Professional Health Products Overview

Hi, my name is Doctor Kelly Halderman. I'm a scientific advisor for professional health products. And today I'm going to talk to you about the top ten reasons why professional health products should be your supplement company of choice, looking for the highest quality ingredients for yourself and for your patients.

Number one is that we have been around for 40 years in this industry. We know what we're doing. Number two is that we're family owned. We have never changed hands.

The same family, the nudie family owned and operate professional health products. Number three is that we own our own manufacturers. Meaning that we know about every ingredient that goes into every one of the supplements that is in our line.

Number four, you get to have me as a science advisor for any questions that you have for me. I'm happy to answer them. All my contact information can be found on our website.

That's ltv.com. Number five is that we have the largest epigenetic and genetic line on the planet. Here's an example of one of the supplements that I take from our methylation at nutrition lines.

B8 for assist or mood boost. It's a great supplement. Number six is that we have the most pristine glandular on the planet. We offer a variety, and this is one that I take adrenal cortex extract.

And again these glandular are from New Zealand the cleanest place to source calendula on the planet. Number seven is that we have a very, very large homeopathic line.

Kelly Haldermanu2019s Lyme and MS Recovery Story

And what's unique about our homeopathic line is that we follow the HPU and Hahnemann, his methods. So that means doing hand secretion of these remedies and they work fantastically.

Number eight is that we teamed up with the metabolic code, Jim Lovell. And we have supplements that complement the metabolic code. This one is another one that I take.

It's called quite common. And again it's a metabolic code right on there. And this brings me into the ninth reason why you should go with PHP for your supplements is because we use branded ingredients.

This quite com contains Laura, and our Laura is a brand ingredient. We like to use branded ingredients because we can. So the clinical effects and the studies that back what the supplements say they do.

And the last reason number ten is that we don't sell on Amazon. We don't sell to any third party. So your patient can't go and find these supplements somewhere cheaper.

They have to come from you. We've teamed up with with clinicians, and we want you to trust us and trust what you're giving yourself and your patients and professional health products is a great company.

So we hope that you'll stop at TV.com to learn more. Thanks so much. Hi! This doctor can't hold talk with another episode of the Peptide Summit. And today we are blessed to have Doctor Kelly Halderman.

And she said, talk about peptides to maximize the metabolic code. And it's. What the heck is a metabolic code? You'll find out it's very powerful. And you're going to find out some very cool, neat things in this next hour.

Kelly, thank you for being on. I know you're jet setting all over the world, and, you're now and I think, Dallas, you said I know you. Sure you taking the time out and you're lecturing there?

So thank you. We are. You know, it's hard to get her. And she agreed to be on our summit, so we're we feel very privileged. So. Thank you. Well, I am honored, doctor Walter, thank you so much for having me.

I've been a big, huge, nerdy fan of yours for a really long time. So this is going to be super fun. And thank you. The, there's a little light that goes on when you lie.

So, so a little bit about Kelly. She makes me laugh. Just an awesome person and just, but also a nerd in knowledge. She has to know everything, and she pretty much does, she played her family practice, medicine internship, the University of Minnesota.

She has a natural Catholic medical degree from the Kingdom College of Natural Health, where she's the current academic dean of students. Or Saint Charles Dean, the Me.

But she is, she holds certification, in mental genetic nutrition by the nutri Genetic Research Institute and certification from the American Functional Neurology Institute, in functional neurology and neurofeedback.

She's an active member, American Academy of Anti-Aging medicine, president and founder of American Association of Nutraceutical Formulator. She is a former technical term a badass formulator.

And she does formula for a lot of great companies. That and I noticed the kind of common theme with and I didn't know she was doing it. It's like these people have some good stuff and really cutting edge stuff.

So it's really neat. And as long as she's a member of the American Medical Association be like that. But, and Physicians Committee for a responsible, responsible Medicine, she's also board certified in clinical nutrition by C and CB has certification in plant based nutrition from Cornell and health coaching certification from the Institute of Integrative Nutrition.

She coined the phrase 2.5 phase 2.5 detoxification, which will we'll talk about which she proper involves proper restoring bile physiology. And it's really interesting and there's so many parts of detoxification that are so important that we just brush over, like while there's about bile, you're going to care about bile after this.

Our body's built in toxin transport system. And success with your novel nutraceutical products and clinical strategies support this new, important phase of detoxification.

