Introduction and Summit Overview

Welcome everyone to another edition of, Excuse me. Welcome, everyone, to another episode of the Exponential Longevity Summit. I'm your host, Doctor Jeffrey Gladden.

And as usual, we're here discussing how to leverage AI to outlive disease and to live young for a lifetime. And in today's episode, I'm going to be joined by Doctor Christopher Seitz.

Doctor Seitz is a board certified ER physician who's also functional medicine trained and has come on as a, really chief medical director. If you will, of an interesting company called Gina Genex.

And in the context of this conversation, we're going to talk a little bit about peptides. We're going to talk about the FDA. We're going to talk about regenerative medicine. We'll talk about gene or genetics.

It'll be kind of an interesting conversation. So with that, Chris, welcome to the show. Yeah. Thank you so much. Pleasure to be here. Yeah. So talk to us a little bit about, your perspective on regenerative medicine at this point in time.

Where do you sort of see the field, at this, at this point? And I suppose that's really a little bit of a loaded question when we've had the FDA kind of come in and make some statements about peptides, we've had, some statements from the FDA on stem cells.

We've had, you know, other things going on. What's what's your what's your state? Status, you know, report on kind of where we're at. Yeah. I think it's a very exciting time.

Regenerative Medicine and the FDA

I mean, I think a lot of times people sometimes people can get nervous when the FDA starts to ask questions and starts to get involved, it starts to put out statements.

You know, personally, as a physician, I think that's when I get excited because it means that the medicine must be real. There must be something there.

And actually, you know, for the most part, our, our, our goals should be aligned with the FDA's to some, to some degree, right, where patient safety and that type of thing.

So so I mean, again, overall, I'm very excited, very optimistic. I think there's a lot of opportunity. I think we're seeing really just that, you know, first part of what's going to become really how medicine is practiced moving forward.

I actually just had the opportunity, I gave a lecture on kind of looking at the, you know, traditional medicine versus functional medicine. Something I'm excited about.

So I'll kind of share. Here's something that I came across when I was doing when I was doing this. But, you know, traditional medicine, we have this idea in the, in the longevity space and regenerative space, in functional medicine, you know, arena where we, you know, people have a tendency to say, oh, you know, traditional medicine is almost bad.

They they almost kind of demonize traditional medicine and say, hey, you know, the new wave is functional medicine and longevity, all these things. And what's really funny is that I actually I actually see it as such a privilege to be a physician who gets to start to think about the why behind my patients diseases.

What I mean by that is that traditional medicine came out of, you know, in the 17th, the 17th century and 18th century also in this, this idea that we kind of recognize that, you know, you know, micro organisms exist, right?

We all we we also know microorganisms were a thing. We realize that. We say, oh my gosh, you know, more people than ever were. People were dying of infectious diseases because people were going into, you know, into cities because of industrialization.

We created antibiotics. We created vaccines. I mean, we made leaps and bounds progress in addressing acute issues and traditional medicine, like, gave us that gift.

Right? I mean, we were able to like the acute issue at the time was infectious disease. That's what was killing people. We addressed it as a part of that.

We were able to protocol ize medicine a bit, which now created a standard of care. We now can standardize education, right? I mean, now we could train doctors and nurses and in a standardized fashion so that the the level of care being given to everybody elevated.

And now we have what I consider the privilege of saying, hey, we've dealt with a lot of the acute issues, and now we hear a lot about chronic issues, right.

Chronic disease. And and we talk about longevity and regeneration. And again, like, what a privilege to be a physician at a time where I don't have to worry as much about the acute issues of people dying of infectious disease in childbirth, as much as, you know, as much as my forefathers did, I get to start asking the questions of why do we have these chronic illnesses?

And I have the time because they're chronic to like, almost address them and reverse them. And so that's where I get excited, I think, I think the the future is very healthy, but I think it's, it's on the, it's on the basis of traditional medicine.

We get to build from here, which is, which is just awesome. Yeah, I think it's I think it's really a misnomer for people to, basically badmouth any practitioner, you know, vein of activity.

Well, right. Like, MDS tend to bash, you know, other people and other people tend to bash MDS. And quite honestly, there's truth. Truth is truth wherever you find it.

