Introduction to fasting and chronic disease

Hi, everyone. This is Dr. Joseph Antoun, your co-host for the Fasting and Longevity Summit. Today, we're going to cover in this episode fasting, clinical fasting for chronic health conditions.

As you know, Americans, 90% of us now the latest statistics are showing that 90% of us have certain metabolic condition. 73% of us are overweight. And soon 50% of us will have some metabolic disorder.

So these are striking numbers. And today, I have the pleasure to bring to you Dr. Octavian, who's an expert at either functional approach and integrative approach to medicine.

He is an executive practice that helps people and spends 30 minutes, one hour, one and a half hours, 2 hours if it's needed with his patients to practice the right medicine, get into the root causes of the health conditions and try to unlock it from there.

Not everyone has the luxury or the benefits to go to such clinics, but some people are fortunate enough to meet Dr. Octavian and I know he's changed the life of so many of them.

Today we're going to talk about cases, cases of patients where if he thought fasting could help them, it could have a condition that just mitigated but sometimes help them get to remission.

And we're going to talk about his experience with fasting on with to help patients with various conditions. Well, welcome, Dr. Octavian and thank you for you. Thank you.

Thank you. It's actually Octavian is my first name is Octavian Belcea. Yeah, thank you very much. Okay. Can you can you first introduce yourself and tell us a little bit about your practice and how did you end up doing what you do today?

So I actually I practice in Raleigh, North Carolina. I graduated from USC Chapel Hill. And apparently I am still the only person out of the family medicine program there since 1986 to open his own practice.

So I'm fully independent. I can basically do whatever I want. Nobody tells me what to do. And then one of the things that I picked up about, I think it was in 2018, April 2018, I heard about, you know, ProLon fasting mimicking diets.

And thus I incorporated started opening that into my practice, using myself as a guinea pig. First, I always do that first before I tell any patient to do anything that's sort of out of the box.

And for me, it was it was great. I felt great. And then I slowly started to listen to people.

Dr. Octavianu2019s practice and first use of ProLon

And right now we probably have almost a third of the practice. And even more than that, more than a third of the practice actually doing this on a regular basis.

And we love that using ProLon not just for your patients, but for people who work with you. This is for everyone's longevity. And in this summit, we talk a lot about fasting and longevity and the fasting mimicking diet.

Right. You called yourself a guinea pig and I call you an entrepreneur and an early adopter. I think you've done amazing things in your clinic, which we're going to talk about today.

Maybe we hit it right away. You know, why why use ProLon the fasting mimick in the beginning address in your

clinic? What is what is what brought you into the science?

And then how do you think with your patients about implementing the fasting within the protocols. Yeah. So I mean again, this was 2018, so I know that I looked at the studies and I was really impressed.

And the other thing is usually when when I try, when I incorporate something, my practice acid is something that makes sense. So, you know, basically the whole concept of fasting makes sense.

We've known this for thousands of years. Every religion on this planet assessing somewhere in their, you know, in their in their books. So, you know, and I read the studies and I was like, yeah, that makes sense, of course.

And, you know, then like I said, I did it for I think I did it for about six months before I started introducing it to my own patients and I had no adverse outcomes.

If anything, I felt much better. And then I slowly started deducing. I started with, you know, and I kind of got sold on the obesity thing too. I started with people that were overweight trying to get them to lose weight, not realizing that there's so much more behind this than the weight loss, which now when I talk to patients about it, I pretty much, you know, the weight is just a side effect.

The real benefit is in the metabolic changes and it just will be. And you know, if you lose weight, great. If you don't lose weight, it doesn't matter.

You know, as long as you you look you feel good and you look good on paper metabolically, you know, that's that's the goal. Now, some people are just meant to be heavier than others, you know.

But if they're healthy, they're healthy. In is what we do in a lot of our clinical trials. And, you know, now we just hit our 30 to 30 second clinical trials and a lot of the capacity to be contrition.

I don't know if there's any nutrition that has been assessed, but we sometimes correct for the weight loss. We say, hey, regardless of the weight loss, would those benefits still be there?

And you see the metabolic reset, the rejuvenation that completely independent of the weight loss. And this is what helped us get those patterns and those results, because otherwise, the biggest question you would say if you're fasting, if you were eating a low calorie diet, of course you're going to lose weight and of course, blood pressure and of course, blood cholesterol.

But that's not that's not a guess. I mean, you get those, all of those and probably faster than any other, because fasting induces those benefits much faster.

