Introduction and Guest Background

– Welcome to another episode of the Reverse Inflammaging Summit Body and Mind, Longevity medicine. We get to talk a lot about ideas about inflammation, aging. But today we get to talk more about that, but we also get talk, talk about ways of implementing new approaches and changing the paradigm of how we treat it and address it.

Today, we get to speak with Dr. Rakesh Suri, an expert in the area coming to us as previously the CEO of the Cleveland Clinic, Abu Dhabi and now as president of N C M O of Fountain Life Organization. Rakesh, welcome to the program.

– Thanks so much. It's honored to be here with you all in this very important subject. – Well, before we dive into this, maybe you could tell us a little bit more about your background and how you came to be interested in this in this area.

– Well, that's a, it's a great place to start. So I started as a, as a physician and a medical school at the University of Toronto really had a global focus during my career, I did a lot of third world work and actually one summer studied leprosy in India. Uh swabbing in areas of low promoters patients.

When PCR was just being invented and brought into mainstream medicine, it was during that time that I really understood that the discrepancies in terms of the technology, the diagnostics, the therapeutics and the way to pay for them were disjointed. And I suppose that really propelled me on my journey to return finish medicine. Very fortunate to be given funding to complete A an immunology. Phd A D Phil and immunology in Oxford in England, where we studied the role of turning inflammation off and inducing tolerance as a means of accepting heart transplants.

And then returned to the University of Toronto, finished general surgery and heart surgery. Uh and then decided to, to really take a pause and think what was next, how it was going to take these, these, this education, these experiences, this passion for touching humanity on a broader plane and bringing it into something that was really practical and useful.

I had the opportunity then to travel to Mayo Clinic where I went for a fellowship and then was very privileged and honored to be brought on the medical staff where I focused on something that changed my life and my career trajectory forever.

Mayo Clinic is one of the foremost centers in the world focusing on valvular heart disease, in particular, a very strange condition known as mix ominous mitral valve prolapse.

And what we found through studying that was that there was a distinct gap between the diagnosis of this condition, the onset of symptoms and the willingness to undergo therapy. And we can talk more about that later.

But that that paradigm of linking the three creating the science and then embedding that into clinical practice really gave me an insight into how medicine works and how our guidelines can be shaped by proactive thinking, uh collating the data, publishing it and then socializing it. It was also during that time that as a basic scientist had worked in a lab at Mayo Clinic where we studied the samples from Maximus Mitral Valve patients. And very strikingly 2020 odd years ago, found that there were were the elements of advanced inflammation in a completely asymptomatic condition. And again, we can talk more about that later as is relevant to this conversation. But fast forward on from from there, after bringing together a team to bring robotics, robotic cardiac surgery to Mayo was was fortunate enough to be to be recruited to do something else that was truly impactful and that was to be to initiate grow, expand and then lead the the world's first us academic medical center ever purpose built outside of America Cleveland Clinic, Abu Dhabi. And during seven remarkable years, 6000 truly heroic caregivers fortunate enough to leave an imprint on humanity, six hour flight radius around Abu Dhabi, about three billion people.

So they continue to do well. Now on the top 150 US academic medical center list worldwide. And, and now I'm back pivoting to something new. Blue Ocean, how to bring advanced diagnostics, uh remarkable people, a shared mission, uh advanced analytics and then find a mechanism to pay for it all. So that's, that's the little task we have before us now. And fortunate enough to be here with you to talk about it. – Well, congratulations.

That's a great accomplishments and a great legacy already that you've, that you've created. Before we dive into this, maybe we could take a moment and you would share with us your views on the way that you think about longevity. What is aging?

Why do we age? What when you think about that, what model do you use so much science?

A Holistic View of Longevity

– And now in terms of the OEMs, the proteome, the secret tome, the microbiome, the metabolism, I really like to look at it from the macro plain as um as as a leader in healthcare, healthcare policy and funding, how we can bring together to take a holistic view. And I like to start with myself as a leader who leads by example. And I tell my patients or the staff that, that I work with um or even when giving lectures that really have to start with the basics and the basics are overlooked by so many of us.

