Introduction and Guest Background

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. All right. Welcome to the Lifestyle Medicine podcast. My name is Doctor Ivan Roscoe, and this is brought to you by Access Medical Labs.

If your doctor's not checking diagnostics, he's not a doctor. And have I got the godfather of diagnostics today for, for for for discussions about anything and everything?

Doctor Mitch Gann, he is a world renowned specialist and, and diagnostics and integrative medicine. He works very closely with the a forum. He's in charge of one of their fellowship programs, as well as teaches everybody about I. V.

and oral nutrition. He has four books out now. They range from everything from, the handbook to, compounding pharmaceuticals to the, the answers that, every physician needs to longevity, practices in their actual medical practice.

So, doctor, again, absolute pleasure to have you here today. Thank you. Is a fact. I've been that you call me the Godfather. I mean that you're saying I'm old. I just want to know the.

Well, all I know is it means that you are the boss man. How's that sound? Okay. All right, I'll take it that way. Well, thank you so much for being here.

Exactly. There's so much to say. So much to chat with you about. I just want to, you know, first, you know, get to know how you're doing, my man. I'm doing amazing. I'm doing great.

After 44 years of doing integrative medicine, and still doing it is means there's something very much to this medicine, more so than the conventional allopathic or osteopathic model.

I couldn't agree with you more on that one. And in 44 years, what would you say the most impactful thing you have seen that, is currently right now in the, in the integrative medicine industry?

Well, we're seeing I think, our approach instead of doing an if then that if then approach which allopathic medicine and, and osteopathic to a large degree to has been built upon.

We're now looking at the words like root cause we're asking a question why? Why does someone have this instead of just putting a bandaid on the situation?

That makes a massive difference? Because once you can determine where the issue is, then the the the treatment or the remedy comes right behind that. I think that's where the main thing that we're seeing in medicine today, and we're seeing a major shift amongst physicians, other health care practitioners that are tired, and so are the patients are tired of being sick and tired.

Know for sure. And again, we're we're seeing right now I believe it's it's evaluated at a $6.7 trillion global industry right now. And it's only getting more and more, more speed as, as people start to catch on.

Root Cause Medicine and Diagnostic Shifts

And I, I couldn't agree with you more. I think allopathic and osteopathic medicine, you are kind of trying to put Band-Aids on hemorrhages. And and then the whole, I'm sorry, the whole integrative aspect.

Wellness, regenerative, whatever you want to call this industry currently, I think, you know, it's all about showing

that hemorrhage shot. I was like, a joke with my patients, you know, the stroke.

Yeah. No, very, very true. And I think one of the biggest things that I think we're seeing is there's a lot more people who are seeking therapies outside of the traditional norm, especially when it comes to things like neurodegeneration, autoimmune dysregulation, as well as cancer.

Now I know for access, you are you are kind of the be the go to guy. You're there, you're there physician console for when doctors, you know, doctors love to test, test, test.

But when they don't understand what they actually do with those tests, they give you a call. So I'm just kind of curious, are you seeing a big uptick in people testing things like cancer or things that are, are indicative of neurodegeneration and then their calling to see what your actual treatments are?

Yes and no. I think, the majority of the, is getting used to understanding the both physiological and functional basis of disease, and that's pretty much where everything is.

It's in biochemistry and the physiology. I think more and more doctors are heading in that direction. There are some that are going beyond that. You know, they're looking into things that we might have been taught about in medical school years and years ago, like mitochondrial dysfunction and failure, and realizing it is a component pretty much of every single, disease, every single chronic disease, including cancer, for that matter.

So people are starting to become aware of it. They're looking at things and tests that perhaps they never even thought of before. And, having the privilege to teach for NSU, Nova Southeastern for, the past five years, the course and, and metabolic approach to cancer, I'm seeing a lot more people joining that circle and saying, this is complex.

And I'm going back to what I learned in my first week of school. But I realize now how important it is to do that. Know for sure, for sure. I always sit there and say, you know, I think that that the the basis of this industry should be in both secular health, which is going to be, you know, indicative of the mitochondria is ability to produce ATP and function properly, as well as things like senescent cell clearance and things like that.

Because those kind of dictate everything upstream from which would be hormones, nutrition, heavy metal toxicities, things like that. When it comes to, this is a fascinating topic because I think it's, it's my favorite, mitochondrial just, dysregulation dysfunction.

What are the most important labs that you would suggest doctors test? I'm very curious because every doctor has a different opinion. Well, again. And there are several things that you can test to determine what's happening in the mitochondria.

But one of the tests you could do is cardio lipid. Cardio lipid belongs to the inner membrane surface of, the mitochondria. And either it's elevation not only means yours may be a cardio Olympian or cardiac, artery disease disorder, but it's also telling you there's something wrong with the mitochondria.

Other things that are a little more subtle, er, looking at LDH, lactic acid, these things are, and pretty predictive. If they're elevated that the body is using the wrong kind of method of making most of the ATP the energy that mitochondria make, which means that it most likely is dependent upon the Warburg effect or this glycolysis effect.