But at the same time, you're rejuvenating your cells, your metabolism, and you're protecting your muscle, which is where all the chronic diets fail. And that would be and those impacts and the other fail.

And the only diet that can transform the metabolism while protecting muscle is as the fasting nutrition. Yeah. Yeah. So yeah, so. Do do go ahead. But I was just going to say, you know, so we do have I do have a couple of patients that actually do true water fast 5-day water fasts also and I can mention it later but there is there does seem to be a benefit actually to using prolonged versus water fast.

And I have noticed that. Yes.

Why fasting mimicking works better than calorie restriction

And we have published actually on that a lot of people asked me is is you know, is how much what's the percentage of the benefits of water faster, prolonged abuse?

And the question is actually it's superior in many cases and then be like that's that doesn't make sense. And I

always use the analogy of if you have a company with no revenues like the body on water fast way so the company restructures improves operation you get all these benefits but remember that there's zero funding to maintain your staff because you cannot pay the salaries.

There's zero funding to buy the products to sell. Next moment. So there's as many positive signals. There's the bad signals like the buddy, the buddy that meant to zero eat and just go to bankruptcy.

And this is why the company goes to bankruptcy. Now, if you come to the same company and you say, okay, you need $1,000,000 promotion, I'm going to give you $500,000.

Use it to to support paying the best employees. Use it to maintain your IT System, etc. and put the stress on sales and marketing to rejuvenate the restructured operate.

And we see it everywhere. And even autophagy itself requires minerals, vitamins, proteins, right and carbs. So what I say always a troll and a fun is the resignation.

It funds the restructuring. It makes it they just compliant but easier and safer and beneficial. And we see that. Yeah, I think there's one of our articles and, and it's one of the patterns as well.

What it shows it was in mice, but it was looking at IBD in mice inflammatory bowel disease and it was looking at cellular rejuvenation of the lining of the cellular station and the FMD and use more so the regeneration versus the water fasting.

And you know, we don't know exactly how and what, but probably the premise that I'm putting on the table is one of the reasons. Yeah. And I do think, you know, because there's some other patients and there's very few that do this, you know, they sort of mimic it.

And unfortunately, I mean, I, you know, I probably sound like a salesman, but not one person that copied. I mean, they took the ingredients, they counted the calories.

They did exactly the same. Yes. It was the same thing. Yeah. And I don't know if it's algal oil or wine or in the cattle cracker. I don't know because.

It took $36 million to $4 million is just for bathing with its 77 ingredients. And in an initial phase, I can name so many doctors, so many companies that tried to mimic it and so many experts and they never they call me back because it doesn't work.

Yeah, it would not work because what took us 20 years is you get to look at the nutrient sensing pathways and any mistake on any of the ingredient that triggers them.

Then it's just a low calorie diet. The same way you got to look at the response of insulin, IGF, the timing of the day, the absorption rate, how to work on all of that.

And it took us $66 million and two decades to get to that formulation where I'm nourishing your body and I'm keeping you in a fasting mode and hence the 200 patterns as well.

You know, five. But there's a lot of people are trying to the way it would, it would not work. And let me tell everyone and they should they should not do it because they're risking their body.

They're risking not doing the right thing. But but thank you for mentioning this. And yeah. And so you wanted today to talk to us and tell me about your experiences with the fasting nutrition in your clinic.

And this has always been a conflicting topic for us because we've done 32 clinical trials on it and we see a lot of benefits and we call it food as medicine.

At the same time, we have to have a disclaimer that because food from a regulatory standpoint doesn't make claims of diseases, although that's changing big time and the word remission for those who know the American College of Lifestyle Medicine and the Crime Society and the American Dietetic Institution, they came together and they created this new word called remission to allow companies and products like prolonged to be able to go to talk, not treatment or reversal because that is reserved for an FDA approved, you know, drug, but for non pharmaceutical intervention to claim remission or regression.

So regressed from a disease meaning I need less medication. And with you we're going to talk about a lot of cases of regression and remission, meaning fully taking a patient off medication.

So we're going to focus on using those words because they make us compliant, which is something very important for us. I'm not going to say it creed or address this.

Talk about remission and regression, decrease the medication or. I will do my best. It's food is medicine. We're seeing unbelievable results with colon.

At the same time, I really want to be sure when compliance. So I have to I have to make this disclaimer and then I'll leave the floor open for you to talk about some cases.

I mean, you've been using pronouns for four or five years in your clinic. And yes, with many patients we have now over 11,000 doctor around the US recommending for lunch.

