Podcast Introduction and Guest Welcome

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You're building an AI model. I think that's amazing. Especially if you can build it with evidence-based data and to the form that you want to practice your art of medicine, then In this space, we're taking in an insane amount of data.

So if that can allow us to look at it in a more organized way and have more time face-to-face with our patients, then I think that's a massive win. You're listening to the Lifestyle Medicine podcast with Dr.

Ivan Rusilko, brought to you by Access Lab, where we explore new perspectives at the forefront of personalized health care. Welcome back. It's Dr. Adam Rosilko again here with the lifestyle medicine podcast and we're powered by Access Medical Labs.

If your doctor's not checking your labs, they're not a doctor. And today we got Dr. Clay Maas. And again, this is fun. He's our first resident we're going to have on this actual show.

We're going to get into kind of where traditional medicine is. And the nice thing is, he's also looking at getting into the whole longevity space. He's doing all the A4M fellowships and all that kind of fun stuff.

So let's get kind of a you know, a take on, you know, what a student or I mean, obviously the doctor, but like what somebody in training is and how they're actually looking to kind of go with the whole longevity crowd.

So my man, thank you for showing up. Yeah, man. Appreciate you having me on. So first and foremost, how is residency going? So you're in PM&R and the fun thing is, and we were just talking about this earlier, PM&R is actually what I was accepted to way, way back in the day.

I'm getting older back in 2010. And I had kind of gone through and, you know, I kind of realized that, you know, longevity was kind of my space. So I kind of backed out of that residency and kind of, you know, went straight into the actual longevity, but you stuck it out, but you're still going to go into the longevity, right?

Exactly. Yeah. It's actually cool too. I know you mentioned you rotated at Jackson. I did a rotation there when I was a medical student, met Dr. Sherman, like you were practicing under, really liked their program.

There are definitely some workhorses there. They work hard, but yeah. Yeah, man. And there's some similarities between the longevity space and the PM&R space.

PM&R Background and Path to Longevity Medicine

And so, yeah, I'm excited to get into that. So a little bit just about me, you know, I'm from Panhandle, Florida, Pensacola. I grew up around Andrews Institute, which kind of at that time when I was in my upbringing, it was the pinnacle of sports medicine.

I kind of always had this framework of human performance and optimization and sports medicine. And I was just always kind of obsessed with people that were performing at their absolute maximum capacity and got into college knowing that I was going to go into some form of medicine.

Didn't know what PM&R was like pretty much everybody else. Got into college was consistently sick throughout college, even throughout my high school years, but like looked amazing from the neck down, 9% body fat, you know, working out every day, pushing myself harder than I probably am now.

But. was diagnosed with strep throat over a four-year span 22 times on pen to paper, was treated, you know, was treated by a urgent care with, you know, your typical antibiotics, steroids, and sent on my way every single time, was kind of just spun through that system that so many of us were put through and try to kind of develop this little bit of a disdain for the medical field right around the time I decided I was just going to go ahead and go into medical school.

So, Yeah, kind of crazy. Went into med school originally wanting to be an orthopedic surgeon, plastic surgeon, something where I could put my hands on patients and try to make things better.

COVID hit during my first year, you know, kind of lifted the veil a little bit on some of the nastiness in the traditional healthcare space and especially like the health insurance space and the pharmaceutical model and all of those things.

So fast forward a few years, I start to do things like meditation and I did the carnivore diet for a couple of months and turned that into an elimination diet and extended fasting and kind of found all of these little avenues that helped me on my personal health journey.

And I didn't learn about any of it during medical school. And so it kind of just created this little bit of a separation of what I wanted to do and what I was being taught in the traditional medical space.

So. Long story short, I approached my mentor at the time who was this genius Harvard trained professor and basically told him like, Hey, I don't want to do plastics anymore.

I'm having this dilemma about what my identity is. And he told me that he would have gone into PMNR if he had to do it all over again. So that's kind of how I found the field.

For your listeners who have no idea PM&R stands for physical medicine and rehabilitation. They're also called physiatrists. There's tons of different names.

Nobody knows what the hell it is. I'm convinced that all the doctors that go into it are so humble because they have to explain that a hundred times a day.

But basically what it is is. It actually came from World War I, World War II era when we had all of these soldiers coming back from war with all of these crazy complex injuries like traumatic brain injury, amputations, spinal cord injury.

And we didn't have really any way to deal with it on a mass scale at that time. You know, FDR got. What we thought was polio back then, now we don't know if it was Guillain-Barre or transverse myelitis or whatever, but we basically had a country that really needed our service members to be rehabilitated.

So PM&R was kind of born out of all of that as the quarterback of a team of not only the medical field physicians, but also physical therapy, occupational therapy.

And in a way, while the rest of the medical community is asking the question, what's wrong with you, PM&R is kind of asking that question. What are you capable of and how do we get you there?