And let me just start from, from the beginning of the day, we all need at least eight hours sleep, the science the research shows it and we all, we all failed that test during residency and medical school in our early staff years where we, where we we, we worked hard and uh and gave up sleep for the sake of a broader, a broader goal. We're now finding that those elements really put us in an adverse position and not only as doctors but as human beings as, as as spouses, as parents, etcetera. So starting with eight hours of solid sleep and monitored by your your devices, etcetera is really, is really a huge advantage in life.

And then during the day at some point, but usually in the morning, there's good evidence. Now showing that moving the body is an important way to begin the day off well and kick starting the metabolism, getting the neurochemicals in order and focusing on the day ahead.

So beginning, beginning the day with a hearty amount of exercise, 30 to 45 minutes a day is always a good thing. And I tell people that it's, it's just a matter of priority. You have the time you have the ability to do it in any room. Just you just gotta, you just gotta do it.

There's the exception should be not doing it and and the routine should be doing it every day. And then having family time, having relationship type of experiences where we bring together those who are important in our lives, whether their, their, their spouses or Children or friends or an extended community of any type.

I mean, the the the Blue Zone literature has taught us along with other analogous subsets. This is so so important. So beginning the day off with community is critically important along with that is having a little time to be reflective, whether it's meditation or yoga or spirituality or some sort of collaborative exercise where we are reflective within ourselves and amongst ourselves in terms of our significance on on the planet each day is really important for the day ahead.

Working hard is never as never a bad thing. And I think the science has shown us that, that those who retire but yet commit to another career or remain intellectually curious and passionate are those that live the longest and therefore all always from, from students to colleagues. Steven, my Children always encourage them to be, be taking on very impactful tasks, whether it's self learning or contributing to community or leaving, leaving an imprint on humanity.

Eating is critical. We, we understand that caloric restriction is one of the most potent drivers of decreased inflammation. And reverse aging. Biologic aging is reduced through caloric restriction. And it's not only in humans, it's another other types of animals and and uh and mammals and finally, some mechanism to at the end of the day to bring it all together, to have down time to be thoughtful, mindful community based uh before before heading into a restful sleep that's well curated for, for temperature noise reduction and, and freedom from light are important.

So if we, if we adhere to these basic things, Dr. Lufkin, the data shows we can eliminate or delay or a decrease, approximately 70, of those things that drive adverse health care outcomes and health care costs. So I like to start from a macro level uh explaining to people in communities and populations, how we can improve the health of ourselves and others.

– Yeah, those are all such good points and in the nutrition, the caloric restriction certainly is powerful. Do you recommend fasting at all or intermittent fasting or narrowing the eating window aside from eating less because it's hard to eat less. And the caloric restriction you can, people can only maintain for a while. But what are your thoughts about the eating window or is that a whole different thing? – We now know it's much more complicated than we ever in medical school. There's for instance, a recent publication showing that some individuals have a caloric thermostat, meaning if they don't hit that thermostat that they are going to find their body is going to find a way to hold onto the calories and diminish energy expenditure such that their body mass index will be maintained.

And this is very different than what we were taught in medical school that it was merely an act of will or avoiding that cheesecake or skipping that bread or, or not eating a piece of steak. These are gross oversimplification.

These are gross oversimplifications of a very complex narrative I can share with you my own story as an aging physician, a father leader, etcetera. I found in my mid to late forties that it became more difficult with the same amount of exercise, the same number of calories, the same mix of foods to maintain a lean body and energy levels that I had in my earlier years.

And therefore I stumbled upon a habit, a pattern that worked well for me. But it was in a very circuitous way as a leader of Cleveland Clinic, Abu Dhabi um during Ramadan which is the holy month every year, the the the tradition is too fast as, as a, as a cultural and religious uh tradition and honor from Sunday, sun rise to sundown and therefore in solidarity with our brothers and sisters who, who undertook this tradition.