So it's always a pleasure to hear somebody testifying to what fasting does in the clinic. So you want to start with a certain specific case or profile?

Yeah, sure.

Blood pressure and cholesterol improvements

We get well, I mean, I can say in general, you know, I take high blood pressure, for example, and I mean, I can say with I think I can safely say without exception, every single person that had high has high blood pressure and has done prolonged the way they're supposed to do it has had either a reduction in the dosage of the medicine and in many cases actually a complete elimination usually for people that have high blood pressure.

I actually will tell them to stop taking their blood pressure medicine on day two, because this is just from experience. People that did it, they called up and they said, Hey, I'm feeling really dizzy.

I don't know what's going on. I say, okay, well, check your blood pressure. Let's see what's going on in the blood pressures, you know, 100 over 60. So just from experience with that, I know on a regular basis, depending on what dosage of medicine they're on, I will either stop it or greatly reduce the dosage while they're doing trial on when they finish, you know, you go back on the regular dose and then I see them for a follow up and then I would say 80 to 90% of the time after doing maybe three sessions, we end up decreasing the dose of the blood pressure medicine, and then they're just going to keep going over the years as they continue doing it.

And like I said, many of them actually get off. So I should say just like a disclaimer, you know, I should say that, you know, this is not a study. And the study and everybody that's listening to this should be doing this.

Certainly not do this without a physician. Yeah, that's really important to. Yeah. The 22nd disclaimer is anyone with a health condition it was due to the fasting mimicking diet or prolonged or who belongs to diabetes.

One called a neutral health for diabetes. You know, we do those through doctors. And the doctors are very important to to oversee. You during during problem and after on.

So thank you for clarifying that. Yeah, yeah. Yes. But that's you know, that's on the blood pressure realm. Like I said, almost without exception. I've seen I've seen improvements, really.

I think the hardest thing about trying is to convince people to start the door. And then after they do it, the first time or the first time doesn't seem to be that bad.

The second one, when they have a little bit less reserve or maybe because they lost some of their reserve the first time they did it, it gets a little more difficult and they need a lot of encouraging and a lot of hand-holding.

And, you know, that's what you know, like I said and you said with concierge practice, I have the time to actually do that with these people. If you just give them a box and send them out the door, you know, it's it's it's not going to work.

It's the biggest of the most of the work is in convincing people to continue doing it. And then once they get after, you know, three or four of them, then they're it's on autopilot for that.

But to start is really difficult. Yeah, we've now, we've now there's over a million people on use now and what you describing is exactly that partner people first they have that fear right.

Oh I'm going to be fasting. I don't know what's going to happen in five days. I have to do the fasting nutrition, some not getting dinner with my friends and then eating what I need and really what I mean.

And so this initial reason is then finally they find five days, they do it and they're like, okay, wait a second, I've never had any transformation happened so fast to me.

My skin changes, my body structure changes, my energy, my mental clarity, everything, you know, that full transformation, that rejuvenation. And then they go off back to their track.

And then the second one for some the second it's easier for some, like you said, the second is it is a second little bit of shock and transformation to their body.

But after the third and the fourth one is their metabolic is flexible that it's easy for them to do with all the time. Yeah. Yeah. And a lot of people on their 10th and 20th and etc., just once your body is trained, is like intensive exercise.

But once you do three or four of those, then your body grows better. Yeah, yeah, yeah. A lot of people just because of the benefits, they just they have a drive to discontinue doing it.

So another thing is cholesterol, again, pretty much 100%. But I think I can safely say a 100% improvement in cholesterol from every single person that's done it.

One thing that I learned, however, is do not do a cholesterol test on day five. And I don't know if you're aware of this. Yeah, it is horrible. Yeah. You have to wait about a week before you go check it again.

And I don't know what the metabolic thing is with that. Because that's that's that's you're describing a 100% observation. We have remember the body is shifting from with a fasting nutrition if I'm a carb stayed burning say to ketones and the lipids so you see the lipid profile changing a little bit to the tail end and then when you finish the problem, you have high muscle, you have preserved body mass, much less fat in the body and a better metabolism.

And this is when you see that she's energized less so so that's that's that's a that's a fat that's a short term ketogenic state symptom that you're saying as you know, cholesterol requires actually several weeks to change, you know, when you start to measure cholesterol the next day so that through measurement is the one that happens afterwards, the transient measurement just represented the short term in the right mode of.