I love that. I really, really do. And it's cool about that too. Like I kind of, you said that like when the reason I had gone into PM&R and was so focused on it was that I was trying to sit there because I was, I was a personal trainer, nutritionist, all those other kinds of stuff in my, in my previous life.

And I was trying to figure out like, what's the best form of medicine that can kind of duplicate that, you know, how can I teach people about diet, exercise, nutrition, things like that to help better their body.

And PM&R was just, I mean, there was no other, no other comparison to it, but you're right. I mean, I remember telling my dad, he's like, It was super unique.

So I mean, when it comes to what you guys do, I think it's so, so cool because now you're taking the functionality of what the body is as a unit and you're able to sit there and apply it to, like you said, amputees, traumatic brain injury, or even with what you're doing, longevity and things like that, you can kind of really translate that into actually both fields.

Yeah, for sure. And I think it was probably the closest thing that I could get to really getting to that functional holistic root cause approach to medicine while being in residency.

Cause you know, you look at pretty much every other field and even PM&R to some extent, if you're in that traditional, especially the academic space, your whole day is defined by prior authorizations and health insurance denials.

And you know, it's a lot of medicine in the last 20 to 50 years, the art of it has been taken away by these things like big insurance models and hospital corporations and All these physicians are kind of the bad guy that's at the forefront that people love to point the finger to, but it's really not their fault for the most part that they have to see 10X the amount of patients that they did 80 years ago just to make the same living.

COVID, Preventive Medicine, and Wellness Growth

Now, with the pitch, and again, obviously, I mean, maybe of a different view, but I think COVID really was the springboard for what the wellness industry is now.

So they're like, well, how the hell do I supplement an extra 150,000? My brother, one of them. And it was a situation where they started looking for alternative means to make money.

And then, you know, lo and behold, all of a sudden testosterone therapy wasn't dangerous. All of a sudden, well, what's a peptide? Maybe that can work.

And then you had COVID come along and then you see all of a sudden now the wellness industry jumps to like 7.6 trillion trillion dollars globally. And it's just, it's just not stopping.

And then the GLP one's just kind of made us too big to fail with it. What, with all those different dynamics going into it, especially, you know, you were a resident when this all took place with COVID.

Did you see any type of shift from either your mentors, the people you're learning from, the facilities you work at being like, well, maybe the wellness industry isn't heresy.

Maybe it's not snake or maybe we should start to pay attention to it. Or did it only fuel the fire? I'll say at first, I definitely got a knee jerk reaction because I wanted to do that kind of right around the time that COVID happened.

And so I think like you said, the entire country, if not the entire world started to second guess the medical community for bad reason and for good. And we started to find all of these.

I guess, other options like the holistic approach, the peptide therapies. You know, we started focusing on prevention a little bit more. You know, preventative medicine has been around for a long time.

It just wasn't sexy until after COVID when people started second guessing. Yeah, man. And so I will say, I think it started to come around now that we've been prioritizing data around these things.

I think a lot of the studies were traditionally around pharmaceuticals and they still are, but at least now all these things are coming to light about Oh, well, why don't we get this patient's vitamin D optimized?

Why don't they take magnesium to sleep before we put them on, you know, Ambien? All of these little things have started, I've started to see it kind of filtering more and more into the academic space.

Now, very slowly compared to the rest of, you know, medicine. But it might also be a product of the environment that I'm in. When I was interviewing for residency programs, I was thankful to have enough interviews where I was at least decently comfortable that I would get in somewhere.

And so I started in my interview, started telling my, my, these program directors like, Hey, look, I mean, PM and R is an amazing field. I want to utilize some of that, but kind of a means to an end to get to this human performance, longevity, you know, vitality space that I really want to get into.

And I want to utilize that as much as possible. And I would have some program directors look at me like, oh, you're not going to do academic medicine the rest of your life.

Like we don't want you. And, and I found a great home here. My two program directors are absolutely amazing and they practice that. in their practice even though they're not compensated for it.

So they're just good people and they facilitate that really well. I love that. I think performance medicine is, I think, an amazingly accurate buzzword for what PM&R is.

And then you take a look at what the wellness industry offers when it comes to peptides like BPC, thymus and beta for healing, regeneration, repair. Then you have testosterone, IGF-1, you have adrenals, thyroid, all these different things that can kind of go into it.

So I see that you're actually for the A forum, the anti agent forum, which is like the number one credentialing service, I guess you would say of this industry.

Are you focusing more on that to where you can, are you focused on things that you can combine with your actual degree? Or I'm sorry, your specialty? Or are you just looking at everything like, I'll look at GHK, I'll look at all these, this, that and the other, or are you trying to like really pinpoint while what you're learning in this industry to apply to what you already have?

