Longevity Science is 25 Years Ahead of Medical Practice | Dr. Christopher Davis | Ep. 30 Transcript

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Introduction to Longevity Medicine

As your mitochondria become more dysfunctional, that's how we age. That's why we eventually die because the mitochondrial are important for producing.

Meet Dr. Christopher Davis, a triple board certified integrative interventional cardiologist and chief medical officer at Liquivita. He's also the founder of Reveal Vitality and the chief cardiologists at the Human End, bringing a wealth of experience and innovative health solutions.

Join us as he shares invaluable insights into heart health and holistic wellness. Longevity science is 25 years ahead of medical practice from where you started before with your cardiology practice to where your at today.

It is a whole different type of practice. We get sick and we get old because of the environmental toxins that we are exposed to. Full stop. The consumers that listen to the podcast can kind of really understand what is oxidative stress and how is oxidation stress caused in the body.

If we think about a 100 year old house, 200 year house and the pipes that actually feed that house within those metal water pipes over 200 years, there's just layer upon layer, upon a layer of that rust that grows inside.

So in our bodies over time, just think of the rusting that goes on within our arteries. That's oxidative stress. Dr. Davis, if a new provider that's just getting into this health and wellness industry, If they were to ask you, what is the number one thing that they should probably focus on right from the start?

Welcome to another episode of a Healthy Point of View podcast. I'm your host, Sam Tejada, and today we have one of my favorite guests, Dr. Christopher Davis, our chief medical officer at Liquivita.

He is an interventional cardiologist with a hyper focus in functional medicine on the cardiology side. So today, we're gonna pick his brain a little bit more.

Today's topic is gonna be about longevity science is 25 years ahead of medical practice. Dr. Davis, welcome. Thank you, Sam. Always good to be back. Absolutely.

Yeah, man. So, longevity science is 25 years ahead of medical practice. Why is that our topic? What does that mean? Yeah. I really wanted to talk about why, honestly, why I do what I as a physician, and why we've brought a lot of the technology and therapies that we brought into Liquivita.

topic to talk about, you know, what's possible that most people might not know about as far as their overall health and improving health span. So I really want to.

Talk about some of the things that may not necessarily have double blinded randomized trials out there. And but they actually have outcomes, right? When you look at your clients and you're able to reverse things like Parkinson's disease.

Mitochondrial Health and Oxidative Stress

And I said reverse. When you're when you look at heart disease and predicting heart diseases or predicting cancer way before, technically, we will be finding them otherwise.

So I want to kind of just give our listeners some of the technologies, some therapies, some of the possibilities that

are out there so that they can really take some time on their own and research what's possible.

And Dr. Davis, I've been fortunate enough to be next to your side for the majority of your journey on this whole functional medicine side. It's been a journey.

That defines it right there. And from where you started before with your cardiology practice, very successful cardiologist practice to where your at today, it is a whole different type of medical practice.

That has taken a significant amount of time, a lot of research, connecting with other experts in the industry. I always tell you, you gotta share this stuff, share your story.

you're actually reversing certain illnesses and diseases. You're seeing people change their life for the good. So today we're gonna take the time to really talk about that journey, what you've been truly able to learn.

Because this is the thing too, you already know how many doctors and providers listen to this podcast. And there's a lot of crazy stuff out there, a lotta snake oil.

And we've been caught up in some of it before, and then you start noticing, say, hold on, we're not doing this. But you've really been able to sit down, research a little bit of this stuff, now you're gonna share the things that work and what people need to look into.

Yeah, absolutely. You know, coming from an interventional cardiology background and just getting frustrated with current medical system and meaning that, you know, it's kind of a revolving door.

Patients come in and they have high blood pressure. We put them on their blood-pressure medication. And the blood, pressure normally still is high because we don't really teach them the things or address the underlying reasons why their pressure is higher.

They come back and the pressure's high and we up the dose. So we add another medication and You know, I call that band-aid medicine. And after 10 years of practicing medicine like that and even things from like having a heart attack and putting a stent in arteries, and I think that that was very gratifying because you saved a life.

But at the end of the day, when they come back six months later, did we truly save their life or did truly help that person as much as we could have as a physician?

And so for me, it was definitely about kind of expanding what we had to offer for our patients. And so, you know, it's definitely, as you said, been a journey, right?

When I decided I was going to do something different, I mean, literally, was so afraid because I didn't know what that even looked like. But fortunately, over the past six years, what I learned about myself is that I love to learn.

And as we continue to learning about what's truly possible, like I said earlier, all of these new therapies and technologies, I mean, it just continues to evolve.

I've evolved from a cardiologist to a doctor who deals with all kinds of stuff, neurocognitive health, cancer, heart disease, autoimmune diseases, because there's an underlying root cause, and sometimes there is a commonality among the causes of all those things.

And we've talked a lot about some of the things that we're doing now with environmental toxins, right? Every disease I just said, every one of those chronic diseases are somewhat and somehow related to environmental toxins.

And so we'll probably get into that a little bit later. But suffice it to say, it's been an exciting journey to continue to learn. As we learn the things that are out there and you put them into play and try to present these things to your patients.

I mentioned earlier, I had just had this past week a gentleman who has Parkinson's disease. One of the things I'll talk about just really quickly is the neurocognitive sciences, they have truly evolved.