Yeah, yeah, I found that the by just by mistake, a patient ended up coming for blood work on their size, not knowing. I didn't know that she was on their side.

And we're looking at a question like, wait a second, supposed to get better, not worse. Yeah. And then we did it

again. We did again a few weeks later.

And it was yeah. Yeah. Definitely. We see that transient thing. One of the trials now just also concluded and is showing even triglyceride registered correlating.

But the triglyceride in the cardiovascular cells drops which has a lot of long term benefits as well. But yeah, there's the same like the keep the flu you get sometimes symptoms on day three, your patients will tell you, hey, I feel like I have the flu somehow, you know, Lumbergh paying a little bit of aching in the joints.

So that's the transient, what we call the key to flu, right? Right. It makes two days and some ten, 20% of patients will, will, will experience that. Yeah.

Diabetes, C-peptide, and medication reduction

And actually the same goes just like you say, we feel like you have the flu, the inflammatory marker, C-reactive protein, you know, again, almost 100% improvement in that also.

But if you do it at the wrong time, it's actually higher. Yes. Than it was before we started. And I'm happy you mentioned that this year actually inflammation when you the fasting limit increase. Yes.

Because when you detox the cell, the autophagy and when you send the toxins, they create action is a load. And then when they're out of the body, then actually the body goes back into into so you just hit the three of the three big questions that doctors at sometimes asked, like the flu, my patients called me and they really say, hey, there's something, you know, they feeling like the flu and the the transient key to keep us, you know, kind of fat if you want increase, but very transient.

And then the inflammatory, we see a little bit of cytokine, you know, towards the tail and. Right. Yes. All from detoxing. And then the CRB goes back down.

The normal markers or the traditional timing to measure the normal markers, we show the real the real benefits. Afterwards, I, I did have a few patients, not that too many, but they get into that ketone high on day four or five and some of them said, Oh, I can do this for ten days. Yes.

You know, five days is good, ten days must be better. And is that how it works? So I had a couple of times I had to kind of pull them back to reality and say, hey, don't do this.

You're starting to eat up the good cells now. You know, this is not a good thing. But yeah, there's a few people that really get affected by the keto, the keto ketosis.

Mental, but we are just largely a neutral health program for diabetes and it's six cycles of fasting mimicking nutrition and people can find it on a neutral.

How about come when you and I were chatting right before the call and by the way, for everyone listening to us, Dr. Octavian and I just met 5 minutes literally before recording this.

We never met before. You mentioned also that you've been you have been trying the fascinating and also similar patients with type two or the type two.

Can you can you a bit related that your experience with them and what do you do. Yeah. Yeah. So usually with people with type two diabetes, obviously, you know, everybody knows about the agency.

One thing that I that I also check on a regular basis is also there c-peptide, which is a marker for their insulin and the pancreas health because the c-peptide will go up way, way before you sugar does.

So you can pick up people with metabolic syndrome that are on their way to diabetes. Before there's any signs on

the metabolic panel, they want to see.

So the thing that I that I noticed in a lot of times with people with diabetes, you'll notice the c-peptide is low, the sugars are better results. That is that the pancreas cannot handle what's going on.

And as you do prolong, you see a shift. Sugar goes down, c-peptide goes up, which basically says, okay, the pancreas is much happier now was able to regenerate some of the beta cells and and make more insulin and as a result it's able to keep the sugar under control.

So that that was a fascinating process to see. And just over and over again with multiple patients with diabetes, in my opinion, diabetes is you know, and a lot of people don't think this way.

But in my opinion, diabetes is a reversible condition. It is not permanent. Once you diabetic, you're not diabetic for life. You can 100% go into complete remission.

And I've done this over and over and over again with people. You just have to encourage them, you know, cheer them on and and show them just so that the facts, you know, the blood, the results, and that gives them energy to to keep going.

But yeah, same with just high cholesterol and high blood pressure, diabetes. But again, improvement in every single person. I also, I should say with diabetes or something else that I did, because the sugar does drop, I really have to play with their medicines because it's to keep them on the same medicines.

They're going to become hypoglycemic. So most of them either reduce the medicine in half or a lot of them completely stop all diabetes medicines, check your sugar every morning, make sure you're not in a dangerous zone.

And most of them by by the fourth or fifth day, the sugar is under 100 without any medicine at all, which is just fascinating. So, yeah, so that's the that's the type to diabetes.

And of course, you know, you get the weight loss and, you know, as a as a side effect. Now, I don't know. Can we talk about type one diabetes? I know you mentioned to me right before the call you were very excited to to to share and use.

