Introduction to Dr. Keen View

Doctor Keen View is one of the most sought after anti-aging physicians in the country. At his view, MD Longevity and Performance Clinic Doctor Who regularly works with celebrities, top corporate executives and high functioning professionals to optimize their health, performance and vitality.

He's also a health media personality, appearing on national TV shows such as The Doctors and Access Hollywood, and hopes to train the next generation of physicians as assistant professor of health sciences at UCLA.

As someone who has overcome two chronic diseases himself, Doctor View is passionate about empowering people to reclaim their health and live with fulfillment, abundance, and purpose.

Well, it's great to have you on again. Looking forward to hearing a lot about where you are in your practice. I know it's been a little while since we've talked, about things.

I think last time was at a forum. But, you've got some fantastic stuff. The new book, Thrive State, Alex. But I want to take a step back first and talk a little bit about your journey to getting to being where you are right now in medicine.

You started out as a interventional radiologist, but even before then, you have a pretty interesting story of coming to America, which took off. Yeah, it's certainly. Well, really?

This is my health discovery story, and actually why I actually went from interventional radiology to transitioned into the longevity and performance space.

But about five years ago, people on the outside would look in and think, I had somewhat of an ideal life. You know, I went through all the medical training and I saw that the highest institutions trained at UCSD for, you know, for medical school, UCLA residency, did some research with the Howard Hughes Medical Institute and the National Institutes of Health.

From Refugee Childhood to Medical Training

And I don't say that to impress people, but I say that to to let people know that even somebody with that type of medical training at that time, I was subject to get getting chronic disease.

So five years ago, I thought I was at the top of my game. I was an interventional radiologist, chief of interventional radiology at my hospital. And for some people who don't know what the field of interventional radiology is, radiology is all medical imaging, X-ray, CT, ultrasounds, MRI, MRI's so those doctors can pierce inside the body to see exactly what all these different disease states look like in the anatomy.

So I was very well versed with disease and interventional radiologists, uses that technology to do minimally invasive procedures. And I was working on people with pretty much end stage chronic disease, people with with, kidney failure that I had to do a lot of dialysis work with people with cancers that I embolization or treated people with peripheral arterial disease, that I had to open up their blood vessels.

So I was somebody that was pretty well versed with all the disease, and I was treating those diseases as well. So the next question is, kid at the top of your game, when you had this big knowledge of, of of medicine and of disease states, why were you at that time overweight, diabetic, hypertensive and on prescription medications?

And, you know, I remember like looking in front of the mirror, you know, during that time and I didn't like the person I had become, I was very, very stressed.

And I, you know, I thought to myself, how can I be a doctor giving medical advice when I was getting the very early stages of the diseases myself. And really, that was the that was the wake up call, you know, I said I didn't want to continue on this road of just taking medications because I know for my patients, it's once you start on the medications, if you do nothing with your life, those medications will increase in dosage or they will increase in the amount.

And I didn't want that fate for myself. But unfortunately, as a medical doctor, I didn't necessarily have the tools to kind of reverse them. And so then I really paused.

I paused, and I took a step back, and I looked into my life and it said, where? Where does this come from? What did I need to change? And you mentioned my story of prior to becoming a doctor.

Well, all those things actually started then. You know, I was actually a boat refugee, you know, was born shortly after the Vietnam War. And when I was born, my parents tried to take me, and escape Vietnam because the new communist regime had actually taken all the businesses, took all the currency, changed the currency.

My parents thought there would be no future for me there. And so we escape on a refugee boat. I spent eight months in a Philippine refugee boat docked outside Manila Bay.

I was the only surviving an infant. In fact, I almost died. You know, my my dad, you know, constantly tears up when he says the story of of how I was just this floppy baby in his arm because I had dysentery.

Many people either fell off the ship or had diseases like dysentery. I also had rickets when I was a child as well, due to malnutrition. I spent another three months in a Philippine refugee camp, and then early November 1979, we had a Christmas present, an early Christmas present, and we were sponsored to, Los Angeles by a Catholic church.

And one would think as a child growing up, you know, being the only survivor on a boat finally landing in this, land of opportunity, that I would be very grateful.

But unfortunately, that wasn't the case. You know, I looked at where I was, I looked at the people on TV. I got bused to a more affluent area for school, so everybody was richer.