And there are remarkable things. You know, my background is interventional cardiology. I'm in the room. There are remarkable things that have been discovered and are in my field and and things that I did back when I was practicing interventional cardiology.

And and yet we know that, you and I both know that while those things are great, they're not the whole story. And so I think it's really if you're listening to this, I think the idea is not, well, I'm going to I'm going to choose my school of medicine.

I'm going to be follow arrow medicine, I'm going to be Chinese medicine, I'm going to be this or that. Really, quite honestly, what we found is that, again, truth is truth wherever you find it and that you really go into life and get much better results.

If you keep an open mind to, in words, the truth. For me in this particular context, where does this solution come from? Because as as humans, we tend to want to become binary thinkers, which is we want to get married to our answers and then we want to make everybody else's answers wrong.

And that's it's a very common thing. You know, it happens in politics. It happens in, you know, cultures and religions and, and all kinds of things. Right.

And so but I think it's really to the detriment of humanity. I think that's that binary thinking is to the detriment of

humanity. And I think I applaud you because what what you're espousing here is really sort of what I call stepping into quantum thinking, where we start to look at the sphere of all possibilities and like, what's the best solution at this point in time for this particular individual?

How do we get them the best outcome? You know, maybe it's a combination. Maybe they you need surgery, maybe they do need peptides in stem cells.

Traditional vs Functional Medicine

Maybe they need anti-cancer therapies, or maybe they need other things to boost the immune system. Right. How do we bring all that together. And some of it's going to be in the psycho spiritual space and the mind space, which we know is incredibly powerful.

So, you know, I think I think the, you know, if you're going to really kind of critique anything, I think it would be to critique the idea of binary thinking as being the thing that holds us back.

And if you're listening to this, don't let that hold you back. Don't say, well, you know, because he's a water there or that or whatever. They don't have anything to offer.

The answer is they have things to offer. They may not have everything to offer, but find the truth where it needs to be. Right. And and I think in your world and in my world, this regenerative space, it's a super exciting time. I agree.

So tell me a little bit about, your experience with peptides and how you got involved with Gina Genesis and explain a little bit what Gina Genesis is, for the audience here.

So, yeah, absolutely. No. So so yeah, my journey has been unique. I mean, I think we share this. We've had this ability to privilege, I will say, you know, practicing very sick medicine. Yeah.

And then and then learning their side and kind of again, you know, that binary thinking and seeing that it is all interrelated and getting back to, you know, an individual patient as an individual and what they need to be anything within the spectrum of the the science and art of medicine, if you will.

So, so I practice emergency medicine, in the Detroit area, a level one trauma center. Love that. Did that and then and moved into travel medicine for a while.

So, I kind of travel throughout the country. As a part of that, I got to see medicine practice in a lot of different ways. I think that's maybe kind of the first part of the journey of saying, hey, maybe there's, you know, more than one way of doing this, right, depending on what where my patients that so as a part of that, I was licensed in multiple states, and started to be asked if I would be a medical director or, you know, medical officer for different clinics and companies and, and when I went to look how to do that, there wasn't a lot of resources for me.

I had a big EMS background at the time, so I knew how to do medical oversight remotely from an EMS standpoint, but I couldn't find anything of how to do this.

And obviously the physician shortage isn't getting any better. So we need to turn to, you know, other pools of providers who have scopes of practice to be able to increase access to care.

And, so I launched Guardian Medical Direction, which currently the founder, CEO and chief medical officer there. And we do medical oversight or typically nurse run clinics throughout.

So I was I got involved in that, you know, obviously an entry point into health care business and wellness, for non physician physicians and non physicians.

It's really this wellness space and you know, IB therapy that type of thing. So as I as I gained more and more experience helping oversee and serve these different kind of clinics, I really got exposed more and more to, you

know, peptide therapy and exosomes and these other kind of, you know, wellness, wellness brands and wellness, types of science.

And that's kind of where I met, you know, genic. So, you know, genetics started to, come into the market to really do, you know, Jakes is really a, pharmaceutical supplier.

Manufac. And they do a lot of what we do is we take a lot of, kind of the cutting edge pharmaceutical research, like in zone peptides and really focus in on enhancing them from a quality standpoint, from a bio transformation standpoint, from a delivery standpoint, to really make high end, you know, essentially pharmaceutical products, for the clinics that, that, you know, Gen-Xers.