And again, this is not this is not either pointed by us or by a mutual or by prolonged or you personally, you decided to have a case or two that you've tried.

I think you read the paper on beta cell restoration in the pancreas and you wanted to try, first of all, if you want to publish that paper, I don't know that that would spoil it, but but it's your choice.

Again, I don't want to. I don't want to. It'll be a. Case. Study. Anything in here. Yeah. Yeah. So, I mean, it's I mean, as this, like I said earlier, it's just I'm extremely excited about that findings.

So I mean, if I, if I can talk about it, I will just again, the disclaimer, this is one case in my practice which, you know, doesn't mean that it applies to everybody.

So is that okay? We talk about that. In your choice. I don't want to. I don't want it. All right. We can always cut it out. I guess. Yeah. So I've been for a long time.

I've been trying to recruit a type one diabetics. And this is because I saw the the insulin rise in type two diabetics that's to do doing doing freelance.

So I saw well, if it goes up in type two diabetics, maybe you can go up and type one diabetic suits. And we mentioned the study and I read the study on the beta cell regeneration.

So I finally got somebody just actually just a few months ago that this happened and I finally got a lady in her mid-thirties, I think type one diabetes since eight years old, important she is on an insulin pump with a continuous monitor.

That's actually really important because this is extremely dangerous to do with someone with type one diabetes. But anyway, so we did it. And the first fascinating finding was that her insulin requirement during on went from three units a day, which was her typical and she exercises very, very healthy.

Type one diabetic went from 30 units a day by day for her pump and put out seven units in an entire day. And this is, again, without any medicines at all.

Just just her. And she was shocked by that, too. Well, it turns out after doing three sessions of prolonged before we started going to check the c-peptide, which is her endogenous insulin, and she had a tiny, tiny bit a little bit.

And then three months later, just, you know, kind of checking my my, my theory, we checked it again and it was still low, but it was actually 40% higher than it was before we started Prolong.

So right now we're at a three month mark. She's going to continue doing it every two months.

Type 1 diabetes case and safety considerations

She did say it is extremely difficult. And I can say from a provider perspective, it's very nerve wracking. You know, to have a type one diabetic cut calories that much. But, you know, with the pump and the continuous monitor, she did okay.

Think she had one low episode the during the time and she ended up using a glucagon for that but I think it went down into the maybe the settings for glucose oils at night, but that was a matter of three sessions.

That was the only time she was just one and I can't remember which one it was. I don't think was the first one. Might have been the second one. Yeah. That, that happened.

So I'm excited and I'm still trying to recruit another type one diabetic. Now which just found out actually today she also has a tiny, tiny bit of c-peptide in there.

So, you know, we'll see with with her if she agrees to it. I might have a second case, but yeah, again, a case study, nothing that general the general public and certainly the physician oversight is is extremely taxing.

And for something like this. We were always that intrigued ourselves to do a trial on type one because as you know, in mice, we've shown that we can the fasting we were interested in and raised the pancreas and insulin goes back to normal.

Doing a human study with for us we were thinking about doing it even in inpatient so that we monitor closely the device etc. and we're waiting. We're doing currently 14 clinical trials.

We're waiting for that flow to temper a little bit so that we have the capacity and the and the and the funding to do it right. It seems, you know, you a little bit testing with that very important here for anyone to do it on their own and we don't recommend to use for a lot for type one yet up until we again.

You may see a case study published some. Well I mean I appreciate you sharing this. You know, our founder always asked me, Professor Walter long ago was asking what the nutrition is like, why, why most physicians do not use the problem today in their practice, at least for what's tested, at least for their blood pressure, blood sugar, blood cholesterol, metabolic markers.

Why this is is very easy. And this is 80% of people that you see in your practice. So so we're today not claiming to use proven to treat those diseases.

We're saying it can help your patient with regression, decreasing medication or with remission. We've shown that over and over again today. I wanted to bring you know, we wanted to invite the doctor to to share his experience and for years and years doing pull on and how to optimize the nutrition and the fasting for patients to support the medication where we're you know what's every approved of the medication and we definitely want to lean on those.

But then a lot of the reasons the true root causes of why people have those health conditions is embedded in fasting and nutrition. And we're trying to optimize the the how how to tackle the root causes and how to help those people go for the regression.

In most cases, as you reported, we see that ourselves within six months, for example, of and when we tested and we had 67% of people reduce their medication and in clinic randomized clinical trials and reporting something similar or even more aggressive, because we do the trial, we don't intervene in those.