Taking one molecule glucose and changing it into lactate. And that you can see through doing some of these subtle evaluations as well. Those are the biggest ways there are.

And there is a few companies now in the, in the mix that literally will take your biochemistry through like a blood spot, put it on a muscle cell, and we'll look at the mitochondrial advantages or disadvantages by running, somewhere between 11 and 12 tests.

So they are that that's out there. We don't do that at access, as yet. But that was your secondary test that can be

done to determine if the mitochondria is functioning appropriately, both at rest and when it is stressed as well.

And it looks at many things like reactive oxygen species and what pathways it's using. Is it using glycolysis mainly or is it going straight through through oxidative phosphorylation and making enough of this ATP under normal circumstances, just to remind our audience, one molecule of glucose will become typically a net under the best conditions 36 molecules of ATP.

I love that it's always fun because I also do, a lot of lecture and for like the AA forum and things like that as well. And it's always unique to see physicians who think, you know, nad nad nad, yet they have no clue how the actual process of nad fad do all these different things that go through and actually create the actual molecule of ATP.

So it's always unique to sit there and see how kind of that light bulb goes off. And doctors says to be like, oh, I remember I just skim through this, you know, I mean, like back in my back in chemistry and then and, and, you know, biology class.

So yeah, it's always fun you actually bring that up. So one of the most important parts of diagnostic testing is what to do with the results. Obviously, that's why you do it.

When you find somebody who comes in who is actually testing for things like mitochondrial dysfunction, what are your go tos to help improve the actual mitochondria and basically how they work?

Well, I guess it really depends on where I see the errors occurring. So you look at as a integral part in the aging, you're going to have mitochondrial dysfunction.

You want to add in cancer. You want to add heart disease, you want to add autoimmunity, and you're going to have more mitochondrial dysfunction then. So perhaps the 18 year old.

So that's really the comparison. You're asking where do I go to to help this type of thing.

Mitochondrial Testing and Cellular Health

Under normal conditions, the very first and most obvious thing that you could do is get out into the sun, because most people are sun deprived, and there's no question that 40% of the sun shine happens to be near infrared.

That's the early morning, right before sundown exposure that you can get that near infrared does, you know, convert the chroma force in through the skin, which then stimulates the, the, mitochondria.

I mean, we could get into all the other things, including using NAD and blocking these pathways that may be interrupting it, you know, looking at where too much reactive oxygen species, I think most don't recall or don't remember that with 80% of the reactive oxygen species that our body makes are made by the mitochondria, and it's a fine line.

I've been to little of them, and there's no way for the body to defend itself against viruses and cancers and things of this nature. Too much of them can be tissue damaging, especially in pay patients, whether they have cancer or not.

So your your your, your amount or things that you do have to be adjusted accordingly. You know, if you're over zealous, for example, like all vitamins and nutrients are antioxidants.

Being overzealous with them could theoretically lead to, you know, too low of reactive oxygen species being being performed. It happens not very often, but it happens because most people, the other side of the coin, as you can imagine.

No know for sure for sure. And when it comes to lifestyle adjustment, so is that is that something you also like, you know, so, suggest for the physicians who call and ask you like sleep, exercise, sexual health, mental health, emotional health, things like that.

Pretty much Lifestyle's always the first thing when I teach the, cancer course for NSU, my very first part and it's and it's coming up this August 23rd.

So I, so I put the plug in for it. I heard it, but, but, actually the very first component of the course is two hours on lifestyle adjustment. And it's everything from what you put in your mouth.

And again, the things you mentioned exercise, sleep, you know, your attitude, what you believe. You know, the simplest thing is having a positive affirmation in your head when you wake up in the morning can make the difference between having good mitochondrial activity and not, eating the right foods or eating the wrong foods, or, not eating enough stimulatory foods.

You know, simple things like, you know, coffee is good. Organic coffee is a good thing. 3 or 4 cups seems to be the sweet spot. And, you know, putting 100% cacao in something of this is also helpful for it.

You know, for initiating the mitochondria using honey instead of other carbohydrate sources for, you know, getting, getting some carbohydrate in some interest to the mitochondria and getting out in that sun.

And if you can't get out in the sun, are you utilizing some source of near-infrared that creates in, dual force to mimic the sun's infrared, level, which we do like, for example, my office, we use, an infrared near infrared bed that produces 78, sine of mirrored squared kilowatts, which basically is about, almost twice the sun with 38,800 LEDs.

That makes a massive difference. That does create what we're looking for, which is photo bio modulation. All these things will affect. And of course, if they're sugars elevate, you need to bring it.

You bring it down. If you you know if they have water immunity, you need to, you know, lessen the autoimmune. And I don't mean by use of drugs that will drop the immune system.

You know, so far I'm talking about immune modulation. I know we're a little bit all over the place with this, but, but I think that, you know, I think that clinicians need to start thinking that every one of these disorders I mentioned earlier are and will at least if not rooted in, become part of the metabolic dysfunction which is which is mitochondrial dysfunction.

