Introduction to Ryan Lester and the summit

Hello, this Doctor Ken whole tour with another episode of the Peptide Summit. Today we're going to be speaking with Ryan Lester and he's going to talk about peptides for anti-aging and for ultimate longevity, how to stay the heck out of nursing homes.

And you know who wants to live longer if they're in a nursing home, you know, being fed, through a feeding tube and have Alzheimer's and broken hip. So, live about Ryan.

We're so happy to have him. He's been a physician's assistant for over a decade. Is on the forefront of rapid, rapidly evolving field of health optimization and human, longevity.

He's received his medical degree at Rochester Institute of Technology, 2009. Now, if you make me feel so old, over the last decade, you know, specialized in emergency medicine or orthopedics, joint reconstruction surgery.

And I think that makes a big difference where I got, bring in all these different, experiences. He has studied dietary epigenetics at Stanford University.

Is certified epigenetic coach and holds a certification and the clinical application of advanced peptide therapies. He has partnered with the appear on center for Human Potential and Austin, Texas.

I was butcher that, and working with clients, to elevate their, health and well-being through genomics based, precision performance medicine. I think it's well put, it really is the medicine of the future.

It really leverages the latest, cutting edge genetic epigenetic science, nervous system assessment, blood analysis, biometric monitoring, hormonal optimization and lifestyle design.

So, yeah, I kind of kind of do everything. So, welcome. Thank you for, taking the time to be with us and, welcome to the summit. Yeah. Thanks for having me there.

And beautiful. Austin. It's great. It's. The sun's out. It's a little hot, but, that's, you know, that's coming every year. So cool. Cool. So, we're gonna talk about, you know, and, you know, basically for reality.

Can you describe what what the heck is a why? Why do I care who becomes frail? Why is that? Yeah. Well, you know, certainly in our, in our current medical model, we're experts, the medical industry at treating sick care, sick people, sick symptoms. Right. And and, in that system, people become frail and bad things happen.

Why frailty and healthspan matter

And so in this new paradigm that we are trying to focus on, it is starting with the foundation, you know, lifestyle, lifestyle, designed to, to optimize stress, sleep, exercise, and, and to prevent, people from getting sick and, and developing these chronic diseases and staying out of that frail state.

Yeah. And and I think that is, it goes, along that health span curve where, you know, you look at the way we work now is we keep people live longer, but their last ten years of life is in a nursing home.

Yeah. They've got Alzheimer's. They've got, you know, emphysema, and all these things. I'm sorry. I don't wanna live like that. And, it's, you know, live better, longer.

Right? Absolutely. Improve. Healthspan. And and lifespan. Definitely. And, and the nice thing is, again, like you said, with standard medicine, I they won't even treat you until you're bad enough.

And I remember we had, one guy who had almost had diabetes, and he we gave him samples. I forget some medication, but it worked really well, and but they wouldn't cover it.

So he goes, that's it. He ate a bunch and became diabetic. So now they can get them and like, oh, geez. You know, so that's, you know, that's standard medicine.

But the whole thing is yeah, prevent being there and being actually healthy throughout your life. And I think that's becoming so such a possibility. And, it's a, it's a, it's tell me, all the things associated with, frailty.

Okay. Why is it something to really concentrate on when it's. Oh, this is so far down the road? But like, what? When do you start? Yeah. So, you know, the aging process starts, the second we're born.

I mean, really, it does from a cellular level. And so probably the biggest things we see in the traditional medical model are, the, the loss of muscle mass as we age.

Right? Sarcopenia. We know that's one of the biggest predictors of morbidity and mortality. Cognitive decline. We know that Alzheimer's is rampant right now.

Certainly, loss of bone density, which, people start to get older, their balances are so great, they become deconditioned, they fall, there's the hip fracture, and then everything's downhill from there.

And, those are the big ones. But I mean, it really starts aging starts from the moment you're born. And really, the cellular inefficiencies that happen over time is what leads to all these processes.

So if we can intervene, now is the best time, right? Yeah. And how about mitochondria? Well what's your thought on. Yeah. I mean certainly mitochondrial dysfunction is one of the nine hallmarks of aging.

So, I think it's incredibly important. A lot of these peptides address mitochondria. Certainly lifestyle addresses mitochondria. But it's it's incredibly, important and impactful.

For sure. Yeah. And and so for every know you mitochondria they basically organelles a cell that produce energy. And there's a lot of theories of aging that it's really if your cells just can't produce enough energy.