There's some work out there about molecules called plasmalogens, which are fatty acids. And these fatty assets are incredibly important in the neuron function.

Uh, and this is all the doctor, Dr. Day and good now and I'm going to give him, you know, much respect for all of the work he's done. But I can tell you that if you start to look at the word he has done and we start a measure plasmology and levels and patients who have Alzheimer's disease and Parkinson's Disease and ALS and multiple sclerosis.

And when you replete those plasmolygens, it is absolutely amazing the benefits you may see. How do you measure those levels? So plasmologens, Dr. Goodnought has a patented lab panel called Prodrome Scan, okay?

And that Prodrome Scan blood work, just bloodwork, ProDrome scan that actually measures all the different types of phospholipids, but in that they're measuring plosmologen as well.

Okay. So, you know, just, I mean, incredible story just this past week. You know I was, i'll tell this story because it's kind of funny. I Was sitting in the hyperbaric chamber in my new longevity center, which we'll talk about a little bit.

But I can't wait to visit that place. i was sitting In my hyperbolic chamber and I got a message from a patient. Please call me because there's this is nothing short of miraculous.

And there was a person that had been really getting ready to see one of the second or third neurologist they had seen and he had a tremendous tremor and all the facies and movements of Parkinson's disease.

And he has this tremour in his right arm that was getting worse and worse, and so over the last couple of weeks I had told him, hey, I want you to start doing some red light therapy, photobiomodulation.

We had gotten his prodrome scan back and had very, very low non-detectable plasmodic levels. And we start to replete those plasmolygens with a supplement from Dr.

Goodenow. And literally, okay, this is what she says in her, and I have this on the slideshow now, because I actually, she sent this in a message and she said, within two doses, the tremor had gone away, literally.

Like gone completely? Gone. Okay. Wow. Even now we're just a week out. This is brand new information that I'm talking about here. And even now, we're five days out, I think this was Monday or Sunday night when I talked to them, the tremor is still gone.

I mean, these are the type of things that sometimes I get shocked when things like this happen as well. How long did they have the trimmers for? For years, years and getting worse and worse.

And worse, so, you know, we're still doing some other work with him, but I just I bring that up because it's that type of thing that's incredibly rewarding.

Any physician who goes into medicine to truly help people when you can get a response like that. That's just one of many things I could talk about with the type.

Of medicine, when we talk. About longevity science being 25 years ahead of medicine. Those are the type of things that I'm talking about. That's rewarding right there, man.

Yeah. It really is. Dr. Davis, if a new provider that's just getting into this whole health and wellness industry, If they were to ask you what system of the body, or what cells, what is the number one thing that they should probably focus on right from the start?

Yeah, yeah. So. In today's day and age, the hot topic of all chronic disease or what's affected is our mitochondrial function, right? I think that anybody in the functional medicine space, anybody and the longevity space.

Measuring Oxidative Stress and Mitochondrial Function

The topic is all about how can we improve mitochondria function? Mitochondria biogenesis, because as your mitochondrion become more dysfunctional, That's how we age, that's we eventually die because the mitochondria are important for producing ATP, our currency of energy, right?

So if I had to say there's one thing you're focusing on with every approach, everything in all of these therapeutics that I'm talking about, whether we're talking the plasmologens or whether I talk about hyperbaric oxygen or light therapy or cryotherapy or saunas, All of these therapies are designed to address improving mitochondrial function.

And there are lots of parts to that. How do we improve mitochondria function? Supplements, IVs, all these other therapies we talked about. But if there's one focus that we should have is how do I improve my mitochondrion function Okay, so a lot of focus on understanding how the mitochondria works.

Everything related to it. Some people, they'll start looking, well, I gotta learn everything about the metabolic pathways and the crib cycle and this and that.

And people get a little bit confused at first. There's so much information out there, but if there's one point to start at, mitochondrion. Yeah, and that's a little bit it is I won't that could be overwhelming to because understanding mitochondria is not an easy thing.

So if I had to back up and I want to think a bit higher level, okay, it's about. Let's just start with understanding nutrition, let's talk about proper nutrients and getting the proper nutrient.

So the mitochondria and ourselves can work appropriately diving immediately into mitochondrial function of any physicians or other practitioners that are listening, you know, back in medical school and first year medical School, we all learned about this Krebs cycle or TCA cycle.

and all of the components that go into that and the micronutrients that are needed for the Krebs cycle to work. And that's a bit overwhelming, but it is incredibly important to understand that, and understand what's called the electron transport chain.

How energy is produced through these certain complexes on the inner mitochondrial membrane. It's a little bit scary to think through all these complexes and understanding how the different complexes are utilized.

So I don't know that I would jump in and try to understand all that immediately. I think that one way to look at it is just trying to balance our oxidative stress and antioxidants is one way to think about it.

If I want to, think a little bit higher level. Um, and our oxygenated stress, our mitochondria are actually what helps us produce energy, but the mitochondrial are also the cells that produce most of our reactive oxygen species.

Most of the oxidated distress. So that's a bit counterintuitive, right? Cause we always think of Oxidative stress as a bad thing. Well, first of all, oxidative, stress is not necessarily always a batting.

In fact, we have to have oxidant distress and otherwise we'd all have infections and, and die from these infections because it's oxidated stress. It helps to kill off a lot of these organisms and pathogens.

