## Introduction and TRT Overview

Everybody got to Rob here. I'm here with… superstar, expert in human evolution, longevity, performance, Dr. Eric Serrano. Thank you, Rob. Welcome. This is going to be fun.

Are you comfortable? I am comfortable. I'm on my grandpa chair, ready to talk to you. OK, well, let's dig in. You've been in it for a long period of time.

Your a medical doctor. Um, you treat a lot of athletes. The conversation piece amongst male athletes, but men my age, that middle-aged plus is testosterone replacement.

Where do you stand on that? Well, I use a lot of testosterone now. I want to help those people out there that go to testosterone clinic. Do not just go through that testosterone level check.

Nothing works by itself. Testosterone works in combination with other things. I cannot understand how can a patient go to a testosterone clinic? All the other hormones are messed up, but they only put you on testosterone or the iron levels are low or whatever.

So for me, in my clinic, I do extensive testing. For example, when I check the PSA, and check a percent-free PS A that not even people are aware of it.

Or example when you check your PSAs, it gives you an absolute number. But that absolute is meaningless without the percent free PSa, which is the one that actually counts.

You can have a level of one PS a, But if your percent free PSA is only 0.1, I'd be concerned about you and I repeat your levels later. know that testosterone causes prostate cancer.

It actually protects you against prostate cancers. But be aware that when you go test, make sure that you check your PSA, but check you percent free PSAs, which is actually much more important than the total PSa.

Now I want a percent-free PS A over 20, okay? Depends on the number. I got people that have PS As of 18, for the percent, free, PS a 32, I'll do MRI of the prostate, it's normal.

They have no cancer, And by changing the diets, by change what I'm doing with them, bottom and D high levels, the PSA goes down to four, which is crazy because they don't understand that.

Now, when I am checking for a person with testosterone, I have to ask a lot of questions because the first one is, what are you doing in your life? Are you sleeping?

Are you eating correctly? Are your married? Because think about this, I have a quarterback in my office. Now I give him permission to make more passes because I put on testosterone.

But the receiver, which is the wife, doesn't want to have sex. I make that person worse because now the marriage is going to be difficult. They're going have fights.

You know, they don't have to sex, so I got to look at the whole round of a person. Look at a family member, look the economy, the health, and the nutrition.

I look at the faith and all those things involved in my decision on making testosterone. Now, be aware that if I have a person on that age that I want to get somebody pregnant, I don't know if want testosterone, but there's ways to go around it that you can still use testosterone for example, Yatenzo is a prescription testosterone oral that allows you

LHFSH to be normal.

depending on what dose you're taking, of course. The most common one is 237 twice a day. But if the person doesn't care to have children, I'm gonna use testosterone.

For me to explain, when I go to use the testosterone, okay, you live in LA, and I can send you to LA in three different ways. I could send your walking, or four ways, walking.

In a bike, in a Rolls Royce, Or in an F-14. The walking is me putting you on those patches of little creams that the doctors tell you to use, like androgel or testing.

That really doesn't do anything, that's only five milligrams of the drug. It's worthless. Now, the Viking actually is a little bit more, it's a lot better.

Is it atrocious or sublingual, or the strient or natesto? Now the car is the cream. It's a Rolls Royce, it works great, but it's compounded cream. It has higher levels than most people would write.

So for example, when you go get testing on Andres, 1%, that does not do anything. You get your levels up, or it doesn't get you to optimal levels.

## Testing, PSA, and Personalized Hormone Care

I use 10%, 20%, depending on what dose I want to use for that person. Or I can use the shots. The only thing I have changed in the last six years, I don't use pellets anymore, Robert.

Absolutely the number of side effects, the numbers of complications for the pellet, was crazy, especially in females. In men testosterone pellets are okay, but then if they have acne, if you have hair loss, you know, they get angry sometimes, or they're getting impulsive, Or they can get hypersexual, I can't stop it because they had their pellet on.