Yeah, I see a lot of doctors. So at my clinic I was doing mitochondria. The first thing I go out there I think cellular health is the most important. Then you get into, like I said, nutrition and everything else, which is which is a byproduct of it.

But I also take a rather large look at things like senescent cell clearance, natural killer cells, apoptosis and whatnot, because I always go there and say, if you're going to start build the system up, you want to make sure that the garbage is getting taken out as well.

You know, I think there's others like like you said, there's a lot of oxygen free radicals that are actually created through mitochondrial, you know, how they work and everything.

So did you ever suggest anything that's kind of like, okay, let's take a, B and C to help clear all the garbage out of the system. High dose defiance, things like that.

Yeah. Actually, I've developed a product that, I use, pretty much all the things that we use. I developed, I actually developed a product which I call anti-aging analytic.

There's about 35 physicians throughout the country use this similar. It's actually, based on the work of one of the major institutions that did it in mouse, which found that, of course, without using a analytic, and Xenomorph analytic meaning, some agent that removes the cells that get old, that don't know to die.

So to leave room and for those listening, sent a morphic means that the cells that stay around, they give off inflammatory type, of, substances. So you need something to remove both.

And so in that category I've developed a, the first product, I think it's pretty much the only one has very high doses of, 5 to 10 luteal in, a pigeon.

And it has, high doses. Of course, it's ten all of four things, without curcumin, because I use curcumin elsewhere. But those five substances have been clearly identified as the ones that help to remove the scent, a litigant and and the scent of morphic cells, regardless who we are.

I mean, once we get past, you know, 40 years of age, we're making those cells every week. You can't get rid of all those cells. That's impossible because you're making so many a day.

But if you take it down to a minimum, you'll have less of an inflammatory type problem. And you you will find them more chronically ill the more that occurs.

So you're right on the money. I mean, when you're talking about you should be identifying that, because, for example, in cancer, it's extremely, heavily made in patients with cancer.

You're, they're making a tremendous amount of these cells. And you're also correct, you know, in excess, we do this white blood cell phenotyping, which can help you identify what's going on because it looks at the natural killer cells, the CD4, CD8, you can typify hopefully through that, patients that are in a CD4 helper cell versus a suppressor cell state or to say and cancer typically, for example, since we mentioned a few times is fought in a one state and there are great substances that you and I and others in the, functional medicine field can use to sort of, push the T one state, for example, versus the other.

And then there's others that are balancing of the two. So yes, you should be using analytics. And these anti-aging satellite, it can set up morphic substances pretty much in anyone over 40 years old.

Yeah. No I it's funny because I always like and I'm glad that you work for you for I've been with them since I think 2010. I think my first speech for them was the seven Different Ways to Make a Woman Smile.

The different orgasms woman's going to have medically, you know what I mean? And it's funny to sit there and see how that, that, that, that industry has kind of morphed.

And, you know, I always like to say I always try to be about three years ahead of the curve, which I'm you're probably 12, but I'm thinking in the next two years, you're, you're going to see sun a Linux become, become the new nad because nobody's really even talking about it when you go there.

Lifestyle Strategies for Mitochondrial Support

And that's kind of the hub for what's new and, you know, and kind of what's upcoming. So I'm very curious to see I always slip in, in whatever I lecture for access.

It's always talk about natural killer cells. I see every health care practitioner start scratching their head to be like, what the hell's a natural killer cell?

You know? I mean, like, that's one of the most important things that we should be treating, right? Yeah, that's kind of interesting. I mean, there has even been studies done with, like, the, the Satnam.

I actually use that commercially. I use that with high dose quercetin. And then there's also foxo for DRI, which is the injectable version peptide, which is spectacular. We've had phenomenal results.

We see a lot with, chronic back pain, because any type of inflammatory plays, you know, those cells are terraforming, you know, you know, coming more acidic.

So it's always that aspect of the for Saturn, I think it's phenomenal. Of course, it's in all of that kind of stuff. And I always combine it. I never do a Sun Olympic program unless there's a mitochondrial sting and that there to kind of

get, to get the actual garbage.

Good. Very good. You'd be interested in. I'll try to introduce you to it, the, this natural product for those that you don't want to have on a, you know, a cancer medication.

No, no, no. It's logos. Yeah. Yeah, it would be interesting. That's great though. And so so I mean, when it comes to that, I'm curious because cancer is kind of the buzzword these days with everything going on, with all the different stress going on, people are getting cancers they never thought they'd get.

And there's a million different conspiracy theories we could go over. But I'm kind of curious when it comes to the actual senescent cells. What what what percentage do you think of people who actually get cancers?

How about have a high toxic load of, senescent cells, zombie cells, whatever you'd like to call up? I'm guessing it's pretty all right. All of them. Yeah. I believe I.

I believe it's all of them. I mean, I mean, you, you know, when it when the body has all this inflammation, which most cancers are propagated from inflammation.

