Rescue Peptides Augmenting Mitochondrial Voltage, Fuel and Oxygen Levels. Transcript

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Introduction to Mitochondrial Rescue

Hello. You can't hold her up with another episode of the Peptide Summit 2.0 and a new speaker for you, amazing guy. Doctor Raja, thank you for being on, looking forward to this, conversation.

Doing some very cool things with, with mitochondria. So we're going to be talking about mitochondria dysfunction, disease. And he's an expert in that and a self-proclaimed mitochondrial geek.

So, welcome. Thank you, Doctor Holter. Thank you. Thanks for having me. Yeah, it's I'm amazed is looking through all your stuff. And I've been a proponent of, you know, basically mitochondrial dysfunction and give lectures on it, even with, you know, hypothyroidism, you know, mitochondrial function causes hypothyroidism that looks normal on the blood test, but, it's a little bit about, doctor Raja is, innovative, board certified, otolaryngologist for almost 25 years, specializing in minimally invasive sinus ventilation procedures.

He's self-proclaimed medical device geek and, and has helped to design many, the tools that he uses as office in, Orlando, Tampa and West Palm Beach, Florida.

So, so many people from Florida. Doctor Raj has been, red pilled, i.e. the matrix. Take the red pill. He can't go back, into mitochondrial medicine as a result of caring for younger and younger patients suffering from autoimmunity, chronic fatigue syndrome, bio toxin illness, mold, and neurodegeneration.

Which I totally agree with the mitochondrial picture. And it becomes a vicious cycle when you have low mitochondria that, you know, your hypothalamus doesn't work, your immune system doesn't work.

So then you get chronic infections and that makes mitochondria worse. You can actually have stress. It makes it worse. So just goes around around and and gets worse.

And and so danger response. And so just pumps out all this oxidative stress and people are in trouble. And you got to try to unwind that. But fixing the mitochondria is, is very key.

He understands that all chronic disease stems from having a lack of mitochondria voltage. And consider himself fortunate to be involved in mitochondrial rescue for the second half of his medical career.

Might excuse me, but I've got to rescue, couples proprietary mitochondrial neuropeptide therapy and advanced scientific research to follow the improvement in patients, and their outcomes, at an excellent value.

He's always been solution, solution oriented. And he's grateful to be able to offer the mitochondria rescue program to like minded practitioners. With his full support.

So there's a lot of training and, and then really, you know, shows you how some, you know, one key aspect that I don't know if anyone's teaching on mitochondria, you know, really what to do when we have some new standard mitochondrial, peptides, which we like a lot.

But he has a way that we're really talking about cost effective. And, and we won't I won't give it up yet, but it's it's, you. I'm sure you've seen it. They didn't know was a peptide.

And so it's only has wearables as, which I'm looking forward to hearing about. Also advanced, heart rate variable training. And I'll talk about, you know, why that correlates with mitochondria.

And which he's pleased to offer on a complimentary basis. So, I'm looking forward to this learning some, some cool new things. And I appreciate you being on.

Thank you. Right. So the concept is that chronic inflammation is the cause of all disease. And it robs you of power and the voltage that we have in our body, which is greater than a lightning bolt, 250,000,000V, actually, at a minimum.

Really? Yeah, yeah. Can go down. And if you lose power, you think about your cell phone, right? You have, a certain decay rate once your battery age is a bit.

And as the older you get, once it gets 75% discharged, it just dumps it. Can't run all the programs. So it's very similar. And mitochondria are like a smartphone battery in your smartphone.

They make up about 10 to 15% of your body weight. So it's very similar. So what we like to do with our program is we like to determine your middle profile.

We like to know what your middle reserve is like, to know what your middle decay is. And because we're so confident in our peptide therapy, we know that we could raise your reserve and slow down your decay.

And we can give you the tools, to measure it for yourself as well as for your clients. I mean, that's huge because I've been looking for a good mitochondrial test, I don't know, for decades.

You know, there's might have some. I haven't found it that use. Well, what's your thought on that test? You know, there's so many and the organic acids and, you know, mitochondria represents energy.

So we I am interested in more energetic measurements. To tell you the truth. And, I use a lot of diagnostic and therapeutic energies in my career as a surgical subspecialists.

So I'm very comfortable with it. And, now that we're in the era of, BYoD world, bring your own device world. I do think that there is an opportunity coupled with where telemedicine is heading.

It's not really going back. In my opinion, we can connect to patients with their biofeedback data and talk about their metabolism and give them therapies, that they could do at home.

Perhaps, you know, some of our, dietary peptides and make a really huge impact in a way that I don't think really has been done before. Wow. That's just to differentiate what you're saying, energetic testing most people think of, like, you know, where, you know, taking your arm and that like energetic.

So that's totally not what you're saying. Right? So, you know, I just want to put my hat on is as an EMT, I went, I've been through six cycles of revolutionary technology in my 25 years as an EMT.

And on the diagnostic side, we do hearing tests. We do advanced infrared balance tests, we do audits, auditory brainstem studies. We do, recurrent laryngeal nerve monitoring.

And we do our neck surgery. We do facial nerve monitoring. We do electromagnetic image guidance for sinus surgery. And on the, therapeutic side, we used, all kinds of heat, laser, infrared, radiofrequency ablation.

Why Chronic Inflammation Drains Cellular Energy

And then we ended up using cryo ablation. And right now we're using high pressure balloons to do the work that we do. And that is what I would describe as energetic treatments.

And when you talk about mitochondria really what we're talking about is their fuel okay. Which is are they burning carbs or are they burning fats. Because, you know, if you're burning fat, you're making 4 to 5 times more energy.

And we feel that our peptide makes fasting and going ketogenic, including the mood that you would get much easier. Okay. And of course our food is our electrons.

Okay. We get them from sun, we get them from Mother Earth. But those are, the voltage. Okay. And so we can measure that. I mean, it is electrical measurement. Heart rate variability is.

And because the bandwidth of our device is so high, we get measurements that others don't. But that doesn't mean the more commercially available, instruments are not worthy of our analysis.

So that's voltage. Okay. And of course, oxygen levels. You know, in this Covid pandemic world, that's a big deal with all the cytokines and not being able to hold on to your oxygen, to the hemoglobin and, you know, so that would be oxygen levels.

And we have advanced oxygen monitoring devices that are coming out as well. So there's a packet of energetic measurements that are more advanced that you might have to go to the doctor and have them do.

But there is also a packet of, things in your stable biology that you can do at home and relate to your doctor there. So, you know, if you have an effective therapy and if you're not, if you're really not concerned that maybe your therapy doesn't work, or maybe you want to see how additive what you guys already do, when you add our peptides, I think, you know, this might be the right program for you. And the training isn't all that difficult.

It was meant to be a weekend course, so it's not. It's not like a big march. Well, that's nice, because it makes it easy. And it sounds affordable, affordable for patients.

You know, you got some great device, but if but, you know, cost $200,000, you know, it's. And you got to charge so much to try to get your money back in ten years.

So you got a worthy cause. And it really, you know, sounds like your big goal is to help patients and help doctors help patients, you know? So that's that's awesome.

Thank you. And I think it is such a problem now I mean, you know, I know 20 years ago, ten years ago, you know, people were too sick. It seems like everyone's sick.

Either they're sick or they're family member I care at a cocktail party, it was like, oh, my God, I'm so feel so bad at it. Oh, or my sister's got this. What?

You know, I think we're getting, you know, there's so much toxins and stress, you know, emfs and pesticides and and all these things and, and I think our care's becoming so cookie cutter and.

Yeah. Do you think Kaiser's looking at mitochondria? You know, that it's just having, you know, a huge problem and, you know, lifespans going down for the first time, and neurodegenerative diseases and things like that.

So we'll, we'll get into all that. Are you doing I think you're do have some research that you're starting or in the middle of. We have a long track record of product specific advanced research through, three different medical universities from the part of the world where this comes from.

And, you know, we first of all, we proved that our particular peptide, has a intracellular concentration that is, amazing in terms of the bio availability.