She works as a consultant at halls of and Wellness, LLC. Or just include proper detoxification. She is a nurse. That's her. You know, her and her, chronic Lyme, which she personally had.

So, you know, we I we're going to talk about that because, it's someone who hasn't had it just doesn't understand. And so she gets it, I'm telling you, and really, she got better, of course.

And use that to help people, and which is awesome.

Why the Metabolic Code Matters

So. And she, was able to beat it as well as, you know, develop therapies from that. She teaches other doctors. She's so generous with her knowledge. She loves regenerative therapies.

Ozone stem cell therapies, exosomes, love those as well. We have, you know, so many tools in our toolbox. She also serves as a science advisor to both, the professional health, products, FWP and, Randall.

Optimal nutrients. Wow. That's a lot. And also considering someone who had Lyme. Very debilitating Lyme too. So I, I think that's a really good place to like how how the heck did you accomplish all this and have Lyme.

Yeah. Tell me how you got into office. I mean, I'll tell you what. If you could rewind back about 8 or 9 years, I was bedridden and to the point where someone would tell me their phone number and I couldn't figure out what a seven was.

I mean, I couldn't read to my children. So I'll set the stage for you as practicing family sharing, then really high level, you know, can it's just, you know, go, go, go.

And then my diet was terrible and I just was really, not treating my body very well. And I started to come down with neurological symptoms. I got migraines out of nowhere and foot drop, and I'm like, what is going on?

And I actually got diagnosed with Ms.. And I went to the best specialists, my colleagues. I got right into my colleagues. The best. Oh, you're you're going to get better, Kelly. You're going to get better.

The all I got was a box full of pills and a pat on the back to go home to be with my children, which was basically a death sentence. And I'll tell you what, that, it's like like I got to I got to play with the Mayo Clinic.

I'll see you in three months. And it was not enough. I mean, you know, it was. It was not enough. And, you know, I. I climb the ladder of success in medicine.

I scored in the 99th percentile. My boards, I, I there was nothing I didn't, I didn't know, I you know, there's nothing in that clinical tool toolbox of mine that I missed, but I was not given the right tools to get myself healthy.

So I had to step away and I had to go get a natural path medical degree. And I learned about nutrition and detoxification and how our bodies inherently work.

And I clawed my way out of that hole, which was really almost going to take my life. It really was. I was that sick. Yeah. And you, not you. Do you feel like you are?

And for myself, I, I was ready I didn't was not scared to death. I was ready for it because I could not go on feeling like that. It's awful. It's awful.

I would describe people and people were like, well, you know, what's it feel like? And I'm like, it's fatiguing to breathe just to just to breathe. And I had two small children and my husband, you know, he was an anesthesiologist, never home.

And it was so stressful. But but yet I, you know, I pulled up my bootstraps. My parents taught me, you know, you need to be resourceful and take things on, you know, and really heal thyself.

And I and I did, but I had to step away from the tools that I was given. And it was it was one of the biggest blessings of my life to go from learning about disease bodies to living in a disease bodies body.

And you know that to, you know, doctors. And I think one thing that kept me going was I and I get teary eyed thinking, I just do, is that I said one day this will help other people who.

Right, right. And that's I think that's what, you know, like I get choked up like it just because you can't explain how bad it is. No. And and people are talking is that I think, you know, it's human nature.

People have empathy for a couple weeks and then they go, oh, yeah, I'm tired to go exercise or eat better. They don't. You're so sick. Fine. You know?

Yeah, you look fine, right? You know, I mean, I, I, you know, see people that I, that I knew back then when I was sitting there like, oh I thought, I thought of you like died or something, you know, I was like, yeah.

I'm like, okay, you know, thanks for calling. Yeah, yeah. But also it's like, oh my God, the phone rings. It's that overload. Like, God, how dare they call it three in the afternoon taking a nap.

Yeah, yeah. So I, you know, looking back at I love what I was I love being in the white coat. I love, you know, my calling. I love being in the club. You know, you know that training that we have.

But I knew I knew that we weren't getting to the root cause, but that the word y was excised from our vernacular during training. We didn't ask why. When someone was diagnosed with Ms., we didn't ask why.

When someone was diagnosed with rheumatoid arthritis, we just said, this is your diagnosis and here's your prescriptions. You put aside, put them in a box, put them in a box.