Not all, but it is one of the 14 criterion or hallmarks of cancer by Weinberg and Hannan. There is there is a tremendous amount of this. And you're seeing it, by the way, name the disease.

You're going to have a lot of it. But I'm I and believe and I treat every single one of the cancer patients with as central and anamorphic Asia without fail.

It's fantastic. I absolutely love that. I see a lot too. So I in the last three years I've gotten really heavily into the polyphenol IVs. Do you use those at all?

Which one? The polyphenols. So the curcumin I've course A10 resveratrol and SGC or green tea. Yeah I do well I can tell you from those I don't use them intravenously.

Not at this point. I used to, long time ago. There was, unfortunately, this one gaffe with that curcumin while ago. And my problem is the polyphenols I don't think will stay high enough.

The intravenous in the long enough, it'll be too short lived. But I use heavily the polyphenols and, And to tell you the truth, with green tea, I actually use it intravenous like that.

I do, I make I make my own green tea. But there is a whole theory. And I work with, the person who actually did the work on it, the Moores, who are both gone, the husband and wife.

There were researchers, in, what's in? I'll think of the state in a minute. They had passed away, but they we left their legacy basically to the person at work with them.

Her name is her now, and she did their work on it and continue the work and continue the lab, etc.. And she uses green tea as a ongoing continuous infusion for cancer because of the fact it blots a receptor that is only on, on on cancer, which is called a Enoch's two receptor.

We all have Enoch's one. We have Enoch's three receptors. When there's autoimmunity, but Enoch's two only, is available to a cancer cell, which allows for unregulated cell growth.

And, and the, the combination of that and a or a red pepper or aguayo pepper combination, that they came up with blocks the two heads, which goes every approximately every 24 minute turns on and off.

So if you maintain, this level within a proper, let within the optimal level, not too high, not too low, and you use something that blocks the resistance, it typically will allow pretty much most cancers to, to die, even if the deep ones in their metastatic patients do extremely well with this kind of approach.

By the way. Extreme great know very very true. And again, I it's kind of funny, I started out with, you know, in in here in South Beach, it's all about, you know, bikinis, fun sun, sexual health and things like that.

And, I've, I've kind of transitioned to or at least over here, the doctor of last Hope. So we get people flying in from for cancers all over the place because we've actually done very well with it.

And, you know, one of the IVs that we use it, there's actually two of them. One is the high dose vitamin C, and the other one is the methylene blue. So I'm curious to see your thoughts on if those are effective in your opinion.

Or if you actually use those at all I do. So first off, I think I should just tell you, I mean, I wrote the textbook on intravenous nutrition, the only book in the world.

I saw that. Is is mine. Yes. And I use high dose vitamin C. It has. I'm sorry. Go ahead. At which doses do you go? Do you start at 60 and move up or. No, I typically well it depends I to get to a tumor recital dose you have to be at 1.5mg per kilo. Yep.

That is a tumor recital dose. Assuming that the patient can take it. Because there are several issues with your high dose vitamin C, some people just can't, get there.

Below that or too low. It's oxidant. It's anti oxidative. You don't want an antioxidant you want it oxidant. When it's high enough it does the trick that it's supposed to do.

If it creates enough of, of hydrogen peroxide to kill the cancer cells, it creates a, an environment as well where it, where it, dissolves or stops glutathione, which chokes the cancer cells as well.

And it and I do use it heavily. I don't use, methylene blue intravenously, typically. But I will give it later on in the treatment to help the mitochondria, to reestablish themselves.

But again, both vitamin C and methylene blue and need to be of course, and I would say this for the, those viewing this in those folks that have a normal G6, PD, the G6, Cosmo dehydrogenase and because of them that deficiency, either one of them can have a hemorrhagic event if they take too much.

Any of the relatives. Thanks. No, very very true. Also, SSRI is where they for the for the methylene blue. That's that's a big thing we found as well.

Oh yeah. But I do find it quite fascinating that you know, everything in this industry is all of a sudden becoming so much more mainstream now, you know, everybody's they got Mel Gibson talking about he had all these influencers talking about it now.

So it's always kind of neat to see something you've been doing for 44 years. I've been doing it for 15. I thought I was old in the industry. And then all of a sudden, you know, starting to see it become mainstream and actually almost the, the, the gold standard for, for, for medicine, the way everything's starting to shift, which I think is personally exciting.

Senescent Cells and Anti-Aging Approaches

Yeah. I look at, I'll tell you what, I'm older than you, so I can tell you a story that, you know, years ago, you know, if someone would say, you know, Mitch Gans using this bacteria to have people swallow this bacteria.

Oh my gosh. And of course, now the the GI society last year, everyone takes probiotics. Everyone knows about it. And and you know, it was all like oh my gosh, this high dose vitamin C and vitamin C, that's crazy.

It doesn't make any sense. The same doctors that would do it. I have them a little over 500 physicians that will see me when they're sick. So it's like and a lot of them were the ones who who work on. No.