I cannot make changes, and I say, we can take you back off. You're the pellete, You own it for three to six months. So I said, hell with this, i don't want to do that.

in Females, oh my god, that was a disaster. 20% of them come saying, oh my god, I feel like super girl. I'm feel amazing. This is amazing that you're great.

80% feel it like crap. Hypersexual side effects, facial hair. It was crazy. So I went away. Well, somebody that was going on to Mount Everest and I put the pellets on that person because I don't know if I'm going to see them again, so I put their pellets in there.

But otherwise, I stay away from pellet. It's not good. I know there's a lot of people out there that put pelletes on, but when you sit down and speak with a patient, to really ask them, you know, how are you feeling?

What are doing? Side effect, there was too many issues for me to deal with. So I'm going to put the halt and I'll pull you back a second. You gave a ton of great information.

Okay. So let's back the truck up. ERT, symptoms, fatigue, libido issues, lack of muscle, sarcopenia, correct? Absolutely. What levels are you looking at?

So if I come into you, I am going be 60 in two weeks. What levels would I order? I ordered a total and free testosterone. I'll get a CBC, a B1240. Ordered a prostate, PSA, free PSAs.

Out of the zinc, copper levels, I want a 1 to 1 ratio. All the magnesium levels. TSA, 3T3, 4T, TPO antibodies. Vitamin D level, B 1240, iron ferritin iron profile.

And then depending on what I see, I might get an insulin or a glycomark. Most people don't know what a Glycomarck is. A Glicomark tells me how up and down your sugars are, which I want to know because if your testosterone is good and your insulin levels and Glicomarc are messed up, maybe I need to work in something else, not your Testosterone.

So once I get that, i rarely order Estradial, by the way. I don' order that because it's a myth on the internet, but I would order some people that want it.

But those are the tests that I will usually order on my office. So you're basically ordering not just TRT, testosterone, or free testosterone. You're holding a whole bunch of downstream stuff to see how the body's fully functioning.

Absolutely. Prescribed testosterone which is vastly different than many of my friends go in and say, oh, my total T is down. So he gave me stuff. Now you also told me something which makes sense because obviously if you are not detoxing, if your toxic, if you've got too many free radicals.

If you're too fat. Absolutely. You know, wait a second. I want to tell you a funny story. They say that, oh, testosterone causes heart attack. No. What happens is you get a guy in your office, right?

And he's fat, out of shape, unmotivated. And his testosterone levels are low. Of course, I check his testosterone levels. Don't look at insulin, don't at anything else.

Look at GGT, do nothing else, and I put this guy on testosterone. Now this guys, Oh my God, want go have sex, go work out, motivated. he goes out there and have a heart attack in the gym.

Of course he did. It was not testosterone, of course, because he was out of shape and all fat and had cardiovascular disease, which he didn't check me for.

When a person that is obese comes to my office, I do think you're different. I will sometimes order a calcium score to make sure that I have a baseline to see where you are, because testosterone actually protects your heart.

But if you have severe cardiovascular disease, it protects you still, but you're going to go work out and it can become a risk for you to have the heart attack.

So I had to be careful. Nobody's the same in my office. Everybody's biochemically different, and I would treat each patient uniquely and different. I love it.

You want to personalize and individualize. So let me give you a scenario. I got a 50-year-old man, right? Five foot 10, average height, 170 pounds, lean, but 18 to 20% body fat.

Not bad, not optimized. And he says, you know what? The bedroom isn't as strong as it used to be. And all his numbers, blood sugar is 85. Everything works out where you're happy.

His PSA isn't too high. What number range are you looking on testosterone? Like you said, the age you talked about, less than 400, I'm gonna look at it.

Number two, is the free levels less that 15? Absolutely. I will say, okay, yes. Now I would ask this person, are gonna have children? Because I wanna take a little different route then.