Yeah, I think there's a little bit of a balancing act between what I am purposefully learning from an educational standpoint and what I'm actually. personally interested in, um, you know, I, I like to, I like to try out a lot of these things myself.

Like I did the extended fasting. I did that carnivore diet. You know, I've gotten into peptides. I've done, you know, extensive supplementation. I do tons of blood work.

So like, this is all kind of my way to practice what I genuinely love doing to myself. And so I think, and I'm, I'm so grateful for that, that I found this area that I can dig into because I'm, I know I'm going to love it once I get out and start my own practice or join somebody else's and.

Yeah. I mean, the A4M stuff is amazing to kind of get that, that foundational aspect of what root cause medicine really is and how to implement that in your patients.

The one thing that I was looking for is like, Hey, how do I learn this in a stepwise approach? Like I did for everything in medical school. Like I'm getting tired of reading every Mark Hyman book out there.

And I need something that is going to like actually make me learn in a structured way. So that's been huge for me. I've even, you know, taken a look at some other companies that do their own educational content.

I'm about to start one solely for peptides because I really want to learn more about that space. So yeah, I mean, I'm kind of just pursuing my own interests selfishly.

And thankfully that's kind of what the public is going towards too. No, again, it's true. Again, I always have to say you have to love what you do. And like the reason I didn't continue with PMA, and again, it's an amazing field is I was so enamored with the physicality.

And obviously the lifestyle was fun in Miami Beach. But then they'd be like, oh, I can fix erections and you know, make sure your muscles are bigger and then also make sure you sleep better.

And so of course, you know, I came out eyes wide open being like, holy cow, I mean, what else can I do in this industry? So it's kind of cool to see somebody in your situation kind of doing, you know, something similar, you know, you find what you love, you find your niche and you kind of grow with it.

Now, obviously you have fellow residents. Do they look at what you do and be like, you know, what the hell is he doing? Are they like, well, I think he's kind of ahead of the curve on this.

I think that, I think I got a little bit more pushback in medical school for maybe being the oddball in the crowd. I think maybe, I think maybe a solid social media following helps a little bit.

You know, people start to see that and they're like, oh wait, there might actually be something there. Like people, I think it just shows that people are interested in this and this is like what they want to learn about and see.

AI in Medicine and Better Patient Data

I'm by no means an expert and I'm continuously learning and my whole thing is like when I learn something that changes the foundation of the way I think in a certain area of medicine, I want to teach that to the public as well because they deserve to know.

And that kind of goes into my next point too. I think this whole aspect of longevity, performance medicine, you know, everything that I know you do as well.

A lot of it is about giving the power back to the patients. The medical field used to say that women shouldn't have access to birth control or even like pregnancy tests or HIV testing or all of these things that we continuously try to hold over patient's head like they really need us to do.

And I think that there's been a lot of kickback because of that. Like you even see things like, oh, patients shouldn't be able to have continuous glucose monitors.

It's like, no, that's their data. They deserve to do what they want with it. And so I think that that's kind of the agitation with the medical field is in part due to the fact that it's really hard to jump through hoops to get what you need to do done in the preventative medicine space.

And so people are going to these more cash pay, longevity pay, base practices to do that. No, it's true. And I think you're 100% right when it comes to, I think educated patients are completely different than what education was like 10 years ago when it comes to medicine for patients.

And patients are coming, even like trying to teach me things like, well, did you hear about this? I was like, yes, I've heard about that. But it's awesome that you're actually going through and kind of going down that same rabbit hole I did a while ago, which I'm sure you also have similar instances, you know, when you're doing your training and everything.

Um, well, what do you think? What's your opinion of AI? I'm curious, you know, for me, like I'm the process of building my own thing and it's really, really fun.

And it's made my practice just work amazingly as a resident. Did you feel like that's something the future holds you scared of it? Are you going to try to implement it when you come out and start your own practice?

I mean, I think it's going to be one of those, those swim or drown scenarios. I'm pretty sure we're faced with the reality that if you don't learn how to use it, then you're going to fall behind.

And now, you know, there's, there's so much information that you can get from AI in the medical space as well. And

it's getting better and better each day to the point that I'm convinced that medicine is starting to veer away from, you know, the best doctors are the ones that have the most knowledge to the best doctors are the ones that can ask the right questions, right?

Because we all have access to the information. And so, like you said, you're building an AI model. I think that's amazing. I mean, especially if you can build it with evidence-based data and to the form that you want to practice your art of medicine, then In this space, we're taking in an insane amount of data.

So if that can allow us to look at it in a more organized way and have more time face to face with our patients, then I think that's a massive win. No, for sure.

And again, like even with what we're actually building in ours, I mean, the lifestyle medicine portion of it, I think is probably the most important part.