That's ridiculous. Crazy. Now let me learn. Let me teach you. And I'm a consultant for a lot of people. It's it's a nice thing, actually. You know, you went from I went from being totally crazy, I guess, to the dinosaur of this, you know, I guess either one is okay.

The point, the the bottom line is you and I know I've been is the outcome for the for your patient. Yeah. The efficacy for sure. I mean, there's always good aspects when it comes to like the doctors outcomes, the profitability in business.

And yes, it is a very profitable business. It helps. But the most important part is the actual efficacy. We're actually treating the, the, the, the, the, the problem, not just putting a bandaid on it, which I think is great and and it speak to your point.

I remember I came out in South Beach, I was like, I graduated very early. So I was 27, full fledged physician down here. And there was nothing on the beach.

There wasn't IVs, there wasn't anything. So to come out and I was in every magazine being like, is this snake oil? Who's this kid? And now all of a sudden, I can't throw a stone on Miami Beach without seeing some type of rejuvenation clinic or I'd out, you know what I mean?

So it's good, but it's also kind of scary. I'm curious of your thoughts on now that I saw that ever since Covid. I'm curious to see if it's the same for you.

First off, my business went through the roof because now people found out health isn't free. You know? I mean, like health. You of course, than yourself for, But number two is people started to have a distrust of traditional medicine.

So now they started coming into this industry. So, like you said, you see a lot of people who are naysayers and no, no, no, this isn't great. All of a sudden they sit there and see, all right, well, maybe we have to pivot because we aren't making money now like we used to as a traditional physician.

So they pivot into this industry without really any training. They're just giving testosterone blindly. And growth hormones and IVs, they're getting things off the internet for.

Are you seeing a lot of that? Go on now. You know, with the people you deal with, because down in Miami Beach, it's it's almost an epidemic of just how terrifying it is, the amount of people I have to correct that come to see me versus people I start.

Yeah. Do you have two hours? The, So I'll, I'll do my, Reader's Digest version of this. The truth is, unfortunately, a lot of people go into this without much training, and they and they develop these things which I'm horribly against, which are and I apologize to the people watching, but I really don't.

The ad because I train most of them and I train most of the people that are down there in your area as well. When you have an Ivy bar and you go in and pick out what you think you need without the proper understanding of the person's biochemistry, you run into two problem or three one, you're going to do nothing for that individual to.

You may cause a problem with that individual if you don't know their biochemistry, you know, and three, you may be just wasting their money and, you know, making something worse.

Whatever entity they came in worse for, they won't know because if you haven't examined the biochemistry and followed it, you'll have no idea. I tell people like that, you know, it's unfortunately there's a thing in someone's head, you know, it's only vitamin C.

Okay, we'll use that as an example. How is that going to be any problem? You know, it's just vitamin C. So you put it in and that's it. Without any thought of that, there are some serious consequences associated with using the wrong term.

So how you use it or the speed or whatever, it goes along with that. But I tell people, look, would you go into a whatever office, name the specialist and oncologists and pick out, 2 or 3 cytotoxic cancer medicines or wait or go to the neurologist and pick out a couple meds, or go into a pharmacy even and say, hey, listen, just give me these medicines.

The reason you don't is because there's oversight and there is, you know, reason why people go to medical school and do some specialties so that they're prescribing as best as can these type of thing.

There should be no difference when it comes with anything that you prescribe, whether it's a nutrient, especially if you're putting it intravenous light.

The consequences are much less than a medication. But there are consequences. And I know because when there are, I get, you know, the call from a from a plaintiff lawyer saying, Mitch, can you look at this case?

And, you know, I, I, you know, I'm, I'm the guy I want to help the, the, the, practitioner and I'm also the guy that knows them typically. And I'll call them and say, you know, you're stupid, but let's see how we can fix this thing.

That dude said, no, it's true. It again. So, so at my clinic, it's always blood work, blood work, blood work. And that's why, I mean, I love work with access, we, together, I've kind of developed the most in-depth blood tests in the world, I think, right now, which is awesome.

But again, like, I always sit there and say, like, you know, there's blind IVs, and then there's actual tailored IVs, and I think patients, once they actually understand what, you know, what would the value of diagnostics, which I think is starting to catch on right now, you're seeing things like functional health and all these like your, you know, Instagram things being like, test your blood, even though there's no there's nobody to read them, you know, except I which that's a whole nother conversation.

But it's just funny to sit there and see, like, now people are actually taking diagnostics more seriously and I think that's the root of precision medicine.

You know, I call this lifestyle medicine because, you know, your lifestyle, I think is the most important thing sleep, stress, hydration and, nutrition.

Those are the four things that are the basis of everything. And then everything works out from there. And I think nothing can go anywhere without diagnostic testing.

Yeah. I don't think you can, do I? You know, I told you from the I early in the thing, if you don't understand the individual's biochemistry, how in the world would you know how to supply them?

We are 32 trillion cells at the least amount. And if you figure out the amount of chemical reactions, per second there in the trillion, in the trillions per second, you would not be able to know.

So without having that, you know, I call it the the 150 car track, your two young knee cars when, when I was younger, you know, you took your car and they looked under the hood.