And we also, have proven that it cannot be broken down by the only enzyme that breaks down this peptide therapy, even though it's only two amino acids.

So that's the main manufac lecturing proprietary IP. Do you want to tell them what it is? Sure. It's corn is an extract, and the product line is called mitochondrial rescue.

And so it does not get broken down by consciousness. So that means you can have bad dosing if you have a big state corn meat. Right. That's where a tradition needs to come from historically, although this is a vegan and vegetarian, it'll last maybe a year and a half and you will get nearly as much into the cell as you can with our product.

So you regenerate faster than your, normal years of age would allow you to, is basically what happens because the core design is so atrophic. But we did a lot of our research on Ms..

Because the country of origin, you know, they thought that it would be good for the brain because energy in the brain is basically everything. And they gave it to some of their patients who had Ms..

And they were getting phone calls. Hey, this is getting better. So they went to their government and they say, can I have a grant? And that's how their and their studies, became, boring.

So they presented in Dubai, they presented in London. And we have a human studies, we have rat studies, we have functional MRI studies. That basically show that it slows down the rate of demyelination.

In an animal model, it protects the blood brain barrier, and it actually acts like a brain growth factor in culture. Wow. That is, we had a 28 patient study that showed that, they had more energy, less pain, less fatigue, and they were overall much happier.

After just I think it was three months of therapy at the sweet spot dose of six capsules a day. Because this is not an injectable, this is oral, and it's made from food and your body makes it yourself.

But you know what I mean. Milligrams is that it's 125. And, we have a in a capsule in a capsule. But it also has, CoQ10, vitamin E, bilberry, grapeseed, you know, some other things in it.

But really, it's that massive availability. We have a big metabolic study coming out this year, very big, where we're going to be doing, rats, humans and, mice.

And it's going to be, insulin, cholesterol, leptin and oxidative potential and glucose over a four month study. And we're actually going head to head against metformin and, Lipitor.

Wow. Actually. Wow. That's amazing. You know, and these studies aren't cheap. So, you know, you know, your money where your mouth is. The research dollars goes a lot further where we are.

And, what I can tell you so far with that study is that in, in the rats, the oral glucose tolerance test showed a very, very rapid return to baseline glucose levels after being given carnitine extra as compared to the control.

But they don't allow me to say too much. It's going to be, a pretty exciting, study. Yeah. Because once you come out as a supplement, you can't make a claim.

So it's really hard to, Well, what about if you do the study on your product? You can say that. Yeah, exactly. And so. Right, I understand that. And we're not claiming to cure anything.

All we're trying to do is improve people's metabolism and shake the rust off their mitochondria, their oxidative stress, and and maybe patch some holes in their leaky mitochondria.

You know, because our exposome of the modern world is basically causing our mitochondria to leak and to rust, and we need to be able to stop that. Okay.

And how about the energies that we're going to be exposed to with, 5G and whatnot? No one really talks about it. That's oxidative stress. That's the mitochondrial theory of aging.

That's the electrons going the wrong way and frying the naked mitochondria in the cytoplasm. So, you know, we're

very good for that too. Actually. It's yeah, it prevent that because yeah, what they're finding with the EMF.

So I started doing research and I couldn't believe the research on the harmful effects. And you know, it increases il6 it causes the, voltage gated calcium channels to open up, which are associated with neurodegenerative diseases, autism, migraines, UV pots, chronic fatigue syndrome.

And if, if you happen to have a genetic defect also where it's not a really a defect but a snip where it's just, it's not quite perfect that you may be okay until you get a physiologic stress, until you get some trauma or stress or something else and or emfs.

And then now your voltage gate starts letting all this calcium, or palpitation is huge, you know, in the heart. And that's you'll find a lot of our patients will understand that, you know, they get palpitations all the time.

And I tell them, turn off your EMF. You know, your Wi-Fi. Oh, yeah, especially at night. And they're oh, my God, my palpitations. So much better, you know?

Right. I mean, let's say you're a mold patient, okay? I mean, mold grows 600 times faster in a Wi-Fi environment. Yes, yes. Right. And so that's the chronic inflammation.

You reach a tipping point and, it becomes a real problem, and it's a modern problem. But we we believe we have solutions. I mean, we keep the mitochondria pH in at a good level because Kanzi represents one third of the buffering capacity of your body.

We crank up the function of the electron transport chain. We, of course, we then produce more, ATP. And finally, we keep the cause that we're learning more about.

Thanks to, the different types of cryo electron microscopy and the different advanced microscopic techniques that we have. We keep the pores intact and we prevent the mitochondria from swelling as well.

So. And we're very good with those voltage gated, calcium channels. So it's easy to talk about anything extra, frankly. It's just that, you risk sounding like a snake oil salesman because you're so upstream with the mitochondria.

Yeah. And I, we have the same thing when I'm talking about, you know, BPC 157. It's like, what helps this helps that that one's like, yeah, it's like snake oil while helping to help everything, you know, because it's like it's like it's helping every cell in every system, you know.

Let's that's amazing. Now harnessing versus carnitine right.

Testing Mitochondrial Function and Bioenergetics

So it's part C right. So carnitine you know it has the same prefix. So it comes from meat. But that helps with beta oxidation of fatty acids. So we actually do have a little bit of carnitine in our product too.

I failed to mention that. So let's talk about fat burning. So we know with our, our advanced HIV device that you need to have a normal power. You need to have a normal percentage of very low frequency energy in order to participate in beta oxidation.

So you can use a wearable device or a breathable device in this instance, or you can have an advanced hrb done at an office. Or you could have something done in your own home nowadays, because our bandwidth is 2000Hz.

But the device that we recommend is 500Hz. And, I have a nice dashboard set up. I've been very, very impressed. And as much as people want to talk about insulin resistance and glycation, actually, I would say that mitochondrial dysfunction occurs before even insulin resistance occurs.

So you're kind of leapfrogging, okay. Instead of just looking for glucose floating around and having attached to your hemoglobin, or even see how you are rediscovering insulin resistance, I think if you can discover mitochondrial dysfunction, you're a step ahead.

Yeah. I mean, you know, the drugs out and you look at drugs like, you know, the, you know, basically they'll, you know, basically poison the kidneys. So they just dump sugar into the urine, like, is that fixing anything, you know?

Yeah. It's going to lower your sugar, but you're not you're not, fixing the problem at all. You know? So that's that's great. So, and you have a number of products in the pipeline you're working on.

It sounds like you're kind of right. Just constantly doing research and developing. And, yes, we have a big product that's going to be coming underneath our, distribution and it's called creatine, and it's, probably going to change the face of creatine as we know it.

We have a three country, six month study that started last month on sarcopenia and frailty and these bioenergetics, these supplements, really not just help muscle as a fitness supplement.

But they also really help the brain. And because you're putting a precursor of the creatine in it, the bioenergetics are just massive. So you don't have non-responders anymore.

You don't have the water weight that you want. It's much more effective overall. The dose can be lower. So we have a lot of it attached to our products.

And this particular one is, a study by Doctor Austin Gehrke, who's, who's very well known in the creatine world and in the bioenergetics world. And so we're very happy to have him, and we're very excited about that.

And we believe the cornicing with the cricket team is going to be through the roof, helping people in ways. That's that's how you mentioned reality. And it's it's a killer.

You know, and people get older and they really die of being frail. You know, they'll end up dying of whatever heart failure, you know, they break a hip and then they, you know, bedbound and they're then they get pneumonia.

So but that's the big thing is keep from being coming frail. And, you know, basically you just have, you know, the way standard medicine is. Yeah. And we might live longer, but it's terrible quality of life.

But if you prevent those things then, you know, you have a great quality of life, for much longer. And, and that's the key. Who wants to be a nursing home and, you know, with dementia?

And, you know, basically in and out. So, that's that's amazing stuff. So how is your currency different then? Let's say what you get that health food store or whatever.

So we know compared to pure Elkhart is seen in Elkhart is seen that our, our product is not broken down by corn since that is the main enzyme that breaks down corners.