So a lot of clinics I was working. I think that's an important distinction that you make. The audience may not have caught that. So, Gina, genetics is a company that manufactures pharmaceuticals.

It is not a pharmacy. Right. And it's not a compounding pharmacy. It's basically a manufacturer that, complies with all of the criteria to be a, a quality label manufacturer in the United States.

They're located in Florida and, kind of the Miami area north of Miami. So the interesting thing about Gina genetics is that because they're not a pharmacy, they can basically manufacture, peptides.

Now, some of the pharmacies have difficulty doing certain things or whatever, but they since they're not really restricted by pharmaceutical or pharmacy related regulations, are actually freed up to manufacture these peptides.

And so, that's been very interesting. And then what we've gone and done in our practice, to keep everything super aboveboard, is to create an IRB approved trial where we've put all these all these peptides and regenerative, devices so that we can actually use them ethically.

In a research protocol, to collect data on people. And people still, pay for the peptides and things like that. We do not mark them up. There's no profit for us in the peptides.

There are companies out there, doctors trying to do that. We don't do that at all. It's just, we want to keep our noses clean. We we basically bill for our services to the practice of medicine.

But in terms of getting people the peptides, we, we facilitate, them getting the peptides, what we found is that peptides and combinations of peptides can be extremely, helpful.

And, lots of different conditions. Do you want to talk a little bit about things, things that maybe you mean in your, in your world. Yeah, absolutely.

And before I jump into that, I'll just say kind of back to your point. I'll reiterate. But yeah. So, you know, des is not a pharmacy and we're a supplier.

So one of the I think the, the things that we enjoy is partnering with physicians to create, you know, pharmaceutical products that can serve their patients well.

Right.

Christopher Seitz's Background and Gina Genex

But we rely on our physician partners and our clinical partners to be the ones actually, you know, spearheading that medicine and prescribing, if you will.

And and, you know, making sure that they're the ones taking responsibility for the patient care. You know, one of the things, you know, the FDA gets a lot of slack, right?

The FDA was created obviously, for patient safety. And that's incredibly important. And you want the FDA, you know, in a lot of ways to be able to like what has happened, though, unfortunately, is that the standard that we put into place in how do pharmaceuticals or drugs is approved?

There's a couple things they have to do. So one, you have to prove safety first, which you know, that that takes some time and takes some research. We have to do that.

The next thing you have to do is you have to prove efficacy and this is where it gets a little tricky when it comes to the FDA side of things, because not only do you have to efficacy, you have to show efficacy above and beyond what's in the market today.

So it doesn't necessarily matter that my peptide or my, you know, the drug that I've created does the same thing with a better safety profile. If it doesn't outperform what's on the market today, which maybe we know has the bad side effects and is that it's really difficult for me to get that through kind of FDA approval thing.

So that's where, you know, companies like or genetics have, you know, have looked to partner with clinicians. Now look at genetics that, you know, were FDA registered, DMP compliant, ISO certified.

I mean, we've gone through a lot of the, you know, quality standards because patient safety and quality is he and important, you know, in these partnerships, you know, all of our peptides are 99.9%, pure.

And we get we do purity tests, you know, all that kind of stuff. And that's where we have to be careful to, as you partner with groups like this, is making sure that there are those kind of standards in place.

But yeah, I mean, like in my own practice and even in, even in the work that we've seen with our, our clinician partner to, you know, Gen-X, you know, we'll start with peptide.

I mean, peptides are such an amazing, amazing kind of new, newer intervention that we've seen such remarkable outcomes with. I mean, obviously, the one that comes to mind for everybody is, you know, semaglutide or TRS appetite.

These GLP ones, not only from a weight loss standpoint, which is they're, you know, typically for commercial use, but in cardiovascular risk. And and again, for those who don't know who are listening, you know, you know, peptides are essentially a chain of amino acids.

So they're very they're very natural to our bodies. They're not, you know, not something that our body's not used to. And we can basically take these building blocks and either build what we need to or rebuild what we don't have in a very safe and effective day.

And, you know, every day, you know, I'm hearing more and more about, you know, newer peptides that are being looked at or research and how we can take these chains, put them together, and really kind of support our body in doing what it does best.