So you know what's affected especially cells that need a lot brain muscles. And what happens to your body needs energy to get rid of old cells. And if you don't have enough energy for the old cells, you have these old cells lingering.

And that's what all of a sudden they turn into cancer because they're all messed up. So there's there's so many things. So, what, what areas do you like to target with?

With the peptides. Yeah. So, I kind of bring it back to the nine hallmarks of aging. We just talked about mitochondria. They certainly tell us what those are.

Yeah. So mitochondrial dysfunction, or mitochondrial decline, telomere attrition, which really just means a loss of telomeres or the caps on the ends of the chromosomes that protect our DNA from damage, nutrient signaling dysfunction, the loss of epigenetic, signals.

So gene expression, we we are gene expression, declines, the loss of stem cells, which relates to, immune system dysregulation, increasing your risk of infections.

And certainly that's relevant right now with Covid. And then interest at loss of intracellular communications, which really, really can, can lead to chronic inflammation, which we know is a huge part of aging, genomic instability, loss of Proteus stasis, the clearance of, of proteins.

Hallmarks of aging and peptide targets

And then, of course, the last one being cellular senescence, the zombie cells that form, that stop dividing and form and then kind of just stay dormant and just give off these, these, inflammation signals to nearby cells.

So pretty complex. But, the peptides we're going to talk about really address the majority of them. We're going to talk about 4 or 5, and certainly we partner peptides with, you know, other medication supplements.

But really, you know, all these these things are all fancy tools. But the the best thing obviously, is, you know, is, is really starts with nutrition, sleep, stress response mitigation and then exercise.

But on top of all that stuff, we can really use some powerful tools to change these things. Yeah. And it's like, I mean, when I do workout that workout religiously, it's a passion of mine every four months for eight minutes.

But, you know, it's like, I don't feel like if I go, actually, I don't have my peptide combination. And I'm like, why do it? Because I'm getting gypped.

I guarantee three times as much exercise, in fact. Right? Yep. Definitely. It definitely makes a big impact when you add on some of these really, really, potent peptides.

And, and I think, you see, you know, people work out that that happens or they, you know, trying to lose weight and they get discouraged. Yeah. And so you allowed, you know, to get get the body back and you know, some studies you're showing like looking at, you know, an elderly person or whatever it is now, it keeps one of my now 55.

So that was ancient, you know, 20 years ago for me now, it's like, well, that's not all. That's a little late, but, maybe it will be, you know, it's, Yeah.

But, other people like, you know, even just the amount of genes that are turned on and on the messenger RNA that they're producing, the amount of protein, it just declines.

You know, the mitochondria with the cells just aren't doing anything. So you turn that stuff back on. It's it's the ultimate like anti-aging used to be kind of a wacky term, but I think we're kind of there, you know, so and it's exciting stuff.

So what are some of your favorite peptides? They make a big difference. Yeah. So, you know, I think it's important to, to remember that, by the age of 50, we lose about 30% of our growth hormone.

And by the age of 70, about 50%, our immune system declines. Like I said, we lose muscle mass, bone density. So, probably one of the most popular. And, most widely used peptides are the growth hormone releasing hormones, and the ghrelin, my medics, or the, growth hormone secreting dogs.

And so the most common grouches are going to be the CJC 1295 Tessa moran, which is the most potent. So, Marilyn, which isn't as good and isn't used as widely anymore.

And then the ghrelin, my matics. So the gpt2 gRPC six hippo Marilyn, which is seems to be the, the best one because it really doesn't, induce a lot of hunger.

MK 677 Hexa RL and and and the you know, the effect the physiologic effect of these is, is is well-documented. And just so for the viewers, like, it's like kind of word salad there, I mean, there's just a bunch of, and a lot of them we can't get anymore.

Right. I worried about peptides in general, you know, big Pharma realizing that, hey, these people are helping people who are not going to have this sick people around, you know, but, so some are growth are releasing peptide, some are growth releasing hormones.

They have slightly different effects. Some secrete multiple things. But with that, do you generally use them together? Absolutely. So there seems to be a synergistic effect with CJC 1295 and a Maryland.

I think it's kind of the classic one, exactly the cleanest. And. Yeah, yeah, yeah, we used to just give people growth hormone and we thought that was really kind of best for outcomes.

But what we really determined was the the pathway is pretty complex right. There's receptors. There's IGF receptors, there's IGF one receptors. There's growth hormone receptors for each receptors, ghrelin receptors.

