Leading Longevity Expert: I'd NEVER Do These 3 Things If I Wanted To Live Long! I Ep #393 Transcript

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Introduction and playful banter

I'm Natalie Nidam, your host. Now get ready, because Dr. Ted Achikoso is back. And, shocker, he brought both wicked science and wicked sarcasm and humor with him.

Dr Ted is one of the few humans trained across neurology, pharmacology, AI, and nutritional medicine. and he's on a mission to shift healthcare from what's wrong with you to what is right with.

We talk about self-stress pathways, the self injury response, how something as simple as a toxicity panel can change a patient's entire trajectory, and the underestimated power of vitamin D, especially if you live somewhere with more snow than sunlight, like for example yours truly right now.

We also hit doom scrolling mitochondria and why doctors should probably stop ignoring metabolomics. This one is sharp, honest, and hilarious. Dr. Ted Atchikosa, welcome to the show.

This is going to be a ride and people have no idea. Thank you for inviting me to your show, Nat. We've known each other for a while and each time we're together, it's just a riot.

Where all these just laughing about, you know, the brilliant things that people do with things they could get hold of. Yeah, we do. But laughing is great medicine.

And given the level of physician that you are, I'm not surprised that we'd do a lot of laughing together. Yeah. There's laughing yoga. Have you ever tried it?

No. So my son was at puppy yoga the other day. Puppy yoga? Yeah so he sent me these pictures and I was like, these are really cute, but did you do any yoga, he's like no.

No, I learned about laughing yoga many years ago, you know, because as a medical student I was doing yoga, actively doing Yoga until of course I'm doing my hand stands and my head stands, and whatever stands.

And I started getting cervical spurs. So I stopped that thing. Apparently your head was not meant to be stood on. I now know that. Who knew all the yogis are like whamming at their computers going, it's not true.

I'm like, you know, some of the most injured people I've met, I just want to say Ash, what is it? Ashtanga yoga. That's like intense stuff, but laughing yoga?

Yeah. Well, isn't that just like going to a comedy club and sitting on the floor or something? No, no, there is a discipline to laughing itself. Like, like.

Even if there's something that's not really funny, you are going to force yourself to laugh at it. And the main thing is actually to exercise your diaphragm and release.

There was this woman actually in London. She was in a podcast. her whole PhD and life is devoted to the study of laughter, why we laugh, right? So it's just this immediate dissipation of what was construed to be threatening, and then it is like, oh, okay, that is funny.

That's so interesting. I'm going to have to find that woman. And I think that would be a really interesting podcast. Yeah. Wow. Okay. Well, you just threw me right off track here.

I'm good at that. Yeah.

Ted's childhood curiosity and early academic path

Let's get back to Ted because you know, if I could go through your biography here and honestly, people would, we'd be here for a really long time, but suffice to say that a man who gets through med school at age 22 and then goes on to get like umpteen other degrees in many other disciplines, which I you guys can read the show notes for the whole thing because it's nothing short of jaw dropping.

But what I'd love to know is, what were you like as a little kid? Did your parents know you were going to grow up to be who you are? Like, did they have any insight?

You're just brilliant, Ted. Thank you. I didn't believe that when I was young. thinking that everyone saw what I saw, you know, until my mom sat me down and said, You know you are seeing the letter C, your class, the letters Z and your classmates are still seeing that letter.

So just shut up. But anyway, this is how I was. I actually, because of the fact that my mum forgot that I'm only four years old. She enrolled me in kindergarten.

Where? Because you were asking too many questions and you are making them private. Shut up. But then I was, you know, when they found I only four years old, they couldn't take me back and move me over to first grade because I'm in honors class.

So that was funny because, I always fought with the nuns. I went to a Catholic school run by Paulinean sisters, Columban Friars. Oh no. That can't have been good.

You know I tell this story to friends. It's like, When the nuns told me that I had original sin, I screamed at her for years. No, you have. I don't. You have original sins.

Why are you accusing me of all of that? I'm only four. How could I possibly? And so that was the kind of child I was. And always called to the principal's office for these kinds of questioning.

And, you know, I remember the Catholics at least this confirmation at second grade, right. It was rehearsing with the bishop. Of course, he had to know how to answer properly, do you renounce Satan?

And I said, why should I? He hasn't done anything to me. That must have gone well. Off to the principal's office you go. But anyway, I was lucky because my father, whenever we moved, there was always a library in the house.

He wouldn't settle in a house without the library. And that's where I got my habit that studying is just one of the normal things that you do, right? It's not something special.

This is something that we have to sit down and actually focus on. It is just part of your life. You do it because you are intensely curious about the world around you.

So that's the kind of mentality. Yeah, so curiosity. Yeah, yeah. And then, you know, whenever we left, before we leave the house, there was a blackboard in front of the dining table where you had the word of day, where they had to use it in a sentence before you left for school.

I don't know why. Oh, yeah. And that was my mom, right? And, you know, for me, that's fun. There was a puzzle to solve, etc. and you think about this in your way to school, like, okay, there's some mode of thinking there that, the thinking could be either inductive, deductive or abductive depending on what mood she was in that day.

But the thing in all of that you know, I, people think that I went directly to med school. No, it didn't. I finished a degree in biology. Right. So I entered college at the age of 15. Yeah.

And, and there being a, you, the biggest thing that people learn, especially for me, is that when you are alone like that, all decisions return back to you.

and you become an adult very rapidly. Either you adapt and become and adult, very quickly, or you don't, right? And then you have a failure to launch, and I was one of those who wasn't coddled.

Right now, parental coddling is so common, you're not going to cop the marriage, that kind of stuff. And that, those kinds of habits, the kids today, I actually really wonder when they actually sit down and study and take a look and concentrate, you know, because I used to wake up at four o'clock in the morning to study, right?

You did? Yeah, I did. In college, they used wake you up two o clock in morning. I slept at 7 p.m. But I woke up, yeah, but I just slept up 2 a. m. Yeah.

Right. And then the first thing that happened to me that sort of like It was very funny that all my classmates were just like quizzing each other. This is before an exam.

And I said, what are you guys doing? They said we're cramming. For me, craming was a foreign word. Cramming what? for the exam. And I didn't know what it meant because for every time that there was a subject matter, I was always like two or three chapters ahead of the discussion.

So it was foreign notion to me and I learned to cram only in medicine. Hey folks, I just wanted to take a quick minute to tell you about something that I've created just for you guys, my listeners.

I created an amazing holiday gift guide for listeners so that you can get the best Black Friday deals on biohacking tools, supplements, and so much more.

They are gifts in different price ranges and once a year price drops on your dream health tech. And no one said you can't shop for yourself. So you get the stuff for friends and family or for your self.

All you've got to do is go to natnidam.com forward slash gift guide for the list of Black Friday deals that you just can t miss. Because you would have been somewhat socially isolated from your classmates being a different age completely.

Yeah. Yeah, it's not like you could go out with them. It's, not, like, you were going out and partying. So you're kind of on your own ship, riding your on, yeah, your, own journey here.

That's and as you said, he would either, either going to work or not work. Yeah. Well, even in med school, I was, um, the youngest in my class. I entered, entered the 18th.