Like every read comes with hydration, the type of water, the amount of water, the, you know, diet specific for you, your labs, you know, exercise, stress reduction.

We have breathing exercise, all this kind of unique stuff, sleep correction. And I think that's what a lot of the reason I came out and again lifestyle medicine wasn't even around me.

The reason I have lifestyle medicine on Instagram is because it wasn't even a thought when I was trying to go through it. And now what I have right here in Miami Beach lifestyle medicine, it focuses so much on how the patient lives their life and the more educated they are, the better it gets the results and it makes me of course look even better.

You know what I mean? Because now They're like, just give me, give me this and make me heal. I was like, no, listen here, dude, you got to sleep right.

You go to A, B and C. So I think the inclusion of things like that are going to help out more traditionally trained doctors, even if they aren't in the wellness space or the longevity, wherever it could be, at least offer ideas on proper diet or proper exercise or hydration, their sleep, those, those four things right there can change the outcome of any type of procedure treatment or even surgery that any traditional or wellness based doctor actually performs.

Yeah, I'm convinced too that like the mind is so powerful that it can do things in the body that we don't understand that it can do. So, you know, if you have a patient that's taking creatine and they have no idea why they're taking creatine, sure, it's going to have a positive effect probably.

But I'm convinced that like what you said, if you actually educate the patient and they're consciously thinking that positive benefit, that whatever they're about to do is about to get this perceived effect.

I'm so convinced that there's physiologic effects that happen in the body that even more so, you know, push that effect further. No, for sure placebo and manifestation are two of the most powerful medications on earth.

You know what I mean? I think doctors don't get that point. And you know, I tell people, I think the real medicine, if you look back pre pre medical in general, things like light vibration, circadian rhythm management, things like that.

And unfortunately, I think the wrong people promoted this day and age. And again, nothing against the people do it. But I mean, when you're barefoot running through the fields, talking about a bunch of weird stuff, all of a sudden, like vibration therapy, you're like, dude, you had it, you had vibrations, right, quickly drop all that other nonsense, you know, I mean, I think right now, I think there's that paradigm shift, that whole reflection point, which is about to take place.

So where I think traditional medicine, and we saw when RFK kind of sit there and took the black box warning off of female hormone. I mean, the amount of doctors that all of a sudden like, yeah, testosterone therapy is good to have some estrogen has up, you know, all of a sudden, just like, or it took one guy to say one thing and now all of a

sudden it's accepted.

Lifestyle Medicine, Education, and Patient Empowerment

It's just kind of funny to sit there and see how I think traditional medicine and even longevity medicine is run by pied pipers in a way. You know what I mean?

If you have the loudest voice, the biggest following, you might not be the smartest dude there like you talked about, but you do present yourself and that can be a good thing and a bad thing.

And my question to you is when you see people have a million followers, there's some, you know, 15 year old kid in his college dorm being like, well, you peptize it.

Well, people can be like, well, so and so said that, you know, this is The kid's 15 years old and he, he bought 9 million followers. You're going to really take that.

And then you have somebody who doesn't have many followers. And all of a sudden it's just like, you know, this, this doctor is credentialed to the teeth.

They're doing A, B and C and they don't get that kind of variance or that kind of respect. What do you see that, that, that kind of reflection point being when it comes to what kind of information is taken seriously versus what kind of information is just spread everywhere.

And if you throw enough, enough of it against the wall, something's going to stick. Yeah, I mean, I think it has to do too with like what your background is.

Like if you're a physician, it's pretty hard to be viral as a physician because kind of your entire upbringing in your practice and like the way that you have to speak is.

a little bit uncertain. Like it's good to be uncertain as a physician because like we have things like differential diagnoses. We have first line treatments, second line treatments.

We have to go through pros and cons and develop like a plan. So it's not as black and white of like, you know, Oh, you're tired. You have brain fog. You're not getting enough magnesium.

Right. And that's, that's, we talked about sexy. That's sexy for people to hear. And that's what gets views. But if you're a physician and you kind of have to give that, you know, here's all the things that it could be involving, you know, that's, that's not as clickbaity as.

15 year old in his room saying that he lost, you know, 35 pounds and is shredded off right of true tide, right? Which is pretty much every 15 year old this day and age, apparently, you know what I mean?

Like it's bananas. It really is. Patients come in and be like, you know, Joe Rogan told me this is like number one, Joe Rogan didn't tell you anything.

His guests told you that. So let's just drop that. But it is fun. And it's unique to sit there and see like, you know, any publicity is good publicity, at least they're raising awareness.

And every time I get into these arguments, or these conversations with people like, well, at least they're raising awareness. Yes, they are raising awareness.

But you know, they're also pitching magic bullets and, and one size fits all therapies, which is complete nonsense. I think the dangerous part of this industry is not so much about what they're doing, because a lot of the stuff in the wellness industry is very low risk.