And I was constantly being teased for being Asian, for being an immigrant, for the stinky food my mom sent me to school with, for the holes in my hand-me-down clothes.

And I just remember carrying this energy of I'm not worthy, I'm not enough, and I want to be something else. I wanted to be richer. I want to be taller.

I wanted to be more American. In fact, I wanted other parents. You know, I wanted to deny that. And I didn't realize that then. But that energy of and and beliefs that I was not enough would actually be this the seed of my future illness.

You know, because of all that, you know, the Dalai Lama had had a very interesting quote that I put in the back of my book, and he said this. What he found most interesting about humanity was man, because he would sacrifice his health in order to make money and then sacrifices money to recuperate his health, and myself included, you know, and a lot of clients that I'm treating now has that very similar story.

You know, because of the the that that that feeling of lack, I was always chasing something outside of myself to make myself feel better. It was going to the best medical schools.

Maybe it was going to the best residency programs. Then it was becoming chief of interventional radiology, you know, chasing higher income and higher status.

But the more I quote unquote, and I'm using air quotes for anybody who who doesn't have video, the more I was trying to achieve that success, the sicker I got.

Health Crisis and Personal Wake-Up Call

And I didn't realize that, but not sleeping very well, eating hospital food, which is terrible, not getting enough exercise, all these things and that chronic stress really led me to have bad habits.

My hemoglobin A1, C was above seven. I was overweight and actually diabetic. Yeah, I was diabetic. But once I started to understand them, you know, that I needed to make a change in my life, I started off with the physical things, you know, sleep, nutrition and exercise.

When in a very short period of time, I would probably say six months. I brought my and, you know, with diet, certainly I brought my A1 c down to like 5.5.

And really at that point I said, okay, it's how I'm living my life that is affecting my health. And then, you know, then I did a deep dive and we could probably get into more of it later on.

Epigenetics, more on nutrition that you and I never really got to medical school. More on, you know, the science of telomeres, which is why I'm so excited to be on, on this, episode with you, that was able to shift all those things.

And we really once I started to understand how our cells behaved, how our cells actually put us in, you know, the best state so that we could show up at at our very best.

Then I said, wow, you know what? This is very empowering. This this knowledge I have. And that's why I wanted to go into performance and longevity. Because really, I would love to create superhero, because now I feel like the superhero of myself more better now than it was five, ten years ago or.

Yeah. No, that's that's a fantastic story. I mean, a lot of people that are in the longevity age management field, performance field have had, you know, some moments like that.

You know, I've, I've had similar ones myself. I'm also just thinking back to your, childhood, whether some of those stresses besides psychologically imprinting on you genetically and epigenetics, sorry, genetically imprinted on you to make you more at risk for type two diabetes because of the deprivation you had them?

I know there are studies looking at that now so that absolutely. Which what I love about medicine at this point is that we have the molecular that's, you know, explaining some of the mind body stuff, which is then used to change the molecular again, which, you know, is is fantastic.

I mean, cortisol increase inhibits telomerase, shortened telomeres, stress increases cortisol. I mean, the whole thing starting to come together and you have to work at it from many different levels.

And it sounds like that's what you do in your approach to things. Talk a little bit about your, by, by bioenergetics, approach to, to optimal health. Yeah.

So really I, you know, I defined something. Well, while energetic medicine is not something new, I put a little bit of twist on it, but bioenergetics medicine is really it's it's the study of the flow of different energy.

In, in living organisms, you know, how do you, how do transmute light and sound energy into a nerve potential into your cells? And how does that activate, you know, your brain signals to send out hormones.

So we're all energetic, live, connected. And one of the things that, you know, I found most interesting, and the two pieces of science that I found most empowering were, you know, in the field of epigenetic as well as in telomere science.

Because what that does is it shows us that we are really the doctors, for ourselves. And really we are our best medicine. And the finding is really this, there is, there's, you know, within our genes, there's probably tons of genes out there, but there's one, cluster of genes called the conserved transcriptional response to adversity.

That gene set is what happens when our body perceives we are in danger when we are in stress. Okay. So what happens is when the body starts to feel that when it thinks it's in danger will turn on this this gene response.

And what it does is it increases a lot of inflammatory genes, and we get increases in biomarkers like IL one, IL six, tumor necrosis factor alpha, inflammation increases.