Right. Um, so, but it was fun. Uh, for me, uh, if you are choosing something because you, you know, are having fun with it and you like it, right, then it's going to be an easy way forward.

But if you are getting pressured to do it as some of my peers were, you you lose your humanness over everything. You lose the pleasure of it. It's interesting that you bring this up because this even comes into play so much in health.

That mindset and approach and framing has everything to do with the journey that a person is going to experience. Whether it's in their education, as you're talking about, whether it is with a health challenge or a healthy journey, that framing of that we do in our minds has everything to do with what our experience?

Yeah, you want to first start at health optimization medicine, and practice the framework that you know about, which is the balancing of the metabolites in body to a more youthful age at 21 to 30 years old, right?

that kind of mentality didn't exist, right? So, you know, when I said, we take the reins together of your health, because you are the expert on how you feel about your body, so instead of, all of us, my classmates, everyone

else who taught us we're gods, and we tell you what to do, And so when suddenly I'm there, it's like, no, I am not a god.

You'll tell me what's happening and we'll check what is really going on and then let's see. And when they take the intake form, there is nothing about their disease.

Shifting from disease care to health optimization

It's all like what are your wellness goals? How would you like to feel? You know, how would like your energy to be? What would would be able to do? And all of this stuff.

This is an intake for me, and it is, because it's where we want to move you, right? It's not where, we, want, to, uh, treat you. It is where where. We want.

To make healthy. What's everything that's going right in your body. So you could actually go and actually help whatever disease that you're having. Right?

So, it says an evolutionary point of view as doctors where you were trained to look at signs and symptoms as. signs and symptoms of disease, but in health optimization medicine, we look at those as compensatory mechanisms of the body.

This is what the does to heal itself. And what I usually give as an example here is a sprain, right? When you have a spring, you pain, so you avoid pressure on your foot, and then it And so you get irritable, right?

So you have a social isolation that's going on, which helps you heal, so what do we do? We give a patient a crutch so he can move, give him ibuprofen so there's no pain.

put it in a cast so you can hobble about, and how much do interfere really in this evolutionary pathways? But where it actually matters is when you're looking at the cell.

A cell, when we're look at a cell in medicine, we look it as a deceased cell or not. So for us, they take a look of the cells and say, what's stressing it out?

And the ways, right? It only knows these eight different ways. This is how I'm going to respond. Whatever it is, it was psychological, chemical, physical, whatever, this is the only way I know how to response, and it will respond by molecular inflammation.

It will activate your innate immunity And of course, a lot of the key drivers of all of this will be your reactive oxygen species, which is accumulating.

So this is what's called the self-injury response, And what is the primary driver of this? The primary drivers are metabolites. All the small little things like your B vitamins and your C vitamins, and the mercury that you've been eating in your fish and all of those.

So all those are the primaries drivers of these cell danger response, right? So we measure those, and as you know, you've heard me talk. You know one of the things I wanted to say to people is when you take a class with Dr.

Ted and he tells you, be the cell. What would you do if you were the cell and you're sitting there going, what? And he's like, well, here you are. You're the sell and here's all this crap coming at you and don't have what you need.

So what are you going to do? Yes. And, and it's so, it so smart because you start to really think about things from a different point of view. Yeah. That's where the fight in illness medicine and health organization medicine usually is right.

It's a difference in perspective. So because, you know, I don't blame Nellis Medicine. I came from there, right? And

we, because the instruments that we had for diagnosis, is intended for organs because they were rough.

At first, we just had x-rays, et cetera. And then you developed, all the way out to MRIs. Then now you're able to peer into cellular function. and be able to see what's inside.

But we're so used to the fact that, you know, the doctor asking you what wrong with you, rather than your healthcare provider asking, okay, what is right with me?

And how can we help what was right? Right? So, and that's the difference between what we do in health optimization medicine, which is cell autogenesis, the root causes of health, right?

Everyone, all illness medicine, I mean, including functional medicine. This is all root cause of disease, but no one actually pays attention to the real causes health.

And that's where you have to shift your point of view from the organ, like the heart, the liver, et cetera, into the cell itself, because the cells underlies everything else in the body, right?

A hundred percent. Yeah. Well, so tell me this, and we're going to go back to this. But before we get too deep into this cell, When did you realize that it was time for a new model?

Like what made you, cause you know, you as you said, do you come from the traditional medicine model. You were trained as an allopathic physician. Yes.

So, and it's not surprising to me, given what you've said to the nun when you were four, it said really not surprisingly. You told all the people teaching you medicine.

Yeah, I don't think you're right about this. Was there an event? What made you think, wait a minute, we need a whole new perspective? You know that when you get a broken heart, you write all of these beautiful songs and win a Grammy for it.

For me, it got so angry. I got very angry because I was giving a lecture on mitochondria and it was asking for continuing medical education credits for it.

And the professional body said, no, we can't give any credits with those because physicians already know that. There were actually, it was a confluence of factors, right?

I came back from training in Paris where I'm board certified in anti-aging medicine and nutritional medicine. The reason why I took nutritional medicines over there is that if I take it over here in the United States, No one would believe me because a lot of people here are fat.

You're like, what could they possibly know about no medicine? Really? No, there was no nutritional medicine training here in the United States at the time that they took it.

So it had to be in Paris. But for me, that's my funny story. It's like, why Paris? Well, look at all the Americans! But anyway, but it's sure when you land here, you can't help but notice when your been away for a while and you're for awhile, land you here and say, oh my God, it is the land of corpulence, right?

But anyway, and if you say that, it's like, oh, you're fat-shaming and all of that. No, actually, I'm health- shaming because part of my taxes are going to your health care.

But, anyway that's another issue. So for me, coming back and then I realized that what I learned in Paris is still the same, like in nutritional medicine, everything was still disease-oriented.

for chronic fatigue syndrome, this set for this, for these, and I said, no, I say, there has to be a better way of doing this. And then I got sick and tired of seeing all of these articles coming up in the magazines that are being read by

all these people, right?

They will go, okay, is vitamin E good for me? Is vitamin D good from me, it's vitamin A good to me. It's like, why don't you just measure those? We can measure it now.

Why don' you measure and then see. You know, if we are really going to have a clinical practice that's devoted to health, not to disease, there must be a way of putting it in a framework where all of these biohacks that are around, you know?

They carry red light, they're blue light. You're this, your sauna, NAD, this or that. you know, everyone's just doing it without a framework in their hands.

And so I said, let's do this. I say, why don't we shift the perspective from the organ to the cell, since the cells underlies all the tissues in the body, and let us take care of the fundamental cell.

You know? The one that has a nucleus, mitochondria, cycloplasm, peroxisomes. we take care of the network because it communicates, you know, with everything around it.

And that's a big thing there is that in medicine, we don't normally think about systems, right? Because heart is a heart, the liver is liver. In fact, I was convincing an endocrinologist wants to join me in hormone balancing, and he said, oh, i don t like that.

He said you're thinking of too many things. If I see a thyroid case, just want to do the thyroid. This is like, okay. All right. And that's where they started to hate me because I started the accused illness medicine of intellectual sloughing.