It was we made a common place in the hospital that we would, we too would not eat or drink in public spaces. And it was through this that I, I came upon the power of fasting in my own life.

Not only did I feel this true bonding with my brothers and sisters who were fasting, but we broke the fast together. So not only were the calories being restricted and timed, but there was this, this community that came together to be very thoughtful about how we broke our fast and what we utilized to break our fast.

And in what sequence we broke our fast. So it was through that over several years that I really came to understand in my own life, the power of that in terms of decreasing the the feeding window that I partook in.

Intermittent Fasting and Feeding Windows

And this not only improved my blood pressure, my cholesterol, my mood, my concentration, but also my body fat content. And it was usually a powerful real world demonstration of the effectiveness of a thousands of years old tradition in driving the elements of longevity.

– Yeah, it's a fascinating point. I mean, we could see it from, from the social psychological sides of the benefits like you say, of celebrating with, with friends and colleagues a similar tradition and participating in that. And then you also mentioned some biological drivers. What's playing the major role there, do you think? – I'm not sure that we completely understand it. Undoubtedly there is an interplay between stress hormones, eating hormones, insulin, ghrelin, and caloric loading that the end diurnal variations times of the day. So when you bring those all together, and undoubtedly it's going to take artificial intelligence or chat GPT to figure it out because clearly our universe and multi variable statistical modeling have have not really been able to guide us towards a believable and understandable algorithm.

But the point is it works and decreasing the feeding window to a certain time of the day. Or let's just say a certain number of hours of the day. For me, it's about 3-4 hours. I do it at the end of the day because that's when I learned to break the fast after Sundown. It also coincides with the time of day when I like to have my community time, time with my Children where we celebrate dinner together, we cook dinner together and, and, and eat it together.

Whether that's the right time of the day or not. I'm not sure we understand completely and it may be different from person to person. Some people, for instance, prioritize and there's some latest science showing that it should be at the beginning or middle of the day and at the end of the day should be really, really a fasting window. But I think the message that we can take from all of these uh these data streams and these anecdotal narratives is the following.

Decreasing. The feeding window is a good thing. The science shows that for most people and it's probably a bell curve, right? Just like all biological phenomena.

It's a bell curve that but for most people uh eating during shorter periods of time is a good thing in terms of, again, body mass composition, biological parameters, sugar lipids, and other types of hormonal responses.

So I think that's what I would take away. And for those who are listening to give it a try, the first, the first few weeks, month, even two can be difficult.

But I can tell you after doing this for seven years, I literally can be with others who are eating socially and I can have my black coffee or my sparkling water and not feel at all compelled to join them. Other than the social aspect, I don't feel an urge to even even partake in the most delicious meal until it's my feeding window. So it's amazing how the body adapts and this so self perpetuating cycle between committing to it, feeling that I'm at peace with it and then driving again, decreased lipids, decrease cholesterol and decreased body fat content and increase energy and focus is really compelling.

– And so to be clear, you do this not just at Ramadan, but you've adopted it throughout, throughout the year for seven years. Now, is that right? – Every day of the year, I have a feeding window between between four and 7 PM.

And the, the interesting thing that I've adapted to is someone who travels a lot initially between the Middle East and the US and now across the U S and around the world.

In my new role, I found life is I've just stumbled into this tradition where whichever time zone I'm in. I start my feeding window during that period.

So if it's four PM in New York or Los Angeles or Dubai, that's when I personally start my feeding window. And the corollary benefits of it are as follows. Not only am I aligning with my partners that I'm joining in that part of the world?

So very much an important social aspect to eating. But also from a practical standpoint, it's, it's, it's amazing because you don't have to leave the group or break up a meeting or start or stop something earlier or later, you just aligned during a common time period. But the final thing is curiously, I'm perhaps someone will prove it one day, but my jet lag has diminished.