And and so you know, that's why when we start the pathway in the brain, it really kind of you can utilize that tropic effect of the whole pathway. But reductions inflammatory markers, reduces visceral fat, reduces triglycerides, reduces other cardiovascular disease risk markers, injury repair, recovery from exercise.

You know, it, reduces the atrophy of skeletal muscle, improves deep sleep. That's one of the big ones a lot of people forget about. So, the effects are pretty impactful.

And, you know, there's a controversy about this, right? Like, so we we know from observational studies that chronic under stimulation of the growth hormone pathway is definitely not a good thing.

And chronic overstimulation of the pathway is definitely not a good thing. So it seems to be the sweet spot is probably somewhere in the middle.

Growth hormone peptides for recovery and body composition

And then the next question is what's what's really optimal for for anti-aging. Right. And that's that's yet to be determined. But it's definitely somewhere in the middle.

And so we do like to cycle these. Yeah. And and I think you know we're we're using growth hormone. And then you know it turns out you know anytime the athletes are abusing it and and when you know we would have some athletes we would try not to you know treat anyone is trying to, you know, overdose on the stuff.

But yeah you can't believe the dose is the stuff they're taken and you know, and they look and or they go there and no, their doctor like, oh, your head's going to get bigger and you know, your jaw's and, and I say, I don't know anyone rich enough, you know, to get that much growth hormone.

I accept Barry Bonds, I think, I think he's bigger. But when you're in professional sports, I mean, you know, you pay a lot to hit ten more feet because you're you're the warning track power or superstar.

Yeah. Know. And and so yeah, growth hormone ended up being it's the only drug you can't give off label. You know, which is like more controlled than fentanyl.

Like, you know, narcotics. And how many people have died of growth hormone, you know. Right. And a that did a review on growth amount of people say, oh cancer.

There's never been a case of people getting cancer from growth hormone. You know. And the nice thing about and I'll tell you about this, the, secreted dogs to stimulate your own is you can't really overdose.

Right. Because of that that negative feedback loop. Exactly. And these peptides are very the body recognizes them as same, right. They're produced in the body.

So, they're very, very accurate. They're very potent, at stimulating the pathways and their off target effects are really minimal. So side effects are really, really minimal. Very safe for the most part.

So, yeah, exactly. And I think that's a common thread with the peptides, which are nice. And I think that's great because, you know, especially with the growth hormone, I was like, oh, bodybuilder, bodybuilder.

Let's like now bodybuilders don't want that so much unless they're loved because they can't overdose. They can't overdo it. Right. So that's nice. So what else do you do think is, is, bang for your buck, peptide or, or.

Oh, works really well for longevity. Anti-Aging. Sure, sure. So piddle on is is definitely one of the most exciting peptides for longevity. And so it, it, it's derived from, it's a peptide that was derived from the pineal gland in the brain.

And it, it, it really it activates telomerase, which is an enzyme that, you know, helps modulate those caps on the ends of the chromosomes. So but it does a lot of other stuff like that a little more.

Sure. So, the telomeres are on the, ends of the chromosomes. And we know that as telomeres shorten over time, as we age, it increases the likelihood of DNA damage, which is part of the aging process.

And so this telomerase enzyme helps protect those caps, okay. And so that's what happens on a biological level. And remember most of the studies on this one come out of doctor cabinets in his lab in Saint Petersburg, Russia.

And he's done a lot of studies in both rodent models and humans. I mean, he's he's done long term observational, and placebo controlled studies in, in folks older than 60.

And, and he monitor them for 6 to 12 years. I mean really some robust studies. Yeah. And I really like the one where it's, it's funny. You use the European for pronunciation, a little on, Italian.

Yeah, I don't know. Yeah. There's so many pronunciations. Yeah. Of Italian. So they use that along with, by Milan. I'm glad they gave it to people who say given cardiovascular disease older than 65 followed, for it was 12 years, 15 years.

And what they found was that the people on the treatment and they only really did very short doses of it. And that their cardiovascular, basically function got better and they live longer, had less morbidity and less cancer.

And yeah, like the ultimate anti-aging and like or taking it like this, the, put a lot of time like raises of melatonin levels to you know, younger levels.

Yeah. Yeah. It's kind of like the ultimate anti-aging peptide, I think. Yeah, it really is. His results were really impressive for 0.1 times reduction in mortality rate in that study.