It also lowers our cellular immunity. And as you and I know, those combination of things there really creates the environment, the milieu of our cells not functioning optimally.

Therefore our systems that function optimally. And then therefore we get chronic symptoms. And then later on, chronic disease. Well, it turns out that okay, well there's that transcriptional response to adversity, that gene component.

And then we also look at telomeres. All right. So you know, I'm pretty sure tons of your speakers are are already going to talk about what they are, as well as the science behind telomeres.

But as we know, you know, what the, the telomeres are these end caps of our DNA. And back in the 1960s, there was a scientist called Hayflick who does actually studied, you know, cell division.

And they kept all the cells in, in relatively same culture media and watch them divide. And they said that right around, you know, a certain amount of division, around 60 divisions, a cell would not divide anymore.

In fact, the cell started to get into what is called a senescence state or they start to get old, they start to secrete inflammatory factors. Now, he didn't change the medium at all.

And, you know, then people said, you know, then he said, well, there's a finite area to to the amount the cells could live up to. And that's called the Hayflick limit.

Well, years later, Elizabeth Blackburn won the Nobel Prize for discovering something called telomerase. And what is telomerase tomorrow is something that increases base pairs to something called telomeres, which I'm pretty sure all the scientists talked about are these end caps of our DNA that prevents our DNA from fraying and prevents it from oxidative damage.

And it's highly linked to longevity, and its shortening is linked with a lot of chronic disease.

Bioenergetics, Epigenetics, and Telomeres

Well, it turns out this in her book, The Telomere Effect, she talks about ways to actually, you know, keep, you know, telomerase working to maintain our telomeres.

And it turns out, you know, I'm pretty sure a lot of your speakers are going to be talking about lots of different things, including, you know, new, exciting, drugs and supplements used to kind of maintain our telomeres.

But turns out what maintains our telomeres are actually things that you and I can control. You and I can control the environment of our cells. And when I talk about the environment of our cells is really the environmental and epigenetic environment of our cells, really is the bioenergetics state.

And what are the things that make up the bio energetic state? They are sleep, nutrition, movement, stress and emotional mastery. Our mindset and thoughts, relationships and that sense of purpose.

And here's the cool thing. Biology is actually giving us the tools that we need to live for a long life. It's telling us how to how to live our lives.

Because it turns out that, you know, our genes in our DNA will give us improved health and longevity. When we live a certain way. And when we master those seven things that make up basically the biochemical environment of our

cells, that conserved transcriptional response to adversity is quieted down.

And then telomeres are longer or they are maintained. So these two things together really empower us because it tells us that those seven main things, they are basic.

Basically the 8020 rule when it comes to really creating an optimal epigenetic environment of our cells, are our bioenergetics state. The rest is things that maybe, you know, us doctors can help with, which is, you know, certainly toxins, you know, and infections and things like that.

But for the most part, you know, we can control this lifestyle factors. We can really, you know, be in control of having optimal health, longevity and peak performance.

Yeah. That is that's a great review of it. And, I think that, you know, some other speakers have spoken and I probably will speak about it, but hearing it more than once and in different ways, I think really helps the learning process.

You know, I, I've always been fascinated by telomere biology ever since I really got introduced to it in again, in 2007, because everything that we know is bad for you, stress, smoking, obesity, inactivity, you know, oxidative stress, ionizing radiation, all are in very nice observational studies associated with increased shortening of telomeres and shorter telomeres, turning off the telomerase and all the things that are good for you.

Vitamin D, exercise, not being overweight, stress reduction. They're all associated in, you know, robust studies with, you know, maintaining telomere length.

So again there's that that great integrative. And it's not just a biomarker I mean it's because the telomere length controls what you were talking about before cells going into senescence.

When they get too short the cells can no longer divide. And then they turn into this nasty little cytokine factory, which, you know, everybody knows about cytokine storm.

Now, and, you know, you write about Elizabeth Blackburn's book. She's worked with Melissa Epel a lot. Yeah. Who was a psychologist, who, you know, shows the effect of stress.

So stress of being a caregiver of an Alzheimer's disease patient or a sick child shortens telomeres, you know, through those mechanisms we mentioned earlier.