So interestingly enough, my body when I travel and have my feeding window between 4 to 7 and then allow three hours of deliberation. Before I go to bed, my body is somehow able to flip very quickly into a normal eight hour uh sleep routine there at after and again, my my wearables, my whoop, my whoop shows that I can indeed have a decent sleep utilizing that algorithm.

So curious as to whether others have tried it and whether it would work for them. But this is something I found very, very powerful in my life as someone who exercises every single day and, and travels very actively around the world.

– Yeah, that's a great thing. Well, I can add and of one to that. My feeding window is about the same from 4 to 7 and, in the evening and it's, transformed my life as well.

And I find myself, I used to, you know, search for food to eat for breakfast and then it's lunchtime I'd be looking for food to eat. Now, you know, I don't even miss it and, you know, I get on a flight, I used to buy snacks for the flight and, you know, and worry about what it is now. It just makes things so much simpler and the food tastes so good for that one meal a day. It's a true celebration.

You know, – Right now it's heartening to hear you share that. One of the few people have tried to. The other fascinating thing is when you sit on an airplane and say it's a 15 hour flight to Dubai and you see the rounds of meals that are brought during that period.

I become a social sort of observer of, of sorts, a mealtime observer. And what I've noticed is that whether people are hungry or not, they just eat the meal that's in front of them.

But yet you would experience the same thing. I'm not hungry the whole flight. And it's very curious to the flight attendants. They are absolutely fascinated by it actually had supervisors come over and ask me, is there something wrong, sir? Do you not like our food.

No, I'm really good. Thank you so much. Thank you for your kindness and an offering. But I, literally do not, do not eat until these times these times of the day.

So it's funny, it's very unsettling to others who have never tried it yet. As you undoubtedly have, have noted that once it settles into your routine, it's a very powerful, powerful paradigm to have in your life.

– Yeah. Friends, people always ask, well, aren't you hungry all the time? How do you do it? You know, how do you do it? And I find, you know, I'm in Ketosis most of the time just because of the food I choose.

But also because I'm, I'm fasting and ketosis, I think lowers the appetite. Has that been your experience? And that is my experience entirely. – The other thing that is very curious.

We're all taught since we were Children. And then I played university and college sports and, and very active from high intensity training, running yoga, weight perspective. We're always taught that you need a little snack before you work out and then you need something immediately to bolster the carb or protein levels, whatever, whatever the fad of the decade is.

But what's fascinating is I can have the most intense workout in the morning, whether it's an hour long run or a high intensity workout or, or a really strenuous strenuous weight workout.

And there, there in, in my own body. And I'm not saying this is for everyone, but there's little correlation between the intensity of my workout and being able to last the duration of fasting to until four pm.

And therefore, it really tells me as a scientist and as a, as a, as a curious person that the, the traditional dogma that is born out in the, in the common media. And by the way, the scientific and medical literature of the past about timing or eating with activity is not right.

And, and one sort of folkloric analogy that I've heard recently that makes it all come together as the following. If you were a traditional cave person and you were starving and you had to jump up out of the cave and go sprint after a saber to tiger or wooly mammoth or whatever. You're, going to eat, the body would not be reliant upon you pre feeding in order to make that acquisition of your next meal.

And therefore our bodies have evolved to have this extra reserve of energy, whether it's ketosis or undoubtedly more complicated than even just ketosis alone, an interplay between many hormones and signals and chemokines and cytokines.

But our body is so sophisticated in its evolution that it is skilled at being able to apportion energy for activity. Keep us functioning through the day with enough glucose to power the brain by the way, whether it's hard surgery or sitting in a board meeting, etcetera, and then be able to focus on obtaining the nutrition necessary for that 24 hour period during a feeding window. So I, I believe my prediction is, is probably along with yours, is that over the years and decades to come will now be, will now be understanding with greater level of precision and scientific rigor why that is the case.