I'm not gonna lie. I mean, like, you really have to do something bad in this industry to really mess something up. As opposed to traditional medicine, you give somebody too much of X and all of a sudden they're going to grow 18 different types of tumors.

But the hard thing is to kind of sit there and see is to weed through not only the misinformation but the disinformation which can be detrimental to the actual branding of the wellness industry, which kind of gives us a bad name when it comes to two actual traditional doctors.

So I'm curious, how would you approach this if you were put in the situation saying that the wellness industry is not research based? Because that's why you see that all the time, you know what I mean?

Yeah. It just depends on who you follow too. Like there's so many people in the space that are very well evidence-based and they actually have gained a huge following.

Like one of my favorite people ever is that I listen to all the time is Dr. Rhonda Patrick and she's not even a physician. She's just a PhD, but like, I just like to pick and choose the people that I genuinely trust and that I know are providing studies to back up what they say.

And you know what? I'm one of those people too, that like, of course I want to randomize human controlled placebo controlled trial for, for things. But also at the same time, I just want to think with common sense.

Like if there's a lack of evidence for something, that's different than there being anti-evidence for something. And so I think that's something that we miss a lot of times is because It's really expensive to do a lot of these studies and a lot of the times it's big, you know, pharmaceutical companies or whoever that are funding them.

And so we kind of skip over the basics in the randomized placebo control trials because we're not throwing a billion dollars at it. And so. All of that to say, I think it's great to pursue database medicine, but also at the same time, you have to be your own devil's advocate and look at things and say, that's exciting, but here's the pitfalls.

Let's dive into it a little bit, not just every single person should be taking this because it worked well for this person, so it's got to work well for you.

That's the biggest thing, and again, like I said, we are on the Axis Medical podcast here, and the biggest thing is diagnostic testing. Diagnostic testing in a good intake form is better than any possible thing in the world.

BPC is great. If your IGF levels are off, it doesn't do anything. You know what I mean? Like, if you have a mental toxicity, if you have, something like, today I just diagnosed not one, but two reactivations of actual EBV.

Insane. You know, IGF, they're sitting across the board like, you literally have mono when you're 60 years old. You know, I mean, like, and it's a situation to whereas I think a lot of people don't sit there and really give value to what diagnostic testing is what a good intake form is, like, like you said, like AI has to be prompted.

But a good physician needs to prompt the patient to get the correct information out of them. You know, I mean, like, you said, I'm tired all day. Well, how do you sleep?

I don't say, okay, well, there's the first problem. You know what I mean? Like it's not going to be brain fog and adrenal fatigue. Let's, let's work on sleep as well.

So I find it very, very unique that a lot of physicians in this space and you see things like function health and all these other things now that are promoting get 8,000 biomarkers tested and blah, blah, blah, blah, blah, with no follow through.

You know what I mean? So there's always the back and forth and kind of the pitfalls and the good things. I mean, it's kind of the Wild West still. Do you still kind of get that?

The wellness industry, as big as it is, nobody's done it right. It's the Wild West. Regulations are kind of up, down, left, right. And when it comes to people who are in charge of it, some of them are kind of clowns.

I'm not going to lie. Yeah. I mean, I also see because there's so many different umbrella terms that we're putting on it that nobody really has, you know, everybody's making up their newest name for it that they want to coin.

And you know, it's not 90% of it's not physicians or people that are calling themselves doctors and hiding themselves behind like some sort of veil. They didn't have like real medical training.

So it is the wild west in that aspect. It's not like you're saying, I am a cardiologist. It's pretty hard to be a chiropractor and say, I'm a cardiologist, right?

But I'm not hating against chiropractors because I think that they know, you know, 90% of them know more about general health and wellness than probably a lot of physicians.

But yeah, I mean, I'm interested to see, because you actually have been in the space from a clinical standpoint and we talk about things like, you know, getting a ton of biomarkers, going down the peptide rabbit hole, kind of doing all of these nuanced things that are really exciting, but new and don't have a ton of data on them.

We talked earlier about. how it's great for patients to have more access to their own medical, basically their own biomarkers, like the CGMs that we talked about.

But also at the same time, I don't think, you know, obviously research grade peptides and leaving that open to the public, I don't think is a very safe thing.

And so we kind of have to meet in the middle of like, Hey, we need more physicians to be open to having that conversation with their patients and like have that risk benefit analysis and be able to maybe think about prescribing some of these things.

But we also need these research things to be taken into the real market in a clean and safe way with compounding pharmacies or whatever, so that we can have that patient doctor relationship in order to do those treatments.

No, for sure. And again, I get asked every day, well, what about peptide sciences? It's so cheap. There was like, and take it. I mean, if you want to inject something that you have no clue where it comes from.

Oh, but it's triple. It's triple certified through this test.