So I think, you know, you're absolutely right. The glucocorticoid, you know, response elements are upregulated during stress in some of the and I think Morgan Levine, who's done a lot of work in in the DNA methylation clocks, has shown that that, the changes a lot of them are in those genes that we see changes in gene expression.

So, there's many different ways to it, to a to a, track these things from the sleep level, of course. I mean, I don't do you measure, telomere length and DNA methylation in your practice?

Yeah. We do. True diagnostic, or epigenetic test. You. Yeah. Yeah, yeah. Oh, yeah. Yeah. Great. Yeah. And then, we do also use lifelines, right? Yeah.

So, so those are, those are great, ways to to track this thing in an objective way. You know, sleep is one of the major things that affects DNA methylation is I'm seeing in my patients the ones that are exactly the guys you're talking about.

You've already got a half $1 billion at the end of that second half, $1 billion. And and, you know, they're working they're talking to Tokyo, you know, you know, late at night.

So they they don't get sleep and even though they're doing other things right, their DNA methylation age is older than their chronological age. You get them to sleep better and it gets better.

Likewise with telomere, the an interesting thing for me about measuring telomeres, is that, as you mentioned, with DNA methylation age and with telomere length, there is a heritable component of.

Yeah. And so some people can come into the game of life with 50% less than somebody else, and you can be doing all the right things and still have shorter telomeres.

So knowing where you are, I think is helpful. That's that's why I like to measure it and track it. Have you been have any interesting cases of following people along, with telomere length and DNA methylation age?

Yeah. So great stuff. I mean, you can talk about yourself if you want you. But yeah. Yeah, yeah, certainly. This this is actually very new for me. I've only started, incorporated, into my practice, you know, less than a year ago, actually.

So we're get we're getting a lot of baseline, numbers, of my clients, and, you know, time will tell. The more I use it, the more we'll see those lifestyle changes are actually, you know, correlated with that objective number, that, that we're seeing on the tests.

Yeah. I think that, I think that, you know, it is great to get those baselines to see, you know, the effectiveness of your therapies. Tell me a little bit more about, you know, the actual process in your, in your practice and you know, how you go about, you, altering things.

What's your what's your kind of work up? Yeah. So, the bioenergetics state is really where I start with. And really, it's more of a lifestyle modification first before I take on and do some additional things that that, you know, people hear, you know, from the anti-aging space.

So really it's looking you know, it's taking a really, really full history. And it's going through those bio energetic elements. Sleep, nutrition, movement, stress and emotional mastery, our thoughts and mindset, our relationships.

And that that sense of purpose or as you know, Barbara Fredrickson, Elizabeth Backward used this phrase called eudaimonia happiness or the happiness we feel when we're connected with something greater, when we're connected to to a deeper sense of purpose.

So I really look at those things to see where people are act, and we do an assessment there. Then I do a relatively full assessment, including getting baseline, telomere length, epigenetic test, but also some biomarkers.

Where are they in terms of, you know, where are they in terms of insulin resistance? Are they insulin sensitive or resistant? What are their inflammatory markers?

ESR and CRP levels? Certainly. We take a look at their cholesterol as well as take a look at their nutrients. And then at that point a good get a good baseline.

And then like I said, I work really on the lifestyle component first. Then afterwards once we start to make some of those shifts, you know, certainly taking a look at their hormone levels a lot, you know, I get primarily my practice are, you know, a lot of CEOs, a lot of men, you know, come in, their hormone levels particularly there's a Sjöström levels are, are or, you know, usually very low.

So optimizing their hormones, optimizing their nutrients and then putting it in certainly you know, the use of peptides. And getting them on that protocol.

And usually we get fantastic results. Nearly everybody that comes in or probably pre-diabetic by the time they come to me or diabetic and we're seeing fantastic results, people reversing that, you know, in a matter of a couple of months and, you know, feeling much sharper, a lot more energy and a lot more like themselves.

A lot of people are saying, oh, wow, the light bulb just just turned back on. So it's it's a very exciting field to be in. And, and, and there's just so much more to learn too.

Yeah. No, that's absolutely true. It is gratifying to be, shifting. I was in internal medicine. You were in interventional radiology, as you say, you're in the end stage of disease trying to, you know, open up an artery or, you know, you know, prevent a tumor from occurring.

But, now we get to see patients go from feeling crappy to feeling really well and very grateful for that.