– Yeah, there's so much information out there. And one quote, I see people using a lot is that breakfast is the most

important meal of the day. And actually, if you look at the origin of that quote, it was, it was a marketing message developed by John Kellogg who is the inventor 100 years ago or more of the one of the original junk food, which is Kellogg's cornflakes. And he started that saying to sell cereals for breakfast and get people to eat those things. But it's, it's fascinating back to what you said about sleep that I wanted to touch on that.

I recall an article that has a U shaped curve about sleep with the risk of chronic disease. Neither have the use. And then the sweet spot down there was you mentioned eight hours. Is that, is that pretty much tire?

Is that seven hours, eight hours plus or minus or is it pretty much eight hours that you found on that? – So for myself, it's eight hours.

Sleep, Recovery, and Sleep Hygiene

But as any, any biological phenomenon there, there is a bell curve and, and undoubtedly it's more, it's more complicated than any of us understood the combination of a metabolic, metabolic activity, physical activity, mental stress, um emotional, emotional variables, illness, etcetera. Right. So, if we stop and think of the flu, the flu season, it's fascinating how many people aligned with the observation that they can be going through a stressful, professional, personal, whatever time and then as soon as the stress passes, they get sick and you know, they're totally crashed, they, you know, they need to be in, in bed and can sleep for 15, 10, 15 hours a day, whatever it is. But what's fascinating is that we all have different levels of that. Why is that when we're all genetically similar?

So I believe that based on my observations as a person, as a, as a parent and as a scientist and as a doctor, I think there's a, there's many, many variables but that impact that I think the mean or the median probably falls in that eight hour range. But in addition to that, as all of us know who have on these wearables, now, it's much more complicated than purely the number of hours. It's the number of hours of restorative sleep, rem, sleep, non rem sleep, etcetera.

So again, I think this field is just beginning to be cracked wide open in terms of our sophistication of understanding the other, the other variables that are just so fascinating to me as a scientist are the temperature based variables.

So the type of bad the firmness of the bed, the temperature of the bed, the ambient temperature, the light pollution, the noise pollution, etcetera. One thing that was in my own life, that was, that was just just transformational as you know, going back and forth between North America and the Middle East.

As many, many of us know going to North America was relatively easy to, to, adjust to. But coming back to the Middle East, particularly after about a week, there was enormously difficult waking up in the middle of the night, often impossible to go back to sleep. I found that regulating these things was extremely important, getting onto a regular sleep schedule as quickly as possible, eliminating Polluting light such as ambient light or electronic device, light, monitoring the temperature in the room and having it at a temperature was below 70°, really important. And then earplugs removing, removing sound pollution was extremely important.

And I find that those who are interested in struggle with sleep, whether it's patients or colleagues or friends that I've recommended these things to most most have gained some benefits. I'm curious as to whether there are users are our listeners out there participants in this conference who would, who would resonate with that narrative?

– Yeah, I mean that those are, that's great. Information is that does that apply pretty much across the board? The temperature you recommended and everything?

Those are uniformly good recommendations for sleep hygiene or is it more everybody's different? You know, you have to figure it out for yourself. – I think everyone is different.

But the science that I've seen on the topic is generally that we all were taught to sleep with ambient room, bedroom temperatures that are higher than those associated.

Now, with this scientific monitoring of deep sleep occurring at a level that's, that's lower than we thought. So in

other words, we all were in rooms that were too warm and too cozy and, and having the room temperature a little lower than we, we were brought up to believe as Children and is physicians is probably a good thing.

– Now, I want to talk about your programs and your the new, the new approach to things. But before we do that, I want to touch base one thing back to Ramadan and the social versus uh physical effects of fasting, you mentioned the social, the social benefits in there.

What, kind of data have you seen on social influence on inflammation, aging or health in general? – Well, the we know from studies like the blue zones that when people eat together, there's a powerful community uh and population based uplift in overall longevity. Now, as, as a heart surgeon, I tell people, you know, these are the risks, these are the benefits. And they say, well, what is my chance of dying or living etcetera? I said, well, I can't speak specifically about you, but I can speak about what we know as a population.