It's typical. Intellectual slothing. That's your word today guys. So anyway, and that was the genesis. It made me very uncomfortable that we already have the instruments in the laboratory now.

They've existed for 50 years and they've been brought up out of the lab slowly. So what we used to memorize in biochemistry, like the Krebs cycle and everything else, we can measure all of those now, all those intermediates we could measure.

All of those things that impede the Krebs cycle for energy production, for example. We can mention the mercury in class. So we say vitamin B1, B2, and B3, napalmic acid, magnesium, M and P5.

So these are the kinds of things that we just use to just memorize. And therefore, it's not in our minds as doctors that, we can test for this now, and we cannot.

Right? And sadly, there is no specialty that does that. The one major thing that medical education or health education lacks is that… we have anatomy, physiology, biochemistry where anatomy and physiology meet.

And then, okay, here's what's wrong with your car, right? Instead of, and there is no part that says, Okay, this is how your card is going to run smoothly, your tire pressure may be a little bit uneven, you may have a low wind windshield washer fluid, all of these things collectively.

It's the little things. How do you make your body, the make and model of this is a Ford Model T as I like to lecture, right? And we built a Lamborghini world.

Our bodies are not Lamborghinis, folks. This was built for a time for hunter-gatherer systems. So we tried to approximate, not by going back to the hunter gatherer mode, but remedying it through science and technology and all the things that we've learned.

For example, when you're looking at light as phototoxic, for example we're children of sunlight. So you have now lighting systems that can simulate a day together with all the frequencies for daylight and then slowly turns into

nighttime and so on.

So we can approximate these things. You have air filters and water filters. Although there is urgency because we have a limited carrying capacity of the Earth, right, for humans, because use a lot of Earth's resources, we also can mitigate this, so if you're locking into the, you know, this is like my favorite question to physicians who like you like question me, say, oh, no, they can just eat that because I had an argument once with another doctor saying, note that they should take their antibiotics first and then they'll take your vitamins.

They should take their what first? Their antibiotics first. And then they take the vitamins. I said, actually you have that backwards, right? It's like, how are your antibiotics going to affect these things that actually have been there, seen by evolution for a long time?

You don't even know. At that time, I knew that she was going to bomb the gut mycabeota, but that was outside of her system. Because that's what we're good at in illness medicine is acute infections and acute trauma.

We insist on using the same things, the the techniques, et cetera, for things that actually do not need those types of interventions. So instead of you know, a mode where you want to cure or treat disease, we are in a mood where we want balance the imbalances of the body, right?

Because those imbalanced when they get severe, those will actually lead to disease. Right? Yeah. And that's a dynamic balance. That's another balance that goes on and on running.

People say, what's your goal? I said the goal is actually optimal health. So it has to be done over and over. It's not to prevent disease as preventive medicine.

That's different, right? Because health itself should be a specialty, how do we run this optimally? Finally, we need a way in order to learn how to run the body optimly instead of just preventing it from breaking down or fixing it when it's already broken down.

Well, and I think that the cellular approach that you take, for me, it's from one of the lectures. I have the Krebs cycle emblazoned into my brain and lots of other different pathways.

And those little numbers and letters in the spaces between the stages, which is B6, magnesium, B3, b1, b2, zinc, whatever the case may be, and then like the big black mercury or lead.

And so if any one of those little things is missing or the wrong thing is in the You can medicate all you want. You're not going to fix that cell.

Cell danger response and metabolomics in practice

I think a lot of what you're teaching is the body can work its way out of improper function if we give it the tools that it needs. Then you've initiated a cascade that we don't even sometimes know about.

We've just kind of set it free and off it goes. Yes. When I was training, I got lucky with mentors. My other sister told me this. She said, you are the luckiest guy who ever got mentors because in the Philippines, that was mentored by the guy, who started the whole neurology department.

He's like, like this is a guy, the guy who started interventional neurology in the country, that woman who's started pharmacology, toxicology in country.

So these are like the pioneers, right? So I was- Those are your mentors? Yeah, these were my mentors. And then when I came to the United States, my mentor was the one who was started the entire field of medical informatics and shoved me into artificial intelligence research.

In 1988, can you imagine that? I was telling people, I've survived two artificial intelligence winters already for this.

But he was the guy who started it.

And then when I started learning about finance, because I knew nothing about that finance. The guy started the whole socially responsible investing movement was my mentor.

And so I didn't realize this, that I was so lucky to get all of this. And I said, you know, it's time for me. This was inadvertent on my part to pioneer something like this but, the medicine in the United States has already marched off a cliff.

It's already falling and fallen desperately. And I said, you know, in chaos theory, right, the bifurcation point or the fluttering of the butterfly in the desert of Sonora causes a hurricane in The Pacific, which is the logo of Home Hope, Right?

You could see that there's a butterfly pulling out the O of home, And we're hoping that we could be the flapping of the butterfly's wings. Just a little change to move the needle and then maybe we can go somewhere else, right?

We could take a look not only at my definition of health, which is health equals A plus B plus C, A is absence of disease plus the balance between anabolic which is things that build and catabolic processes, things are destroying the body according to the seed life cycle of the organism.

And therefore optimization becomes easier because then you move the metabolism back to golden period. In concept, it's very simple, but when you take a look at it as a clinical specialty, you have to take in a network format, right?

Because when you're touching, say, you are touching vitamin B6, then you actually touching other parts of the network. And what I like about what you said, Nad, really, is that I was going to give you an example of, this is like a kind of like grand chance case now for me in terms of I had this big time patient, who collapsed and was brought to the ER.

And since he was my patient, then I already sent all the metabolomics tests to the emergency room pointing them, I won't tell you that what it is, pointing to exactly what had happened, right?

It was ignored, totally ignored. He had five doctors, two neurologists, one for cognitive decline and one muscle weakness. And he had a cardiologist for his arrhythmia.

dermatologist, right? Because he had skin itchiness and he has an endocrinologist. Lots ofologists. And all of them had different diagnosis for the patient, so the cardiologist was Yeah, right?

And so on. And I, you know, this was in the Philippines, I had to fly back, to flight back from Washington, DC. So when I visited him in the hospital, the cardiologist was there and I pointed out to him, this is actually an acute exacerbation of subchronic mercury toxicity.

And so all the while the weakness in muscles, cognitive decline, arrhythmia, skin lesions, abnormalities in this endocrine function, those were all vegetarian, he ate only fish, right?

And the fish was eaten with mercury, and that was his mercury source. And so this was a very much a teaching moment for my students too, because they saw the charts and said, Holy fuck, you know, all of these specialists with different diagnosis, different drugs, and different modes.

And then when I wove it together for them, the conductor was so nice. He said, Dr. Ted, I have no more role here. anything else, but you know, are you going to do the detoxification?

I will do that. But this is the damage of all of your interventions so far, the drugs. Because they're all coming in from the top, right? They're are all saying you need this beta blocker or whatever drug and a statin and this and that and as skin thing and an immune system modifier, whatever it is, it's really about which direction you're looking at it

from.