If that person still wants to have children, then I might go the clomid side, I may go to the oral one, or I mean, what, am I go through the one that they keep the LHIFSH normal, Or I would give it those that is lower than normal to keep their levels normal.

But I will not, absolutely, will use testosterone for that patient with all those symptoms. I would even use testosterone with a PSA of 6. I will use it.

If I do a digital exam, I get a percent PSa free, and I might get an MRI if it's enlarged or whatever, it comes back normal testosterone. Now I want to explain the testosterone prostate issue.

Please, because here's the commonality. You increase your testosterone, your prostate grows and gets bigger. Okay. I'm going to talk back about Mexicans, about Puerto Ricans now.

So be ready for that one, Robert. Oh boy, I am locked in and loaded. Glad to see you. The number one risk factor for prostate cancer, of course, is eight.

the people that get old get prostate. Cancer. That people get all also gets breast cancer. Now as you get older, you, levels of hormones are coming down, not going up.

So, why are we getting cancer later? The first question is, what do the prostate do in your body? What is the action? what is a function of that prostate?

Well, the prostrate is supposed to be there to help you ejaculate, have the fluid to carry the sprint to where it's supposed. Now, here I am, when I'm younger, having sex, I want to have sex.

I wanna get somebody pregnant, wanna reproduce. As I get older, that is not there. So now I have a warehouse, which is the prostate, right? Sitting down with a bottle of Mexicans and Puerto Ricans smoking because I'm not having sex, I don't need to produce ejaculate, and I do not have to carry my sperm.

Then those people get toxic. Those cells change and become toxic because they do have the testosterone that I needed to keep those guys busy so I can keep having That's why most research in which involves sexual intercourse or having sex said that if you have sex less than three times a week, that will increase your risk of prostate cancer, which is absolutely true because you're not using it.

It's an organ that you don't use. it's going to change. If it was going come not.

## TRT Delivery Methods and Pellets

Now with testosterone now, by the way, it does increase PSA. Let me explain it. It increases the volume of the prostate. Remember, now I'm going to start having sex.

So the warehouse opens up. The builders start working again. I got to produce ejaculate. And I want to increase a little bit of size. But that is not permanent.

Increases on size, and now it shrinks again a bit. Then the process goes back to normal. Be aware. Yes, testosterone increases PSA. No, it doesn't increase cancer risk.

Is a total lie. Now, be aware that if you have a cancer and now you increase your prostate size, which no cancer part, and it goes up, the PSA, you're going to go, oh my God, I have cancer.

That's why the percent free PSAs is so important. The percent-free PSa, if it's good, stays good. Prostate testosterone doesn't lower percent pre-PSA.

It doesnt do anything to the present free-PSA. I gave you, I think he gave clarity that's in some really, really good examples. So you're okay with TRT for the selected population.

Yes. Individual personalized right time. Tell me about the cream and the clear and all this stuff that they talk about Barry Bonds, the injectable the oral.

Tell me all the differences not about Barry. I'm talking about for that 50 year old hundred seventy pound Okay, I will I would tell my patients actually Do you want it and I want to explain you on a plane?

You want a car a Rolls-Royce or you? Want a bicycle to get what you wanna get more than do work is how fast you when I get there what? you, want, to do if you and performance and And you want to go sky high, the shots work better than everything.

I don't care what they tell you. It's a total lie. Shots are the best. Now, you can use a V, which is every six month shot. That works good, too, if you wanted to.

People are not aware of that shot, but it exists. OK, or you got to use it once a week, Or you kind of do it every day, small dosages. I've been doing subcutaneous dosages for 11 years now and I know they say they're making a big deal out of it and i'm going to explain why that is important or you can use for me for health.

for normal prostate, for no more cholesterol, all that crap that they talk about, the cream, high dose cream is perfect. It does wonders for you. The 10% or the 20%, never go below 10%, unless you wanna do 5% for somebody that wants to still have LHFSH, still wanna make sperm, then you can do five percent, it helps.