Lifestyle Factors and Clinical Approach

And there are participants in it. Do you use any, devices, like, for sleep measurement, like the aura ring or, or, or any, any other kind of wearables in your back.

So I'm always curious to hear what people use CGM. Is that kind of business? Yeah. Yeah, yeah. So I had or let me, let me rephrase. I had four aura rings there that it that been lost over time.

So I've been tracking them for a little while and then I gone off. I've got my Apple Watch going on. So those were the two main wearables that, that, that I kept on.

But, you know, after I lost my fourth aura ring, I don't use it, but certainly my clients are giving me that data so that, you know, we're tracking what they're doing.

Yeah, I find that to be very helpful because, you know, seeing how long you're in deep sleep. Rem some people, if they're asleep, they feel like, you know, that's it, but that's not it.

You can make tweaks and other things. You talk about the sort of the emotional set, the, the purpose in life. Do you incorporate meditation into your, your training and then do you use any, particular type or device?

Yeah. So great question. So, you know, I do have meditation as a part of my routine. And certainly in my book Thrive State, I, I list a list of things now that people can use for stress and emotional mastery, the different things that people can use.

And certainly, yes, there is meditation, but I also prescribe journaling, breathwork. You know, jumping into and doing some cryotherapy is a great way to activate the vagus nerve and to increase parasympathetic tone.

So I prescribe a lot of different things, but, you know, it's going to be up to each person which one that they resonate with most. But it's always great to be aware.

And some people are like, well, how do emotions, you know, dictate my health? But it turns out, you know, as people would, would read in my book, we've got emotions like like fear, like anger, like resentment, like worry or excessive doubt.

And when you remunerate that constantly, you know, your body actually thinks that there is a saber tooth tiger waiting to get you. The entire time you activate that stress response, you have activate, you know, that conserved transcriptional response to adversity where and again you increase inflammatory markers, increase inflammation.

Because if you if you're going to be lunch for a saber tooth tiger your body's revenue up for it. Yeah. Right. And then who needs an immune system to fight off cancer or infections when you're going to be an animal's lunch? Right.

And so it's great to have those emotions just to be aware of them. But if if that's your emotional home, know that you're driving that stress response.

And really that stress response is going to put you crown to getting chronic disease. Whereas emotions like, you know, emotion of gratitude, oh my God, the emotion of gratitude lowers cortisol levels and actually lowers those inflammatory markers.

And it turns out when you live in joy, gratitude, love, connection, all those more positive emotions actually help lengthen your telomeres. And they're also anti-aging medicines in their own right.

Yeah, that is true. And I was just thinking about pretty much every one of those except perhaps sense of purpose is not happening when you're in high powered medical practice or, you know, you're not getting sleep, you're not getting exercise, you're not eating right.

You connection is when's the next patient coming in? It's, it's it's it's a difficult I mean, a number of people and I think more climbing talked about the same sort of thing that happened to him at one point.

And so, you know, it's, it's a question of that sort of, physician heal thyself. Yeah. Kind of that you that you've got to, So you mentioned, yeah. So purpose talk a little bit more about I mean, how do you talk to I would say that I, you know, when I was practicing internal medicine, 30% of it is psychiatry or psychology.

But I didn't know that it was me quite as much in this practice. But it is. I mean, you get to know the patients want to know what's motivating them to make changes.

Are there any particular approaches that you take to to sort of help me as a radiology? You know, it's not something you did a lot. You're like, you know, where's your vein?

Or, you know, as an individual radiologist, how do you how do you approach that, besides the obvious example that sitting in front of them, of somebody that's living, you know, the things that you're talking about, what what kinds of things do you any pearls for, for doctors are getting started in this.

Yeah. Yeah, certainly. Well, I mean, well what what really is the data behind purpose and why is it so important. So let's talk about that first. And so when we, we look at purpose, you know, a lot of people, at least a lot of the scientists that have used the word purpose, you know, now correlate that to, to a concept called you demonic happiness.

And as I mentioned before, that's the happiness you feel when you feel a deeper sense of connection with something bigger. And that feeling of sense of purpose.

And that's in contrast to what is called hedonism, happiness, or the happiness that you feel, which is fleeting when you eat a hamburger or when you, you know, happen to win the lottery.