And so it breaks down into beta alanine and L histidine. So if you don't do that and you can prove pharmacokinetic studies and you've spectroscopy and intracellular concentrations to show that the other products are not like our product.

But the only thing I can tell you about our secret sauce is that it's a proprietary manufacturing, technology. Does it have to do with isomers? So. I don't think so.

And it's not just raw material production with the ingredients like a sharp eye. And it's not liposomal. It's way better than liposomal. But, you know, I just honestly, I don't even know myself.

I just look at the studies and I see the effects. Yeah. What are the results? So no, because, yeah, we, did so much

research on on peptides and, you know, bioavailability and breaking down.

And there's it's interesting there's a lot of ways to do it, but trying to really do it is a lot harder than, you know. They say in the research it's like, you know, and you have to you have to get, you know, basic contract people to do it.

And, you know, so it's tough and it gets expensive. So, but it sounds like you have something that that's really, really different. And, effective. Right.

So let's see. Wait, what about the the, heart rate variability, like, so what what do you do with that? And again, like what what does that really show a doctor or a patient.

So right now a lot of professional athletes are using heart rate variability to see what their readiness is, what the recovery is. And, you know, even the ordering, those kinds of devices are very low bandwidth.

And they work by, the photo plates, the this ography the infrared light, and they tend to be 150 to 250Hz. Our device is 2000Hz. And it's just looked at hooked up to a laptop.

And you just have some, electrodes that you put on for lens and you just sit there for five minutes. But because it's so high bandwidth when you're studying the.

For those of you who are unfamiliar, the ATA are waves of the EKG of actually 12,000 bits per second. That can compressed into 2000. You put it in some Fourier transformations, and you apply to a seven year old age and gender match database.

You get an incredible one page report that kind of tells you what your bioenergetics are. So it tells you your total power. It tells you how much of that power is being distributed in parasympathetic versus sympathetic versus what's called very low frequency.

And that would be higher order functions like cerebral communications, hormones, immune function, things of that nature are particular high bandwidth device, measures of stress index.

Okay. So that's your oxidative stress index the oxidative free radical theory of aging. Right. So that's your mitochondrial exhaust. That's that's your mitochondrial leakiness okay.

So it measures the stress index. And it also measures something called your index of centralization which is your hypothalamus your master conductor. So we see some patterns, that are fairly common in today's world.

And we could talk about it for hours. But most people are stressed out, low power, brain on fire, hypothalamus lay on fire, very sympathetic, dominant.

Okay. Oh, yeah. Yeah. And a lot of our younger people, are talking about in their 20s. They are, burned out. You know, they don't have any hypothalamic function.

They're very low power, and they can't even mount the stress response. And, I think it's very sad. You know, I believe it to be a very important, not invasive biomarker, maybe the most important that I've seen.

You get a lot of information. I mean, if you could measure energy from galaxies away, why would it be so hard for us to be able to measure energy that our own body is emitting, to give us information and, to examine it, for the lay person, like, so what is heart rate variability usually used for?

And it's amazing the, the information you're able to derive from your device. So, it usually it would be is your parasympathetic balance to your sympathetic.

And that would be are you ready? Okay. Let's say you work out and you are not so recovered. You will show that when you wake up in the morning and they actually have hrb scores that are attached to these devices that are

more commercially available.

Ours is more like a scientific research device. But the kind of data I'm getting from my patients are more, what's out there? You know, we have a world champion that that just was on our Kanzi.

An extra, he won the world trial championship. Six hours cycling, 50 year old. He did 100, almost 140 miles. And he said he didn't have any lactic acidosis or anything.

So we followed his HRV. Wow. So it's very common. Yeah. I mean, we don't have that many athletes. We tend to, stick with the sick people, but certainly it's good for fitness and anti-aging.

So it's more in the fitness world is what you would hear about. Are you recovered? Are you not recovered? A lot of athletes in the thing overtrained. And that's what you see out there now.

What's happened are that now I make sure I'm not overtraining and I workout religiously every four months or eight minutes. But, every, all my training.

So, you know, rain or shine, I'm doing it. But yeah, we get, you know, these people that are, you know, tiptop shape or you look at, you know, determine their, like, DNA age or cellular age, and they're older than average, you know, and but they look great.

And all this stuff. And you mentioned stress, too. It's like I'm thinking, like, growing up, like, you know, the stress of growing up, everyone. You're kind of a pecking order where you think you are and all this where now it's like, and we would, you know, we'd have computers.

You send a letter, wait a week, and, you know, now it's like everything's instantaneous and there's traffic and Facebook and you got to have so many likes to be, you know, popular.

And it just overload, you know? Yeah. There is always papers coming out about Carnegie next, or there is one that just came out a couple months ago that said that, when you're on it, it gives you a better demeanor.

And that's the first thing you notice. You're, oh, hey, I'm going to get some have in my pocket for people are now here take take this. Yeah, yeah. It's it's me non-native and apps are a big deal.

Right. That's, you know, when you're MF, you have a billion fold increase in periodically nitrite, which is a non oxidant radical, but it breaks down into the hydroxyl radical and into the nitric and super potent species.

Yeah. Yeah. So that's bad. So we can fight that because we have really good antioxidant potential. And like I said it's a very good heavy metal key later that crosses the blood brain barrier.

It actually cuts down on IL eight. Yes. It inhibits glycation. And it's like a Pac-Man. It gets rid of those rogue electrons and get rid of a carbonyl groups and aldehyde groups.

If you have proteins that have things attached to it, it removes whatever's attached to it, like a glycated protein, like an advanced glycated end product.

And that's, you know. Yeah. So it's yeah. Yeah.

Peptide Therapy Research and Clinical Results

So it seems to hit so many areas. That's it. That's what I'm saying. So it's not just mitochondria, it's just that it's so prolific. What's good for the mitochondria is good for the cell is good for the cell is good for the tissue. It's good for the tissues.

Good for the organs. Good for the organs, good for the human. Right. So, and if it's good for the cell, it's going to

be good for the mitochondria. If it's one third of the buffering capacity of your cell, it's going to be good to buffer your mitochondria, too.

Yeah. All the it's a brain growth factor, you know, and if it reduces a, and it helps with calcium. So, we're very happy to have it. And, you know, we see a lot of, forget it because there's too many things.

I don't believe it. Yeah, I know, I know, we we well, we concentrate on the neurodegenerative side, but the other pattern that we see with their HIV, with the young children, it's a very close to my heart.

I really do. You know, I think it's a shame that, you know, seven and a half and, percent and even greater of all American children are born with some kind of developmental disorder.

I think that's just a crime. So, we can help with that. And a lot of times we see big changes in the VLF, with our hrb. And, you know, we're not claiming to cure anything.

We're just trying to improve outcomes and help people overcome their challenges and just using their biofeedback data. And just some food to, to help them.

But so we have lots of cases all over the world. But that's nice because, you know, like these, you know, parents of autistic kids, I mean, it is so, you know, difficult this then their stress is just like, crazy, you know?

Right. Yeah. Yeah. But, Yeah. Did I mention so I, I did a review article on thyroid transport and, you know, saying that anyone with chronic illness really is low thyroid and here's just a page in it.

And so with references, like every you know, it's not every condition but conditions that have their documented mitochondrial dysfunction, includes, diabetes, obesity, chronic and acute dieting, depression, anxiety, bipolar, neurodegenerative diseases.

They just affect aging, chronic fatigue syndrome, fibromyalgia, people with migraines, chronic infection, physiologic stress and anxiety, cardiovascular disease, inflammation and chronic illness, high cholesterol, high triglycerides.

And talk about the standard blood tests look normal, but it's all because thyroid is transported in the cell the active transport which needs mitochondrial function.

But so all of these people are low mitochondria. And so, you know, you say all the problems. Another problem is they're all basically have cellular hypothyroidism.

The thyroid is low in the cell which makes the mitochondria worse. And then the thyroid can't get into the blood into the cell more. Yeah. So everything's a vicious cycle.

Yeah. They're they're low voltage. Right. Chronic inflammation taps your voltage. There's over 2300 studies on Karmazin. We encourage people that are part of pdea.com with the KKR and OP idea.

