will they reach you? Like how did they contact you? Yeah.

You can go to lorihammer.com and that's my website there. You can schedule a free 15 minute consult. There's other information on there as well. All of my socials, my podcast and everything is at take back my brain.

And you can find me in all those places as well. I love getting messages on Instagram. So feel free to DM me there. That's awesome. And last but not least, here we go.

The most, the amino acid most people are deficient in is what? Serotonin. Okay. The fastest one to feel? Oh, definitely serotonin. So you're tryptophan.

Yeah. Okay. Great. And then the most misunderstood? I would say tryptophan. Okay. All right. All right. And then the one you personally won't go without?

Ooh, defunylalanine. Why is that? It just helps me. I don't know. It's always been one of my favorites. So I tend to have a higher pain response. And so if I take that consistently, then I don't have that high of a pain response, and I cry easy.

So the defenylalanine helps me to not cry easy. Interesting. Okay, all right. I'll make that recommendation. I'll try it myself, actually. I do take L-theanine at night to help me sleep.

I've taken GABA. Yeah, I'm all about the good sleep. So, I've used these in that capacity and noticed significant benefit. There's another one, too. I heard about it through Huberman.

It's not an amino acid as far as I know. I'd have to look it up and see actually what the compound is. So, yeah. But that's part of my sleep stack and L-theanine being, certainly being an amino acid seems to help.

That's awesome. I will say one other thing with like the DPA. My husband would say when I am sufficient that I'm not as, I don't require as much from him.

How about that? I mean like spend time with me, you know. I'm like, oh gosh, Laura, you need to take some amino acids. Go ahead. That's hilarious. I think all the guys listening will be like, okay, how do I get my hands on this stuff?

Right? Sadly. No, that's awesome. That's funny. Gosh, it's been such a pleasure talking with you today. And I'm grateful for having learned from you. Yeah, it's so fun.

Thank you for having me on. I really appreciate it. Of course. My pleasure. I wish you a great weekend and enjoy. Hey, you too. All right. Thank you so much.

Bye. Take care. Bye-bye. 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.

I continue to serve as an interviewer and admissions assessor for Harvard Medical School's Master of Science in Healthcare Quality and Safety program.

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 healthcare provider before making any medical decisions.

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It tells the algorithm that I'm not just talking to myself. And feel free to share it with someone that you'd like to see at your 100th birthday party.

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