Right. Like, are you looking it at its source or are looking the symptom, the expression? No, no, because, you know, drugs and procedures actually earn money.

what we do requires a lot of time. And that's why the people I train, I tell them, don't be shy to build for your time, because this requires, a, lot, of thinking, right?

A lot. Of correlating out of taking a look at the network and what the networks doing. Right. All the way from very simple things, not like here in the US, for example, when I see people in in.

In the winter months, right, where they overabuse the zinc candies and then you can see their copper levels actually drop. severely and they start manifesting very very you know you wouldn't even notice it if you were not looking for it but you could see this mild symptoms already of copper deficiency because they were taking in too much zinc because zinc will actually shove your copper level out of your body.

What are the symptoms of copper deficiency? Is it really deficiency or is it zinc toxicity? Because it's a balance. It's both. You'll be getting both, right?

You get a little bit of zinc. So you already know that you have zinc of toxicity or at least the beginnings of it. If your taste starts becoming metallic for Christ sakes, is that not even obvious to you?

Why is my taste like this? It's just one of the things like, oh, maybe I just ate something. And then when you point it out to them, like hey, you're overtaking this and then you show them in their uh metabolome test things like hey look here's your zinc you know here is your copper here should this, and that and they go holy shit and, they stop the habit right and this is why I am off you, know that's why you they started this fucking lifestyle medicine in illness medicine right but I asked them exactly what do you base your lifestyle advice on What's your objective measure?

You can't give this a piece of advice and say, oh, your object measure is the disappearance of disease. That's not right. Because that's illness medicine.

When you're giving lifestyle, you're actually affecting the entire individual, then you are affecting all cells. So your measure should be intracellular or within the cellular network.

And that's why I was lecturing almost 10 years ago. It's like, what a shame. When patients come to us, they would have a lifestyle recommendation from a cardiologist, from the dermatologist from an neurologist.

They come and they have this, What the fuck? They have three different and recommendations for three different diseases, right? And where it was, if you go and take a look at what the cell needs and so on, it's like, okay, here are your supplemental recommendations.

Here are you nutritional recommendations, because sometimes you'll be taking care of the gut, sealing the guts and here your nutritional recommendation and then here you behavior and lifestyle recommendations Because if a person, you see this very often where people don't sleep, right?

They will binge watch Netflix over and over. And I thought this was just for young people. Like, holy cannoli. I see a lot of my older patients, who I love, by the way, they're over 60, and they binge watching Netflix until four in the morning.

100%. Or they are stuck on Instagram. Oh, I know that so well. Yeah, their tires are doomscrolling all the time. And it's just like, man, you know, i said, You know i see their world collapsing when i say that their cognitive world is collapsing because all they see is that right rather than actually engaging in the world.

I see that and there's It has such a negative impact on their health, both cognitively and physically because, and it seems, it's a little bit like the cell, right?

It seems so simple, but when you're doom scrolling, you are sitting. You're not moving. You're sinking into despair because the algorithm is now feeding you what it believes you're interested in.

And so that's all you see. So now you have no hope that anything's ever going to get better. Yeah. You know, it's a very horrible thing. But one thing I wanted to talk about a little bit is you talk to us a lot in the course about how you move people into action when they first come to you as a patient.

So the number first thing that you've talked about right now is getting insight from the patient of how do you want to live? What do want do? what are your goals?

Where do do end up with this? Like what's going to move you? Because they're the ones that are going tell you, right? But you also have a very, you have great twist because you're going sit there, go through all the labs, look at all of the things and there's probably 10 different things you could address.

but you find the pain point. I would love you to talk to the audience about this because in some ways people will be, oh, that's terrible. But on the other hand, it's like, if people don't believe there's something broke that they can fix, they're not going to change.

Yes, because that is a point of view, right? So in the course of practice now, I've always taught you guys that compliance is 80% of your success, No matter how nice your protocol is for your patient, you won't achieve anything unless your patients follows, and I'll address your question shortly, but I had this patient like for six years and nothing would go, right?

And by the fifth year, his blood sugar started optimizing, he had GERD, and now he is able to sleep horizontally. His son even challenged me, if he can make my father sleep, horizontally, without any pain, et cetera, I'll believe you.

And he started to sleep horizontally and started going to the gym and so on. And then I said, what's changed? He said Dr. Ted, you know, I just found out the real secret of working with you.

I asked him what is that? You know just to follow your protocol. Because, you know, he's like, Dr. Adjacent. He manages doctors. You know? He knows a lot about diseases.

So he keeps on adjusting the protocol, adjusting to protocol until nothing actually happens. And for me, I already knew that's what he was doing. Okay, have your fun, right?

And then when it finally hit him, it's, like oh, Okay, this is what it needs to get done. So you find all these different things that actually motivate them to comply, right?

So the first thing that I do is actually show them their toxicity panel. Like, okay, here are your poisons. Here's what's poisoning you." I was like, oh my God!

And then they are there, they're suddenly alert, right? They goaded into action and say, okay, how can I deal with this? I can deal this and so on and then you say okay.

If you take alpha lipoic acid, it's actually one of the things that we already are giving for your blood sugar. It will also be your natural collator for you mercury.

or, you know, and then suddenly you're hooking up a lot of the things that the client now needs, there. The other thing, the most difficult part is behavioral change, right?

Oh, sure. So for behavioral when you give them a very strict elimination diet or a strict eating diet, they won't follow. So what I do is I ask them to commit to me at least a 12 hour feeding window.

in a 12 hour fasting window. Because in 12 hours, 12-hours can assure me of mitochondrial biogenesis. And then

until you ask them, it's like, no, doctor, I can't follow that kind of diet, but can you commit to me this time schedule for eating?

Oh, can do that. No problem. So you catch them at where they're actually willing to meet with you. And then after a month or so, they feel better, you know, and say, what else can I do?

So the thing that I tell them is, my goal here is to get you addicted to the feeling of wellness, right? so that when you get out of it, You know what it's like, What it feels like.

And then like your recovery period in exercise, you recover quickly. You know what balance feels like in a bike. So when you fall, how to get back in balance right away.

There are many of these things that you can use to hook the behavior of people, but you got to You know, the people that I accept into my practice have a level of discipline that they really want to feel better.

Right. They really wanted to be at the top of the game. And some of them really just want the compete. So I have athletes, I see CEOs who want CEO, other CEOs.

Like my business is higher than yours or something like that, but it's fine, right? It's for me a healthy type of competition. But the thing is that emphasizing that health, optimized health with time, is your true wealth.

Vitamin D, sunlight, and the D3 hormone

It is not time that's your to wealth, there are no amount of time you have, you can never guarantee that. But having optimal health with time with you, that is their true wealth.

So I've had patients who have told me, oh, I have better things to do with my money rather than spending time on my health. And those are the non-ideal cases.

Right? And I had very sad stories about those because a couple of days later, something happens to them and there's nothing you can do about it anymore.

But for me, the first thing that I do when I sit them down is when they introduce themselves to me. Hi, I'm diabetic. No, no, your name please. It's not your identity.

And I said, you know, we'll set down your disease, right? Let's set your down disease and let's take a look at what your goals are, would you like to have more sex with your partner?