We have it listed by all of those different things. Those are all approved PubMed, that type of research articles that are already out there. It's just that ours are so much more potent than any other, and that's what makes ours so special.

Everything is chronic inflammation. Okay. That's the concept. And it robs you of your voltage. And frankly, just because it so then you and then it causes more inflammation because the mitochondria messed up.

Of course the only reason we breathe oxygen is to give it to our mitochondria. There's really literally no other reason. We need a final electron acceptor to make our structured water and to have the ATP then be produced.

Or how about this? Sometimes your, mitochondria need to be rescued, not to produce more ATP, but to go away like you were talking about before. So danger response. My top ag apoptosis.

You guys talk about it a lot. And your peptide world. So we we did a mcf7, cell culture study, human metastatic breast cancer. And we know that in those cells, it's, you know, it's in vitro.

We can shut down complex two and complex four, and we've measured it with our corners in extra. So sometimes in order for you to be rescuing it, you mitochondria need to go away.

Yeah. Yeah. So the cells that they hang around, they run that energy to die and they're programed to die, you know, and then move on and you get healthier cells.

You know, they start getting dysfunctional. But when they don't go through apoptosis as they're supposed to, I die because I don't have energy. Then that's when they turn into cancer.

They cause all the, you know, basically increase inflammation and all these problems. So you give them the energy to do what they're supposed to do, which is to go away.

Right? If you talk about the Warburg type of metabolism, the so-called, aerobic, a robust glycolysis that's a runaway train. It's just the machinery that your cancer cell.

And I believe cancer is a metabolic disease. I don't think I'll never not leave that. And so if, if you're just making to make and it's not even energetically feasible, you're not subject to any signaling molecules.

So you need to wake up those mitochondria, say, hey, wait a minute. I didn't pay attention to those signaling molecules to tell me to stop. Oh, I have to go away now.

Yeah. And when you said that, it reminds me of. I'm picturing a graph from a study on quadriplegic syndrome or fibromyalgia about that. They basically exercised, and where they went into anaerobic metabolism was so much earlier than normal.

You know, it's their mitochondria just couldn't keep up. And so they went from, you know, basically burning fats to having to burn the emergency glucose, very quickly.

And I just it makes me also think of, you know, I've sent reports now showing that and the disability people go, you can pick up 3 pounds, okay. You can work, you know, and it's just, it's crazy.

But, you know, and I just love your background and your passion for all these medical devices. So, what types of things, are you are you doing, in that arena?

So we're trying to build a software based platform so that patients can maybe spend $600 and get 2 or 3 devices. We can measure their mitochondrial voltage, with, with that 500Hz, core sensor leaves and the device, and you can also get, an oxygen monitoring device that we believe, through a pretty major company.

Maximo. It's called the Oxygen Reserve Index. And we're pretty sure, we've looked at the advanced physiology that it probably represents mitochondrial partial pressure of oxygen.

So it's the oxygen. Okay. And, finally, we have this device called lumen that just came out that, I don't like sticking my finger. Okay. So you blow into it. It's a breathable.

It has an advanced CO2 acoustic gas analyzer. That shows you how much CO2 you remaining. And I've looked at the studies very carefully, and I've matched it with the keto mojo.

And I don't like sticking my finger. And it tells you whether you're burning fat or carbs. So, if you put those three together now you're measuring my control voltage, oxygen and fuel levels.

Okay. And if you stack, let's say, a ketogenic lifestyle with our, corners next and some of our other products, and perhaps you go in my, bespoke hyperbaric chamber, I think you and you do some electric ceuticals, like scaler

energy, electricity.

Because I have a lot of devices. Love that. I have not heard that term. I love it. Right. So electricity stack, micronutrient stack, ketogenic stack. You know, those are the kind of things with with ability to measure the results, so that if you want to prove that, hey, you know, we can prove it, you know, are you listening?

Right. We can prove it. But are you listening? So I think to get doctors to be more open to this kind of thing, to get them to leave their side low, is also part of the messaging we're trying to come across.

And I, you know, I'm going to give you a call because the moratorium on my buying toys is, is about my, accountants. I was like, buy and stuff, and that would never come.

I'm getting mad. They didn't tell me they canceled everything. Like you're buying too many, too many things, you know? Yeah, I have a lot. I have a lot to myself, I don't mind, I like it, I enjoy it.

Yeah, and it sounds like they're reasonably priced, you know? Right. So I, I do worry about you for one reason. You're bringing out these devices that are very cost effective.

You're going to piss some people off. And so you better have, like a security guard, you end up, you may end up in a weird, oh, strange, death, you know?

So watch me with that. No, I, I we do watch out for it. It's. I think we are in an age of disruption. And, we also need good solutions that are very cost effective.

I mean, you know, for our Ms. patients, you could be treated for a full year, all different stages for around $2,000 for a year. Okay. And get results.

And those meds, you know, cost that per month, right. And I don't even war. Objection. Right. So we know that, you know, we know we're just trying to improve outcomes.

We know that we can help overcome challenges. And, it has to be affordable. It has to be accessible. It has to be measurable. And you know what? I don't see, Apple and these other things saying that in a board meeting, it has to be affordable.

You know, let's say right now they're busy trying it. They're trying to steal your health data right now, frankly. Right. We want to give it back to you and give you solutions.

At the same time. You have a different model. Yeah. They want your information. That's interesting. Yeah. So what what wearables do you do you have or it would be the lumen.

It would be the core science elite hrb. And it would be the Maximo, safety net, the latest version that they have in the EU. Those are the three. But frankly, you could have a regular pulse ox, right?

Because even your pulse, your O2 stat will go up with the kind of therapy that we're presenting. If you have that kind of problem and those are available.

Yeah, we're out there. We I'm not a medical device. I'm a medical device geek, but I'm not in the medical device business. I like to look at the tools and figure out which tools make sense, and maybe put a dashboard together so I could talk to my patients in a HIPAA compliant, environment.

Basically just flat or biofeedback. My, my title is the chief metabolism officer I mitochondria rescue. So, we just want to just improve your devices.

Yeah. No, no, I, I helped develop some of the devices I use for my sinus ventilation procedures. But, you know, I'm trying to move into the, the mitochondria medicine world, right now, so we're not.

I see the device world is tough because every few months something comes out that's like, oh, my gosh, that's what I was looking for, you know? And, Yeah, exactly.

Yeah. I just hired a person who's expert in getting medical devices through the FDA.

EMF, Oxidative Stress, and Mitochondrial Protection

And this kind of help us in the peptide space because we're spending so much money on FDA attorneys. And, you know, all this stuff to get these out. And it really pisses me off.

People just throw say, oh, someone else doing this stuff. Where does, you know, you have to do so many things. And we're talking the FDA all the time.

Yeah. We also had to hire the, who has had regional head of FDA, supplement enforcement and, he basically said he would go into doctors offices with his Glock bald and a flak jacket on and for like, B12 that they heard was like illegal.

I'm like, you are a dick. And and I'm like, see? Everybody's like he goes, yeah, I loved it. And I'm like, yeah. But now he's our addiction. But, you know, so he's always talking to FDA and saying, hey, what do you think of this?

And you know where this is? There's some weird loopholes, but there is so much testing. And so everything we do is just over tested, and you know, that, well, you know, you just we're just improving metabolism.

We're just using biofeedback devices to, to, to to help you. Maybe overcome challenges. That's all we're really doing. If people have happened to make big gains, we are not making any drug use claims of, oh, I would never say that we are, but we do have research that we can, can talk like that to, yeah.

Get, you know, take a look at all that stuff. It sounds like very cool. Yeah. So, let's say for training. Tell me about the training program. The training program is all online.

It's all complimentary. And we have three different levels. You can just watch a couple introductory videos and open up a practitioner account. Or you can take our, didactic course, which is all about mitochondria.

Medicine is meant to be a weekend course. And you can become certified that way. And if you want to go full on, you can become an advanced HIV practitioner.