And this is one thing that I've always touted. You know, our job as clinicians, I believe, is not to change what the body's doing or what it does. It's getting the body back to what it was, you know, created or made to do.

I think there's kind of a sticking point where, like, you know, in traditional medicine, sometimes we we're very disease centered. So we say, hey, you have a disease.

And so I'm going to give you medicine to reverse that or to make you better. And I've always tried to look at medicine as, hey, you know what you are express in a condition and I need to help your body back to what naturally can do on its own.

And I can use pharmaceuticals. Excuse me. Pharmaceuticals. To do that. I can use interventions to do that. Surgery to do that, you know, lifestyle modifications to do that.

And when you open yourself up to this kind of broader toolbox of things that I can use as a clinician to get you back to that, to me, is optimization, right?

That to me is health optimization. Right? And what I'm excited about. Yeah, I think I think the peptides, are phenomenal, quite honestly, in part I think because, you know, pharmaceuticals for the most part, are molecules that go in and basically block a biochemical pathway.

Right? If you're making too much of this, that's causing pain. We'll throw in this to block, you know, cogs to. And the next thing you know, you'll have less pain. And, and yet when you do it from that approach, when you basically throw a wrench into a biochemical pathway, things have to go somewhere, right?

And so, so, you know, you block this fork in the road, well, it's going to go down other forks. And that's sort of where the side effect profile comes in. Right.

So and this is a little bit of the problem with the pharma. With the pharma approach. However pharma is an incredibly strong political entity in the U. S and and with the FDA, they, they really control, they are the largest payer of ads on television, right?

They in other words, they supply more advertising dollars to, TV than any other industry. Right. And there's a reason for that one is they want to get their their word out there.

The second is they want to basically control the media, right. Because they can then dictate, what goes on and what doesn't go on. So it's really important for us to not be naive about the political and the profit motivation of companies and how they manipulate the system and even the FDA, quite honestly, because they also fund the FDA to their own.

And so it's important, as you're listening to this, understand, there's a backdrop of profiteering going on here. It's not just about everybody trying to do the right thing.

That being said, the peptides, you know, are these molecules that can go in and instead of throwing a wrench into a biochemical pathway, what they really are, they're really kind of like if you have a table lined up with, you know, a thousand dominoes, they're the lead domino that sets off a cascade of healing activities in the body.

And so they really they're really taking what your body does naturally and either augmenting it, accelerating it, enhancing it, in a way that's actually bringing you back into equilibrium.

And that's the beauty of a peptide. It's not taking you into a place you don't want to go. I can't I can't say that we've ever really seen a side effect from a peptide, apart from a couple of things.

One, some of the peptides can be associated with some pain when you inject them because of the pH of the peptide or whatever.

Peptides, Safety, and Clinical Use

So diluting it in the right way to make sure that doesn't happen is something. The other thing is that some of the preservatives that are used, or we're used out of some of the pharmacies, people could form a reaction to the, to the, things that were preserving the peptide, if you will.

And so those are the only really side effects that we've seen. Now, you know, it's interesting that the FDA really shut down peptides for a while because of safety concerns.

And yet, I've never used anything that I think has had a better safety profile than peptides. And I've, you know, I've been in medicine a long time, right?

I mean, I graduated from medical school in 1982. So I think, you know, that being said, they're phenomenal. And I

think if you have the opportunity to work with a physician that can get access to peptides on your behalf, they're not the be all and end all, but they certainly are a key piece.

Like, you know, there are other regenerative technologies. They also augment stem cells, exosomes, you know, other things like that. So you want to speak to that a little bit about about some of the other things that you use them in conjunction with.

Yeah. Yeah, absolutely. So and I'll say to I think you kind of hit the nail on the head there with, you know, as a, as a consumer, if you will, or as a patient, you I would say you got to be the CEO of your own health.

Right? Yeah. So partnering with physicians and thus then either either making sure or verifying that physicians are partnered with the right vendor, manufacturer partners who align with what you just said.

Right? Right. Is that hey, you know what? Like, again, going back to kind of the, the demonization, if you will, of traditional medicine, really what it is, is it's what we're what we're upset about is the business of medicine.

Nothing necessarily wrong with saying, hey, the disease, you know, disease centered symptomatology. Is anything bad with that. But then again all of our really decided that and all of our ICD ten and all of a sudden I can't get reimbursed until I label you a disease and things like that.