And that's why I think that, you know, physicians nowadays are so burned out and, in 2013, the American Medical Association did a study, and they wanted to know what led to physician satisfaction.

And they found that the number one thing that led to their satisfaction was their ability to provide high quality care. 70% of the physicians in this study reported they are completely burned out.

Right. So you think about like, what is the definition of power? So Martin Luther King says that the definition of power is to achieve purpose and effect change.

Doctors can't do either. Right. We were there. We are. You're stuck. And it's and it's and it's sad. And unfortunately we lose a colleague a day to suicide.

And I mean just in the profession of medicine. Think about all the other people that are suffering who are in the bar. We lost a person a year. Yeah. Yeah. It's it's terrible.

And so what I want to talk about today is I want to talk about the metabolic code because it offers, it's a tool to help personalize personalize the care you're giving it.

You know it's really a strategy for for doctors for for patients, for people who are looking to be treated more, as individuals and with precision. Right. A precise plan of action.

So the metabolic code is a personalized health evaluation program. And it's very simple and professional health products. That's who sponsored B. We have the supplements that are in the metabolic code, because I think that another frustrating factor is that when doctors are starting out, or even really good doctors who are doing functional medicine, it still feels like a little bit of a guessing game, or it feels like it takes a long time to take all of the data that we're trying to accumulate on our patient, or trying to pick which supplements.

And it's it's it's hard for even the best of us. And so that's metabolic coded. It gives us a way to organize the data. It gives us a way to treat each patient as their own, you know, physiological fingerprint.

You know, we can look inside and look at the internal fingerprint with assessment of the metabolic code. And that's subjective. So that's questionnaires.

And it's also objectives have serum and saliva and urine. And you can create a plan of action. Now if you think about the topic of peptide what better marriage than to have someone's unique biochemistry their meta inflammation which Jim Lavelle also he already talked about that as we watch this interview talking about the root cause of inflammation.

If we find that out, our peptides are going to work better, and when our peptides work better, then our systems get better. So that's kind of the premise.

That's what makes it something, you know, because, you know, we had open up 22 centers and like nine franchise houses and doctors and I really get down on doctors, but really I shouldn't because they're stuck in a system that where the best doctors who want to help people actually are the most frustrated because they can't.

They're stuck in, oh, this that's not efficient. Do these extra tests. And Xavier, why should I? And they're just

become electrons. And so these doctors go to these, you know, they see conferences and they're just blown away and like, where do I start?

What do I do? And we found it takes you know, we had the fire fatigue, centers who have treat kind of the sick of the sick, which you don't have to start with, you know, but it would take a year.

They just get them up to speed and they would always say, I, you know, we we when we first started out, it was I would give 40 hour PowerPoint. Yeah. And they'd go, they would just be and I'd ask them a question and they would go, what?

How the Metabolic Code Organizes Patient Data

I just talked about it, you know. Okay, we gotta change the helicopter. We gotta spoon feed them a little slower. But it's so doctors feel trapped and and they don't, and they hear things and their colleagues are that's, you know, quackery.

But it's once they do it and you know and that's what I was you know, I'm still very evidence based. And when I snuck off, I had 21 to go to these, you know, alternative conferences, to help myself because no one's helped me.

And I'm like, oh, my God, it is so more evidence based than what they're teaching me when they teach me. Oh, just trust us. This is how we do it. And it's freeing.

It's like, oh my God, that's what medicine is. You go find a patient who has a problem and you become a medical detective. And you, you know, especially early on, I still probably do a little more now, but I go look at the literature, go find it.

Those doctors, they don't care because they can't. If they find some new treatment, they can't do it anyways. That's right. There's so. Yeah. And so this is a tool to boom.

They can get patients better that you know that other doctors are very quickly. Right. And it's based on 30 years of clinical research and application by practitioners.

So it's like this has been tested and this is based on that clinical data. And I know you and I share that really, annoyance. And it just doesn't sit well with us that good clinical research sits for 17 years on average because it can't make it from the, you know, the science right there.

It can't make it into the doctor's office. And it's like that's unacceptable. That's completely federal. So doctors like you and I will go in and we'll find out and we'll put the rubber to the road.

But this, this really streamline that streamline that. They do the hard work for you. And she's talking about, and the national hypothyroidism. I put this thing and I was really angry at doctors, but it really isn't their fault.