The same is true as I read the community data, when you look at communities, whether they're religious communities or social communities or affinity communities, whatever they are, that the concept of sharing uh and, and um having a well balanced diet that is um that has some connection to the land and to the the ecosystem and sustains everything around it. Not only for the suppliers of the food, but also the consumers of the food that things balance out to drive population health.

So what do I mean by that specifically? So when we divorce, for instance, where red meat is sourced or wheat is sourced from the consumers of it, as we're finding it not only drives adverse global consequences, global warming pollution from, from, from a massive beef, beef herds and, and industries, etcetera, but it also causes populations and communities to become little gluttonous quite frankly and therefore drivers of body mass index and adverse lipid lipid levels as long along with HB A one C and, and prediabetic metabolic syndrome type of conditions.

Yet we're finding as we come together as a community and source our fruits or vegetables or grains, our meats, our proteins in more sustainable ways. Not only are we connected to the producers and the sea sources of them, but were more respectful and we share them in a much more egalitarian and respectful way.

We're finding that on an individual level, not only is body mass index, glucose levels, and lipid levels more, more reasonable. But we're seeing from these populations like the blue zones that these populations and communities seem to live longer.

So that's the overall observation I don't speak now from a scientifically, you know, constructed study with P values and, and statistics.

Social Connection and Community Health

But I believe that now with our artificial intelligence algorithms, being able to study these global trends and population based traditions and mores and patterns, more effectively being able to tease out extraneous or confounding variables and focus on what's influential. I believe that these things will, will come to light is being very, very prognostic Lee influential.

The other thing that's incredibly important when you look at uh communities where there is a thoughtfulness around eating, meaning being thoughtful around taking a pause, decreasing stress hormones by either meditating or praying or giving. Thanks. There's some recent literature that shows that the stress hormone reduction that comes with that may prompt us to be more mindful about what we're eating, how much we're eating and not eating for emotional satiation, but rather for physical satiety.

And that makes a lot of sense, right? When we think about being on call as a, as a as a surgical resident or a new cardiac surgical staff, if I'm running to, you know, you know, a long operation, I'm just putting whatever high carbohydrate, high calorie foods I can in my body, which we know now are not good for ourselves. And then we can just stand back and look at the surgical lounges or the on call lounges of many hospitals across the U S and around the world.

And we can see the physical, the physical ravages of that, that type of pattern. So there's a lot of sort of pseudoscience observation als data that's now emerging. And I believe that the next years and decades will really prove that out to be able to glean influential independently prognostic variables associated with mindfulness, thoughtfulness, community based sourcing and eating practices.

– It will certainly be interesting to see where that leads. You're in the process of creating a new health care program. It's, very fascinating and exciting um in the process that what do you think is missing from current health care programs or how, how is your new program going to be different? – Yeah, thank you.

So many of us have played in traditional healthcare for decades. So we understand that there's, there's really this, this pressure to take care of sick people and we're humanitarians. We've, taken the Hippocratic Oath will do whatever it takes to save a purse, to treat them as the most important person alive to save life at all costs, to care for families and to improve outcomes and decrease costs.

This is the algorithm that's churned over and over again that health care systems across the U S and around the world having been a part of that and then having seen which populations and countries and communities do better and those that do worse.

And then having the other observation of tying the research that's driving those trends into it and the payment mechanism, it struck me that this, the coordination was off.

They put it that way there, we could do a better job of impacting humanity. Remember that goal that I sort of committed to when I was a teenager in a medical school, it struck me at least that we could do a better job.

And that's why when, dear friend Mark Hyman introduced me to the co founders of Fountain Life, Tony Robbins, Peter Diamandis, Bill Cap and Bob Hariri.

It was paradigm shifting. Now, why was that? So, going back to our observations as heart doctors and heart surgeons where we found that people with asymptomatic mitral valve disease who waited for symptoms and then came to us, even though we're sophisticated, being able to repair their vows with needle and thread, either open chest or robotically.

We still were perplexed by the fact that they would often suffer the rest of their lives with heart failure, atrial fibrillation and early death. Why is that is there a better way the answer is yes.