Eight times improvement in physical work capacity, 80% increase in bone density. 56% memory improvement, 67% survival, 65% increase in subjective well-being.

I mean, that's huge. 28% lower mortality. So yeah, it was it was really, the results were pretty, incredible. So you figure there's 65 starting, so they're like 75 and all these things better well-being, cardiovascular function or living life.

Yeah. Versus in the nursing home. Yeah. No, it's like absolutely. Yeah. And they documented, improved skin elasticity, better youthful appearance. I mean, these people looked better, felt better, and they were just more resilient.

Yeah. People would probably do it even if it. Yeah, you actually died sooner, but you look better. That's like, hey, I'm in LA. So that's, you know, but but you actually get the best of both worlds.

I mean, it's one of those things that I never say when you take this, you know, x, y, z, but, it's close to one of those things that I don't. I've never seen a side effect from it.

I love it as a magical sleep cocktail. The up talion, with delta sleep inducing peptide and, like some, some sort of growth hormone booster. Yeah. And people that can't sleep it like myself, it's just like, oh, my God.

I'm sleeping, you know? And it's not like a sleeping pill. Where else? Also, these fall asleep. It's over two weeks. You notice that, like, I'm getting deep sleep and I'm dreaming again.

And, it kind of changed for me. I used to have nightmares all the time. It's also when I had Lyme, though, so I can't say it was just that, but, nice dreams now, you know, instead of waking up stressed and and fight or flight.

Yeah. No, I, I, I love that peptide. So that's fascinating. You've seen good results with that with the SIP delta sleepiness cup. I think yeah they're great together.

And I think the nice thing is with the peptides it's really nothing you can give it with, you know. Yeah certainly the safety profile is is one of the biggest advantages.

Yeah. Yeah. And like with the tea before you're a thousand times the dose and no negative effects, which is like probably most of the peptides.

Pinealon, sleep peptides, and mitochondrial support

You know try that with anything else. Tylenol water. Right. You know any medication don't forget. Yeah. They, they certainly seem to be safer than most medications and most supplements to be honest.

Yeah, yeah. So what else do you generally use them all in combination? So it really depends on the, the client's goals, you know, what do they want? And then we kind of reverse engineer, the plan from there.

So if they're focusing more on body composition, more muscle, less fat, the gr RH is groups really, with of course, hormone optimization, are really the go to their, if they're looking for more anti-aging longevity, we might do, more of a pill on stack with some other, supplements.

Someone who's looking for more, you know, cognitive enhancement. Unfortunately, cerebral Iceman is is recently off the table. But, boy, did that have some promising back.

Yeah, I'm hoping so. Well, yeah, we'll have it as an oral supplement in two weeks. Nice. Which is shown to, you know, studies show you can change the EEG so it works.

Each capsule's about two and a half cc's of the injectable. Okay. Okay. Yeah. Great. Great. Well, I, when we couldn't get that, like, I was calling rush, trying to get it for myself.

Yeah, but, it's it's. Yeah. The peptide world is very strange right now, and no one knows. Kind of like what's going to happen, but. Right. Yeah. And it's really nice that you can they all dovetail together, you know?

Yeah, they really can be stacked, quite well. And the impact is huge. And, so mitochondrial boosters. Yeah. So Mozzie is really our go to for this. It's, it's a mitochondrial derived peptide.

Most of the studies are in rodents. But it just seems to, I mean, ultimately mimic the the effects of exercise. So it increases mitochondrial turnover, mitochondrial production.

It improves this pathway called AMP kinase, which really is a master regulator of, of both glucose regulation and insulin sensitivity. And fat metabolism, it improves, bone density, reduces fat accumulation.

So this is a really, an impactful peptide for, for fat loss and weight loss. There's, studies showing increased endothelial function and vascular parity to heart tissue.

This is a really exciting one. There. That's huge. And, I like that. It's like, did you exercise? Yeah, I took my shot, you know. Yeah. Yeah. Hey, I, I mean, I'm just one of those people who absolutely loves to exercise, too.

So even if it didn't, you know, have any effect, I'd be doing it anyway. You. Yeah. It's, it's just it is what it is. It's like if I'm on that machine, I think every minute I'm like, let's like breathing.

Why am I here? If they get, Yeah. And then. But then when you get done, you're like, oh, my God, I feel so good.

I'm so glad I did it. Yeah, exactly. And then it's like, yeah.