That's a big carrot for them. Yeah. Right? Yeah, yeah. So, so, you know, anyway, I was once asked, when I'm starting this whole field, right? So Dr. Ted, what are you marketing?

And this was just like, point blank, just being asked in public, What are your marketing, as a market sex, youth and vitality? That's what people are after, right?

I mean, you could replace sex with connection, but that is ultimately what women- Vanity works and sex works. So you have to put, and poisoning works, so you can actually hook in there and pull them in that way and then make them realize that there are all of these aspects in their health that are actually better addressed by this different point of view.

Look at yourself as healthy and look at your disease as basically a deviation from your health. There's one topic that we both agreed we were going to talk about today.

I studied on it, you studied it and I refer to it as the bomboniere. If anybody's been to an Italian wedding, always leave the Italian Wedding with the Bomboniera.

You get a gift. that you get to take home that can use. And sometimes it's a tchotchke you don't need, but whatever. This is not a chachke and you do need it.

We're going to dive into it in a minute. Is this a lube? No, not Luke, I'm not giving you Luke. No. Get your mind out of the gutter. Come back to me. You come back.

Often, you started at the beginning of podcast, You talked about optimizing people's micronutrient levels and markers to when they were 21 to 30 years old.

So let's hone in on one of them that I think we both agree is a critical component of health that It seems like it comes in and out and in out, in an out.

And it's vitamin D. So when we're optimizing people back to when they were 21 to 30 years old, and we look at vitamin B, what does that look like? And then let's talk a little bit about the importance of this vitamin, which is really not a vitamin.

Yeah, the optimization of vitamin D is the one that's different for me, right? That's where we optimize to, instead of 21 to 30, we optimized to evolutionarily derive values.

And what do I mean by that? So, you know, that the values are based on the Maasai and Hadzabi tribes in Africa, where chronic diseases are rare. or nonexistent, and their values are between 50 to 100 nanograms per mil.

So when you're looking at that kind of values, you'll see that even in my practice, when my patients hit above 60 nangrams Even those with three or four diseases stacked on to their history, they seem secondary, right?

They seem easier to manage because their D levels are so optimized, and There are many reasons for that. Of course, the vitamin D itself is older than us as a species, right?

It's estimated to be between 650 to 750 million years old. So how is that possible? How is it possible that a receptor that we have is younger than we are?

initial organisms, you know, where we grew from evolutionary, right? I already had them. Okay. In fact, okay. Right. You know before we, it was unicellular before it became multicellenular.

So, and in fact that is already touching on the biggest finding that people are still not realizing From the 2000s on, there has been a big finding about vitamin D that people should really pay attention and slap themselves and say, you know, the way we think about Vitamin D now has changed.

Before, vitamin B was in the purview of nephrologists, right? So it was like, oh, it's for calcium. So how is it? So the sun shines on your skin. Your skin has what's called 7-deoxycholesterol, which doesn't come from your diet.

It's synthesized by your skincare. And then that becomes now your pre-vitamin D. Right? It binds a receptor. Its activated in the liver. you know, then activated in the liver is called process called hydroxylation, right?

And then it's activated now in your kidney, at your mitochondria, so the inner membrane of mitochondrial, it is a called one alpha hydroxyase, that is the enzyme.

now activates it to 125.3, right? So there are two things that are important here. So your measure of your total vitamin D should be 25 hydroxydine, because that is a total of what synthesizes from your skin, and what you actually take in as either supplement or from mushrooms and other sources of plants that have it.

But then this is hydroxylated ones in the liver. That's a common pathway. Now, it used to be that we only knew that this is called, for those of you who are snobs in terms of what the pathway is, this called the canonical pathway.

Skin and diet to deliver to the kidneys activation. And then it regulates your calcium. right, irrigate your calcium. And

so it's sensitive to what's called the parathormone, the hormones that regulate, right?

That regulate calcium in your body. So this canonical pathway is responsible for calcium regulation inside the body, so this is the human itself. However, okay, that big finding is that vitamin D, the 25-hydroxid D is not only activated in the kidney.

So suddenly the kingdom of the nephrologist is gone and says, we have actually extra renal activation, meaning non-kidney cells can actually activate this.

And this is a huge implication way, we only think of it activating the genes, right? The genes called the vitamin D receptor element, or VDRE, which actually requires vitamin A retinoid X receptor.

People don't emphasize that, but retinol X-receptor, is a part of binding for vitamin B. This is why you have to make sure that your clients have adequate vitamin a source, because otherwise they won't be making this RxR receptor.

So that's a classic pathway. It activates the genes and it participates in over 200 different pathways. for the deposition and removal of bone, including your teeth, because your tooth are bone.

My sister's a dentist, and I made her aware of this. And then she really started getting very strict about her patient's vitamin B levels. The results are fantastic because of that.

Now, that's the canonical pathway. Okay, everybody wants knows, you know, That's what everybody knows. Right? But what I want everybody to know is this non-canonical pathway or alternative pathway, which does not necessarily have to do with activating the genes.

It has a direct effect on the messaging of the cells. So what do I mean by that? All of the cells in your body have mitochondria except the red blood cells, right?

Because the Red Blood cells lose their mitochondrion as a benefit for us to get hemoglobin. They give up their iron for hemoglumine. So you can imagine then that all the cells in the body have the capacity to actually convert your 25-hydroxy-D from the liver into the active form.

The 125. So it's not just in It can be activated by everything. And they have verified this. It's in the skin, right? It is in skin cells, it's a prostate, in your lung, macrophages, and so on.

So this is actually quite revolutionary in terms of thinking because now they're still actively studying, but the core is that, hey, this in the inner membrane of your mitochondria.

It's just that the mitochondrial doesn't have to be in your proximal tubular of the kidney. In your macrophages, it's in everywhere in yourself that have mitochondrion.

And this is why it has been, there's studies about vitamin D for cancer, vitamin B for autoimmune disease, because these are what's called the pleiotropic effects.

The effects that could not be explained. These are all over the body effects, the effects could be not explained by just activating the VDRE. In the kidney.

So let me ask you a question. I hope you guys are enjoying the geekiness of this conversation because I'm fascinated, so hopefully you're with me. In genetics sometimes, there are people where they talk about their VDRE gene pathway is downregulated.

So their conversion of 250H to 125 is not optimal. And because we only measure 250 H, you could be getting kind of this backup where you're not converting enough to the 125. Is that because they're only measuring it?

You are actually pointing out a major aspect on vitamin D studies, right? This is called the vitamin T paradox, so

why is it that Black people who may have down-regulated VDRE still have very strong bones, strong teeth, right?

And do not exhibit any of the D deficiencies that you normally see. And that's because there may be several factors, because vitamin D Well, you know, if you can have a gene polymorphism, right?

A gene-polymorfism that although they produce less vitamin D, their receptors are actually more receptive to it. The second is that they may have better absorption in their intestines.

the third is they have faster way of activating right? Or they have a more efficient messaging system. So these are all the factors that contribute to what's called the vitamin D paradox.

And vitamin B paradox is still actively being solved, right, or why do we have this paradox? And different people will have different reasons for why they will be manifesting that.