But 10 percent or 20% is the best. Now, de-injection is amazing. Oral, the two orals work very good. They have the LHFSH normalized levels, they don't completely walk in, so they're very well there.

Now they have to be taken twice a day. the injections. Okay, let me explain what people say, succutaneous is better, blah blah, all that stuff. I want to tell you what truly happens.

If I give you one short high dose, what happens is your levels are going to go way up, and they go to the side effect area, because that one shot takes you way off higher.

And you stay two or three days on that side-effect area and then come down again, you feel good. So you get the acne, the hair loss, that happened. Now, subcutaneous mold dosages, they never go up to the side effect.

They just stay high enough, you get in what I would call in the performance stop muffin area without going to a side effects. So, the subcutaneous injections are very good.

I have people that use sub-cutanium, and they said they didn't work for me, so I had to do IM. The IM works better for I have people that do subcutaneous every day, people who do it every other day.

People who have sub-cutanious every three days. So it depends on the population. It depends of the activity of that person. Depends on nutrition of person and it depend on disease state of a person, so you have someone with diabetes, it's going to be different.

You have somebody with cancer, going be difference. If I had someone that has cancer that is getting cacchetic, is losing weight, I want to use a high dose of testosterone to do that.

I'm going give you an example. I had a lady that had diabetes, this is crazy because you're gonna say, oh my God, no way. This is a 79-year-old lady, that is gonna die.

Her son is taking care of her, right? She's not eating, not getting out of bed. They had cameras in the room, she doesn't wanna eat. So I said, listen, bring it over.

She had sugar of 400, with low potassium, low sodium, dehydrated. I put on the hospital, give it IV. start controlling her sugar, right? She's still not active.

So I told her son, I said, listen, Robert, within two weeks, this lady's getting out of bed, cooking, doing exercise in an exercise bike, feeling wonderful.

But what happened? She's older. She goes to her doctor, geriatric doctor. Right? I said, Oh my God, your testosterone levels are 200 on a woman, right?

Which is, on the woman is 70s is normal. oh my god that's too high we want you off i didn't know this they take care of the testosterone three weeks later her son called me back my my mom is sleeping not getting up i said what's going on how are sugar sugars are fine they stop the testosterone.

I put it back on testosterone, and here is superwoman again. So testosterone can make a huge difference, but it depends on what kind of person, what disease you have, What kind symptoms you had.

But it's not for everybody. Two more questions on Testosterone. You mentioned hair loss. If I take TRT, am I going to lose my hair? That depends on the number of cat genes, CAG genes.

People don't know that. There's a test that you can do. It's very expensive. I don' know who's doing it now. I used to keep in touch that I didn't do it anymore.

But if you have a CA gene, it tells you how good you're going to be in response to testosterone, how poor you are going be. The people with the highest number cat gene have poor responders.

And that's the people that will have hair loss and stuff like that No, you don't have to have hair loss with testosterone. Now, the route does make a difference.

If I use the injectable, if you're going to lose hair, it's going have a tendency to loose more hair. But if I used just the cream or the oil, I have less hair lost.

Outstanding. And the last thing is you had told me, we spoke a couple of weeks ago about this, about cycling. Yes. Because one of the big complaints about TRT is once you go on, and you have stay on.

That is correct. Actually, You know, we have seasons. We have fall, winter, summer, spring, all that stuff. I figured out, I have people that say, when I started testosterone, oh my god, Eric, was ready to have sex, had this high motivation.

But at the end of three or four months, it felt good, but I didn't have it. Now, these are people who are using therapeutic dosages, okay? I want to make sure to someone that I make it a difference here therapeutic dosers versus performance dosages okay because there's people that want to take a hundred a thousand the highest dose in my office that i've sold was seven thousand milligrams a week which is crazy not injectable but if you if good with testosterone and be able to handle things and do things.