They examine the air filter in the oil filter and they said goodbye. And they they oil lube your car now. They hook you up to 150. Check to try to get some handle on.

If you haven't done that, you will not have a good idea of what the patient's, problem is, along with some physiologic testing. That's what and, you know, guarantee.

Well, it doesn't guarantee you, but it allows you to get a much better handle on the individual. And prescribe, like you said, a personalized individual, a type II medicine for them.

Know for sure now. So so I'm with you. I know you touch on a which I, I want to get into as well.

Cancer Therapies and IV Nutrients

For, for your clinic, do you actually design the actual nutraceuticals specifically for them as well, like you do with the IBS? Oh, I do, I've designed about 30, 35 of them.

Each one took about 2 to 3 years. I took my clinical experience. My wife's a nurse practitioner, and her and I use for each one, probably somewhere between 3 and 400 research articles, so that what we put together made sense.

Because, you know, they can go to everyone from the internet and everything else. And I have to just tell you a story. Can I divert for one second? You know, because because they hit me what you said before, which is so true.

Thank you for that. Your gracious, host. I, had a, I once, I, you know, now there's so many people that have given themselves name their lifestyle specialist, their this specialist, their, their their bio, this, their bio or.

Yeah, they, they, they have all the, they have all the degrees that they've made up basically, and things like that. And recently I did a lecture, I was, I had a lecture I had given to a group of people, about 400 people.

I said to them, I want you to all know, you know, I've got good news for you. Is anyone traveling this summer? And people raised our hand. I said, listen, if you're gone by plane, you have nothing to worry about because I've been watching a lot of YouTube stuff I'm reading.

I've read about ten reference books and I am now an airplane biohacker. So I don't. I'm going to check your airplane for you and make sure it's safe for you to fly.

And they're all laughing. And I said, is funny. Is that is are you aware that an airplane is 1 million parts? That's a true statement. It's give or take.

It's a million parts. You know, how many millions of parts and trillions there are in the human body? Yeah. So you have to think about this in any case, to go back to the conversation after I converted. Yes.

I developed my own nutrients, pretty much because I want them to be at a certain standard. That's number one. Two, I want to specifically get done what I'm trying to get done.

Like, for example, in the anti-aging center that we discussed, we developed that based on the Mayo's work in this area on mice, which they found increased their lifespan 15%.

Well, that's a lot. If you start taking these these things and it's obvious that you're steeped in it and smartly so so we we did we developed things in that area from heart, to sugar to, you know, things that we use for cancer, etcetera.

And the reason we did this is because we wanted something that was a, you know, a professional product that spoke to this as opposed to something that was, you know, off the internet or something that sat in a warehouse or for example, something that, you know, was multi-level marketing, which, you know, just goes to the middle, you know, thing, and, you know, you and I are laughing because we know what that's like.

But, the, the lead public, which is now become, sort of woke and so to speak, to the fact that the body's is not working good with the if then medicine that we were taught in medical school and residencies that that that method of using a bandaid isn't working and that they have to often get in charge of their own life.

The problem is the way they're doing it. It may be to some degree helpful, in some degree not. There may be to the wrong practitioner, may be to the wrong clinic using, you know, track key for zero and all this kind of stuff sound.

No, no, it's very true, very true. And I it's hard. You actually touched on something very important there too. I think a lot of people right now are just be getting sucked in.

And again nads the hottest thing if I hear one more or get one more ad for nad, I want to shoot myself, you know, I

mean, like I've been doing it since 2012.

You said who knows when. But the thing is, I always say like, you know, any type of procedure needs to be multifactorial, you know, not not not just linear nad ATP.

That's great. But then you have to think about the electron transport chain, the oxygen, everything. So every program I do will have 3 or 4 different peptides or different stuff like nutraceuticals like I use five amino one AQ methylene blue now nicotinamide riverside as well as the NAD and actually riboflavin which is a precursor for for all of my, mitochondrial boosting programs.

Obviously I check and make sure everything is cognitive, no contradictions or whatnot. And I think that's that's the way I think medicine kind of needs to go is it's a multifactorial approach and it's great.

But if you have dysfunction and any other part of you can't get it off of the thing, you're kind of pissing in the wind. Yeah. And I agree with do I call it the 360 degree approach both to diagnostics and treatment?

It's basically saying the same thing. And, in about, two months, I'll have a good surprise for you. I literally, I am the, the chief medical officer for a company that brings in pretty much in the best need in the world.

It is 30% more effective than the ones that we get in the United States. It is also has only two. Outside components in as opposed that the ones that we use in America have about 9 to 11 contaminants.

So I also built a product which has 13 things. And I heard you mentioned NRX and and B2 for the helping. You're going to you'll really enjoy our share.

You will share this with the product with you. It's coming out soon. It's I did it for this company. But it for sure it will. It's nothing like anything that's been built yet know I think it's going to be great.

Oh, I love that, I love. That, yeah. So we're we're jumping out to share some recipes here. I have a couple of things I think you might find interesting too.