It's not just genetic, so it may be functional in itself. And so would that change the optimal range that we're looking for? For me, exactly. That will change their optimal My basis for this is it's always an evolutionary way of looking at it.

So you have to land on something that you can agree on. And here's another fact that I said I would talk to you about. Everything was going fine. They were endorsing higher values, et cetera.

Suddenly, they withdrew their recommendation for testing or screening for vitamin D levels. Right? And they said, okay, only those who are not healthy and are high risk.

How do you say what's healthy? What's high-risk? Right. So, you know, what a healthy child. What a highrisk female and so on. But I do understand their point of view.

I think they swung too far into the woke side of things because there were very many conflicting studies as regards the vitamin D paradox. So you touch on a very important thing in there, and it's still a source of confusion until now.

But for me, what I still recommend is, although the Institute of Medicine, they're not called something else, National Academy of Medicines, whatever, There are three different sets of recommendations.

We're still debating until now, what's the… And it may turn out to be very different for people… We already know it's different in different latitudes, right?

Or different skin color. In fact, for the audience here who would like to know how much exposure they would have between 10 a.m. and 2 p. m. where the UVB is highest for you, and what latitude you live in and so on.

And when those UVB rays disappear, there's a free app that you could actually go and you can actually take a look at that. I would encourage people to do that because you've heard this story that I'm a tropical boy with tropical genes and God damn, I have dark skin.

So when I first moved to the United States, you know, to live here permanently, it was just, going in and out here was no problem. But when you start living here, permanently and experiencing the winter, I got into severe seasonal affective disorder.

You did? Yeah, did I did. I was like going into fetal position. And I wouldn't like to get out. It is just awful. Right. Then a friend of mine actually moved away.

In fact, my classmate from med school called me up and I said, where are you? I'm in Hawaii. I've moved away because I have severe system-affected disorder.

And I say that Hawaii has been very helpful. So, you know, and this was like, probably more than two decades ago. She said take a look at vitamin D lamps, so on.

That's where I actually started looking at vitamin D labs, but my D levels were so severely depressed, right? So I had D Labs and I was also taking 50,000 a year of vitamin D three times a week, which gave me diarrhea.

Between depression and diarrhea, I'd rather take diarrhea." But now, for those who are severely depleted, they can still recommend up to 50,000 IU once a month for eight weeks.

For those with seasonal affective disorder, it's still being prescribed. And not one of my friends who's a psychiatrist actually down in Florida said that, you know, I have this entire ward of patients, but they have the roof of their ward had a retracting.

a roof, right? So they could get sunlight, and he just said that just two weeks of just retracting that at noon for just 15, 20 minutes, et cetera, he'd just observed this behavioral change among all the patients, right?

I'm not saying we do this, what I'd like to say is that we as organisms are yoked to the sun, and we are actually, our cycles are yoke to sun rising, the sunsetting and so on.

And the light is actually therapeutic for us in very many ways. being out in nature, I have patients, it's like, they're taught by their dermatologist, don't go out to the sun, right?

And so if you do, you know, go before 10 o'clock or, after three o clock. You don t get any of that. But what you can do is you have to actually wear a baseball cap.

I, have a story about this one where I had, high powered CFO, you know, female and blah, blah. And, she was a smoker, right? And she had, despite everything that she's doing with her lifestyle, very stressful, one with the boys, and then so on.

I look at her profile, it's like, this is fantastic. I looked at vitamin D, 63 nanograms. Okay, so this was another point in my data plot, that over 60, and it really looks good.

And it's actually quite funny. I said, what do you do? Oh, you know, Dr. Ted, they don't allow us to smoke in the building. So at noon, I put on a baseball cap, just as you said.

But I walk around the You see, for fair-skinned people, 10 to 15 minutes of sunlight is about 1,000 IU of free vitamin D, right? You don't have to supplement much.

But unlike the recommendations where you dont have check if you're healthy, I always recommend that you check that if your healthy. Recommendations change, of course.

There are different recommendations for children. There are different recommendations for pregnant and lactating women, you know, and all of this stuff.

But the thing that you can't always remember is like, well, for children, let them find play in the sunlight, right? And if you're pregnant, go expose yourself in sunlight.

You know? It doesn't hurt. And it's like here we are arguing about, supplementing, et cetera, on what are the effects if they're oversupplemented and so on and We don't even study what are the effects when you're actually in the sunlight at the 12 noon.

So, you know, it says it's like we seem to be asking the wrong questions. You know we're looking at some limitation right away when there's something free, right?

So yeah, I mean, in some places, but where I live, there is most of the year that free things not available. So I do think there are lamps, like there're devices that give you that UVB so you can make your own vitamin D.

I've always marveled, Canadians are beautiful people. I wonder it's because of the lack of sunlight or something

else. All right. Well, I have another question for you.

So let's say somebody's getting out there and this they're in the right at the latitude. They're getting their vitamin D from the sun or they are getting the supplement or doing what I do.

I've got a lamp called the Mitolux. It gives me an exact prescription of vitamin with blue light based on my skin tone. But what about- You mentioned something else too to me, where I said before I was trying these vitamin D lotions that were like totally thick.

And you said that there are new lotion now that are just really great. You know, those nice too. Yeah, there's vitamin C cream. But, what a vitamin K?

Because when I went to nutrition school, they beat it into us. If you have a client who's taking vitamin B, especially in large doses, must, must give them vitamin K.

And I would argue vitamin A as well, because the vitamin a and D, what you were mentioning earlier, have a balancing effect with each other. But the Vitamin K is a big one.

I feel like we're missing that with people who have the lamps. Now we are getting the We're not getting the K from our diet. All right. I'll address it in two parts because one, I think I forgot to mention the big thing about vitamin D.

It's the hormone named vitamin B, right? So vitamin A acts more like a hormone than it does a vitamin. So whenever I lecture in it, in fact, my lecture was called to D or not to be no longer the question.

Of course it was. To be or not to be, no longer the question. That was the title. And just put it in people's heads that this is a hormone, much like melatonin is hormone.

You look at these things and you go, because they're labeled in your head, they are supplements, not hormones. They are hormones! The second thing about vitamin D is that it's fat soluble.

So when you take your vitamin B, make sure that you actually are eating a fatty meal or have some fat in your meal. Otherwise, you'll have very poor absorption.

There are ADEK. Vitamins AD, E, and K are fat-soluble vitamins. Make sure when we take these vitamins, say for example you're measured in the metabolomics test, that these are low for you, then take them with a little fat.

Right? So, and then for the question about vitamin K, so there are two types of vitamin k, right? There is a K1, which is phyloquinone and K2, k2 is divided into several, there's MK4, MK7, the MK7 is the one that's longer lasting.

Now, what does it do, right? So when you're looking at vitamin K, you are actually looking it's the calcium pathway, all right. So what this Menaquinone or MK4 and MK 7 specifically do and the preferred is MK seven, What it does is that it actually leads the calcium to your bone because they produce a molecule called osteocalcium.

And the osteocalcium is like a homing beacon for your calcium, to get into the bone.

Vitamin K, calcium balance, and bone health

Otherwise, if you take vitamin D, and calcium at the same time, it may deposit in your intestines, in blood vessel walls, and all of these things that you don't want to calcify, start califying.