Let's, um, bring it down a little bit a level, right? Just so the consumers that listen to the podcast can kind of really understand what is oxidative stress and how is oxidation stress caused in the body.

Yeah. Well, to put it in layman's terms, I always say this, if we think about a 100 year old house, 200 year house and the pipes that actually feed that house the water pipes, Within those metal water pipes, over 200 years, there's

just layer upon layer of that rust that grows inside.

And that rust is oxidative material in those pipes. And so in our bodies over time, just think of the rusting that goes on within our body, within arteries, that's oxidated stress.

All right. So we need these antioxidants to help to prevent the oxidator stress from forming and what causes this oxidators stress and again, I don't want to get too much all these scientific terms of Reactive oxygen species and the different ones, superoxide dismutase and catalase, and I mean, hydrogen peroxide and hydroxyl radicals.

We need antioxidants and antioxidant enzymes to help break down these oxidative stress, these reactive oxygen and species. And if it doesn't breakdown those, that oxidatives, there's an imbalance.

What ends up happening? to the body if you don't have those antioxidants. Yeah. So one of the ways to think about it is oxidative stress causes more inflammation and inflammation causes my oxidated stress and you get in this rampant circle.

And that's we all know that lots of diseases are caused by inflammation, right? Inflammation causes the pain in my elbow or my shoulder, inflammation causes rashes on my arm, and inflammation cause heart disease, so we all know that inflammation is something that, again, it's not always bad, but we try to mitigate an overactive inflammatory response that's problematic.

This whole concept of inflamaging. Inflammation is part of us getting older as well. And so it has to be this delicate balance of this whole system. So oxidative stress is driving that inflammation aswell.

That's why we have to maintain that balance. When you say inflammation is not necessarily always bad, would that be the difference between acute inflammation versus chronic inflammation?

Oh, absolutely. I mean, for example, I injure my foot, twist my ankle or I have some type of injury. Well, part of that injury, that to get better I need to deliver blood flow there.

the white blood cells to actually start that healing process, right? So the acute inflammation part of it is not necessarily a bad thing. If I have an infection, and I need to get rid of the pathogen that's there, how do I get it rid off it?

I'd need that inflammatory response to deal with that pathogenic. That's like an immune response. Exactly. if I don't have that inflammation, then guess what?

That pathogen is gonna continue to thrive and it's gonna be a problem. But there has to be that chronic, that's acute inflammation. When that process continues to go on out of control, That's when we run into problems.

Right, right. Now you mentioned you gotta have antioxidants to bring that oxidative stress down. What are some of these antioxidants that people should take?

So I think that one of the most important important antioxidants. If we think about, you know, what's the most important antioxidant in our body? And that's probably going to be glutathione, right?

Our liver makes glutothione and it is a process that it requires the right micronutrients in the liver to do that. And there are other, from a nutrition perspective, we know things like vitamin C and vitamin E and Vitamin A and alpha-lipoic acid.

These are all antioxidants as well. There are some very potent polyphenols and flavonoids in the foods that we eat that are antioxidants as well. But if I had to say the most important and that has the, most role in providing this antioxidant effect, it's going to be glutathione.

Glutathion. Yeah. And what are the other antioxidants? Because obviously you could get antioxidants from

supplementation, right? And then you can get anti-oxidants from certain foods as So, so lots of ways to improve your oxidative stress balance, and that's also known as redox balance.

So the supplements we talked about mean the vitamin C, vitamin A, Vitamin E, alpha lipoic acid, other things that up regulate glutathione. How else can we upregulate glutathiol?

Well, glutothione is made by a transcription factor in the liver called nRF2. And how do we regulate that? therapies like ozone, right? Therapies like hyperbaric oxygen, okay?

There are molecular hydrogen.

Cardiac Imaging Beyond Stress Tests

Now, if I had to think about the newest kid on the block, and I haven't mentioned this yet, we will certainly be hearing more about this, is molecular is an incredible antioxidant.

And I like to thing about molecular as an adaptogenic antioxidate. What does that mean? you can never, it'll never be too much of an antioxidant and it will never too little of a, of, uh, an antioxidants.

So molecular hydrogen always is kind of just right now. How that is physiologically, I don't know. I can't really explain that right. Um, but we know that if I were to think about it right, now, some of the things that I'm utilizing within my practice, um, from an anti-oxidant perspective, molecular hydrogens is another one that's up regulates, a glutathione expression as well.

Nice, nice. How do you measure oxidative stress levels? Yeah, good question. So there are three main markers that I can think of that can measure oxidation stress when we look at our panels.

One of them is a molecule called 8-OH-DG, 8 hydroxydeoxyguanazine. There's another one called MDA or Malone Dialdehyde, and then the third one that I look at is something called lipid peroxides.

Those are the three main markers of oxidative stress that we look to assess oxidant stress levels. And those levels would be high or low? High. High, yeah.

And as you start to actually treat the oxidative stress issue, you should start seeing those levels come down. Yeah, we do start see those kind of comedown.

Interesting. All right. Oxidative Stress. Got to focus on that. That's key. So that's part of mitochondrial health. How do you measure mitochondria health?

Well, good question. I mean, we talk about mitochondria so much. And you know, you have guys out there talking about hypoxia therapy for the mitochondrial health.

You got all kinds of different type of therapies, supplements, CoQ10. I means, tons of stuff, right? And now you're starting to see people testing for mitochondrio health in multiple different ways, but there's a lot of questions out about these different tests.