But that's a great one. Like, it's always good to talk to somebody who actually knows a science, you know? I mean, like, you'll talk all these doctors who have a million followers or this, that and the other celebrities go and see them.

And then you talk about like, yeah, Nadia's good, but what does it do with nad. What do you mean what they do? I'm like, oh my dear God, you know, it's it's mind blowing.

I mean, but knowing knowing what where, where something comes from and where it goes, I think is the trick between a physician who gets into this for the wrong reasons, and a physician who gets in this to actually help patients because they understand the beginning and the end, not just the actual journey.

You know what I tell Ivan when I when I lecture to doctors and nurse practitioners and Pas, I always tell them and pharmacist because I lecture to probably 1500 postdoc pharmacists every year as well.

I said, if you really want to learn this medicine in any way, shape or form, root cause medicine, don't do anything they because they'll ask me what book treat.

I said, read two books, read a biochemistry book, the biochemistry book, whatever is new and out there and read. For me it's guidance, physiology.

Risks of Unsupervised Wellness Treatments

I don't know what you studied, but ours was the the kaiten physiology book or whatever physiology texts that they're using now, and go read it on the toilet and go read it all, you know.

And once you know that, well, then come back and start studying this stuff, because then you can think out of the box if you understand how the body works, and then you'll understand if you get a blood test and you do a very good comprehensive blood test, which sounds like you do, we, the folks that are steeped in this always do.

And then you'll understand not only that simple blood test, but the relationship to other tests and what needs to be done to help fix it. If you don't understand the physiology or what happens, or you don't understand the biochemistry of these tests, then it becomes more difficult and you'd be surprised.

There are a lot of people who do not understand why you're how they do it, and they get a good result. God bless them because they just were told, hey, do this and this, but I, I hardly believe if you want to stay in this space of being a root cause physician like you name the other things, I like that name.

Now an epic time is when they interviewed me. I like that word root, cause now it's not. I didn't coined the word some. Somebody else did. It's not mine.

But we're going to say you did, though, just for the hell of it. Yeah, but it's a great it's a great way of describing what you're trying to do is to get to the bottom of why.

I mean, it's easily the the general internist, the cardiologist, the, you know, the family docs when a patient goes in, I mean, they're doing the best they can do with, you know, with the knowledge base that they have.

But often it stops at I don't know, you're getting older now. That's fair. 30 years ago. Not it isn't fair now. It wasn't fair to me when I, when I started doing medicine.

You. That's why I've been in this space so long, it didn't make sense that we don't have a reason why it's easy to say, here's a problem that we believe is a problem.

Not all the time. It's right. And go ahead and just use a medicine to depress it down or to to correct it. So you look good on paper. No, no good. You have to find out really what's underlying this.

And again, to be really good in this space, I tell everyone, become an expert in physiology, become an expert in biochemistry, and then we can talk. But everyone does that the first week of their school or the first semester.

And then it's like, yeah, I don't want I don't want to know that anymore. Now it's funny, I showed you, I just came up, I gave a talk for access and the at their, at the, relive event last week.

And one of the things I like to actually exemplify this point was how methylene blue actually works, which I don't think anybody really understands that.

Who, who, who doesn't know the root cause of it, how it goes through the redox reaction, fabric buffers, all that kind of aspects. And just funny, sit there, see, like physicians when you.

I was gonna say, if you know something, you should be able to actually describe it as a toddler. Again, I didn't say that either. But it's very true. And it's funny.

I'll sit there and whenever I do a speech, it's I'm guessing you have to play the root. Correct. So when you sit there, you see a bunch of business owners or people who are just like, well, let's figure this out.

When you speak to them like that, this is why methylene blue works, not because it makes your urine blue. Not because so-and-so told you to understand the basics of it.

Then you can sit there and tackle iron issues. You can tackle cancer, you can tackle mitochondrial dysfunction because you you can actually understand how methylene blue increases oxygen in the system, which I think is fascinating.

Of course. And that should be their thing with even the simplest thing as handing someone a pill for ascorbic acid, vitamin C. It came. Very true. You should understand what you're doing and why.

You know, I, I tell people and I tell patients, I'm giving you this in six months. You can ask me again, why did I do this? I'm going to give you the same answer.

Even though I'm not going to remember. I spoke to you. But I will tell you exactly why. If I if I hand myself back your history, your physical and your bio and your your biology, basically your blood tests.

I'll tell you exactly why I did it again. And if you're consistent with that and you understand it, then what you prescribe is going to help someone because you have the capability of thinking outside the box.

The only people good that are there are anyone could be good. I always say when I teach, you could be good at. And in many things there's a huge difference between being good and being great.

And I will tell you this story. Do we have time to tell the story? We do. I would love to hear it. When I was in my third or fourth year, I can't remember.

I was in Philadelphia. I went to Temple University on a rotation for years, nose and throat. They got the guy at that time. I don't think Max is living anymore, but his name was Max Cronus.