And then you add pharmaceutical businesses. So that's where we start to run into issues. Right. So making sure both as a patient, as a clinician that you're partnering with, you know, whether it's other clinicians and a multidisciplinary team, whether it's, you know, a, you know, a vendor or service provider, like, you know, genetics, making sure that they align with what you align.

But I love what you said at the beginning where you say, hey, we provide these peptides to our patients and we don't upcharge. You'd be so surprised how many, you know, clinicians.

And I think they mean well, but maybe they don't understand the business side of it. They build entire business models on up charging medications. Yeah. I just you know, I think you got to be so careful there.

I mean, you got to be so careful that you're not, but I saw you shake your head a little bit. I want to what what were you thinking when I, when I talk about the business of medicine?

Well, I think I think it's interesting. I mean, I, I do think that, people, tend to demonize medicine not only for the business of it and the fact that, everybody's handcuffed to the payers.

And so it's the payers that are really dictating it. Right. And people are frustrated with that. But I think they also tend to demonize it because, it becomes very self-righteous.

Right. I mean, many of many of our colleagues, right, are incredibly self-righteous in terms of how they practice E. R. medicine or cardiology or whatever else. Right.

And so I think there's a couple things there. And then I think the other thing is that, when you when you look at the world through a particular lens, that's all you see.

And so if you look at the world is all about disease, then that's all you're going to see. But when you when you look at it through a different lens, it becomes different.

There was a really fascinating, conversation I heard with the guy, Michael Levin, out of Harvard, who runs a lab up there, the Weiss lab. And they're doing basic research, looking at, you know, how do cells know what to do. Right?

And so they basically took frogs and salamanders and, you know, that if you cut off a salamanders tail, it'll regrow the tail. Right. And they took frogs and they basically started to understand that the reason that salamanders grow a tail and then it stops doesn't have to do with the DNA.

It's not that the DNA knows how to do that. It's that the DNA has the ability to participate in a process. The molecules have the ability to participate in the process, but there's actually a bio energetic of the collective of cells that actually have a has an intelligence that's actually directing things.

And when the cells are actually combined in this bio energetic resonance health occurs. And when that's broken up, then you get rogue cells that become kind of like amoeba that go off on their own.

And now they're basically out looking out for themselves. And that's a cancer cell. So what they did was to prove this point. They took frogs and they basically put, genes into the frog cells.

That would 100%, show that they would get cancer. Right? So they encode genes and they're creating uncle proteins that basically turn a normal cell into a cancer cell.

And what they did was they actually energized the, bio energetic sphere around the organism in a way that it enabled cells or basically was coaching cells to stay coherent, to listen to each other, to not go off on their own.

And even though they had all the gene makeup to develop cancer, none of the animals developed cancer, right? Yeah. Which. Right. Which is now, this is fascinating because we talk about medicine as if it's all biochemical and it's all genetics and what comes forward, but actually there's so much environmental energetic that goes into it.

Right. And then the energy here is not only what you think, what you believe, right. What's your psycho spiritual statuses, but then the environment. How much EMF are you exposed to or are you getting ground, you know, are you getting sunlight or are you getting fresh air or are you getting right?

So all these, all these lifestyle things that seem like, oh well, yeah, that's kind of nice. They're actually creating this bio energetic sphere of reinforcing health for us.

Right. So I find that really fascinating. And when you start to understand it from that perspective, and now you use peptides to help scootch the system in the right direction while you're doing all these other things, that becomes really, really pretty fascinating. Yeah, exactly.

Well, and again, it goes back to like, you know, these are all ways of supporting the body to do what it, it naturally can do. Recreational environment for it to express its genetics in the right way.

You know, I think that, you know, another thing that we look at obviously, I'm sure you I know you use but is exosomes. Right. So, you know, exosomes you know, the way I like to describe exosomes, you know, for people who have not heard of them or not is familiar with them, is essentially they're these these kind of little, you know, ESA calls, if you will, that carry proteins and RNA and other molecules and help deliver it more effectively.

Yeah. The way I describe it is male. It's male that that cells send to each other and it has an envelope, it has content and it has a signature. And so an exosome is basically a mail packet.