And it's not expensive. It's $800 down, it's $100 a month. And now you the device preloaded on a PC, and we get on TeamViewer with you. And we have lots of videos to watch, and we just train you over TeamViewer.

We have a nice dropship portal that you can order to, you know, get a product on your own. And the telemedicine, I think it's about six months away. We're working on the software and what we want to do is we want to set up, a loyal rescue program and a loyal royal rescue program, so that if patients want to buy, maybe the stable of their, might have Andrea, devices, and maybe they'll get a discount on on the products.

Okay. Or maybe they'll earn points toward getting the next device. Or maybe if you group together as a group and we look at all your dashboards and say, hey, you guys did great as a group, you really improved this parameter that I really includes your metabolism.

You qualify for for more discounts, and perhaps you can even go down on the supplements because that's what we find. People get so healthy they don't need the same dose if they need it when they're molded out.

And chronic fatigue. Yeah, the goal is not to be on more and more supplements. Oh you we need it. But but then you can get off it. But the thing is what's interesting is what I is.

Well you can you can like look at them and say well maybe you need a little extra today. What's going on? Where

were you. Right. And then you can say, well, and then they learn how to dose it according to what's going on.

Maybe they're taking an international trip. Maybe they have a big, you know, athletic, championship or something. So it's much more catered. But the goal is to have it be cheaper and cheaper for them as they get better and better and has they get, more into your community, to, improve their metabolism.

Right. And for chronic inflammation, who doesn't want that? For so many reasons. And so where do people where a doctor go to get more information, where we're the patient go.

Right. So we're practitioner based right now. So the best way to reach us is through mitochondria rescue.com. Or you can just contact me directly. Doctor Raja draga at mitochondria rescue.com or, you're in trouble now if you're, if you're on, if you're on, telegram, might or doc on telegram.

So anybody know program is. Yeah. It's a, it's an encrypted kind of, WhatsApp to, to get away from people watching us so much and using our information.

So that's getting bad. We could talk about that forever. Yeah. Right. So I mean, and they had the username Nitro doc. So I just grabbed it. And I'm just going to use that one because I love it.

But you know, can I drop a URL on this, on this talk so people can just, absolutely. Well, in fact, I wanted to put, like, your website and the URL, while you're speaking on the bomb.

So let me talk to our. Yeah. So he should be talking about this offline, but, Yeah, well, we'll do whatever, whatever we can. I have a I could send you URL in a minute so people just click and get all my information.

With all the research and all the information about becoming a practitioner, do you love it? You're just so into just helping everyone you know, and just.

That's why we're all here, isn't it? Yeah. No, it's true. It it's refreshing, you know, I love it. And, and so, you know, when we talked earlier, you talked about, minor profile, minor, sir.

Minor decay. Can you go into a little more detail about those? Because. Those. Right. So, so the way your mitochondria are, are different than mine. Okay.

Let's say someone's really toxic, and you're giving them a lot of treatment. Well, they're probably going to be very low power. And how you would dose them would be different because they're my reserve is very, very low.

And maybe you raise them to high and all of their toxins get excreted. And they have a really big problem. So that my profile is different than someone who's a professional athlete for Burns.

Fat really? Well, like our world champion Anthony Passos. He doesn't even need to carbo load. Okay? I mean, all this whole thing, he doesn't he just, you know, he's an elite.

Mitochondria mitochondrial person never gets there. He never. Well, he has the most elite mitochondria in the world. So we can figure out with all of these devices and with our advanced stuff that we have in our office and with the work I'm doing in hyperbaric medicine, which is very exciting, by the way, we can figure out what your middle profile means, how much can we charge your mitochondria, and how long does it take for it to drop in voltage?

Okay. And so that should decay rate. And that's your reserve. And the goal is to raise your reserve and slow down your decay. Okay. And if we can do that just by using biofeedback and by improving your metabolism and getting you to burn fat, and, you know, really just improving your lifestyle through community where, where you're giving back if they do better.

I think it's going to be, really amazing. But if you're, let's say an Alzheimer's patient. Okay. You're right. A profile is going to be much different.

And how we treat you is going to be much, much different. And you might need a higher dose. Okay. And if we can figure out what's going on with you, and if you don't hold, a charge very well, like your smartphone battery again.

So we might need to dose you even three times a day. Or maybe we need to add an electrode suitable stack. Or maybe you need some hyperbaric treatment.

Or maybe you need to go into therapeutic ketosis. So those are all parts of the micro profile and micro decay rates. So it's stacked micro stacks on top of really different types of data streams.

Okay. And and because we're living in the information age, it doesn't always have to be bad. You know, it can be inexpensive and it can be good. Yeah.

And it seems like, you know, if everyone's stressed out, like you're always in fight or flight and you never get into that bad oxidation, burning failure, so, you know, burning glucose and just, that's amazing.

You know, I thought I knew a lot about mitochondria. You're you are the mitochondria geek. I think native amazing things, they even, make the nano tubules and make little tunnels and crawl through and go from one cell to the other.

Or if you have, I think it's Parkinson's. They fold up into a donut and they get extruded. They get, like, kicked out of the cell. Okay. Mitochondria do.

Yes. They literally get kicked out. Okay. And that we're living in the world. You know, the microcosm is really the macrocosm. And then you talk about being stressed out.

You can have all the fanciest instruments in the world. But I think it's important to have a good, gratitude practice. You want to call it spiritual, however you want to call it, I think I think it's very important because to to raise your parasympathetic reserve is not as easy as you might think, even with all these might stacks and all these might open minds.

It's like, stop being stressed, you know. Yeah. So but a gratitude practice I think helps the most in breathing practices. So, you know, we we believe in all that too.

So we, we feel the mission statement of our company is we're spirit in technology. So I know we spent a lot of time talking about technology, but we were also very much on that side as well.

I love it because, you know, you know, I have chronic Lyme for VCA, Bartonella. I mean, couldn't be bad when the heart failure you did. Oh yeah. I could not, like, stand up.

Heart Rate Variability and Wearable Diagnostics

I could not walk up the walk up the stairs, take me hours. The cardiologist said you may be able to get 10% better in ten years. And and I'm like, oh, my God, I can't live like this.

And I'm like, I pray to God. I'm kind of an atheist, but I'm sure God's a woman because she hates me. But, I said, just take everything that I have. Everything. Just please help me get better.

And so she held her part. The bargain. She didn't take everything because I got divorced and my, ex got Gloria Allred and and on a cover of our woman attorney magazine that was sick.

And it's like, okay, so, but it's worth it when you don't have your health. It doesn't matter how much money you have. Like, it's, it's it's nuts. And so it did make me much more grateful and I think much more empathetic.

And because when someone with like Lyme a you cannot explain how bad you feel to anyone, no one will get it. They just go, oh yeah, I'm tired too. You're like, oh, you know, might kill you.

But, it's it's so true. You don't know until you lose something, you know? And and to be grateful you on a bad day. I got a parking ticket on this off, like, dude, that's nothing, you know?

And, and it's, like, kind of like the watch, military channel, like, it's like, you know, learn the foxholes of the mud and slow, like, okay, that's a bad day.

You know, I'm pissed off because I have to do some PowerPoint or something, you know? Right. And it's, Yeah. And and I think people with gratitude, they're just so much happier, you know?

Yeah. And, you know, when it comes to chronic fatigue, you know, I read doctor my book. It's not it's not, hyper conjugates or mitochondria and, you know, I really, I realized that they can't move every molecule of ATP is made just for them to sit and breathe and do what they do.

But that doesn't mean it's all over, because we are born with the inherent ability to self-heal. Okay, that is definitely true. You know, I'm a domain collector that happens to be one of my domains.

Self-heal dot com. And I figured that, well, what happens if you did self-heal? So a couple months later I would self healed.com. But that's that's another story.

So I do think we have the ability to to self-heal even if you're like that. I have a wounded healer story myself. We all do. That's kind of like why we're doing that, that most people that get into this.

Yeah, that was a standard physician was told anything alternative means no evidence. And I snuck off to some of these conferences and then went, oh my God, this is more evidence based than what they're teaching me.