You don t want that. That's why your intake of calcium, right? So you separate your, but your D has to be taken with menaquinone or MK7, so that there's actually already a homing signal, for the calcium.

So when you do take your calcium say two hours later or three hours, later, it's sort of, there is already, a homeing

device for them to go. Now, I would like to put in here, like the new information that we discussed earlier, So this is just like a big fractal of what's going on inside the cell.

Vitamin D is, see, the mitochondria inside this cell is the cells calcium sink. So it's like the bone of the self. It's where the calcium is actually processed.

The calcium regulation inside a cell, is done by your mitochondrion. So if you can imagine that vitamin D is actually activated in the inner membrane of mitochondria, you could see then now all the studies are pointing to the role of your vitamin d3 in your calcium regulation of the mitochondrion.

right? Because too much calcium in your cell will burst, right. So this calcium is a signaling molecule, so these are pathways. You can see there what we're doing in the body is also doing inside the cell and that's how pleiotropic vitamin D is.

That's why for me, it's always an sense of wonder of what it does. Like this thing has been here before I even existed. And this is what I call MRGs now.

They called master regulatory genes, right? They've been there even before. So the body has conserved them. I'm keeping personally, just for my sake and my interest, And if anyone is interested in joining me, to actually make a list of these master regulatory genes, those are still very important.

Because we always take a look at what's in here now, but we never take look what is in there that has been conserved when we were not yet a species, right?

the receptor genes, one of the oldest ones that we actually have in there. That's why I have a lot of respect for it. The way you have, a lots of respects for your older people, the elders who know a little more than you do, despite the fact that it's kind of stupid, blah, but you know what?

They always have more wisdom because they have lived a longer life than we have and have seen a bit more. It's the same with genes. Yeah, and vitamin D is, it may be not sexy, but it definitely runs the show.

There's also interactions, I don't know if we want to get into it for too long here, the last thing I wanted to say about this hormone, let's stop calling it a vitamin, call it the D3 hormone because it also interacts with testosterone, thyroid and also cortisol, right?

as a hormone, it actually interacts with all of these different other hormones. Yes. So this is very important for those illness medicine doctors out there, especially, or if you have clients who are on various medications, right?

You have to take a look at the following medication classes. See, I told you I prepared, Nat. I knew you prepared. If you need to. prednisone or dexamethasone.

It can decrease intestinal absorption of your vitamin D. So it may require on autoimmune for rejection drugs for organ transplants, for example, right?

We need really high doses of vitamin D. Those are on anti-convulsants like having seizures, like phenytoic or mimazepine, it increases the destruction of hydroxyde and it also decreases the hydroxylation, right?

And it is highly associated, so if your children are on seizure meds, you know, have their deem levels taken because this is high associated with osteomalacia or softening of the bone.

There's actually a funny story here that has nothing to do with these meds, but UK tried to bring back its levels of vitamin D to 20 nanograms per mil.

And suddenly, yes, they did. Suddenly they started having incidences, increasing incidences, and then a lot of instances of softening of the bone, right?

Adult softener of your bone. And that's what it will do to you. Right? So, and then if you're an antifungal, ketocotazole, clotrimazol, it gives you alpha hydroxyls.

Here's a common one, cholesterol-lowering statins. It decreases and decreases hepatic synthesis and they may require higher supplementation. So if your patient is on statins, you know, take a look at the vitamin D levels.

All right. You know weight loss drugs, especially those that actually make you poop fat. And then those that are on HIV meds, right, tenofovir, et cetera, it decreases the hydroxylation of that.

And another one is very common, antacids and proton pump inhibitors, your xanthac, you're apropymeprazole, aluminum hydroxide. right? So this is associated with fracture risk, right, because it decreases calcium absorption, decreases intestinal pH, and then you have loss of fat.

So, you know, for me, we ignore the skeleton because, it just always props us up until you are of age, when you're postmenopausal and you come to me and And I could say, you know, I can say recover with, with hormone balancing with estrogen, progesterone, recover about 20% of that.

But the rest of them, You know I will have to put you on weight bearing exercises and I would have put to you rather than put your on, on you recidonate and all of these, all these drugs, right?

I'd like you to be able to recover some of those calcium of those caution first and put them back in your body with adequate levels of vitamin D, adequate exercise, right?

And vitamin K. So the K actually, my general rule of thumb is about 100 micrograms per 5,000 IU, so if you're eating 2,500 IU then you can give 15. So it's just a rule of thumb, right?

Yeah. Remember, when you're looking at K, you are looking Osteocalcin, and you look at calcium metabolism, so that's a systemic thing. And it is very important.

Right. One of the things that you have to look at right now really is that with all of these things, that people are taking and so on, you know, there's why there are risk assessments now for, suddenly there is calcification of blood vessels, calcation of intestines.

et cetera, and that's because of the lack of vitamin K too, right? Just as important. All right, Dr. Ted, I'm pulling us out of The Vitamin D rabbit hole.

We're going to bring our conversation, we could keep going for hours, but I think we're gonna start to wind up our conversations and to do that, I wanna talk very briefly.

I'm gonna ask you a couple of questions and you can answer them. Yeah, I need you to give me like little snapshots here. So walk me through a day and a typical day in your life from wake up to wind down.

What are those key things that you do every single day that are non-negotiable for you? When I wake the first thing I do is I smile. And I say, I get to live another day.

Gratitude. What fun am I going to have today? Right. Okay. That's number one. Right? And the second thing, of course, is meditation. And meditation is not only for myself.

But for all of the people around me and my patients, I meditate or my patient, so I do a meta meditation. I wish them good health and so on and whatever else that ails them.

And then after that, take a drink, two glasses of water, along with my hormones, like my thyroid hormone, my cortisol, because those are the hormones that actually rise.

When sunlight's supposed to hit your skin, your thyroid and your cortisol are supposed rise, but since, you know,

that's not the case here, I will have to take them.

And then I actually go to my sun lamp, right, for my morning. Like, totally naked. That's so much fun. And then you have a lamp, right? That already also has the infrared one, and so on.

I have the lamp with the new VB. Yeah. And I had a small one up top. That's the Infrared and the bottom one is the sun lamp. It's a makeshift because I've been doing this forever and ever.

So why do I drink first? It is because the body is dehydrated during sleep. And then after that, if it's… and a very busy morning, then I try my best to actually go for my walk on an empty stomach.

Daily routines, balance, and longevity philosophy

And the reason for that is that I would like to go into nutritional ketosis by walking briskly for 40 minutes, where the 100 grams, the rest of the glucose left in my liver is actually used up during my right?

And what does a brisk walk mean? Not, you know, is being able to talk, but you have to catch your breath. That's about 40 minutes, right. And then you shift to a nutritional ketosis mode.

So that's what happens then. Then after that, I actually make my, this is not it, but I have what's called, what they tease me in Home Hope as the coffee mud.

It's my coffee that has the collagen peptides, the MCT, mushrooms, all the powders that I can put in capsules. And it tastes like mud, and I love it. Right?