Is that, you know, Anna's internal medicine? Did a study, looked at what doctors know, and they found their practice in 20 years behind what's available, the medical literature, and that doctors don't read medical literature, although they all say that they do.

But the reason is, is that it doesn't help them because they can't do it. Now, if it's a new drug, the drug that comes in, they buy, there's a map and, you know, they go, oh, new drug.

And what's it for? I'll check that box and let them have some with this. I'll give them it. Well, what's the mechanism of action again? It doesn't matter, you know.

Is it covered by insurance? And it's just cookie cutter, and doctor's going to be replaced with artificial intelligence to way one damn doctor in the middle of Nebraska, and people are going to put all their symptoms in.

It's going to say, you can do this, you can do this and this. And, you know, spit out the tasks and, and do that. Doctors have lost critical thinking.

And because they're not allowed to think. That's right, that's right. That's what, I remember thinking to myself is when I'm, you know, in the er, in the, in the throes of the family practice going like, I'm just checking boxes here.

I'm not thinking at all that this is, this is not a critical thinking. And you're in again. You're trapped and there's really nothing that you you can do about it and you don't know how to get out.

So this is our bridge and I, I love that quote from Buckminster Fuller. You can't you don't change things by, fighting the existing reality. You change something.

You build a new model so the other one becomes obsolete. Right. So that's what I think Jim Lovell and Raymond have done, is that they've built this model that you don't have to worry about it working.

30 years have been put into this. It works. And there's algorithms on the back end. They're not replacing your clinical judgment to tell that doctor they're wrong.

It's like here's a different way. Yeah that's right, that's right. And it and it is because I think also you and I were before we start recording, we were making fun of the interactions in the doctor's offices.

Somebody is on their computer, the doctor's on their computer. They don't make eye contact. So I mean, we need to we need to fix that too. And this is where, you know, I want to show everybody, this is this is the metro code.

This is the report. And you know, we're going to talk about the triads. But basically that, you know, the triads or how we're taking all the data and we're simplifying it into these biological systems.

And this is very eloquently done. Patients love this. They show it to their neighbors. And they take a look at this in the it's very the green and the red and yellow.

But I want to tell you there's so much on the back end of this in terms of algorithms, in terms of research. Everything on here is clinical based. So it's just it's just handing you a tool where you can start to be a human again.

You can start to have interactions with your patients. You can start to choose specific nutraceutical supplements. And you know, I'm a big fan of professional health products because before I was helping working with them, I just thought they were a great company.

And then I actually, you know, really got to pull back the curtain. And I realized they do not cut corners, they do not cut any of the corners that a lot of the competitors do, because doctors don't even know what questions to ask. Right.

So when you're looking at a company that has been around, it's a family owned business and they're not cutting corners, and you can trust that, you know, they're not selling on Amazon, your patient can't go around you and get these.

They're really high level. And they're formulated by people like myself and John Lavelle and Heyman that we're really we're really taking something that you can trust because you're putting it in someone's body and you're being specific about it.

So, you know, for example, because I can give you a thousand tablets are good for you, right? And I remember when I looked through that catalog, I'm like, wait, who are these people?

These people are doing it differently. They know more, you know, and it's like, oh, you take vitamin D, take a fish oil. Now this is stuff that it's like, I'm impressed.

I'm like, okay, who is this? Where where are they? You know, it's it's it's very apparent, you know, it is. And it and it matters. And that's where the it works.

That's the difference, right? That's right. We get really good results. And this is where I think is really unique with the, with the the peptide summit is because when I started using peptides, you have people who are paying for these peptides and they're going I don't feel anything.

I don't feel any better. And it's it's frustrating for everyone. Right? It's frustrating for the doctor, the practitioner, the the patient. But you know, you can you can do it before and after.

And here's your here's data, objective data that shows that, you know, I love, Doctor Horowitz says that, you know, patients have 60 nails in your in their foot, and you have to get, you know, 16 hours before they start complaining.

But we can show them when we're starting them on VPK 157 for inflammation, repairing their gut. We can show that there's a problem here called gut brain immune.

And we can show this is getting better. This is objective data and this is where compliance goes through the roof. People understand because they don't quite understand when doctors are actually when we do make eye contact.

There are studies that show we do still talk a little bit about them. Right. And they're and they're not graphs like, why am I on this? But this, this takes the work right out of that equation for you because it's, it's it's guiding them.