I start on sprints and I elevate the levels in a sprint, I get, hey, let's use your testosterone because the sun is going to start going out, you're going start doing stuff in the summer, and you want to take your share off now.

Let's go. And I go from, like I would say, from April all the way down to four months, April, May, June and July. I pull you on a level.

## Symptoms, Thresholds, and Prostate Concerns

Then what I do, I cycle you up for six weeks, believe it or not, and I restart you again. Why? Because the person feels actually very good. They say, I was retaining a little water.

It went away. A little acne went my him, my motivation, everything went up. But now again, Robert, it's kind of funny, this also depends on the person and the situation.

For example, I had a patient I was going to take off, but I didn't because his father passed away. He was depressed, He was down, he didn't wanna motivate, He didn' wanna do anything.

So I let that person, you know, You need to stay on testosterone because you're eating poor, making poor selections, the testosterone will protect you.

I will cycle depending on what the person is doing, what their goals are, and what situation is. But cycling is very important. Even with peptides, I would cycle.

Cycling is absolutely important, even if your testosterone goes up, You see you're white naked. If your football team wins, your testosterone goes up.

Your football loses, it goes down. and I'm gonna have continued testing on the testosterone. It's like a radio station. Up and down, up and now, constantly.

So, the same way, you have high levels, high level, higher levels all the time. No, that is no good either. You wanna have great levels but not super high all of the times.

And you wanna time that they drop a little bit. Goes up, and up down. That is the best way to do it, health-wise. Now, performance- wise, hi dose, yes, no.

I don't, it's totally different. Now we're in this longevity, turning the page a little, we are in the longevity phase, the conversation of 2025. You and I both get, I know you love this term, so please don't lose your mind.

I like longevity. For me longevity is staying as active and as functional as I can doesn't matter your age. Now do not believe I don´t care what clinic it is, Anti-aging, anti-ageing, and anti aging.

You are gonna freaking get old. Every morning that you get up, you're a day older. I don't give a shit what you take. If I can give you growth hormone, I give Ibu, Hyperbaric, You're going to age.

Nothing stops aging, nothing. It's like a car. How about slows it down, attenuates it. I like that word you used, slows down. It will slow it but it will prevent the breakdown to be quicker.

That's different. So let me give you an example of a I can have a car that I give it two knobs every three months, the car lasts you longer, true or false, and the card will function normally longer.

But eventually the cars gonna break down. It doesn't matter if you change the spark plugs, it doesn' matter you changed the oil, It does'nt matter what you do, that car is eventually gonna breakdown.

He has to. It's the usage, okay? But to keep that car working at the optimal performance of your body, optimal performances, then you can do that. It is not that it's going to anti-age you.

You're going still dive. at the decent age, hopefully, but you're going to die at that optimal level that you can. So if you were playing basketball at 30, you'd be able to play basketball 70, 80. That's what testosterone, that's where hormones do.

But you still look like an 80 year old. You might look in shape or you see aging. So no. Wait a minute. When I see Tom Cruise, I'm going to say to him, Dr.

Eric Serrano says, you're all 63. You look 63, and he's going go and give me that big smile and say, nobody thinks I am 63 Of course, they're going to say that because he's in shape, though.

Now, he doesn't tell you that he works out. He doesn' t tell that you he is good. All those things that are there that the other people are not going be doing.

Tom Cruise is a great guy, by the way. Pretty short, very nice guy. I used to see him at the Arnold, right? Very, I mean, a very good guy to me. Talks to you.

And I don't know what they say about him, but I met him. few times very nice guy him and rocky amazing but it's kind of funny because he works so hard that dude is no joke people see him in shape but that's because his function if i have to be one drug robert That completely prevents aging, that completely prevent all the side effects

or anything.

It's the only research a hundred percent of the time that will give you benefits is exercise. The other drugs, anything that gives you side-effects. But people do not want to exercise, they want sit down and watch TV.