So there are several companies that are on the market right now that have come out with mitochondrion tests, I've not used any of the ones that are we just actually just were speaking with one not not too long ago to start to use one of test that I fairly knew.

In the past, we had been using this IGL test out of Germany, and it was by far the most informative test I knew of from a mitochondrial perspective. It measured mitochondria numbers, mitochondrio clumping, it measured my mitochondrion membrane potential.

None of which, I don't know of any other test that does that. Even the newer tests that are coming out right now, uh,

don t know that they measure, um, the mitochondria like that the IGL tested.

Igel measured, ah, phospholipids on the inner mitochondrial membrane called cardioliphin. It measured cytochrome, C oxidase, and cardiolyphin interactions.

And this is a lot of science, but so, That test is no longer to market right now, as we know, and hopefully that will be back on the market at some point, because by far it was the most, again, the the, most effective way of measuring mitochondrial function.

There are some surrogate markers of mitochondria function that we can look at on organic acids tests right. Now, if you look, at the Genova test, there's some circuit markers, um, of a mitochondrion function as well that, we, can use, but, If a company comes along that is able to measure mitochondrial function effectively, efficiently, then that's something certainly that would be very helpful when we come up with our strategies for all the clients that we're treating.

Now, there's a guy, Brian Johnson, for quite a while, he said that he would test his mitochondria health by doing the VO2 max. Right. Is that possible?

Oh, absolutely. Absolutely. So yeah, that a great way. Again, That's the surrogate marker for mitochondrion function, mitochondrical health. When we talk about VO2 max, we're essentially looking at a combination of cardiac health, pulmonary health and cellular health specifically, mitochondrial health.

If you want to look at the VO 2 max the mitochondria health is a surrogate marker that we are able to detect from VO to max testing. There is, I think Frank Schellenberger has a whole education series on bioenergy testing.

And essentially what he's looking at is mitochondrial function, thyroid function and it's all based on VO2 max. And so absolutely, I use that in my practice now too, is I'm thinking about, when you're looking at somebody's overall fitness, i'm looking cellular health, cardiac health and pulmonary health from the data that we garner from VO2 max testing.

So definitely a great way to look at mitochondrial function. Nice, nice. Now, some of the things that if you want to get scientific about what how you truly measure mitochondrial health, people are doing muscle biopsies, but that's not really doing a muscle, biopsy and assessing mitochondria function.

I don't think that really realistic from a day to day basis. It's practical from from day-to-day basis in a technology that inserted in you maybe one day or something.

Yeah. Who knows? So when we talk about longevity science is 25 years ahead of medical practice. I've always said that a lot of the stuff that you learn in medical school is already antiquated because by the time it gets researched, by time gets approved to go into the curriculum to then the teachers, the professors get taught on this stuff to then eventually teach it to someone who goes to medical school, where then now they graduate medical schools, go through their whole residency, and by the time they start practicing whatever they learned 10 years ago, it's like we've already researched and learned a bunch of new stuff.

Right, right. Right. So I've always said that, but I want to kind of hear what you say about 25 years ahead of medical practice when it comes to longevity science.

Yeah. Let me give you a good example. I'm going to give an example in the cardiac space and the cardiology space. You know, for years and years, and everybody's listening, everybody knows what a stress test is.

And you can walk on the treadmill, you ride a bike, we do that test and increase the intensity of that tests and people exercise on their treadmill or the bike.

You can do it with or without imaging studies. Let's just assume we're doing a test, on a treadmill and we have our patients have them exercise and then we We image their heart as well to look at blood flow to specific areas of the

heart with the stress test to ascertain whether they have any issues with blood supply to their hearts.

Now, stress tests are designed to detect any blockages of say, most of time we say 70% or more blockage in an artery. We should be able to attack that on a stress.

If you have a 20%, 30%, 40% blockage, then you will not detect that on a stress test. Most of the time, particularly on the imaging, you may not see any abnormalities.

So you get told you'd have normal stress tests. So what I mean by an example of longevity science and just health and wellness and how medicines should be practiced, period.

Nowadays, we have to keep up with technology. There's an imaging modality called CLEARLY, which allows us to do a CT angiogram, image these vessels, and not only see the vessels but see exactly, I mean, how much of a stenosis or blockage is there, but what that stenoses, what the plaque in the artery is made of.

Is it a calcified plaque? Is a non-calcify plaque, is it low density plaque which is a much more high risk plaque that's more what we call thrombogenic.

It's sticky plaque of an artery that is more likely to cause a heart attack. The clearly testing will detect a 10% blockage, 30% blocking, 40% Blockage.

Environmental Toxins and Chronic Disease

And wouldn't you want to know as a patient? Okay, if I had a 30 percent block, it would not want To know that as opposed to doing a stress test and telling me everything is okay.

So you could start working on it. Absolutely. I don't see a role right now at all for stress testing. If I can do a CT angiogram with clearly imaging, I could see exactly what's going on with their heart.

I know exactly which type of plaque is in their artery and I start treating that patient well before this disease was detected by a normal stress test.

And even if the patient has that 70% blockage that you can identify with the stress test, you could still do it with a clearly… Oh, absolutely. Absolutely.