You know, it's yeah, it's crazy. And, you know, these people get treated so poorly. If a doctor can't treat it, it it doesn't exist. And it's the patient's fault.

And will patients cry just the first visit? They're like, you believe me? I'm like, yes, and I'll show you on paper that you're sick. And they just start crying because no one believes me, you know, and they're just treated.

It's just it drives me crazy. I mean, there's always exceptions, but on average, you know, it says a bunch of doctors, but actually the doctors are watching this or not like it's doctors seem to be the most unsympathetic people.

You know, and just, just treat them so that I. Well, when one case, she was in the ICU and a doctor was saying was psychological, you know, it's I mean, this is these are conversations that you wouldn't have unless you were integrative, you know, and and I feel like I can tell this adage because everyone in my family is a doctor, literally, my sister is my in-laws, my wife, you know, every uncle, everybody, you know, what they say is you go to medical school and you kind of forget half of what you learn.

The problem is you don't know which half right like that. And we also found that the less a doctor knows the more adamant they're right. Interesting. You know.

And so I just wonder well if you ever look there's no studies on that. Well I'm sure there isn't. If you don't look you know but doctors are put general standard docs are put in a difficult spot because they can't like it's so rare like you send a patient back, who's been with the doctor, love their doctor a great relationship.

They've been sick for a long time. They come in, they get better. They, like, so happy. You tell their doctor their doctors can be happy and they're pissed.

And they're like, I'm not going to treat you like if you go back to that doctor. Like what? You know? And, it's it's weird. But also they can't do some of the things that are one doctor call one.

So what do you do? Which is really rare. And I start talking. There's like silence. Like what's wrong is that takes 20 minutes. He goes, I don't live 20 minutes a ten minute.

You know, so they're putting a bad position. Yeah, yeah. Well, I'm happy to have, you know, I've been a doctor for 30 years now, so I feel like I could be a doctor for another 30, actually, because it is anti-aging at the end of the day.

So if you have good metabolism, you're aging the right way. I see you got out of that system, and doctors are miserable. Yeah. If you go to Surma, Mo already been on that.

It's like miserable doctors trying to. They don't think they have a way out and I used to post and say learn something really well, you know, and get out of the insurance model.

And they just don't think like, oh, that's quackery. You know? But anyways, yeah. So, that that's awesome. You just set up your passion for this is just taking you so far.

It's a you mentioned also that your, chief metabolism officer. I really like that, evolution, hyperbaric Institute. So, yeah, talking about the hyperbaric, you have hyperbaric in your off is a hard, hard chain. It's a hard shell.

We're going to be we're going to be, manufacturing our own everything. But right now, we retrofit our, we have three patents on our gas management software platform.

And we have different pressure titrations. And, it's really pretty amazing because we have all these micro diagnostics hooked up to it, and we do all these electric ceuticals, and, we see what happens, when we drop the pressure and raise the pressure and it asks for your mitochondria.

Yeah. For, for for different for different. The decimal points. And my, my founder, my inventor, he brought my trucks of the world. If you're scuba diver.

So he changed scuba diving with enriched air mixtures of forever. And he held the patents for that. And he's been in the compressed gas business for over 40 years.

And was William Delp the third. And before that he was in alternative energy. In fact, he developed, hydroelectric systems 45 years ago when he was in his mid 20s and one of them just came out to bid on the island of Hawaii, and it was dubbed as one of the most advanced energy projects in the world.

And it was the same people he worked with and designed 45 years ago. So we're trying to do that for hyperbaric and we're trying to concentrate on just neurodegeneration.

That's it. That's really what we because that's what we need. That's the big epidemic. So, yeah, when you stack it with our micro peptides, our micro nutrients and, you know, I like I like hydrogen, I like magnesium, I like vitamin D, I like full the acid.

And it's not all about my product line. I like nitric oxide. Right. But they tend to need more signaling molecules, small molecules that can do a lot that are very nimble.

And, you know, cost is a factor for me, to tell you the truth, because I feel like, you know, you spend a lot of money on blood tests, you spend a lot of money on this idea, this chronic.

You're going to get so expensive for patients, you know? Right. So that's the thing. So that's the whole package. And, super duper exciting to tell you the truth.

The hyperbaric work really. I just know we're on to something. I just it's just, intuition is what I would say. Hey. Yeah. That's. You get that. Get the feeling.

And, I was doing hyperbaric, and I'm like, I go in. I was so anxious, you know, with Lyme and the bark down there because I was, like, sitting in the car, like, work it up to, like, get in there and get in the chamber.

I'm like, just crank it up, you know, turn up more and more, more. And then so he does, and then he leaves and I start going, oh my God, I'm having a panic attack.

And so I and I'm like banging on. Really. Yeah. All right. Yeah we're going to address all that right now. Right now we're retrofitting and we're. But that was my fault.

I just told him to crank it up, you know. But you know, you get a little desperate. But, Yeah, that's that's interesting. And we looked into doing that, but I don't, at least in California, so many regulatory issues with, you know, because, really a hyperbaric.

So kind of like a bomb, you know, if you, if you don't do it. Right. Yeah. A lot of us with the humidity and a static electricity, we've solved all those problems with my my partner is just like me.

He's all solution oriented, so we can take care of that. It's. We can do it. Yeah, I don't California. I mean, I, I know another doctor put one in that cost them like 400,000, to put it in, so it's crazy, but yeah.

Yeah, I love them. I think, I think they're great. We're trying to reduce the footprint and half the price. Make the make the footprint of a unit into a quarter and half the price.

And and how many treatments do you think need is, relative term. But, when do you start seeing benefit. Right. So that depends on your middle profile. Right.

Because initially when you do hyper parks, if you're really toxic, all of that oxygen is meant oxidizing your toxins. And once you're done oxidizing your toxins, then you re-energize.

And after you re-energize, you release 800% more stem cells. Okay. And what that would be for a lime patient might be different from someone who's an elite cyclist.

Okay. But we're finding that with the dashboards that we're getting is you don't necessarily.

Creatine, Frailty, and Performance Support

Really are stuck doing 40 or 60 treatments. You might need to come in three times in a row and then come in twice a month after that. And we're following it with all these devices, because obviously I use the same dashboard for both, companies.

So that's going to change as well, right? Because we're going to know exactly when we need to come in. So you even can maybe predict when someone says, how long do you need?

Instead of just given a standard answer, everyone say, well, you have this profile. I think you're going to need X amount, right? But the problem is that they're usually the land of broken toys are the ones that end up after the doctors and the insurance companies have sort of done everything they possibly could.

Then they'll say, okay, kick them down the roads, send into the hyperbaric specialist, generally need more treatments, but for anti-aging, for metabolism, right.

For your mitochondria, you know, it's a different ballgame. You know, you you if you can be ketogenic and a good hyperbaric stack and a good minor nutrient stack and a good electricity stack, I think you can self-heal in a logarithmic way rather than just taking.

Is there any issue of increasing oxidative stress with the increased oxygen? Right. So that's why we do the corn is an extra it's a massive antioxidant potential.

And we do the, dissolvable hydrogen tablets. And then we measure it, so. Oh, I, I like those. Yeah, yeah, yeah. We measure it so we know, I mean, someone who's subject to a lot of toxins, we wouldn't bring the pressure as much

and we wouldn't do as long of a treatment.

Okay. So this is so it's very customizable with what we have there. And our car design is a big part of it. So with our car is that you can take in each RV measurement and then measure your RV number like two hours later it will go up.

And anyone who knows anything about RV, it's not so easy to raise your number just by taking a couple, so I'm very interested. So tell me. Okay, I'm a patient. I come to you.

What's kind of the process? Well what happens. So now I base my practice out of the hyperbaric. So what we usually do is you come in and you're fasted for two hours and you don't have any capping, and we do the heavy on you.

And obviously we take a history. You look at any bloodwork that you might have, but we would like to enroll you in what's called a heart print program.

We want to know your heart rate. And that's basically ten hyperbaric treatments where we, give you some wearables that you go home with the second week.