Evidence, Diagnostics, and the Peptide Wild West

I was like, have you actually googled what that company does? I mean, like, have you looked up that it actually is a real company doing it? I mean, like, there's so much nonsense that goes into it.

And, you know, again, back in the day when something wasn't available, I would personally go do an actual research-based site, but I would go nonstop.

I'd call the owner and like, I would go through and find it. There's like one or two that are okay, since it's been shut down, but probably because there are only decent ones out there, but it's a situation.

where it's like you couldn't be more right. It's a scary time that a physician can sit there and literally order whatever peptide they want. Again, peptides are very, very low risk.

I mean, they really are. I mean, it's not like you're gonna get something that's crazy, but who knows what it's mixed with? Just like, you know, there's cocaine and there's cocaine mixed with fentanyl.

You know what I mean? One's gonna give you a good time and one's gonna kill you. You know what I mean? Like,

so it's a situation where I think there's so much variability and overall how patients view this versus how doctors view this.

And I think it's, it's going to come to a head at some point. And I'm kind of excited and also scared at the same time of it, you know? What's the trend that you're seeing right now?

How many years have you been in practice in this space? I started 2010. What's the trend that you're seeing as far as the peptide space? I know they take things off and put them back on and we're probably at a point right now where we have the least amount of things on the true market than we have in the past five years, even though we expected the FDA to come in and really help us out in this space.

I've heard things about, you know, read a true tide, getting taken off the research grade market because they want to starve the market for a year and put it back on at a thousand dollars a month.

So like, what's the truth here? So again, when I look at it again, it's unique. I was actually the first physician to write the protocol for IGF-1-LR3 in 2013. IGF-1-LR3 is one of my favorite peptides to actually do it.

So they came to me, they had bought this company, it was called Viker and had bought the actual formula off of a big pharma company for like, I don't know how many millions of dollars, because it was only making them like 38 million dollars.

You're like, that's not enough, you know, let's go focus on cholesterol medicines. So they bought that, they came to me, I wrote the protocol for it, and that was actually the first peptide that wasn't sermoralin or like, you know, HCG or something that hadn't been in the market.

And we actually went to the A4M, I had given a talk, it was called the seven different ways to make a woman smile, which was great, you know, it's the seven different physiologic orgasms.

I was like, oh, by the way, we're also debuting IGF $1.03, come to our booth. And it was like a wildfire when people figured it out. Then there was a company called TaylorMade that came in.

They did something similar. And then all of a sudden they were putting on 50,000 different peptides, which again, TaylorMade at one point was a great pharmacy until they got caught doping horses and all kinds of other weird stuff.

And it was unique to sit there and see that one peptide, once people figured out how it worked, it really caught fire in 2013. I mean, I wouldn't say caught fire.

That's when peptides were like, oh, what's this new kid on the block? I think really COVID is when, you know, you have the things like thymus and alpha and beta and all that kind of stuff really, really took off.

But a lot of physicians didn't really do the research. They would just sit there and say, Oh, BPC heals. What's the protocol? What's the protocol? And I'm sure you see at the A4M, you get certified to get protocols.

There's a lot of physicians who don't even care about the science. What's the protocol? Give it to me now. Let's move on. Which I get that works for some people, but if you want to find a position, like you said, do some research.

But I think right now and again, I always like to say I'm about three years ahead of what's going to happen. You know what I mean? And I think the biggest thing, the biggest trend that's going to hit, I mean, minus AI and hopefully CRISPR, which is a whole other conversation, I think CRISPR is going to be the future of everything.

but is the longevity of not feeling good and looking good and being the Brian Johnson of whatever it is, but it's the longevity of chronic illness. So like you're coming in, like, I want to be treated for diabetes and fix it, which, I mean, we have done this in my clinic.

I mean, the amount of research I have here that I could go over, diabetes, cardiovascular disease, cancers, all this kind of unique chronic disease, but you treat it with a longevity wellness type way.

I think that's the real future, not only for patients, Again, efficacy and patient satisfaction is number one, but also for profitability as well. I mean, like as a physician, now you open your office up to not only somebody who's just there to have better sex or have better skin or better hair, but it's just like, I have a serious issue.

You know what I mean? Like, can you fix it? And my practice has turned from the housewives and the house husbands who want better sex, better energy, and better fitness.

They'll be like, yo, can you fix my dad? Can you fix my son? My this, that, and the other? And I think that's what we're going to see probably in the next three years.

You're going to start seeing a lot of wellness facilities. I mean, you've already seen it now in Dubai and Bahrain and all those other places. You're going to see this gigantic push for the chronic illness to actually be treated in a wellness type way.

Yeah. And you mentioned profitability. I think that works both on the physician's end and the patient's end. I mean, if you're actually optimizing your own physiology and you're a high-performing individual, I mean, I think that actually pays out dividends on the end.