Very short lived and what they found was this people that demonstrate and this is comes from the work from my colleague at UCLA who who is a epigenetics is Steven Cole and and his colleague Barbara Fredrickson.

Had done a lot of work around this, this, this notion of eudaimonia happiness. And it's it turns out this right when you develop you demonic happiness, there are those people with the highest sense of, you know, don't want to happiness.

That gene, sequence I talked about, that conserved transcriptional response to adversity. It dampens down. So again, you're reversing, you know, the effects of stress when you've when you have purpose.

What we also found was Americans that have demonstrated eudaimonia, happiness or a deep sense of purpose happens to live seven years longer than, than than somebody who doesn't.

People with a deep sense of purpose also have a lower risk of cardiovascular events, such as heart attack and stroke, which is the number one killer in America.

You know, if you happen to be hospitalized, those people with a deep sense of purpose, also spend fewer days in the hospital. And certainly Elizabeth Blackburn and some of her contemporaries have also looked at telomere length.

And it seems like those people who have that deep sense of purpose have their telomere length maintained, has a lesser, you know, rate of shortening. So, you know, having new demonic happiness in the sense of purpose is is really important.

And, you know, has, has health benefits. So then the question you ask is, well, how do you then tell somebody, okay, well tap into your purpose. And, you know, I would even admit when I found out from the data I was getting stressed out trying to discover what my purpose is like, what is my purpose?

And really, the answers to me really came from a lot of the spiritual work that I done, and a lot of personal development work that I've done. And and really, it's not, you know, my definition of purpose now really has, has, has shifted a lot and it's less of finding your purpose than it is just remembering your purpose or remembering who you really, really are.

As I said, there's there's those positive emotional states of joy, of mirth, of laughter, of happiness, of gratitude. Those emotional states are basically anti-aging medicines.

They they create a healthy response in our body. So this is what our body's telling us. And we can think of the things, the people, the activities that puts us in those positive emotional states.

That's the authentic, you know, many of us, for I've forgotten that because we got programed along the way, the life should look a certain way. But if you can remember those things that put you in those positive emotional states, that's your anti-aging medicine, right?

That's, that's that's really your passions. And then here comes that component of the view demonic happiness being connected with community. If you could share you when you could share your joy, who you are with other people, when you can help other people with your gifts, that is your purpose.

Your purpose is really your purpose is you, and your purpose is just sharing the true you with the world and it's just as simple as that. So whether it's karaoke singing, whether it's teaching, whether it's swimming, whatever that might be, that thing that brings you joy, do more of it and share that with others.

Purpose is awesome. The struggles that we've been gifted with. You know what I thought I was was a diabetic doctor. You know, I thought, wow, what a fraud.

And why is this happening to me? But understanding that the struggles in your life allows you to have that the moment of awakening. Because when I said, wow, I'm a doctor with the disease, now I have the opportunity to overcome that.

And now, certainly I've got the tools to be able to help other people.

Purpose, Mindset, and Emotional Mastery

And so your life experiences, your your struggles, all those things that make you, you, you have an opportunity to overcome that. And that's giving you a gift.

And sharing that gift with the world is also your purpose. So when I the phrase I've heard, you know, if I've heard that before, the struggles that you've been gifted, people don't think of it that way.

They think of the struggles that you've been, you know, bestowed upon, you've been burdened with. But you're absolutely right. I mean, of course you have to overcome those struggles to then.

Yeah, to realize that. But that, that that is a that's a, that's a that's a really interesting phrase. And I think it's. Yeah. From us has a very you know, I forgot, you know, what would the actual quote is.

But he says struggle is really the sandpaper for our awakening. Right. And then Byron Katie also has a quote that I

love. She says, you know, life is simple life.

You know, this. I'm going to butcher the quote also. But, you know, life is always happening for you and not to you. And, you know, in my in my chapter on mindset, and as Elizabeth Blackburn also talks about, it's not the things in life that control that biology.

It's our perception of things. So if our mindset and and core beliefs are basically, you know, our subconscious filters of how we take things into the environment, and it's our perception of those things.

So if you take a look at a circumstance and you're going to go, wow, here I am, life, life is screwed me over again, then you're going to you're going to put your body in that physical view of stress, turn on that conserved chest.