And they understand that it's not cookie cutter like you just said. Visual or vitamin D multivitamin. No, this is specific tailored nutrition that will get your patient better.

The the meta information will go down so that your peptides will work better. And then it's like so many things and you know, doing deep dives that it's like, inflammation in the hypothalamus like solve so many things, you know, the HPA axis function, thyroid insulin resistance and all those things.

And just talk about where you said, oh, patient a lot better if it's interesting. So we have everyone fill out, you know, they're basically energy level sense of well-being.

And then ten symptoms frequency and severity. And they'll be a year of oh I'm not feeling any better. And then you go, wait a minute. Your severity was a ten here at nine.

And they're like, oh yeah. You know it's I think it it's a, you know, like, basically a defense mechanism. So we don't get post-traumatic stress. And remember everything, you know, so negatively.

But, yeah, I lot of stuff like that, it makes it understandable because I know we throw a bunch of stuff at patients, and to them it's like XYZ equals ABC and, you know, and they get out there and go, what the heck am I supposed to do?

You know? Exactly, exactly.

Triads, Testing, and Personalized Supplement Plans

And so that's where those triad. So the triads are the, the key to success because it organizes the clinical information that sometimes doesn't even make sense to the doctor when you're pulling hormones and you're pulling all this together and you're spending so much time, right?

I mean, so this is time efficiency is is a is a really big it's like it's like you're you have now a computer artificial intelligence to help the doctor to help put it together.

That's right. And it's not taking away the power to make clinical decisions. And it's just organizing it. And so the triads there, there's five of them.

And they're proprietary, interrelated, biological domains right of function. So basically there's three organ systems per triad. And they display all that data.

And I just showed you really eloquently very just very simple for the patient to see. Oh my thyroid adrenal pancreas triad is off because look at my lab values.

Look at the subjective symptoms that I answered. Oh I understand that. So then when you, you know you have a supplement. So this is this is actually my triad one.

Why can't I understand why I'm taking this? I understand oh, yeah. Yeah, yeah. And for a friend who has Lyme and I feel very bad for him. He's very sick.

But I refuse to treat him because he won't take time to understand why he's taking something. And granted, I may not be the best. And because of him, or maybe not.

Hey, dude, you better you have to learn. And it's like, I don't know. And so you can't say, well, did you take this? I don't know why. Are you better?

I don't know. I don't know what what I took my girlfriend lays it out for me. I'm like, I can't work that way. Right? You know, it's dangerous and you can't get feedback, and, it's, you know, you need to know why.

You need to take. You need to take an active part in your health. Right. And then we see in the allopathic traditional model how there's such a dichotomy.

It's just take this. I don't have time to talk about it. The patient feels disempowered. The patient is confused, and the doctor is suffering too. Right?

Or the practitioner, I mean, all kinds of practitioners are suffering. We'll tell you. We will tell you that firsthand. It's that everyone's looking for a solution.

And in this pandemic, there is not a better time to call upon every resource we have to make things better, make things more precise. We have got to get our biochemistry in line because all your biochemistry is nutritional.

And I stole that from Doctor Brian Walsh. He's a brilliant naturopathy doctor. It really dawned on me. It's like when we say co-factors, when we say, you know, how, you know, key enzymes.

It runs on what you feed your body, right? It runs on the nutrition that we're not getting from our food sources anymore. So we we need to be working.

We need to be precise, and we need to have a really effective way of communicating. And that's what that this metabolic code does. And that's why I love taking these triads.

Taking the triad one adrenal, thyroid, pancreas that which is called the energy. Try and optimizing it and it'll it'll optimize these triads based on your patient not based on what it thinks to the general population should have.

So some people end up having. Yeah. If I had four is the worst right. Liver to the lymph. So that's my base 2.5 detox right. Work. That's the worst triad we need to we need to start there and work there.

Because look at your numbers. Look at these red flags on your report in there. And there's so invested the patients so invested in they understand. And that is so and it's so important nowadays to just get this right.

And I love that. I think the difference between I mean I think is, you know, our best patients are the most educated patients. And the ones that, I mean, I'm go out and go on the internet, read everything and bring it.

There's great, great stuff and there's stuff that's baloney. But bring it back. We'll talk about it where standard

doctors like, are you questioning me?