I mean, there's no arguing that I'm shocked by how many high-performing people I've met and I've talked about things that I just assume is second nature or just well-known around every single space.

And they just don't understand some of the basic concepts because they are so hyper-focused on their own niche that they haven't had time or really even cared about focusing in on their health, their supplementation, their targeted, you know, IV therapies, blood work, all that stuff.

And so it's really, it's exciting to work with people that are high achievers and really ambitious because you can see them change in front of your eyes and actually perform better, whether they're athletes or businessmen or whatever.

No, it's great. And again, I tell everybody like, yeah, you're coming in, you're spending, this is currently a wealthier type industry to be in, you know what I mean?

Like, and patients come in, I tell everybody that the investment you make in yourself, number one, is the most important investment you ever make in your entire life.

But three good nights of sleep, what that will do for you at a business angle, you're thinking clear, you have better decision making, you can see more creativity aspects of maybe if I do this, this will help a profit me here.

So you're optimizing who you are, which then again, yeah, for your profitability as a physician, it's great. It's a great industry to be in because you're not only helping people, but as a patient, yeah, you're spending money, but to make money.

And again, I try to tell everybody, your body is an investment. So if you invest in it, you will get dividends, whether it's better sex, energy and fitness or better business in general.

It's pretty unique to see that shift in people's thinking. Yeah. And the backup too, you know, it's funny that we all society in general likes to paint this picture that it's bad for physicians to make money.

And I always try to make this case too. You know, physicians right now are making less money than they did 50 years ago. If you equate, you know, everything that goes into it.

And they're seeing twice as many patients. But the main point that I like to make too is, you know, there's so much

that you have to give up in order to be in this field.

Like you're obviously grinding all throughout undergrad. Most people don't get straight into medical school. They have to be an EMT. They finally take out a massive load to go to medical school.

Most of them have to wait a year now to go to residency. All of that time you could have had a 401k, you could have had a, you know, whatever and had compounded interest.

But the main point to me, or that I like to make is these are extremely type A individuals that if you put them in any other field like finance or tech, the financial ceiling for that same person that is a physician now that could be in another field is so much higher in the other fields.

And. I saw a stat the other day that the amount of money circulating through the healthcare industry, only six to 8% of that are actually seen at some point by the physician themselves.

So it's kind of crazy that, you know, I think it's, it's a, it's a concerted effort to try to paint the physician as the bad money guy, but none of the money is really going to the physician and they're giving up a lot to be in that profession.

lifestyle stress, I mean, your health, I mean, it's insane. Like, everybody sees the lifestyle now. Like, even my staff will joke, you're like, well, you don't know how to work.

It's like, if you saw what it took to get me to the point where I don't have to work hard, then you understand what it is, you know, and the unfortunate thing is, I went into an industry where I basically figured out how to heal myself from all the stress I've been through, you know, I mean, like, which is great, you know, I can use my, my business to heal myself, which is awesome.

But a lot of physicians are in that just grind. I mean, again, my brother, probably the smartest man I know is a Urologic Reconstructive Surgeon, UPMC.

I mean, you can ask Chad GBT, like, this is the number one doctor for this, that and the other. I mean, the amount of stress I see him go through, it's just like, holy cow.

I mean, granted, he's killing, he's doing amazing. But I mean, like you said, he's missing time with his kids. He's traveling the stress he puts himself through.

A lot of people don't see that. And you wonder why what doctors, this is a business. Healthcare is a business. We found it's the ultimate business during COVID.

Only thing didn't shut down. People made a fortune off PPE and all that other nonsense.

Future of Longevity Medicine and Physician Advice

So I think what people kind of start to realize like, you know, your doctor is there to help you But you know big pharma big ensure that they're there to make money off of you So I think people have to kind of understand that moving forward in a way Yeah, you, you mentioned a second ago that you're, you know, you, you kind of use your business sometime to heal yourself, which is obviously amazing.

Like that's probably what I'll do too. But at the same time, you, you kind of use yourself to heal your business when you need to, I'm sure, because you are a walking, you know, marketing tool for your business.

Like you practice what you preach. You're a fit guy. You walk around, like you hold your head high. You're actually healthy. Like you talk about all these things, you educate your patients.

And I think that's. But that's what healthcare, you know, it's, it's funny when you go and find a physical therapy, you

go and find a personal trainer.

You don't want a personal trainer that's out of shape. You're not really going to trust that person. No, you don't think about it the same way as a physician.

Like if I go to my primary care doctor and they're extremely out of weight and they're giving me recommendations, I'm going to be like, why should I take your advice?

nail in the head and exactly you couldn't be more right on that and it's scary and some people do that and just like sometimes you can't save somebody who doesn't want to be saved you know i mean like but you should portray your health you should portray what you are i'm selling fitness sex energy mental clarity i better have every one of those categories or i better stay in my own lane you know i mean like and it's a situation where a lot of physicians choose to think that their education can carry them, it's not going to carry them in the wellness industry for long.