It's information if you will. So it contains DNA as you talk about lipids RNA some proteins. But all that together represent information. And so one cell can tell another cell what to do.

It's one form of communication. This bio energetic sphere is another form of communication.

Exosomes, Stem Cells, and Regenerative Stacks

Right. So these cells are communicating it at various levels. So anyway that's about. And this is one of the things that you know I think I'm excited about in the work that we're doing with know genic.

So you know, one of the things that you know, is really kind of focused in on is enhancing, you know, bioavailability and scaling formulations of peptides and things like, how can we how can we make them more effective.

And we've talked, you know, these last couple minutes about how effective they can be. So one of the things like, you know for instance, like what we call it our elite peptide stack, what we've done is we've taken, you know, layered peptides, you know, combined them with the delivery system of exosomes.

Right. And then even done some what's called regulation to even optimize it further, so that now we now we can take the peptide that has such effective, you know, such effectiveness in our patients that we're seeing deliver it more specifically where we want it to go in a lot of cases and help it stay around longer so it can continue that domino effect that you know, that you have referenced, you know, over the course of time.

And it's, again, this is where this is where that kind of cutting edge, the technology, if you will, exactly. You know, delivering these, you know, different types of headlines and things becomes extremely exciting. And, yeah.

So something that I just, you know, like, I nerd out about a lot, you know, it's just saying, try all these different things you can do. So it's it really is.

It's, it's almost like a playground a little bit because, there are so many ways in which biology kind of reinforces itself and overlaps with itself. Right?

So, you know, for a while we thought stem cells were the answer. It's like, well, if we just get stem cells, everything will be fine. Well, turns out the stem cells aren't worth anything if they don't really have other things to support them.

Right. Cells themselves typically don't become cartilage in the knee. They're basically are releasing exosomes into the environment to stimulate growth and help.

But you can help them do so much more if you, you know, pre treat the person if you take out toxic inflammatory compounds that are basically, you know, stifling stem cell activity.

And if you bring in exosomes or bring in peptides and bring in, you know, some of the embryonic factors that are available in placental tissue or initially or things like that, then all of a sudden you get this whole cluster of things happening, you know, you're improving, you know, nad production and you're producing more ATP.

So you're more energy to fix things with, you know, you start to get this whole engine sort of fired up. It becomes remarkable what you can actually accomplish.

And you see it even in some of the just kind of general and even like, look like high dose vitamin C, right? There's there's already already in the industry this, this idea that, you know, high dose vitamin C is going to help prevent and treat cancer.

But what we've really found, at least in my colleagues, we use it in conjunction with chemotherapy, is that we're actually taking the chemotherapy and now targeting the cells and using the vitamin C to do it again.

And I think it goes back to what you said to like I think patients sometimes don't realize what we're talking about here is the environment in which these, you know, these molecules are being delivered.

That's right. And patients forget. And I think even clinicians forget sometimes how much you can do for a patient's environment. Simply going back to like, you know, social, spiritual I mean, like that is the environment that your body is in, right?

That's right. Stress response. But, you know, one of the things I do a lot with my patients is, you know, they see doctor sites. I don't I don't have time to implement all these different strategies.

And I say, you know what? Let's do this. Let's get your sleep. Now, that's the only thing we're going to do, because that creates such an environment by itself that's going to just, you know, up regulate and help you.

Do you know, other tools I'm going to teach you after this are going to be now introduce into an environment that's

optimized for them to work. And that's again, it's that environment optimization that, I think there's a lot of this longevity.

You know, regenerative medicine well is really focusing on that. How do we culture right. Environment. And and there are some very simple things, if you will, that we can do to, to, to grossly change the environment that our patients are in.

That's right. We're in virtual hell. Yeah, we do that. We do that all the time, systematically with everyone we have. We measure the whole psycho spiritual space, the sympathetic nervous system, sympathetic, all of that, and then dial all that in because, you know, it's it's a little bit like, let's say we're analogous to a formula One car, a very sophisticated.

Right, and more sophisticated than a formula One car. But that's an analogy. Well, if you've got a Formula One car and then you've got all these different trick parts and things you can put together and different fuels and all this stuff, I mean, you could get that car to do amazing things, right?

But you can't get it to do amazing things if you know you're pouring sugar in the gas tank. Right? So you've you've got to. One of the first things in rejuvenating yourself is and people come to us all the time, it's like, well, what do I need to do?