Where was your you know, if a doctor says that, run. Right. And, and because it can't defend their treatments and they don't, they don't believe they got.

You got this, you got this. I don't know why it works. You know, and I love talking to patients about, well, this is why this and that. And, you know, that lays it out for them, so allows them to have a place to start, you know, because I think that's just like doctors.

The big thing is I don't know where to start. Same with the patients like, oh my God, who I go to, what do I do? This doctor says this, I go back to my other doctor.

He says, don't do that. You don't know what it is, but he doesn't have anything for me, you know, what do I do, right? Yeah, yeah, I think we're in this time of of I mean, we've it's been a long haul of this personalized medicine, right?

I mean, we've been hearing that term for so long, but I think the public starting to go. Yeah. Like that's what we want, right. We're better put up or shut up too though.

And so, you know you think about people and I I've seen a lot of genetic reports. Right. So they come in with the genetic reports. And you know, I think of genes as the that could be the predisposition you have.

Right. But we are all about epigenetics. And I'm sure one of your guests have talked all about epigenetics and what we're you know, what we're what pressure we're putting on our genes.

And that's how they express. And so I think that genetics can be important, but I think that's really not the personalized medicine we were really we're really that's only 20%.

Amen. And so it's like the the metabolite metabolite types we call them. Those are literally the patterns you have going on in your body right now. It's not like this is your predisposition.

It's like this uncovers in lifetime what's going on in your body. And you know, I'm not saying the genetics aren't useful when I'm saying this. It goes a step above and a step in the right direction.

It's like a starting point. Yeah, it is, it is. And so I think a lot of doctors, a lot of practitioners, they're getting on board. They're jumping on the metabolic code train right now because it's like a lifeline.

It's like you get to be in control, but yet you're in a servant model where you're in control. But your goal is not to have power over that power with your patient.

Now feels so good, right? And I mean, we're losing connection because of the pandemic left and right. And it's so healing to have that relationship. So what I think the difference is, is that I remember when I was like, you know, writing papers on thyroid, I would have a computer that I'm old is actually before the wheel, actually.

Right. But so I remember going down to UCLA library, Scripps library, going to find that journal, putting out all that. Damn. Yeah. Right at home, I copied half the papers and it was.

You had to take me so much effort to get the information. Now it's the opposite problem. It's information overload. There are so many studies, so many things.

People are like, oh my gosh, what do I do? And doctors are the same. And so they say, you know what uses that? I'll just wait until the HMO tell what's one I should use.

And patients like, you know, who do I believe or how do you organize this stuff this does that for you? Yeah, absolutely. It does that. And we're looking for that.

We're looking for the organization where we don't have to spend, we don't have enough time, we don't have enough time. And we we really need to have something that's all put together.

And guys, you know, so, you know, I think there's been a lot of talking. And what I want to tell everybody right now is that if you want to try this out, if you want to get your, symptom survey, we're going to we're going to give that to everyone so you can see what your, metabolic code score would be when when you're looking at the subjective assessment.

So that's going to be our free gift as a people. And so can you describe that. So what does that involve. Do they do saliva test. Do they send them blood.

Do they do questionnaires. And you know and that's the thing questionnaires correlate damn well with you know what we find. And and genetics and tests.

But like what does that involve. Sure. So the what there's basically two parts of the metabolic code. And it's subjective in the objective. Right. So the subjective is where the patient logs on and they fill out questionnaires.

Right. So then that actually would populate this is going to populate on under symptom score. We see that. But this one right here okay the symptom score.

So typically when you're running the metabolic code as a practitioner you would have the lab score. And those two would generate green yellow or red right okay.

So what we are able to do is that we're able to give people who are listening people or wondering like wonder, wonder what? Try as worse, you know, wonder which one's the worst for me is that we want you to do the subjective survey, which takes some time if it's in doubt, and it's not worth it.

I mean, really, it goes it. I mean, there there's so many metrics behind the metabolic call. It is mind boggling, is absolutely mind boggling. And I know Jim probably went through a lot of that, with you, but I can just I think about the time and the money.

Oh, put that together. I mean, I did a hand algorithm and just put it all together and try to train all the doctors. The farmer centers, it covers the whole wall, you know, and it's now needs to be expanded tenfold, you know.

Patient Engagement, Compliance, and Practical Use

Yeah. And and that that's what we're looking at was like, oh my gosh. And that so long, you know. But it is everything's exponential. It's just we have so much of. Right.