That's right. And you know what type of plaque it is. If you have a 70 percent block and with this stress tests, we don't know if that's a stable plaque or an unstable plaque.

We have a much better idea of a stable or unstable plaque based on that plaque morphology and what it's made of based clearly imaging. So why are not all cardiologists utilizing that as the golden standard?

It's new technology and your point you just made, right? it takes a while for this technology to be really, for the whole concept to take it up and the studies to show that this is effective.

at some point we have to understand when you start to look at what is a technology advances so quickly if we wait for years and these studies to be to come out to show that the validity of the test we're way behind the eight ball that's the whole point that i'm making we way by i mean i can show you patient after patient like I have patients that come to me that've had a stress test that are normal, right?

And they had 90% blockage in one of the arteries based on a CT scan. And this is a lady who was symptomatic. In women, and we're not gonna talk a lot about this, but in women the symptoms of heart disease are very different.

They can be very vague. She came to be with a bunch of vague complaints. Yet her lab report, I'll say this. I started with the labs because I looked at more than just cholesterol and HDL and LDL.

There's a lotta other inflammatory markers back to your oxidative stress. that give me some insight as to what the risk of heart disease is. And looking at her inflammatory markers, the risk of heart disease was extremely high.

So I recommended, even after a normal stress test, that we do a CLEARLY scan. We did a clearly scan, she had a 90% blockage in the LAD, which is considered a widow maker.

Those symptoms she was having, I was concerned about. This is now symptomatic coronary disease. I ended up sending her to her cardiologist up in Connecticut.

She ended getting a stint in that L. A. D. All of her symptoms went away, and she's doing fine right now. Okay, so it's one of those situations where I used The technology that I had at my disposal as well as the right biomarkers that i knew that she was higher risk with the testing Be honest with me if she never did that clearly test right?

Yeah, and and stuck with The results from the stress test. Where could this patient be today? well I hesitate to think this, but it may not have ended well for her.

Or she would still be having symptoms and not know what the symptoms are from. That's what potentially would have happened with it. We have to utilize the technology that's available to us and it continues to evolve.

I think that we also cannot get caught up in, there are a lot of things that I do, hyperbaric, the light therapy, cryotherapy, molecular hydrogen, that it's not standard of care, right?

But for me, it doesn't take standard of care. When I see my patients getting better, that's all that is important, right? And what we're working on right now is collecting all of this data, trying to be very objective about how these technologies work.

We know that HBOT stimulates stem cell release, we know it stimulants nitric oxide release. All of these things are beneficial from an overall longevity perspective.

If you start to kind of look at the science that's behind HBOT therapy, the size that is behind light therapy and that going to be something that just explodes as well, then as a physician who is trying to keep up with what's going on in the space and trying help your patients as much as you can, we cannot continue to sit back and wait for medicine to catch up.

With science. Yeah, you And you know, Dr. Davis, one of the things that I put a lot of effort in is when we go to a lotta these different conferences to get educated on new technologies, on different protocols, I make it a point to post on social media, we even have our camera crew there, showing us at these events, connecting with other physicians, other experts, and learning.

And I tell medical providers that wanna learn from us, to share that information because your clients are going to want to know that you are keeping up with the times.

Because there's a lot of medical providers out there that'll go into their cave and only take what they've learned 20 years ago and keep on practicing medicine the same way over and over, and it's not helping their patients.

So it is my recommendation for any patients that have a physician or any kind of a medical provider, you know, keep an eye on them. Make sure your medical provider is actually getting educated, furthering their knowledge and wanting to learn.

And if it's the type of physician that you bring up, some of the stuff that we're talking on this podcast today, right? If somebody decides to go to their cardiologist and bring it up they clearly test.

If they push you away, that's a problem, Right? True, very true. I think that one of the things that I try to do, not just take care of patients, but a lot of modalities that we utilize, we have really tried to be objective about the findings so that when we present, and I present to physicians just as much as I presented to patients now, Because one of the

things I want to do is to have other physicians as they hear me talk as a see the presentations as the see.

The data in front of them right if you truly care about your patients I mean there's no there is no misconception about what this data is showing you right and so.

It's super important in everything that I do to try to be objective about it so that we can educate other physicians that, hey, there is more for us to providing for our patients.

If you have an open mind, you just have to go out and find the knowledge because there's so much we could do for them. And so at the end of the day, when we talk about kind of improving our current medical care, medical system, There are a lot of things that need to change in our society in general to improve our health as a nation, right?

But from a physician perspective, I think we have been taught and in a medical system that does not allow us to be free thinkers and really deliver to our clients patients what we truly could.

And so what I try to do when I speak to physicians now is I will put cases up and I would show you exactly what happened. Like this Parkinson's patient, Right after that, this past week I had an event and I have physicians from a local hospital in Sarasota come by and showed everything that we had found.

I showed the data behind it. And even today I got a text from the director of research at that hospital wanting to kind of do some work and understand what I was doing.

That's the thing that changes the way we practice medicine. That changes medicine, so. Oh yeah, yeah. And the things is, a lot of physicians out there, man, they're frustrated.

They're frustrating, and they truly want to help their patients. The science is there. It's showing it. So, Dr. Davis, we've heard you talk at a lotta the conferences about environmental toxins, which I remember you telling me, or actually I heard your speak publicly, it's like, Why is a cardiologist talking about environmental toxins, right?