What do I need to take? What do I and the first thing we look at is, what do you need to stop? Yeah. What do you. Mean what do you need to take out? Because.

And then what do you need to do to calm the nervous system and bring it into equilibrium? If you do those two things, it's like, oh, okay, we're going to take these things out.

You're allergic to this. You're sensitive to that. Your blood triggers this and that. Let's get all that dialed in. Now. Let's get your psycho spiritual space really dialed in to where you're really becoming very Zen.

And now now we have the substrate to your point. Now we have the environment, and now we can regenerate. We can do amazing work. But when people come in and it's like, you know, fix me while they're smoking two packs a day and drink on the side, it's like, well, you know, it's I don't think that's really what we're after here.

That's not. Yeah, well do you want to go? And even on the wellness side, I mean, I saw this patient just two weeks ago. This woman came into my, into my, essentially my clinic and said, yeah, you know, I've got midday fatigue, eat in the stomach in a very inflammatory kind of profile.

And, you know, after I went through her history and learned her story, she's like, but here's the thing.

Environment, Lifestyle, and Co-Regulation

I take CoQ10, you know, you know, in the mornings and I and I do red light therapy and I'm doing saunas and I'm doing cold plunges. I'm doing all the health stuff, you know. What do I need to add?

I said, I'll be honest with you. I don't know what's helping. You are harming you. You need to stop doing all those wellness things that you're doing.

I need you to stop all of them for a minute so that we can get you back to at least like, you know, where you're at a big. Then we can start to integrate something at a time.

Because again, you've you've created an environment that I don't I don't know if it's helpful or harmful. You know, you validated this or tested it. So again it's a it's even you're, it's, it's it's sometimes like yeah like the the smoking the drinking the that makes all the difference.

Even in the wellness space, we're seeing this happen. We're just I've got patients that come to me. We're doing all

the all the trendy wellness things.

I tell them to stop doing those things too. For a minute. Let's let's figure it out one thing at a time. So what you're pointing out is a really, really key thing, which is and and what we do at our clinic and I think we do it exceptionally well, which is to deconstruct the problem, deconstruct a situation before we make any recommendations.

Right. It's like, let's deacons, let's understand you more deeply than you've ever been understood right across every field that we can. Now we can see where you are now.

We see the opportunities now, this is how this is the path forward, right? So many people want to come in and simply have something done to them or done for them. And we want to do that for them.

But in order for it to work, you've got to you've got to deconstruct the problem first to understand it, and then you really get durable results for people.

And that's what's exciting. So yeah, and I'll take you this is something to do as we talk about, you know, the you know you know you know Jackson's doing with the exosomes and delivery to integrate these environments or you know, it actually makes me think it's a little philosophical, if you will.

But as we talk about the delivery system in the environment, right. I think to myself as a clinician, as I'm educating my patients, as I'm speaking to these types of things, have I taken the time to create an environment internally that then I can express externally?

So again, the environment that I'm sharing knowledge with my patients, I need to spend some time thinking about because the environment in which I deliver that education or that therapeutic treatment plan and talking about like that's going to matter, it matters to all this other stuff, right?

It matters on the human level. It matters on this level too. Right? So, you know, a lot of times we talk about just, you know, even even taking a moment before you see each patient to center yourself and to get yourself into the right environment, you create that environment for your patient to truly learn and understand.

Yeah, it's what you're saying is really wise because in human connection there's this thing called co regulation. Right. And so if you walk into a room and you're anxious and you're stressed and you're, you know ten minutes behind and you know your wife just called and eight things are happening.

You know, if you're not able to sort of calm yourself off then you're going to you're patient is her client is going to co regulate off of you. And it's like they start to absorb some of that anxiety and stress and they don't feel right.

But if you go really to your point people can co regulate off of us to say, oh this person is calm. They're relaxed, they're interested. They're you know, they really from a loving place.

They're really trying to help me. When you bring that energy forward, that's a very healing energy. So yeah, absolutely. Well, Chris has been a really interesting conversation.

I don't think exactly went where we thought it would be at this hour, but I covered some good ground. So I really appreciate you taking the time. You know, I appreciate the opportunity.

Yeah. Thanks so much. Thank you.