So there I imagine constantly updating this and and now do people get the blood work through that kit or do they go that quest or do they go to their doctor or how does that work.

So all that information on that back end stuff of how the doctor orders the blood serum of the serum, urine and saliva, all that's at metabolic dotcom.

You can find all that information even if you're a patient. You just want to know how it works. Then it'll be automatically loaded into the cloud based software so that the the doctor will be alerted when the report is ready.

So they won't have to do much work. They won't have to sit there and go, oh, with this numbers here and that numbers here and here, here, it's just like, there you go.

So, you know, you're listening to the labs through through the kit, through. I think, they're sending them to quest and sending those and that will populate.

Okay. Yeah. So it's really in every, you know, every time we have updates, it's just getting more simple and more

simple to actually implement that in.

And yeah, where the technology's actually working, you know. Exactly. Yeah. And you can manage all that patient information right in one place. You know, you can improve your it's going to improve your clinical outcomes.

I mean, we've really shown that. So happy, happy practitioners, happy, happy patients, I mean, it really is such a powerful tool. And that's why I wanted to come on.

And I and I wanted to talk about that because it's it's really, not just some pie in the sky. It's, it's it really is helping doctors, practitioners of all sorts really connect again.

And that's what we need. We're in this pandemic and it's like we're all we're just everything's we're so far awesome. And we want to come back to really having precise care that, you know, that nobody's burning out here.

We don't want you know, we don't want, any of that or run around any. Yeah. And it's like, newsflash, the doctors, it's fun to get patients better. It actually has nice instead of just pushing them on.

And it's funny, we had, one of our doctors and her husband is, they, HMO daughter was like, how's it going? I am a data collection, service for the government.

That's what he calls them. So, you know. Yeah. And and it is. That is going up. What is it? You know, that it's crazy. Instead of. Yeah, they went into this in the nicest, kind of smartest doctor, to help people and to use your knowledge and, and be able to figure out I, you know, be a detective and say, oh, this is, you know, and and critical thinking skills and now it's just memorizing ICD nine codes, you know, and I blame doctors for allowing it to happen.

But, you know, I can't beat them up too much, like, lay off, but I just get mad, you know, because they're just defending their what they know. Right?

When you send a patient back, it's like, if a doctor can't fix it is the patient's fault. And that's just human nature. And, and, you know, people like, you know yourself and, you know, with Lyme disease.

Oh, yeah, it's, you know, stressed out. Well, then they'll they'll ask, oh, so you got a couple kids at home? Yeah. You're probably pretty stressed, right?

You know, yeah. I'm going to strangle you right now, you know? But. And then you show them all these labs are abnormal and or this I don't understand.

Doctors will run the lab, and it's abnormal, and they do nothing. Like, why did you run the lab? Why did you run the lab? Right? I mean, you and I could go in because it's false positive.

Well, why why why does it is, you know, it's crazy, right? Yeah. And I think, and important and relative in to this is that symptoms in patients often show up long before they've had that metabolic shift in labs even.

Right. So people come in all the time to the regular doctor I don't feel bad. I don't know what's wrong. I don't feel that. And then the labs are. Nope. It's all good.

You're fine. And it's like, you know, I mean, you're not given a dissertation on thyroid physiology and labs and oh my gosh. Right. And that and I've been working on a, you know, thing is we can look at a lab and say, hey, you're low thyroid, you know, and, the TSA studies show that several reviews for other studies are this is not reliable, but that's what all the endocrinologists, all the doctors do, because it's simple.

So I've been working on an essay that is going to prove that's wrong. It's been 15 years and I keep getting close. And but now I think we're even closer.

I get really tired if I listen to this. They say, damn it, we're going to finish it. But so we finally we kept using, smaller labs. We get 90%. They couldn't finish it, you know, so I just, I don't care.

It's I'll give up everything. Just get this thing out, you know? So, I'll tell you more about it, but hopefully we'll have it out where it's going to be.

A black and white men's wear standard. Doctors, you can say your thyroid is low, but your PSA environment. Right. We'll say, oh, well, I hope anything I can do to help you let me know.

Right. Because we need to work smarter, not harder, right? Yeah, yeah. And, and so, we want to give away, if you can summarize that again. Yeah. So it's, going to be in the, the notes on this presentation.