With the first week, we hook you up to our own micro diagnostics that again measure fuel, oxygen and voltage. And then we slowly introduce you to our technologies.

We have different pressure titrations, that, release the oxygen massively. Once you drop the pressure and you're still in a 100% oxygen environment, because, remember, you're compressed.

All that oxygen is completely compressed. And all of your fluid systems, you CSF, your lymphatics, your plasma. And once you drop the pressure and you're in the chamber, it gets released, okay.

To go where it needs to go. And we, you know, part of the heart print is doing photo bio modulation before you get in the chamber and then doing pulsed electromagnetic field afterwards.

Okay. So what are you doing for photo bio modulation? We just have a, I forget what it's called, the IMS, IMS system, just in that and we just lay people on it for eight minute cycles and.

Right. And then, we do, we do the daylight for photo bio modulation, and then we use attendant bio modulator for scalar energy once we get to know you, because after sessions, after ten sessions, we know your heart rate.

We know what you're all about. And then we come up with your middle profile. We can figure out what you might reserve as you figure out. Yeah. So that's like you got to give us ten sessions and then we'll be able to tell you, well, this is how you respond to this is how we would go for you're good to go for this many go home with these wearables and just dump the data to me, you know, whatever you want.

And we send you emails, to, hey, did you give us data? And then we'll set up a telemedicine console to look at your dad and say, hey, what's going on with you?

Maybe you should up this or change this, or why don't you come in just for hour? I like it, and I remember, first time I saw a tenant speaking. You know, with this, you know, all voltage and looking at the whole body different way.

Yeah. Damn it. Now I have to learn a whole new way. Oh, I love it. Makes sense. And it's like. But it's like the body is voltage and and but that's not what we're taught in medicine.

And I'm like, okay, I'm gonna frickin learn a whole new way of looking at things. And. But it's pretty amazing. And God, I want to come up to your program.

So how long? Like with the, hyperbaric? Like, how long do people have to stay there? Let's say that people are

traveling. Yeah. So. Right. So, we we are set up for ten minutes from, from Palm Beach International.

So if they could spend a couple like a ten days with us, we're open on weekends, maybe not so much Sunday. So you can basically like ten in a row, ten in a row.

And then we can decide, I mean, if your ears can take it, but you know, in the doc doctor so we can we can figure that out. Sometimes we have to take a day off here and there, but, it's usually sort of like five days.

We like to do three in a row. Okay. And, and so you do three in a row, maybe four in a row. Three in a row. Because that tends to help. Hey, I'm going to check this out.

You should here in California, right? You should. You should come over. We happy to to sort of show you around. And, I mean, I think, I think it's, I love hyperbaric.

I've been doing it three times a week for over a year. And, you know, for me, I know that my, my middle profile is if I'm not in it, I found out of it for 5 or 6 days, even though I'm doing all the other micronutrient stacks, I'm not the same.

Okay. And what? I do it. I know the treatments that I'm getting are literally the most powerful hyperbaric treatments in the world with our technology.

And so I do a little bit of a freediving, breathing. It's called, stacking actually it's a call packing. Yeah, it's called packing. So you can actually take a really deep breath as it is pressurized.

This is very advanced. And this is what the Navy Seal divers do. And as the pressure is decompressing, you can feel your lungs expand. Okay. So you're actually increasing your vital capacity of your lungs just from the pressurization.

And yeah, it's like people get older and sicker, like, you know, they got to try to blow on those things. Yeah, this is for you. And then the oxygen just explodes into your system and it feels like, like if from the college days, it feels like a whippet.

Literally feels like a nitro. Okay. I'm in. Yeah. And then you go in the pants because oxygen is paramagnetic and the oxygen that you have in your body will go right where it needs to.

And with the hyperbaric, it's very easy to figure out what your micro decay rate is with our advanced, might. Okay. I'm right. Definitely check this out.

This is kind of so fun, I should say. It's just it's so it's, like, really fun, you know, just to get to know people this way. And it's, I'm very grateful, actually, to be able to be able to do this, to tell you the truth.

You know, remember names. It's like, wait, I know your mitochondria. It's kind of like an it's kind of like an OB. Like, okay. Anyway, I don't remember your face.

Oh, no. It's. That's funny. Yeah. Or a colorectal surgeon. Oh my gosh. I remember I covered more holes than anyone else is, and your nose and throat, so.

Yeah. Oh, I just I just got my nose fixed. I broke, shattered it in seven places that a, Oh, no. We had a management meeting offsite, and basically we went out to dinner at two drinks, and we're on those electric scooters and just buzzing around all LA.

And then my girlfriend says, go in the parking structure. And, so it's safer. My account was coming down this way. I was going up blind curve. His head was down.

Oh my gosh, this hit right here exploded my nose. Oh, now you breathe and you breathe in. Okay, It's better. Well, I

got it. Sticks. And then with the first guy and it was worse and I'm like, should I get a CT?

Like, now? We'll just come in, we'll save it down and I can CT. And it's like, you missed a dislocation, you know? And so I went to actually the doctors from botched.

But it's the luminaire very perfectionist. So at least that's good. I think it looks good. How's it going? Yeah, I think it was really good, actually. Yeah, yeah.

Hyperbaric Therapy and Personalized Treatment Stacks

I couldn't breathe before, like, you know, after it was fixed and, and, it actually I started getting like, terrible. Periodontitis was like, you know, no moisture, amount of saliva.

It's bad. Yeah. That's why they do the mouth taping. And, you know, nitric oxide is produced in the sinuses. Right. And when you do the pranayama and you hum, when you hum, it releases even more nitric oxide.

Really. Yeah. Well I'm learning so damn much. I love it, I love it. And Oh yeah. So you've talked about that world champion. So he just, loves your product and has really helped him.

Right. So he was on the mitochondria rescue the, you know, three out of the, actually four out of the five products. And, normally you would hit that lactic acid buildup.

You know, it was a six hour race. It was virtual, which was interesting because, because of the pandemic, it wouldn't be. So he was on these rollers, that you had to kind of balance on his rollers.

And he was looking at a TV screen. So he actually won a world championship from his own living room, which was kind of interesting. He didn't carbo load hydrogen.

He had some keto water. He had. We loaded him with the Four Corners engine to compost Q10. We have like a rock and complex Q10, and two hours and 45 minutes in.

So almost half way in, which is normally when he would feel some lactic acidosis. We dosed him again with for the corn is ancient to the complex Q10. And he did 140 miles, and afterwards he took our colostrum and our stim, you know, before our grass fed colostrum, we have a really good bio flavonoid, stim, you know, and he said that, you know, really about 20 minutes into after taking that second dose, he felt like his thighs were burning and then it went away.

And of course, he did a hyperbaric treatment a couple of days before his, before his run to. And he said he would never and he said he would never do another race without the rescue.

And he's 55 zero. Okay. Now, he was ranked before, but he really wasn't in competition for a couple of years and just recently got back into it. Yeah, it's hard to compete.

I mean it's good for everything, right? Anti-Aging. And you know, so we tend to see more of the sicker patients because they need help. But it's really good for anti-aging.

It's just hard to get people to believe. And that's why we like people to have all the measurements. And you can even give them the measurements, and they still won't believe it even after they improve.

So it might as that isn't true. Yeah, yeah. I mean, you just you have to be ready for when they're ready, right? That's that's all. It's really all you can do really.

You just give them the tools and, and it's true. It's like, you know, people come up to me in a party and, you know, so sick I got this and that, and then you say, well, you should check in my doctor that I don't have that.

Well, exactly, exactly. It's like, how's that working for you? I think, you know, It's fine. What what what is your thought on? Like, you might have to. Yeah, I like it.

I like Chuck, right. That's basically, Stardust. Right. So, I think it's very good for the electron transport chain. You know, a queen alone or queen.

Oh, you know, you could argue about that, but again, it's a pricing thing for me. You know, like, I think our, our, our compost content is really, really potent.

So I don't really think people need to spend that much extra more money. And even the okay, I think they have great research. But I think a lot of the marketing costs get kind of baked into their cost of product.