And I sip that. I set the bell away to noon and, you know, I start basically working at about 10 a.m., right, and onwards. What's important that I instituted is actually, I used to have like a standing desk and I use to walk and all that kind of crap.

But now it's actually more important to stand up, really stand and walk around the block and so on. Because at my age, the things that fatigue me are no longer the things that used to fatigue me when I was younger.

What fatigues me is decision fatigue, right? When you have to make one decision after the other, and you know it's going to be affecting the lives of other people.

And you're making all these decisions all the time, be it the management of a company or the manager of the non-profit and so on. These are affecting the lives of people.

And with students, they will be affecting lives. So you have all of those considerations that are there, knowing that you are responsible not only to yourself and to others, country, to the world, the cosmos.

It's just always there, it's pervasive. You know that there is that responsibility within you to be aware that all of your actions actually matter. they matter, no matter how insignificant they think they are.

But the thing that I always make sure during the day is their breathing breaks, right? I have this theory in that, that we were born, we evolved as single cells, were parasympathetic, the nervous system is a late invention.

So, you see the sea creatures, in the ocean, this garden, right? You get predated on shore. But then when you're on land, it's just like, you know, your, so, and then I read this book once that made an impression on me that I remember throughout the day and says, Ted, all yoga inspires sympathetic gymnastics.

doing is actually going back to that evolutionary mode, we're actually relaxed, you know, and you take things as they are. And the big thing that meditation actually teaches you is non-reactivity, right?

To accept things the way they and if you want to. Yeah. So I have this definition of happiness that I always maintain

during the day, is that unconditional internal acceptance of the way things are, right?

So internal, because that's the they are. External, if you have kids, for example, you know you love them, but they will fight. So you teach them externally about conflict resolution and other stuff.

You can extend that to something like an Israel Gaza conflict and all of that. It's a same fractal, that just goes. This is during the day not forgetting the fundamental principles of how you really want to live, you know, do you want all of these thoughts to be bothering you all the time?

Or do You want To be a good friend to yourself? Right? Like, like, famous conversation that I heard where, you know, even treat myself the way I treat my best friend.

I'm horrible to myself, but I don't hear my friends, right? So and that's what drives me during the day is going back always to first principles of how they want to live.

You know, sure, light, water, magnetism, you know your water is, all of those filtered and reverse as most and whatever, right? And your light is like, your system which actually changes the frequencies of light.

You have your air filters and so on. you follow the cadence of the sunlight. But in the end, You are looking at essentially a life that is more relaxed in terms of just letting things, no matter how annoying or alarming, it may be just something so little as whatever, someone rolled the toothpaste wrong among younger people, or as big as something political.

These are just waves in the ocean. They're just going. If you can do that, then that's what I actually try to do every day, is basically sink at the bottom of the lake and let the storm be on top.

Pass. Yeah, let's have a storm on the top, and for me, it's always useful to just look away from whatever you're doing, take a deep breath, right? Don't even ask yourself, why am I doing this?

Just take deep breaths. And for those of you who have existential acts like me, stop asking whether or not life has meaning. What's the purpose of my life?

What is the meaning of life and my favorite response to that was that given by Sam Harris, he said, oh, you know, the meeting of live is a psychological question masquerading as a philosophical one.

I actually love that. But that's my day, you know, and I follow my sleep anchoring technique, which is at night, uh, sleep at the time that you said you're going to sleep.

Right. So 11.30 PM, I already start preparing myself to go to bed at midnight. I'm in bed. You know? I wake up at 8 a.m. actually about 7. 30 or so I have a bed with a cooling pad, under the cooling pad.

So it's very high tech. It also has frequency-generating magnets, right? Which for me is set to 2 Hz because it makes me sleep better. Right? It's already underneath the cool pad, so there's a lot of things going on in the room.

Exactly. Where you have to put electrical tape on all the LEDs so you can just have a decent, nice sleep. I know. And the blackout blinds. Yes, and everything else.

But those are actually just, you know, things, those things that you can do, but the best thing that can you do is to adjust what's inside you, right?

It's basically the whole thing. How do I look at this? How I do look this situation? And you could always take a look how you react to a situation versus counting to three and how do I respond to a situation?

Most of life, most irritations in life and most disastrous events in live are failing to bite your tongue in those three seconds when you should have been responding instead of reacting.

That's such good advice. I was going to ask you, if you had to condense your entire approach to longevity into one sentence, what would it be? I think you kind of answered it, but maybe you'll say it differently one more time.

Just one word. Balance. Love it. Yeah. Thank you. The reason why it's that is that you cannot be assured of longevity, right?

HomeHope programs and closing remarks

You don't know when you're going for whatever reason. You just know that you're statistically closer to death when you are older, but you still don't know when are you going to die.

Regimenity is my word, right? But the quality of your life, you have access to that, and it's a balance. The good always has to come with the bad, the light has come in the dark, otherwise you'll never know.

So it's this dynamic play of all of this. And you have to be relaxed in taking all that, because that's the nature of it. So, it is a balance that you maintain, and you'll have a high-quality life.

A high quality life has actually already been defined by a neurologist. The first condition of a quality of life is life without pain. right? And then the Californians actually started twisting it, right.

It's a life without emotional pain, a It's all pain. But that's the high quality life, right? And we should be cognizant of these basic things, because the goal of evolution is survival and reproduction.

It is not happiness. Happiness is always an inside job. And if you can define happiness, the way I have a definition of happiness then you know when you are happy and when your not.

Yeah, 100%. Dr. Ted, thank you for all of this. This has been a fantastic conversation. I so appreciate you and appreciate your taking the time. And I'd like to invite you to share with people how they can learn more about HomeHope and the work that you do.

You're booked, you're busy, but you have lots of Home Hope practitioners that have now certified out in the world. Come to homehope.org, that's H-O-M-E, HOP, or take a look at what we have to offer.

If you need continuing medical education credits, we actually give some of the highest credits out there, 45 credits for clinical metabolomics. We have a lot of modules in there, clinical metabolomics, gut immune system, exposomics chronobiology, evolutionary medicine, epigenetics.

So those are seven. And then we have advanced modules. For example, if you want to learn about how to use cannabis for health optimization, we have that module.

If you want to, you know, there's also a module, which actually took a look at, this is a, We have a peptides for health of optimization. Uh, if you wanna do that, coming up will be a couple of my modules, uh, for which I'm going to be using artificial intelligence, right?

So it's a lot more interactive, um, is, a hormones for help optimization and of course, one of the more awaited ones is psychedelics for a health organization, not knows that big nut when it comes to psychedelics and using it for, you know, neurogenesis and, uh, and all of those things.

So, so those are on there. It's TomHope.org. Come see us. We have a fantastic faculty. And we actually have student cohorts. we could actually participate in the discussion and you, know why you're learning the module at your own pace.

you know, we have little discussions about cases and what the clinical curves are, is actually geared to the following question. When I created those modules, when I asked the faculty to create those models, you have a client in front of you, what do you do?

So it's very clinical. You can go into the deep rabbit holes, right, of the didactics, because it is all there, but in the end, Why? Be the cell. Yeah.

Dr. Ted, thank you so much. Thank you.