So, when someone's going to watch this, there's going to be, some introduction in there and there'll be a link and you can click on that and you can go and do the survey, I think until the end of the year.

Just, just for free. And that's part of, that's part of the mental world. So that's a rather really big giveaway, right, to, to be able to do that. And, you know, it also the, the software is able to print out supplement recommendations too.

So you know that I really again go back to we don't we don't guess we test. Right. We spend a lot of money on guessing which supplements work for us, because my neighbor Sally told me that this worked for her.

And so I had to go get it. And it's like, oh, that's suitcases full of supplements that don't they're not appropriate. They're not they're not appropriate.

So I'm really excited to have that. And you can also go to p t.com to find that symptom survey link. If you can't find it in the show notes just go right there.

You can look through all the awesome metabolic prop metabolic code products that Jen, Laval, doctor, and Andy even have formulated hand formulated. I mean, there's some just phenomenal work that they put in.

I am this guys are you know that some the top brains and you know in industry and I'm just in awe when I hear them lecture. I'm just like, damn. And then, speaking with you, it's like, wow.

You know, it's like, that's a great team. Well thank you. And I, I, I feel the same way about all the, your work that you've done for so long. If your listeners don't, they don't know how much you don't take advantage of this.

It's crazy because I think so many people watching this, I'm sure they're like, I'm interested. Where do I start? Yeah, here it is. Right here. There it is. Start right here.

You can go to metabolic hokum, find all kinds of free resources on there. Learn where you can find a practitioner. Practitioners. You can set up your account.

You know, it's it's really streamline. This is people are doctors are jumping on board. Practitioners of all kinds are jumping on board daily because it just it's it has so many resources.

I mean, I don't have to spend time going through dietary different things because Laura Lavelle is actually a registered dietitian. She's done videos and all kinds of things on trans fats.

And so your patient can just like what was said about trans health, and they can watch it again. So it just cuts the time because we can't be everything, and we can't rely on Google to give our patients good information.

Right. We just we can't. So this is a one stop shop. And it's just growing and its capabilities and making everything so much easier for everyone. Why don't we do this?

Why don't we have someone do it and we'll go through it and videotape it? Oh, I love it. Let's do it. Perfect. Like the

Tammy. Hi. I'm where they're like, oh my God, he's still alive.

Wait, you still have a pulse? I don't know, I think I've survived without one for, I think, like 15 minutes. But this is awesome. And it really is. I think kind of the quintessential people come to these, you know, the summits and these things to learn to, so many of them are trying to find a place to start.

Yeah. You know, and they hear this, they hear that, like this person, oh my gosh, it costs a lot of money. But are they better? My doctor says, no, this is this like, this is free and this is gonna point you in the right direction and give you a starting place.

I think that's just invaluable. I do to so that's awesome. So fun. Thank you so much for having me on. Thank you. To sponsor professional health Products.

They're an amazing company. Amazing family. We got to spend some time together, in Canada. And we had actually got to meet Doctor Kent in person, and that was really fun.

So I hope to see you again live. That would be, I love it here. Especially at one. The, conference at a winery is not too bad. Yeah, that was, and there were some just.

I enjoyed this talk today where there's just some brilliant minds, you know, and. Cool. Yeah. I was like, oh, my gosh, who formulated this? Where did it, that that's awesome.

And I'm still humbled and privileged to be, you know, a part of and have you guys on and, and hear all the things you're doing. It's just incredible. You guys don't stop now. We just keep on.

We got. We have to write. We got to keep on keepin on, right? I mean, it's a lot of people suffering, so just like you, you just whatever help you need to get that that data published or call me up.

Yeah, yeah. You just. Yeah. You're like the Energizer bunny. So awesome. Thank you. I think I think this is great. I think this is, not only interesting and informative, but it's it's practical for patients to actually get a tangible, huge benefit.

I think this is great. Absolutely. Thank you so much for, for, you know, giving that to all of the, participants. Thank you very much. Right. We'll have a great, rest of your conference.

And, I hope Dallas is treating you well there. It's nice. I'm going to grab a steak after I'm done with this. There you go. There you go. All right. Great.

Thank you so much. I appreciate taking the time I get. I know you're so busy and, you know, just a pleasure to talk to. And, just always learn something new from you.

So thank you, Doctor Holder. Thank you so much.