So unlike your standard person, you know, and, I gotta stop eating juju fruits for, for breakfast and, but, yeah, it's all good, but it it's nice that.

Hey, you can do this with safety, you know, and combined with, sounds like you do hormone optimization. What hormones do you find they work well with?

Yeah. So, you know, the, really the most impactful hormone for both sexes is testosterone, as you know. So, we use that quite a bit. Certainly. Estrogen and progesterone, testosterone.

Those are the those are the main ones, right. Are you given. Absolutely. Thyroid is the master regulated. Right. So, incredibly important to, to make sure that's in a, in a healthy state.

So, yeah, if it's appropriate, then we'll, we'll certainly boost up. Yeah. And I found like, you know, you talk about, testosterone. I mean, huge for reality especially I think, you know, for men.

Oh, absolutely. And the problem is when they check the blood levels, when you look. And so you take 95% of the people, they're considered normal. And if you look at someone ten years ago and they make 95% normal, that, ten years ago it was here was higher, and it changed for that.

It was even higher. Yeah. But now people that would have been low are now normal, you know. Exactly. And so and there's also studies showing that they get they have less receptors and they get testosterone resistance.

So the argument is well you should maybe make them above the range. You know it's like saying, well this is normal. So is cancer. So is heart disease.

Then don't do anything right. And so I've had so many people like with so many symptoms of testosterone and but they come back to like 800. Right. You know at the top of the range.

And you know, what do you do. And so I'll give let's give you a trial shot there. Erectile dysfunction goes away. Their quality life, they're just alive again like, you know, stop giving it to them.

But if some doc someone complains and, you know, someone that hasn't read the literature looks at that. Yeah. Looks at that chart. They go, oh, you overdose this guy.

Oh, you know. So yeah, it's a great point. I love this stuff, you know. Yeah, it's a great point. You know, the last few decades we've seen significant reductions in free testosterone levels in males.

And we're not exactly sure what's going on, but it definitely seems to be these endocrine disrupting chemicals are probably playing a huge role. Yeah. And, I'm sure you've seen it.

Kids 18, 20, 25, they're like 200. They're like, you know, 60 year old. Yeah. Yeah. It's, it's pretty, it's pretty shocking. But the the impact of testosterone on both males and females, particularly as we get older, is just, incredible.

And yet all the estrogenic, you know, plastics, peptides, pesticides, BPA. Yeah. Recently have it, thyroid testosterone, I mean, they have fish now that there's no more male.

So, we're going to be a planet of females. Yeah. It's, I'm not going to insert joke here. Are we in trouble? Yeah, yeah, a lot, but, yeah, it's it's it's bad, you know, two medicine is not good for men.

I mean, it, you know, because a lot of of health problems, and, so. Yeah. So. Well, what else do you guys deal with? So you do, you see the hormones? The peptides.

They are. They're pretty much a core. With that. And what else for anti-aging. What do you think is, yeah. So these,

these thymus peptides, are I mean, find this and alpha one specifically, this is, this was isolated from tissue in the, the thymus gland.

And so this is actually one of the few that is FDA approved for various cancers, various infections. It's actually in phase two trials for HIV, cancers, hepatitis B, hepatitis C, but it really is a very potent regulator of a certain part of the immune system, the T cells.

And these are responsible for fighting off viruses, bacteria, which right now is, is is a big deal with Covid. Also increases development of, of B cells to plasma cells, which make antibodies.

Hormone optimization and thymus peptides

We know that's incredibly important for for ongoing, immune strength, reverses immune suppression caused by conditions like chronic inflammatory response syndrome, has been shown to inhibit cancer growth and inhibit viral replication.

So this one right now is, our whole team, it appear on is on this for Covid. And now there's, there's, you know, not a ton of, conclusive evidence that it's, it's, it's treating Covid, but there is, there is a study, or two that is showing some, some, reduced mortality in people with severe Covid infection.

So, yeah, it's, it's incredibly helpful. Yeah. There is and but God forbid you put it up on the internet. Yeah. It's if you mention anything other than a vaccine, you get a letter from the FTC.

Just way we got what I just from I, you know, there are studies showing just giving everyone vitamin D. Yeah. Probably stop the whole pandemic in two months, but, Yeah, well, with the famous ins.

Yeah. Times and outlets prove about 30 countries for right infection and cancer, all these things and. Yeah, because it raises kind of there's like 20 stuff inside the cell to to step outside the cell, use their balance.