Because this wellness industry, it's fun as it is and as expanding as it is, it's getting smaller and smaller and smaller because of social media and because patients are becoming more and more educated.

So a lot of doctors are like, oh, just jump into the wellness, no, you can't just, this is the hardest industry to be in right now. It's harder than surgery, it's harder than spine surgery, than urology, for God's sakes, you know what I mean?

and to actually make it. Any doctor can be in this industry, and that's another big point I think people need to understand, but to actually make it in this industry, you really need these days to live it, to breathe it, to portray it, and know your stuff.

And that's one of the biggest things, like you getting these credentials at A4M, a lot of physicians don't go through that. They'll sit there in this Google stuff, or chat GBT, or whatever it is, and you're doing not only yourself a disservice, but you're doing your patients a disservice, you know what I mean?

Like I said, it's a very unique time to be alive in this industry. But we're coming up on our time here, so I always like to ask two questions to my guests as we finish, and I'm very curious to see your thoughts because you're kind of the perfect candidate for this one.

First and foremost, as a physician coming into this industry from traditional medicine, I'm walking in, so basically kind of what you're doing now. If you could give advice to yourself, I guess I would say, as to what do you think the most important thing is to pay attention to when you're coming in trying to make a name for yourself in this industry, or try to start a practice to where you're actually helping people and also helping yourself?

Wow. Most important thing to make a name for myself from the physician side of things. I would say, I would say actually two things. Know what you're talking about and actively seek education and be curious.

I think that's number one. And then the number two, which is the perfect compliment to that. And I think is our number one deficiency in the medical industry is have some humility.

Like I'm, I'll be the first to admit that. I'm going to say things wrong. I'll probably, I may have said something wrong during this podcast today. I mean, I will, I hope that people correct me and I hope they reach out to me and I, this is why I talk to people like you and others that are, you know, more further along in their training and, and experts in the field is because.

I want to be a lifelong student and I think the people that end up failing is that they're so overconfident in their abilities early on that they forget to continue to learn.

And that's, that's the entire point of this whole, this whole model is to stay up to date and to continue to be curious. With AI, I mean sink or swim.

I mean like get up to date, learn your thing, learn everything. I mean learn about the thyroid even though you don't plan on prescribing thyroid medication or whatever it could be.

Learn everything because everything is connected in this holistic view of what a person is. Second question, if you could give advice to a patient who's coming from traditional medicine into this new field.

So I'm a traditional patient. I went through the whole rigmarole of talking to an OB's primary care, told me to stop smoking this, that and the other.

All of a sudden like, what's this wellness industry? What's some advice you could give to a patient from Kentucky or Idaho or wherever, if they're going to step into the whole wellness, regenerative, functional medicine market, what's something you should look for in a physician and in a clinic?

Well, I think if you're going to come into this space in the first place, there needs to be, you know, a change in the way that you look at your own health and medicine in general.

A lot of people take this, you know, victimhood mentality and yeah, like the, the entire industry, there's multiple parts of it that are working against anybody that you talk to.

You just have to kind of look in the mirror at some point and be like, all right, today's the day I'm actually going to start taking charge of my health.

This is on me to do X, Y, and Z. And I'm just using, you know, the physician that I'm going for as the roadmap to get there. And so if I was just going to, if I was going to ask.

tell somebody how to reach out or find a physician that's good for them. Usually what I say is, you know, find some of these places like A4M or Institute for Functional Medicine or, you know, there's an integrative medicine through Andrew Weil.

Like there's these big companies that are teaching, you know, root cause performance based medicine. And I think finding physicians either through their websites or just through word of mouth or just through a simple Google search that Even if they're not implementing exactly what they learned, it at least shows that they spent their own time and money to go out and learn new things aside from medical residency.

Like I think just that aspect of finding physicians that are continuing to be curious and not just cranking through residency and then finally sitting back and not wanting to learn another thing in their entire life.

That's a huge difference there. No, super good. Again, two great answers. I love the perspective because I mean, again, I'm super excited for you, man.

Best of luck coming up here. You have what? One year left? You're in some change, yeah. You're in some change, man. Rock and roll. I can't wait to welcome you into this industry officially.

But again, man, thank you so much for stopping by. Dr. Moss, again, this is the Lifestyle Medicine Podcast powered by Access Medical. Check us out on, we got YouTube, we got Spotify, we got Apple, you can send a pigeon, you'll find us somewhere.

But Dr. Moss, thank you. Thank you so much again. It's been a treat and I'm definitely looking forward to see where you land in this industry. Yeah, it's been a pleasure, man.

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