Response to adversity puts you prone to get chronic disease. Whereas if you know ahead of time, like I know now, every struggle in my life, I've come out a little bit better.

And rather than sit in the in the shit for a long time, so to speak, if we can like retroactively to at that moment say, well, how is this happening for me and not to me, it can put you in those positive emotional states.

And again, those positive emotional states are very, very healing. So I'm thinking about that, as you're speaking and it makes a lot of really great sense.

But I'm thinking about the, researcher, that looked at the gene expression or the DNA methylation epigenetics in people who, who were had a positive you demonic state.

Yeah. How do they measure that? I mean, how do they how do they screen for somebody? What is it a questionnaire. Is it. Yeah. So they basically did a whole questionnaire.

And I think that that questionnaire has become pretty standard for people like studying purpose. They kind of give them the questionnaire. So you'll have a, a scale, you, they might scale at a hedonistic happiness scale.

They did that. Then they basically looked at the, the, the gene expression, those people, and again, they saw, you know, all those, genes, you know, and that conserved transcriptional response to adversity up regulated, you know, they were mildly upregulated with people that had hedonist happiness.

Right? Right. Oh my goodness, that's great. Yeah, it's sort level with. But those people were you demonic happiness had a profound downregulation of that stress response.

So that's a very very great paper. Again. The two authors there for for the audience who wants to look that up, Stephen Cole from UCLA and Barbara Fredrickson, I, I think she was from the University of Minnesota or something like that.

Okay. Stephen calls you. Yeah, yeah, yeah, I, I want to look that paper up because, it would be interesting. We do a lot of questionnaires to, to get a baseline.

Our follow up is to see, you know, what with that correlates with some of the other biomarkers as well. And we're doing to age, and they're doing great virtually to see the, the, the pace of aging that they put out, because that's a relatively short term thing, if you can correlate that with it.

Because you can be dealt a bad hand of adversity when you're younger, genetically not that gifted, but if you so your overall true age is not going to be as is gonna be a little older.

But if you change things like you have, then your pace of aging could reflect those things, and that would be really kind of interesting. Now there's the thing about telomeres as well, is that they, they are involved in epigenetic.

Yes. Well, because they loop back onto the, the more proximal chromosome and can affect gene expression, ten

mega bases, away from, from the actual ends of the chromosomes.

And, and so that's why, you know, telomeres are another integrator of things, even if they get just slightly short and that loop doesn't go back to the same place, they're going to be differentially regulated.

So keeping your telomeres longer through the kinds of things, or keeping them from getting shorter, let's be clear, I don't think that there's a literature that shows that there's actual lengthening with these lifestyle things is associated with a, a less steep attrition rate in the length you got to turn on telomerase, to and relatively potently with to get any kind of an effect.

Are you using any telomerase activators or anything, any molecules? I mean, if you tell on 30 or 65, in your practice. Yes, I, I use both. I use, you know, epi talen as well as, to 65, seeing, you know, like I said, you know, we just started to measure, telomere length, you know, within, you know, less than a year, in my, practice.

So we'll see, what the results will, will look like, you know, you know, pretty pretty shortly, we'll have annual results as to how these clients are doing.

Yeah. Look forward to catching up with you on those, I'm always interested to see, particularly with your more, mind body bioenergetics approach. Kind of a funny question out of left field, you mystic needles and things.

Say again, you missed sticking needles into into people. Oh, do I miss. Well, you know, I, I still practice half time at UCLA. Yeah. Okay. I enjoy teaching.

So I'm there two days a week I mean, but but now as, as the concierge practice is building, as I'm doing more speaking, I, I, I see probably my time doing, conventional er, probably less, less and less.

Are you going to utilize those skills at all? And, do you do any stem cell treatments or any anything like that. So I mean, obviously, yeah. You're imaging it could, could help you with that sort of thing.

I haven't as an internist that I don't do much of that in my practice, but yeah. Great question. So, actually, before Covid hit, I was going to open up a brick and mortar where I would provide, you know, targeted exosome and stem cell treatments to be working with pain and things like that.

And when that happened, certainly I pivoted. And now I was able to grow a, you know, a much larger telemedicine practice. Now that the world is starting to reopen again, we will see, you know, but, you know, I find myself, you know, really evangelizing, this message a lot.