But as you get older, you lose your thymus. And so you start getting too much t to not up to one. And also with any chronic illness stress, we think of stress lowering inflammation.

But it actually does this, and so, you know thymus and beta four were modulated as well. And then BPC will, you know, lower T to and we're finding just when we do these big labs on people that so many conditions have the same underlying immune dysfunction.

Right. These pattern right. Like mitochondrial function whether it's and, you know, doctors who don't want to know, say, oh, chronic fatigue syndrome, it's all made up.

It's in their head like, well, we can take it out. Blood tests, about 70, 80% of time. And how sick they are. So how is that? You know, but they look also just, like, autistic, same same pattern.

So, Yeah, the, the modulation is the key, which also goes along with inflammation. Absolutely. And you mentioned to make antibodies to if you have low THC one like as you get older you can't make antibodies.

So if you raise one you can make antibodies just generally too. So it's interesting and like we'll give like all the same are similar. They do different things in like thymus and beta for more of a modulator.

We give it a boost, stem cells and things, and, we give an IV and we'll find sentinel patients or something like that, but, oh, my God, my pain's gone.

You know, because it just lowered all other inflammation. Yeah. Wow. Yeah. So. Yeah. And it will, eventually, as we about the thymus and beta for a fragment.

I don't know if you've heard of that, but it's the active fragment that's orally absorbable and. Okay, just chemically,

and just this stuff, maybe, you know, the basis of who can't do shots or whatever, but.

Yeah. Yeah, yeah, I've heard a bit about it. Yeah, yeah. So we, we, love this stuff. I mean, it, you know, peptides and, the stem cells, I've saved my life, you know?

So, but, Awesome. So, it sounds that you kind of have a this, this full program or. Well, what what is your typical patient? I would say our typical patient is, someone who.

Gosh, I have patients from, you know, 28 to to to 80. So certainly the age changes. But I would say this, this is somebody who's generally pretty healthy, might be losing, you know, might be looking to change some body composition.

Typically their things are going pretty well though. And so they're really kind of looking for that edge, whether it be cognitive enhancement or, just to kind of optimize, like kind of they're really doing well and they just want to further enhance their performance, whether it be at work or in relationships or, everything, you know.

So, yeah, I would say our clients are pretty high performing, and, they're a lot of fun to work with. And don't you think it's, it's kind of nice because, I mean, with standard medicine, it's like, okay.

Yeah, this problem. Go ahead. Got a cardiologist, you know, go to the gastroenterologist or whatever. And no one's looking at the underlying commonality and mechanism, right, right.

And but like, all these things you're saying is that it's not a freak out when someone comes in. 28 year old, 70, 96 year old. Yeah. It's the same mechanisms you're looking at.

Absolutely, absolutely. And I think it's powerful that we're getting at the core instead of just trying to treat something symptomatically. Yeah, yeah.

The traditional medical model is very stovepipe, you know, it's very, it's it's it's too it's too narrow minded. The human system is complex. It's a unpredictable and it cannot be reduced to certain, you know, a plus b equals C.

I mean, it really is a complex system and it needs to be interpreted that way. Yeah. Yeah. And, and I think it's, you know, when we, we started it was I gave myself it's like ingrained don't go this anti-aging.

Alternative which I don't think you know what is alternative mean. It's called oh, no evidence. I mean, all these conferences are so much more evidence based than you go to the university conferences.

It's just like a drug grab, you know? Tell me, here's this. So it's where the action is, right? I certainly am enjoying the sandbox. That's for Archer.

Yeah, yeah. That's awesome. And, and so you're there in Austin. How many people do you work with? Is a clinic there? Do you know? So we have a we have a clinic in downtown Austin.

We have a small team about, well, we have a, we have a clinic in Austin. We also have a center in Asheville, North Carolina, where it started. But our, our main, center is in Austin.

And we have a team of, ten, ten, 15 people throughout both centers. And so what happens like, whatever. A person that has types of issues, whether young or old, they call, they come in, they see you.

What? Well, what happens? Yeah. So, so typically we really just try and get on a phone call with them and just talk to them. So, people can go to my website elevate with ryan.com, and we can get on call and just kind of talk about your goals and what you'd like.

And and from there we'll kind of determine if we're a good fit. And yeah, I mean, we we really are big on data. So we'll get blood work, we'll get genetics, where we, our programs are very, genetics based.