So we found through years and decades of research that, that taking the latency gap between the the the onset of symptoms and the diagnostics and compressing it. Such that we brought diagnostics to patients and populations 5, 10 years earlier than when they became symptomatic.

We found in a very real sense clinical condition, degenerative mitral valve prolapse. Most people in this room will know they know some with a heart murmur and a good chunk of those will have mitral valve prolapse. We know that by treating them when they're asymptomatic, we can restore them to normal normal life expectancy.

What a powerful observation as a heart surgeon that then is expanded into everything we do at fountain life. We can by shortening the latency gap in terms of early diagnostics and presymptomatic individuals are early data shows were able to rule out the 10 top causes of death.

When the diagnoses for degenerative conditions, early diagnoses are made, we can often times intervene to stop reverse or cure those conditions, diabetes, hyper lipid e metabolic syndrome, cancers, aneurysms, other types of of heart and and dementia neurologic conditions and then optimize people moving forward.

Fountain Life and Preventive Healthcare

So again, let me just summarize what those are shortening the latency gap, bringing diagnostics earlier upstream, preventing the ravages of degenerative disease or, or or oncological disease from occurring in many circumstances

or delaying them and then optimizing people. So they can stay healthier, happier, more active productive of G D P for longer.

That's a winning combination. That's what we are committed to at Fountain Life. Now, can we start in the Red Ocean area where everybody's commoditize NG a race towards, you know, gonna say the bottom but towards efficiency and sick care. No, we're starting in Blue Ocean, meaning we're proving the thesis in our bricks and mortar centers, studying the data. We're all scientists, many of us are M D phd S.

So we're for rigorous commitment to science taking the data, putting into data lakes, data pawns, utilizing advanced analytics and machine learning algorithms to derive not only population based insights but end of one insights of what's right for you, Dr. Lufkin and all of our clients and then finding a way to parlay and translate that data into a payment mechanism That will cover people the same insurance when they're sick, but also when they're well, our insurance platform pays for presymptomatic front loaded diagnostics to again diagnose reverse stop, halt or cure disease and then be there for patients and clients when they get ill. And we're currently providing this insurance in a via captive insurance model to companies with 5200 employees.

So that's really the tripartite paradigm of our, of our, of our mission at Fountain Life uh start early when people are well, keep them well and optimized for longer study. The data teach disseminate and guide medicine and then find a way to pay for it so that we can do what improve the quality of lives and the health span of lives while decreasing costs.

And we know that this is desperately needed all over the world. – Yeah. What sort of pushback are you getting from that? I mean, if I go to my local doctor and you know, he took the Hippocratic oath also, but he's not going to do these things.

Is that, is that ignorance or the health system or what kind of pushback? And why isn't everyone doing this? – The great thing about being a care provider, a doctor or nurse, etcetera, as you've been there, I'm in the trenches, you know what it's like to be in the heart surgery, operating room or seeing a patient or caring from the intensive care unit. So we have the legitimacy there.

It's hard for that to be argued. Number two, we're scientists. So were the data is transparent that it's the numbers and the numbers, the statistics are the statistics and the conclusions of the conclusions through peer reviewed literature. The third thing is the dollars are the dollars, we can see what's spent, we can see what saved and we can see what the impact is on, on communities and populations. So really the pushback has not been there.

I mean, what do people argue about in life. They argue if they don't understand they challenge or if their way of being is being, is being undermined.

And we're not approaching it from that angle. We're approaching it from the perspective of improving lives, making people the best them that they can be optimized you.

So, it's hard to argue with that. In fact, it's easy to endorse it. We're finding many physicians, nurses, doctors, administrators in and out of health care.

Just passionate about this. Everybody wants to be optimized for as long as possible. So we're optimizing you were transparently sharing and publishing the data. And we're working to build a payment mechanism that will sustain us all for the future. And when people understand that, that our, our mission is aligned and that we're taking away nothing but only adding, it's only a creative to two uh individuals and communities and families.