He was the number one ear surgeon in the world. And on the very first day I went, you know, they had grand rounds in the morning with him and his team.

And after grand rounds, I knew the answers to pretty much every question they asked. I was only a third year or fourth year medical student, and the residents were like, oh my gosh.

Building Personalized Nutraceutical Protocols

So when everyone said, okay, you know how you go with the residents where you go? They said, Mitchell, you stay with us. And very first thing was they said was, you can have a residency in this if you want. We'll actually guarantee it to you.

Now, I said, well, that's very flattering, but but the but the whole thing was about the second day in they called Max realness. The. And this guy was the guy to the operating room because they were having an issue.

So he went to the operating room. Back then there was a head neck surgeon is still use ether. That thing stunk of ether. You know, ether. Can you imagine a little spark?

And you and you, you kill the anesthesiologist, the Bayesian and everything. But by then it was sleep. So we go into the this operating room, there are two attendings, three, three residents and the anesthesiologist.

And of course, this circulating nurses, they said, Max, we can't get the tympanic membrane, the ear membranes sewed back down. We can't get it to come back to get back down.

So this is what happened. And literally in silence, Max says, let me see. Let me take a look. Now, mind you, he looked into the microscope. It didn't take him 20s he looked up at the anesthesiologist, says you're using nitric oxide and he's.

And he said yes. He said, turn it off. And because it's causing the the bubble underneath that eardrum, that's where they come in. And he literally just walks out by the way, it terminated in them completely be able to do the procedure.

So what made him great. And this is what I use. The example between good and a great doctor is the nuances. The point the point is anyone could take care of a cold, but can you take care of someone who has pneumonia and

has a long to them were at the same time, you know, there's the difference.

If you want to be in the category, to go back to what you were talking about earlier, I mean, of the person who takes care of the cold, it's fine. We need people that can do that.

We need that. But if you want to be the person, then be able to take care of a complex disorder and you want to be steeped in this, learn your biochemistry, learn your physiology, and then let's salt.

I love it well, I must say. So I ask everybody, in closing. So we go we. This has been fabulous. I'm not going to lie, but I always like to ask two questions.

First, one is for any physicians who are looking to get into this industry, who are coming from a path across your path, or any health care practitioners in general.

What would be the number one piece of advice you could actually give them? Okay, well, I already gave it and I don't mind saying it again. For the third time, pull out your basic sciences courses and relearn them.

Okay? You're never going to get into this. Once you do, then you chunk it down and begin somewhere. Start with what you said. Start with the lifestyle choices.

Start understanding diet. Because I'll tell you what, when you start looking at diets, for example, in cancer there is no one diet. I looked at over a thousand different articles with a, with an RDA at one time registered dietitian.

We could not find that similar thing. You could talk about Seyfried's work and, you know, doing a Paleolithic or a or a what it called diet and, you know, a high protein kind of all these diets.

The point is, for some, yes. And for others no. It's and to get into the biochemistry is a story for another time. So that's where I would start. Start with understanding sleep.

Start with understanding the sleep wake cycle, the biochemistry of all of that. Start with understanding the physiology of exercise. Because there is a physiology to exercise too much and you don't normally do it and you start you're going to create other substances that no one ever talks about.

You'll create plays which will block, the macrophage. You'll get sick and you'll get there's. So there's a certain there's a way of looking at it and accelerating it.

Advice for Practitioners and Patients

So start with lifestyle things, what to eat, how to eat, and then start moving into nutrition. And then your hormones and then your and but and one point I would also say in that question is do not forget about the mind body connection.

I have a a doctorate in psycho Nora immunology. And the truth is, no matter how good you are with nutrition, how good you are with Gans, or how good you are with NAD, for those folks that think it's an all in all, if that per that patient feels that they are not doing well, they're not going to do well.

What you think is what you create. What's your second question? Second question would be for any patient who's watching this. What's one thing that you should be very cognizant about when you're selecting an integrative physician, a wellness doc, or whatever you want to call that?

What's one thing patients should be very cognizant about their education. What have they done? You know, most patients, pick doctors from the A's, affable, available, which they should be.

You know, it's hard to know their how, what grades they got in school because we don't post them, on our walls. But you should actually look into the most important thing is what is that person's true interest?

Is it real chronic disease? Is it the lighter thing? What did they do? What have they written? Where do they teach what you know? These are the things that will help you pretty much discern the the ones that really stand above the ground and the ones that are just in the crowd.

And take your time, call them, see if they call you back and and answer questions just about general, you know, questions about what you have and compare what they say to what others have said to you.

And then use your heart and your guts and and you'll know which way to go. I must say, perfectly cited from the Godfather of Diagnostics, I love it. Well, thank you so much, doctor.

Again, it's been an absolute pleasure having you on. I'm sure we we we talk for about three days. On, on on everything integrative here. But again, I want to have a personal thank you again.

You know, we both work for us in different ways. And it's awesome to have you on the team. And again, this conversation could have gone better, I think so.

Thank you again. God bless everyone. Thank you for having me. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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