So we do use, probability based lifestyle guidance. From, from genetics, I think is the way the future and, you know, studies are studies that I tell people you're not a study, you know.

Right. Like, hey, the studies say you should be better, you know, but they're not. And so, but I mean, interrupt you, and, so, okay, what else happens?

So, yeah, genomics are a big part.

Patient model, testing, and personalized longevity care

And then, once we collect everyone's data, we'll bring them into the center for the evaluation, and we do some nervous system, assessments as well. We can do some brain mapping.

We do some functional movement assessments. We're really trying to get a comprehensive picture of the of the person and the individual and their goals.

Because it's all it's all related. It's very dynamic. It's, yeah, it's it's it's great. Yeah, yeah. And I think it's rare that, like, a sick person has almost everywhere.

Every area is sick. Right? It's like they don't have some select like, you know, you know, sometimes. But, you know, we see these kind of multi-system errors.

Everything's a vicious cycle, right? You fix one area, it fix the other. And then that gets better. Better. But if you don't address the other areas, then that one area never gets fixed.

No matter how Harvey's found in that one area. Yeah. It really speaks to the complexity of the human system because it really is all related. It's something you do some some great work.

Now, if you have your own to kind of website, are you all individual or. No. So I mean, I have a, a website, certainly just for health coaching. And then also anybody who's interested in working with me, I'll bring them into, kind of the appear on realm and and then hopefully work together.

But we have, you know, certainly appear on has has a big website and all of our information on there as well and all that stuff. And how often do you see patients just, logistics.

So most of my clients are virtual. They're either, most of them are out of state or out of the country. Some are local. But I typically see anywhere from 2 to 5 new clients a month.

And then, majority of my established clients are ongoing. I'll meet with them every couple of weeks, every month for a year. And our programs are a minimum 12 months because it takes it takes a lot of work to make, you know, significant changes for some.

So we won't do anything shorter than 12 months. Well, you know, what a different model than standard medical care. Yeah, that's what I love about it. Yeah, it it's just, I'm just thinking about it.

You know, people are just used to being. They loved their doctor. They now they're starting not to, but, Yeah, they get eight minutes. Oh, here's an antidepressant.

Go. They don't care what happens if, you know, call if if when you you know, lose a limb or whatever. But yeah, I think the world's changing for, for the better.

And you guys sound like you're on the forefront. Well, we're certainly trying to. Yeah. That's awesome. Let's all also. Well, I think you've given some great information and, Yeah, you guys are on the cutting edge.

And this really shows how medicine can actually change. And I, I did a, piece called 17 Years Ahead because the

annals, Internal Medicine, found that it takes, on average, a proven new therapy to accept that the mainstream medicine takes, on average, 17 years.

Yeah. So, you know what we kind of say or do, I mean, it's like, oh, whether you, integrative, functional, like, I don't know what to call ourselves. I mean, yeah, yeah, I just think we practice better medicine and we, we crunched that 17 years to, you know, to very short where it doesn't take that long.

And, sounds like you're doing such a great service. I imagine some great stories and, people that you helped. And so a lot of grateful people that whose lives have changed forever.

Right. Well, we're we're certainly trying and it's, it's it's, it's been a pleasure. I'll tell you, being in this, in this world, because it's so different than the last, you know, ten or, so years that I was in traditional medicine.

So, it's super exciting. Yeah. Because you were doing your ortho. Yeah. I mean, that's like standard, you know, algorithmic. Absolutely. No thinking and more and more now that's what it is like.

You you, you know, er you better do this, this, this, this or you brought up in front of the front of the board like there's no thinking. And doctors, you get it replaced with artificial intelligence.

You put their symptoms in there and it's gone. You need to do this where what you're doing. I think what we're doing is, is very different. And that because it's not just algorithmic based and and we'll interview doctors are working interviews like what's the protocol like.

There is no protocol. Yeah. It's it's concepts. Right. And the way doctors are trained now, they memorize, they go, give me the, you know, give me the protocol, memorize it in an hour, you know.

Yeah. There is none. And they freak out. Yeah. So the human system just does not work like that. Yeah. It's interesting. So anyways, I could talk to you forever, and, likewise.

Yeah. I enjoyed the chat because, I mean, I love this stuff and, saved my life and say wonderful, things. So I thank you for taking the time. And I think it's great, some great information for, all the viewers, and I appreciate it.

Likewise. And thanks for having me. Great. So have fun in Austin. Thank you. Take care. All right. Bye bye.