Practice Growth, Telemedicine, and Regenerative Medicine

So, we'll see how much time, you know, I I'll have to be able to do some procedures, but I'm speaking with a few physicians who who might want to use me to bring me into their practice to do some of that work.

So I think it's it's a very exciting time, you know, that I have the skill set to be able to do image guidance. And with all the new things coming up in regenerative medicine, what we can do, to help people out, I think, that that would be a really great use of that skill set you have.

But also, I guess our I think our listeners would be interested to hear how, you know, you went about doing your telemedicine practice, growing it. I mean, I know that I was pretty much I mean, I did a lot of telephone calls going to have patients from all over the country and all over the world, but I always required that they came in for the initial consultation for that face to face meeting.

But in fact, you know, Covid has taught us that we don't really need that. We have zoom or, you know, Google or whatever you want to use to have this in-person meeting.

How did that work for you? I was so it sorry. It started off with. So I go to a, celebrity gym, in, in in Los Angeles. And

now you belong there, right?

Right. So, you know, our, our trainer trains Def Leppard, a huge host of celebrities and whatnot. And, and I do a lot of, you know, TV appearances as well.

And so when people found out that I did longevity, performance medicine, hormone optimization, things like that, I knew a lot of clients there. And really, that's how I, you know, you know, really opened it up.

I did all the, you know, I did a fellowship in, you know, with the a forum as well as additional training in nutrition, epigenetics, all those things.

But it was really for myself. And, you know, as I transformed my life, it was really some of those earlier clients say, hey, what are you doing? What are you on? Okay, let me become a client.

And really, it's pretty much kind of spread by word of mouth there. And so, you know, I'm fortunate enough to work with some celebrities and, and CEOs in, in the LA Hollywood area.

Yeah. And so a lot of them I see daily anyway. But, you know, initially, if you're coming from far away, people would normally just see me in LA at least once, so I could do a proper physical.

And then we would do the rest, via Zoom or Skype. Yeah. And then labs can be done anywhere. Yeah, yeah. I think that my practice has evolved to that as well, that, that you can do that safely and, and effectively and, you know.

Yeah, lower the carbon footprint a little bit. So the take home message is, if you want to open a successful practice, go to a really good gym. Yeah. Right. Well, good.

I mean, you have the, the, the book Thrive State, which is fantastic. And, your, is there any other stuff you'd like to to tell us about where you're going?

And, and, and what you, I know you have some other things that you offer online in terms of, training, and for, for patients as well. Yeah, yeah. Great question.

So really, Thrive State's the book and, you know, that book, that book really empowers you to, to, to really live in that thrive state, which is that bioenergetics state that puts your cells in the state of optimal health, longevity and peak performance.

So that's the book. But if you want some hand-holding, if you like my energy and you want to listen to me, there's a home course that accompanies the book that has additional exercises.

By the time you're done with the course. Really? You have your blueprint. What are these seven areas of my life, and what can I do right now? How do I install these habits right now so that I have my own personal thrive state?

And certainly, you know, for for any physician or health care provider that's out there, who's interested in incorporating this to give them to their patients, you know, you know, I've got affiliates who are who are sharing that course.

But if you're if you're a patient that wants to, you know, say, oh, man, I'm not I'm not feeling good, how do I how do I change up my lifestyle to get into that thrive state?

It's called the Thrive State Accelerator. If you go to my website, canva.

Thrive State Programs and Closing Remarks

com, you can look that up and there's a lot of free stuff that's on there as well. That's great. I mean, yeah, a lot of

physicians would probably take advantage of that, get themselves cleaned up and then, you know, start helping their patients or directly as a patient and who doesn't like your energy?

It's great. So it's been fantastic having you on here. I think we've been talking for quite a while. And I look forward to to seeing more of you. I mean, sure we will.

And, and talking to you about, you know, perhaps, let me know. Physio age and, you know, getting some more, some working closer together. Yeah, absolutely.

I'm actually going to be, moderating the forum again this year as well as giving a keynote. So I'll see you in Vegas and for for those of you who want to come to the forum, you know, meet both myself and Doctor Rafael here.

The a forum I believe is happening December 9th through the 12th or something like that, in Las Vegas this year. Yeah, that's. I'll be there. I'm giving a talk as well.

But, until then, otherwise we'll maybe speak before that. Thank you. Very great for coming on the show.