Then, then there's really been no pushback, only collaboration and partnership. And that's really important is that this, this paradigm doesn't exist in a vacuum.

There still is a need for secondary tertiary quaternary care along with innovation in pharmaceuticals, diagnostics, therapeutics. I T digital were operating within an ecosystem where we believe that everybody has an important role to play in defining what the future of care, wellcare and sick care looks like.

– I understand you have a lot on your plate. You're trying to do a lot of very innovative things here. Have you added a mental health or psychological piece yet to the program. And if so, what is that?

– Yeah. So that's a really important question. So we when our members come to us, we have different member levels of membership. But when our members come to us, we offer them various choices.

So ironically, some physicians, friends and colleagues of mine and family members say, listen, I work so hard. I'm being told to have this or that high lipids or high body mass index. I just want to know what I have.

Okay. Well, that's more of a snapshot diagnostics. The second level of member says, okay, well, listen, I have high cholesterol. I just, I want to be monitored as I go along. So maybe you can just coach me for a little bit and then I'll get back to normal and take it over myself.

That's another level of membership. And the third is, are those who are quote bio hackers, they have everything they want in life that's or maybe they don't, but they're on a journey to be the best them they can be.

And this is a minute by minute, day by day, passionate exercise and that we have a level of membership for them. So all three are, are designed for our members and curated. And as part of that, we ask our members, what's important to them?

Is it cardiovascular? Is it Circle Pini A based muscle and functional health. Is it cancer ruling out a cancer diagnosis? Is it stress, is it dementia? Is it mental health?

So we, the point is, is that regardless of whether it's a one and done or a more sort of through the year program or an intensive day by day coaching, guiding and intervening program where we bring the latest trials like Rappa mice and and, and Metformin and other types of therapeutics to our, to our clients. We tailor it to the individual needs of the human being. – Yeah, that's fascinating.

The if people want to to join the program, you mentioned that some insurance or you're working to include insurance. Is it what sort of coverage is there is a Medicare or regular insurance or you're just starting out or is it on a case by case basis with that?

– So we have Fountain Health Insurance.

Membership, Insurance, and Future Communities

So if you're part of a company with over 50 in some states or 100 employees in other states, and this is governed nationally, then we have the ability to come in, offer everything you're currently having offered by your traditional insurance plan, but offer an additional level of benefit called Well, that is preventative proactive preemptive care, utilizing advanced diagnostics and be able to guide our members into therapeutic pathways. So this is called Fountain Health Insurance.

We have a whole team that's able to explain what that entails and this is the mechanism to really scale the model of care as moving forward. But I have something something exciting to talk about and were now being, being approached and in very deep discussions with what's called mixed use communities where developers are partnering with local community members to imagine what societies and neighborhoods and cities of the future will look like where people live, work play and are cared for all in one community.

And many of these communities have asked for Fountain to be the anchor member, the anchor health lead within these communities, which is truly humbling and a tremendous opportunity. Because if you imagine having this as part of your benefit to be a part of the community, to figure out what's going on to diagnose, stop reverse disease, but be there for people when they get sick in all aspects and then be able to guide them through diet, exercise, sleep, mental well being community activities is really powerful.

And that's why all of us I believe went into medicine and went into care so that we can impact the lives of more than

one person at a time, but truly millions and eventually billions on this planet to live longer, healthier, happier lives.

– That's a great summary statement that perhaps now would be a good time. You could tell people Rakesh how they can reach you on social media and also perhaps the website to they can go there – Very simply www.fountainlife.com.

And then my name is on social media Rakesh.m.suri Rakesh Suri you can Google me, you can connect with me on linkedin. And I'd love to hear stories, love to meet people, figure out new collaborations and partner with the most innovative minds on the planet.

So always, always delighted to connect with remarkable people. So please do reach out – Great, and thanks again for spending an hour with us Rakesh and thanks again also for the great work that you're doing.

– Thank you. True privilege.