But we know why. And right now there's a huge movement out there behind Robert Kennedy Jr. and it's the Maha, make America healthy again. And this is something big that eventually after he stepped out of the presidency race, he went under Trump.

And Trump is supporting him with all of this stuff specific to the food that we're eating. A lot of these American companies, right? They're making good product of their same product in other countries that are regulating what goes into the And then secondly, a lot of the environmental stuff were honestly, you know, when we started talking about environmental toxins before this movement, this Make America Healthy Again, I didn't ever see the government getting involved in a positive way when it came down to it.

Actually, i had conversations with you about, man, we got to be careful how we talk about it, But now you got the big dogs talking about it where I'm just like, okay, let's go.

I wanna be part of it. And I want to be a part this movement. This is what we've been talking. Let's dive deep into that. Like I, I. Want to hear your input about some of these foods that we're eating, the crap that's going in our foods, that pesticides, stuff in the environment, water.

People gotta know about this. So the last two years has been incredibly enlightening for me with respect to why we get old and why he gets sick. And I say this day in and day out to my clients, new clients that come through.

We get sick and we old because of the environmental toxins that we are exposed to. Full stop. I don't have any other, I have, thousands of environmental toxin tests right now.

looking at all these other oxidative stress markers and inflammation markers. And if you were to go into my EMR and you look at how much glyphosate and BPA and insecticides and pesticides and herbicides, and flame retardants and something called forever chemicals, PFAS, perfluoroalkyl substances, which are things that we like

the pots and pans that nonstick pots in pans and the no-stain carpets that we have and the Scotch guard that spray on all of our furniture.

If you were to go into my chart and you look at the records of clients that have these incredibly high levels of these things, heavy metals I left out, okay, other toxins like toxins from phosphate mines, you would be appalled.

And What happened was, I was doing environmental toxin tests before, but what I wasn't doing is, the environmental toxic test that I use is a urine test.

And I didn't see that many abnormalities until I doing some reading, research, and it came up that you should have your patients do a sauna before you do environmental toxins tests.

Why is that so? Because that sauna mobilizes these toxins that are stored in fat and bone and other storage sources in our organs. I can't tell you the effect of it went from having hardly any of those toxins to everybody having five, 10, 20 of these.

Toxins that were extremely elevated once we started doing it after you do the infrared sauna or just doing sauna in general. So then I made it a policy in my office that before I did environmental toxin, everybody gets a sauna.

OK. And I have a son in our office so that we can do this testing. I've made a new policy that they have to do the sauna before we do testing that was the biggest wake up call over the past two years that I'd ever seen.

It really has changed. Mean, I think I probably helped more people by diagnosing the toxic exposures. The most common one that happened one of my one Two very just appalling stories.

One was a lady who was bedbound on disability for the past three years. Headaches, rashes, joint aches, literally couldn't get out of bed. And she had high levels of uranium and thallium and thorium.

I'm thinking to myself, what in the world is this? What is it from? Right? Long story short, what I did was I kind of figured the one that was the highest was something called thorium.

And I had to figure out what thorum was from. When I looked up thoruium, thoriium is a phosphate byproduct, phosphate mining by-product. So I went to good old friendly Google Earth and I put in her address and she lives two or two doors down from a Phosphate mine.

Wow. so when she came in, I started talking to her. She said, yeah, we live two Doors down in the phosphate mine in their own well water. Right. So this is the kind of thing too, when I talk about medicine.

And this lady was depressed and had all these issues and so prescribed sleeping medicines and antidepressants and anxiety medicines, right? The problem was none of those things.

So we took her through detox protocols with IV therapy and phospholipid therapy. And this lady now is back to work. OK. Her energy levels are much better.

She's in a whole different place. It's been three years of this sickness that she had when it was all this environmental exposure. Needless to say, she's no longer drinking the water.

They haven't moved yet, but they don't have any exposure to that water anymore. Their environmental toxin tests, after follow up, they're much more better now.

We still have some work to do. Still have some work to do, but they're much better. I had another lady who had beryllium. Beryellium is a byproduct of airlines, jet airline fuel.

Well, she was in St. Martin. She lived in Saint Martin, her front, and I got this picture. This is amazing. Her front view of her porch is this beautiful Caribbean sea.

The back view of her house is the airport. Literally, the Airport is about 20 yards from her. It's a beautiful toxic view. And there's the beryllium, right?

And so those type of things. So those are extreme cases to prove a point. But my point is when we do environmental toxins, when you look at people having fatigue issues and cancer, and heart disease, all of these toxins cause oxidative stress and inflammation, which cause these chronic diseases.

I mean, I'm not gonna say that it's the end all and be all, but I can tell you a large part of chronic illness are toxins that we're exposed to. And you know what?

That's why people are speaking about it and they're being loud about right now. Yeah. You know, that last story that you mentioned about the airport in front of that lady's house or in the back of the lady house.

Just imagine all of these people that work at the airports day in and day out. Oh yeah. They're getting exposed that stuff 24-7. They go ahead, go to work, put in their time, 20, 30 years, and then you're ready to retire, then then croak out because of the job that you just retired from.

So this is something that… We gotta help these people out. We got to get the education out there so they can at least get tested and figure out what's happening internally.

Now these toxins, how does it affect the body? What do these toxins do? Like what is the mechanism inside of the bodies of what causing disease? Lots of different potential mechanisms.