They want a sit-down and listen to your phone. That's a great question. How much exercise? What kind of exercise, how often? Okay, let me go into two phases.

I'm going to talk about strength and I am going talk aerobic exercise. Most people say, I got run every day. Bullshit. The research shows hardware study, optimal number levels of exercises three times a week.

You live longer if you exercise three time a That's one-on-one. If you exercise four times, you increase the benefits, but very minimal. Maybe 20% is a worth it for me to run.

How many miles a week? Believe it or not, 12 miles that week, You don't need to do 50, 25. No, twelve miles per week will give you benefits for longevity.

Let's use the word longevity here. Now, how fast you wanna run? This is what is interesting. When you see people jogging, they're joggin' like this, right?

No, that doesn't increase your sense of longevity. You want to run a pace about three to four miles an hour, you know, which is okay. I mean, kind of like fast, but not too slow either.

So you do not want be out there walking or jogging. That doesn´t give you the benefit. you have to really work at it. Now cardiovascular, that's a cardiovascular component.

For a strength training, which is totally different, I like strength more than I do aerobics by the way. But that is personal and also I'm kind of lazy.

I hate doing aerobic by way, but strength allows me to do everything that I would do every day. Get my ass out of bed. from sitting to standing. I use my strength carrying grocery bags.

If I want to defend myself, if somebody attacks me, I got to hold you. Strength training is the secret of long life. In the old days, we used to do this.

When there were no supermarkets, when there was nothing and we had to survive, We use the speed, we got to go catch the prey. Once we stab it, We have to fight it.

We had to do it really hard. And then that lasted a couple of hours. When we were done, when we go back, and we take our prey back to our cave. we sat there, clean it and sat down.

Cooked it We might put it on the ground or hang it to ferment it but that's what we did and then the next day we started again. It was no aerobics. it was none of that shit.

It was people to do something really quick, kill that thing, get back to my home base because I don't want to get killed by somebody else. So for me, strength training is a secret, it's a bigger secret of longevity than everything else People get osteoporosis, people get weak muscles, you don't move your bones, You're gonna fall, your gonna crack your head, and you're going to die.

So strength training with cardio, strength trading first, we know that because we don' want to lose our glycogen. And the studies did show that a moderate type of exercise was considerably more effective than intense and light exercise.

## Injection vs Cream vs Oral Testosterone

You know, I have so many of my friends and You know, they're 60. Yeah, man, I went to the gym and I busted my butt and i'm sweating and this and that.

And I just look at him, and go, And then you're in the doctor's office, right? What does that tell you? So the recovery isn't so good. So number one, longevity, muscle, exercise.

Give me some other longevity hacks that people… Okay, wait a second. Before I do that, for those people that go to trainers, the best trainer or the better coach is not the one that makes you stronger, but the ones that fixes your weaknesses.

Let me repeat what I'm going to say. It's not the one that makes you stronger, but the ones that fixes your weaknesses. If you cannot get out of a chair and you can do 400 pounds on the bench, that doesn't help you get you out the chair.

Yeah, you got stronger but you don't get more functional. So again, the best trainer or the better coach is the on that fix your weakness. Now, biohacking, what else besides working out?

The number one is faith, praying. I cannot tell you what a difference it makes. How much a peace of mind. A person with a piece of my don't get stressed.

The person was a peaceful mind, don's think about bad things, thinks about good things that make you last longer. Person that sit down and pray by itself in a quiet, kind place.

Belief in Jesus always is going to do better than a person that doesn't. Spirituality, actually they did a research and compare cancer patients, the same cancer, same blood testing and everything.

What were the two biggest things to increase longevity of those patients? Faith and support. No diet, no drugs, nothing. Those were two only things that actually predicted longevity on that patient.

Support, think about this. Having somebody there to take care of you. Now longevity, having a great wife. Oh my God, that truly helps. Truly, truly helps.

People don't understand that. Sleep, okay? That's number two. You got to go sleep. Or number three, after faith. Number four, you have to have a community of people with you.