You're a practitioner helping the patient every day and maybe guiding them after pill to do so. You're getting results faster than that. Regardless, it's better than keeping your patients on medication for the rest of their life.

So, yes. Absolutely. Every patient and doctor here to connect and consider bringing clinical fasting to your to your practice and using it because it's response to most of the treatment causes of pain metabolic markers that your patients are suffering from now.

Yeah. Do we have any more time? As you wish. Do you want to do you want to add. Yeah. So just a couple of other things I wanted to point out. So, so I call I call on metabolic exercise and just like regular exercise, you have to do it on a regular basis.

So when we when COVID hit because I didn't know how prolonged and getting covered, you know, what was going to happen. I actually had everybody stop already at the beginning and then after a few months, what we realized is going to be around forever.

You know, I started people getting it back in, but during that period when they stopped, everything started coming back, the blood pressure started coming back, the sugars started coming back.

The weight obviously started coming back. So so it has to be a life commitment. It's not how you do it for three months and you're done. No, no. You have to do it.

Maybe not every months, you know, but but you have to do it on a regular basis pretty much forever. So that was that was one thing I wanted to point out.

The second thing I'm trying to remember, I just had it on my mind and I forgot what it was. I think, you know, you asked about the why why this so many other physicians are are using this and really I think it's the I don't think they have the resources in their office to at the beginning to get the patient to believe in this and to I mean, I have I have the data I have data from I mean, and I'll share data from other patients with, you know, before I say, hey, you know, I'll do this or here's what I've been doing for five years.

Here's what all these patients are found for five years. You know, they want to try it, you know. And after I show the data, I mean, its objective data, they, you know, they say, okay, we'll try it.

And then once they do it and they see it in themselves, continue. It is it's pretty much, you know, pretty in autopilot. But starting it takes a lot.

Long-term use, autoimmune cases, and closing remarks

And I think that's probably why in today's health care environment, you know, in the slightest five minute, ten minute visit, it's not possible. For a doctor to be with the patient.

And this is why I mean, the leading the leading physicians today with with the fasting to ProLon our integrative

functional executive practices, practices like yours said, this is who is leading the way where.

They do spend time with their patients and they do, you know, explain the product and explain intervention and get them going on it. Yeah. Yeah. You know, it's fascinating. I actually got a letter from UnitedHealthcare congratulating me on having less than half of the rate of E. R.

visits and hospitalizations from our patients compared to, you know, the offices in general around us. So know it didn't do anything. It was just, you know, just a congratulations.

Not that they're going to, you know, pay any more, but. What's the percentage of your patients are on ProLon? I would say a good third of them are people on.

I usually start in their thirties. Usually I don't I don't do kids. I think I tried it in in a couple in the business. It really wasn't there. No, they need too much energy.

They can't do it and I don't think it's healthy for them. So usually I started with basically trying to assert is and if they're not really seen I have done it as something patients also but usually it's people that are you know a little bit overweight or obese with metabolic issues trying to think, if I have any completely healthy people, I think there's a couple of well, I'm one, I do it every two months and, you know, I don't have any blood pressure or, you know, none of that stuff.

You know, one other thing I should mention, and I don't know if you guys did any studies on this on autoimmune. You did. Okay. We have a center and University of Miami are doing that immune studies but yeah I mean.

Because I noticed that to show groans rheumatoid I mean I mean you you know you name it lupus you see that you see the changes in the numbers. But just the way that that they feel, too is as significant as a significant impact.

And in terms of I think that on your on your website, you actually you guys probably have an upper limit on age. I think we. Because when we when when somebody buys ProLon they can buy it without even the doctor.

And so we make sure that they're they're not buying it for a health condition or that they are above age 18 or 20 and they're lower than 70. And if they're beyond 70, they should they should definitely work with their doctors if they want to consider.

ProLon and that's interesting that you said 70 because that's exactly like I said earlier. Is anybody over 70? I see them, all of them on day three, they have to come into the office and, you know, check their blood pressure to sugar, make sure that they're well-hydrated.

And they're lucky to have things on and really caring. And you're seeing the results and it seems United is congratulating you on those results. And we appreciate you today for your time and for sharing this experience.

My pleasure. That's life changing for so many patients. And it were spreading. It's physicians like yourself who who jump on cutting edge medicine and food as medicine that that spreads it and change the patient's life.

And I really appreciate your time sharing this with us today. Yeah, absolutely. My pleasure. Thank you very much.