One of the things we learned from the IGL test that we were doing is these toxins can bind to DNA. This is called a DNA adduct. These toxins and bind the DNA and change DNA expression.

What does that mean? That whole concept is call epigenetics. We're all born with our genes, but our jeans are not our destiny. The epigenetic expression of genes is influenced by our lifestyle.

What we eat, what we drink, where we're exposed to, how much stress we are under. And so we saw in that test and another amazing part of that tests was that we could find toxins that are bound to specific gene loci.

Another great example, I had a patient who had Parkinson's disease and it turns out she had chlorotoluene bound that's associated with Parkinson's. It was bound to a gene called tyrosine hydroxylase gene, right?

So I won't go too much into the science of that, but when I found that I was like, whoa, this can't be, But that wasn't the only case of that.

Detox Pathways and Sauna Therapy

I can tell you 10, 20 of those type cases where there were gene loci that had toxins bound to the specific gene losi that has something to do with their clinical presentation, all right?

So one, affecting gene expression and also when we talk about affecting expression, when you we damage genes, that can be associated with a higher risk of causing cancer malignancy.

So toxins can act by that mechanism. Toxins can bind directly to, for example, let's talk about heart disease. Let's Oftentimes when anybody who's listening to it, they had family members who've had heart disease.

We all know what their cholesterol was, but I can bet you on one hand, I count the number of people who had heavy metals checked that directly are vascular toxic that can actually cause the contribute to that heart.

Um, so directly, that mean direct, uh, dirt, um, directly injuring lung tissue, right? So, so many different things that these toxins can do. And you know, you started hearing about, when you talk about the mercury in lead, right?

Especially people who were raised back in the day. You got the fillings, and the teeth. You have even mercury in fish, right? I think there's a difference between the organic and inorganic, but I'm not sure.

I mean, I would go to you for the answer. Do they both affect you negatively? Oh, absolutely. Absolutely. And so there are lots of different, there two different types of mercury, in organic, and organic mercury.

There's no test that we use from Quicksilver to help us understand potential sources of mercury as well as how mercury is excreted how well a specific individual's detox pathways work to get that mercury out and so that's one of the things i want to say too we're always going to be exposed to toxins.

So, you know, one of the things I tell all of my patients is that, You know we can, we gonna try and we try to as healthy as we possibly can but the one thing that we all need to do is to make sure we optimize our detox pathways.

What does that mean? Optimize our liver function, gut function kidney function to get these toxins out. Okay, so But we can save for another day what exactly this whole detoxification how do we optimize but we're going to be exposed to things like every single day you got your people in your neighborhood who are spraying all these chemicals outside and you're gonna be expose to these things so making sure our detox pathways are open and I mentioned early using the sauna.

To mobilize toxins. Well, guess what? That same very sauna that's used to mobilize toxin is the best tool you have in your armamentarium to get these toxins out to keep them out.

So I'm the biggest proponent of infrared sauna or sauna in general, probably of any physician that I know of, because, you know, when I think about overall health and longevity, if I had one tool to choose, and I say this again, day in and day out, If I have one tool to choose that I want in my armamentarium, it is an infrared sauna.

So, all right, so let's talk about that. Top three things to detoxify a lot of these toxins you get exposed to. Obviously, number one's gonna be that infrared saunas, based off what you're saying.

What are the next two? Making sure that you have an appropriately functioning GI system. Make sure you are having great bowel movements, right? These toxins are excreted in our feces and our urine.

Making you having good bowel movement. If you're not having a bowel movement every day or two or three. Okay. You got to focus on that. Yeah. Your, you gotta focus.

On the gut health. Got to. Focus on gut help. So, and then other tools, my top three, man, that's a tough one because. depends on if we're talking about supplements or, I would say diet wise, just making sure you are getting enough nutrients and eating enough, eating the rainbow, so to speak, right?

Eating the Rainbow means eating fruits and vegetables, lots of leafy green vegetables to get all of the vitamins and minerals and polyphenols and flavonoids that you need.

to actually allow your liver to function normally with respect to the detoxification pathways. That's probably the most important thing. Give your body what it needs to carry out these detox pathways, right?

So eating foods high in antioxidants, supplements, we're talking about glutathione, other types of antioxidants. Vitamin E, vitamin A, all that stuff.

All those things we talked about, yeah. Okay, so that's important.

The New Longevity Center and Fitness Tech

I mean, I think that infrared sauna, is something that people definitely I try to get in the sauna as much as possible, especially hearing you talk about the toxins and the effect that it has on your body.

So so Dr. Davis, man, you you got the new longevity center that just launched. Yeah. I know there's more than just an infrared sauna inside of that longevity Center.

Yes. What makes it a longevity centre? What what what is there? Just so we could, uh, give people a little a a lot of pre-opening of what you've got going on over there.

Absolutely, absolutely. I'm super, super excited about this longevity center. OK, we kind of hit on it early on, very early in the conversation. We talked about the commonality when it comes to health and longevity is assuring that your mitochondria are working efficiently.

And one of the every technology that we have incorporated in The Longevity Facility has in some way an effect on improving mitochondrial function. And so, you know, hyperbaric oxygen chamber, incredibly helpful.

The data on hyperbolic oxygen just continues to evolve as well. Photobiomodulation, I've talked about already, so light therapy. Molecular hydrogen therapy, we've talk about that so that we have that aswell.