Yeah, that's the thing. It's like, you know, and I think of like the insurance companies, this commercial, if they're commercial, I'm like, I'm not going with them.

They're spending so much on commercials. There's you know, so we look at it is the Conflux Q10. The, the peak. They regenerate. Excuse me. They are power.

They literally are power, but they're not necessarily generating power. Okay. And what we find is when we give the colonies an extra with our CoQ10 is once they start getting better, we cut down on their CoQ10 because your heart rate starts to go up.

Okay. So okay. Well, you know, you don't really. Yeah. And they have a little trouble sleeping if they're real sensitive is a complex Q10. So that's what I'm saying.

We're always kind of like balancing it. And so we tend to like I take a lot when I'm healthier I take less complex Q10 actually. Okay. Because I don't need it.

It keeps me up. My heart rate's up. I, you know, I live pretty clean, you know? So that's the interesting comment I would say. But I like all of them.

But how much does it cost? I'm always going to ask. Right. You know, because I feel like ours is well priced and. Yeah. And do you like any the mitochondrial peptides like lot C and five amino one MQ.

I'm not overly you know, I can't tell you that. I know, I mean, there's one called poly MBA that I looked into and that was more of a liquid form. And I don't like injectables. Right.

I just I just like, you know, the whole bioidentical hormone stuff. Are those all by. Are those all injectable? Well, yeah, those are peptides. But yeah the poly amba is basically a palladium tojita and I like it.

But again the cost was yeah. You know it's much cheaper to do. I've when you do an oral you have to take so much. I mean it's like unless you have the right bioavailability.

See that's, that's, that's the thing. Right. You know, so I don't know. We're getting good results. We're not really looking around. We consider ourselves to be a mitochondrial neuropeptide because we still can't.

They are paired with two amino otter. You don't worry about it. No one else. We you know, it counts as a peptide. Well, ocean blue ocean. Exactly. Yeah. That that's great.

Yeah, this has been fabulous. And, I'm going to come out and see you. I'd love to have you. I just love to check all this out. So you play golf? We can play some nice golf here too.

Well, I don't know if you call it, I, I take a look at of balls, and when I run out of balls, I, I, it's like, I'll see you. I'm over there, but, Cool.

Hey, I gotta get out of California. Anyways. This place is nuts. Yeah. So. Okay, where can we find out more information? And I think it's that already, but, so you URL up, right, you get.

We'll have a URL, but you can reach me at the doctor. Raja. Raja. Mitochondria rescue.com. Or just go to our website and just fill out a contact info and we'll get it and we'll send you everything that you need to know.

It's very easy process whichever way you choose. If you're on telegram, a little doc on telegram, right now we're practitioner based group. So, you know, our website is very vanilla, for all the reasons that we talked about before.

But if you call us as an interested practitioner, we can get you all the research, all the information you need. So, and it sounds like you can really help doctors treat these tough patients if they're open to it.

Right. You know, and we have a lot of fertility. I mean, it would be great for fertility, to tell you the truth. But again, you put on a snake oil salesman hat and, you know, it's just the doctors watching this or we are open to it.

I hope so, I mean, that's that's for sure. That's why. Yeah. You know, it is, you know, typically doctors there sounds great. But then they got to check with other doctors like, you know, what do you think of this guy?

It's it's an interesting thing. That, you know, doctor psychology and just human nature, too, you know, I mean, my doctor friends, I think, you know, way out there, so.

And maybe I am, I, you know, I think we're tip of the spear when your friends say you're way out there. That is a compliment. I figured, I figured, but we were like, we we consider ourselves to be tip of the spear is.

And this world needs it. So that's what we think. Yeah. That's like, you know, people ask, what do you do? I don't even know how to answer them. You know, it's like, what type of medicine?

Anti-aging. What does that mean? It's the same kind of way. Integrative. I just say that about, like, we're metabolic practitioners. Yeah. That's it. Like, for now is I'm a quack, and then they start asking more questions at the end.

It's intriguing. I found that, but I just get tired of trying to explain it. My girlfriend's like you are the worst explaining what you do. Thank you though. It's got gotta know.

And we just I just think we're practicing better medicine, you know? But you can't say that to especially a doctor, you know? No, no, no, I'm. Yeah. You're not evidence based and, quick.

So we had franchises in the first franchise with a hospital, and, and they actually.

Training, Access, and the Future of Metabolic Medicine

So we put it in they were trying to an anti-aging clinic, quote unquote, for like ten years. We couldn't do it. So we we went in and it just exploded.

And it was like the middle of nowhere. And all the doctors were so mad because, like, the endocrinologist got, like, so many calls, the reversal of the first week.

And so, they call me, you got to come out here. They say you're practicing medieval medicine. So I took it as a challenge and I said, I'm going to show them, you know, how we're evidence based and they're not, which was a huge mistake because I went out there and there's a whole board, all the department heads, and I started going through it, showing our evidence base, and it just made a matter and then they go, you got to talk to the the CEO.

He's so mad. They're just going to kick you out. So I talk to him. He goes, listen, yeah, my wife has been so sick for ten years. They've gone to every one of these damn specialists here in two business with your clinic.

So much better. I'll take care of the doctors. I'm like, no you won't, they won't give in. You know, I said, just say

you're defunding and we'll call it something else, you know?

And he goes, no, I can talk him into it. And then I heard they had a, a doctor's meeting, and the guy described it as like Frankenstein, where they had, like, pitchforks and and and, like, torches going, get them out.

You know, it's like. And we were getting all these patients better and they didn't want to hear it. You know, they're saying you're putting us down. You're saying you're you're better than us, like you saying that, you know.

Yeah. There it is that that's, you know, I'm mean, you know, anyway, I just look, they're they're all trying and things do need to change at some point.

They, you know, they, you know, germs used to kill us. And, you know, we concentrated a lot on nuclear genetics. And the people who are studying mitochondrial more and, you know, big pharma, they like to study the mitochondrial DNA genetics.

Maybe they should be just, studying the epigenetics. But really, maybe they should just be studying voltage, you know, and cleaning it. That's that's only foreign to 99% a doctor.

It's so sensible. I could talk to a regular person about it and they're like, oh, yeah, I get that. Yeah. You know, they get it. But yeah, you wouldn't.

You're trained and and we'll have like we're hiring doctor and doing interviews like we'll have specialists like no, no, no you're not going to work. Well you know, because you, you're I going to have to, you're gonna have to unlearn all this stuff.

You spent all this time learning because it's not great, you know? But it's, it's interesting. And I think now also doctors coming out, you know, it's like about, you know, great test scores and, and in general, they, memorize.

They're amazing at memorization, but they're not graded concepts. They can extrapolate and, really funny story, but I won't take time, but, is that it's everything's algorithm.

An algorithm. That's what they're made to do. Also, you know, in the hospitals, if you don't do exactly this, you're you're brought in front of the board, you know, they're I know, I do know, yeah.

There's there's no like, hey, let's look at some concept and fix this fix that's like, that's why anyone with a complex illness doesn't do well in standard medicine because they got it.

You know, the gas urologist fixes that part, and I'll just fix that part, you know? And, and they just don't get to the core of it. But yeah, preaching to the choir, I mean, I was a surgical subspecialty.

I'm a reformed surgeon, you know, I mean, I still enjoy operating, but I enjoy my medicine, a lot more, as I think the impact is much greater than just being able to help, you know, a couple hundred people a year, you know, three, 400 people a year.

Right? So, and that's what we need because, our expose is on is oxidizing us is essentially what's happening. That's awesome. I, I'm is very impressed.

And again, I want to come out and see you. And I think this is great information for doctors and patients. And, it sounds like you've made, you know, complex, subject and, and, you know, problem very treatable and doable, and cost effective.

So, I think my hat goes off to you. I think it's great. And, thank you for coming on and taking the time and and sharing your information. I think it was this was, just fabulous.

So, Thank you. Thanks for the invitation. I look forward to seeing you. Hopefully in person. Okay. You will. I'm going

to come back. You all right? Take care.