Cryotherapy, cryotherapy utilized for A lot of different reasons, but the main thing that I like about cryotherapy is that it's useful in improving metabolism, changing white fat to brown fat.

Brown fat is this fat that has a lot more dense concentrations of mitochondria. right okay and so it's great for helping to change the white fat to brown fat so improving metabolism that way we have a the infrared saunas of course and then when it comes to the fitness aspect of this so this is a longevity and fitness center so that's what's so cool about it emerging the medical component with a fitness component as well.

And so we've incorporated technology that's helpful in improving VO2 max, which we talked about, right? So we have assessment of VO 2 max using the device called Pinoy.

Um, and that VO to max when we look at, if there's one test that helps us understand my overall prognosis and my over all health and fitness. If I had to look one tests to tell me how healthy an individual is, it's the VO two max test, otherwise known as cardio pulmonary exercise testing.

That's the one test that we know is the most effective way of assessing how healthy someone is. And so we measure VO2 max, but then we have technologies that can help us improve that.

A technology called VASPR, which is a combination of blood flow restriction, cooling, and using high intensity interval training. I have another device that's used for strength training called the ARX adaptive resistance training, is a combination of eccentric and concentric exercise that helps you build and maintain muscle mass, right?

Without having to go to the gym and at risk of lifting lots of heavy weights and injuring yourself. The one thing at, you know, 53 years old right now that I'm not doing any more of that, I used to do a lot of, is lifting a bunch of heavier weights.

I mean, a herniated disc, what, three, four years ago? You guys remember that. And from that moment on, and I realized that it didn't make sense for me to try to deadlift 600 pounds.

So devices like this adaptive resistance, ARX, will be incredibly helpful. As we know, as we age, again, one of the most important prognosticators is how well we maintain muscle mass, right?

So if we have technology that can help us maintain 15 minute workout, then that's something that I wanna be part of, right? And that what I'm kinda bringing to our clients as well, utilizing again the technology and AI that is out there and all these strategies that help us kinda optimize our overall health.

And you know what, a lot of this stuff is extremely important when you talk about lean mass and those type of exercises and different modalities that you're talking about.

is with the weight loss industry, even with these GLP-1 drugs, and forget about the GLp-one drugs. Even these caloric-restricted type of diets that you've seen before that, the ECG diet and everything else, people are losing weight, but it's not fat.

They're losing muscle weight, which is actually probably one of the worst things that you can do when you talk about longevity is losing your muscle. So this type of training, I would assume, would be very beneficial for people that are going through these different types of weight loss programs.

Yep, one the biggest reasons, absolutely. I mean, that topic is a topic every single day in my medical practice, every, single, day. You know, there are lots of people in the GLP-1 agonist.

It is because of the cardiovascular benefits in the past, I've never been a big proponent of weight loss drugs, but given the benefits on the cardio vascular in I certainly have been using GLP drugs and I think they have with respect to people losing weight.

But the cardiovascular benefits, people with hypertension, unbelievable. Beyond the weight loss, their blood pressures are coming down well beyond how much weight they lose.

They can lose a small amount of weight, but the blood pressure still sends to get much better. exactly to your point that this whole issue with muscle loss as opposed to fat loss is a real issue.

And so it's important that we talk about protein intake, essential amino acid intake and utilizing the right training strategies like with ARX and other modalities is incredibly important from a long term perspective.

You can lose weight, but if you're losing lots of muscle mass, I can promise you that long-term, that longevity part might not be as helpful as we think it is with the losing weight with GLP-1s.

Amazing, amazing. Dr. Davis, we're hitting that time now. What is one thing that you want to leave the listeners with for them to make that next step in either their medical practice or their longevity?

Yeah. I mean, I think that just using the title that we had, and I want you guys to be just Longevity medicine is 25 years ahead of medical practice.

Closing Thoughts on Taking Control of Health

Find a practitioner, listen to the things that we've been talking about, educate yourself. I mean, the amount of education that's out there on the web, and yeah, you have to have some guidance, but I can tell you from a health perspective, longevity perspective health span perspective there's a lot more to offer.

There's lot of these, so to speak, alternative modalities that are truly moving the dial and the science is there. So, each and every one of you, I encourage you to be the CEO of your own health, educate yourself and take control of yourself.

Very important, guys. We all know your body's the temple of God. Treat it as so. Make sure what you're putting into your is going to give a benefit for yourself, for your health, your lifespan.

Very important. Dr. Davis, if people want to find you, where do they find? Well, you can find me, RevealVitality.com. I'm in Sarasota, my main practice.

You can find me here at Liquivita, Chief Medical Officer. So you guys can reach out to Liquavita and find here as well. And if anybody has any questions, feel free to reach to us here Liquvita.

You know, physicians, any other practitioners that are listening, if you want to be a part of this journey that we're on to change health care, Feel free reach our toes.

We really are looking for this is we love taking care of patients. But at the end of the day, the more physicians we can get on board with us right now to take this ride, you know the better we are going to in the long term as far as making a big difference in how we change out.

Let's do it. Let us make America healthy again. So guys, thank you for tuning in on this podcast. Again, it was Dr. Davis here, our chief medical officer.

I'm your host, Sam Tahata. Make sure you like, subscribe, share, do all that fun stuff, and we'll see you in the next one.