Tell me who you walk with and I'll tell you who are. If you are walking with people that are working out all day, all they do is like look on the mirror.

All they're doing is being on internet. You're going to do the same. That's weak. No, how are you set with the people who are going work out? Are you setting up a positive outlook on life?

How are yourself with those people go to church because you're gonna live longer? That is huge. If spend more than two hours per week, five days, watching TV, that is a no-no.

Okay, remember that. Do not do that, you can work out, listening to stuff, but make sure also be outside, spend time on the sun, be active, not inside of a building, Be outside all the time, it makes sense.

Love you too honey, and be careful. Be aware of that. Make sure that you are active. Do not sit down and do nothing. Taking testosterone, taking hormones is not going to compare to the things that I just told you.

Another little trick. I hate cold plunging. Big thing, I'll show it to you in a second right here Robert, but I don't go on the cold plunge but it's amazing what it does to people with rheumatoid arthritis.

I make people work out, put their hands on their cold Plunge. You don' have to go inside the Cold Plunch but i have tips and techniques. For example, if you're working on your biceps, You go work out the biceps, you could put your

hands under the water and it makes a difference how you feel.

It helps with your soreness. Those sort of things do make a massive, massive difference. So I hope I give you a few things that you can use to stay longer, better.

Well, I'm not crazy on the cold plunge either. There's better things I could do than freeze my way balls. Cold shower seems to be effective for the cold shock protein 50 to 59 degrees.

The study, I'm going to talk specifically on hormones here, you have to spend at least three minutes on the core plunge to increase your testosterone levels.

About the heat shock proteins, yes, a cold shower, but you had to spent there about I would say between 60 to 90 seconds on that cold to make a difference.

It's not going in and running back and forth like I used to do. You have to spend time in the cold shower. Which supplements, over-the-counter supplements?

Vitamin store, not that you would ever buy a supplement in a vitamin store per se, which supplements would you recommend for health and longevity? You know what?

I have created my own supplement, but I'm not gonna sell here. I want to keep it I'm gonna keep it straightforward. First of all, number one, everybody should take a multivitamin.

Everybody. I mean, buy a great multavitamins. A lot of people say, oh, I buy Centrum and I take one a day. Those are worthless. And I have my own brands called Core Essentials.

It makes my polyquin. Do you have to take mine? No, but mine give you only the active forms, plus I had mushrooms, vegetables, fruits in it. Why? Because they're out there.

You're talking methylated. Yes, I'm talking methylated or phosphorylated, so B5P. So be aware that those are active. Those are the right ones. Number two, an enzyme.

Every single person should be on an enzymes product. Why? They prevent cancer. They help with digestion. The prevent colon cancer, they help you absorb nutrition.

You know what you eat, but what do you absorbed? Enzymes are absolutely a must every day with meals or empty stomach. You must have enzymes. Digestive enzyme you mean?

Yes, digestive enzyme. Now, some with ACL and others without ACL. If you have ulcers, you've got issues with ulcer in your stomach, then you can have it without the ACL now.

Be aware that if you take enzyme, and you don't have bile on your enzymes, it's not a great enzyme is an OK enzyme always add bile to it. OK, number three.

fish oils, or I'm gonna be more complicated than this, fats, not fish oil. The reason I say fats is because they're fish, there's omega-3, omega 6, that's Omega-9.

All those are very, very important, okay, so be aware of that. Don't just take fish oils, all of them put together. I have my own supplement, it's called Alpha Omega 3, because I had seven different fats on it.

Dr. Silliman, the reason why I did that is, I look at blood tests on humans, and based on those blood test, that's when I came up with the formula. Initially, omega-6 is the most abundant in the dietary world.

That's what people say. In actuality, it's more on saturated fat. If you compare tuna, chicken, Beef, you compare rib eye, the first fat is not saturated fat, it's not polys, monounsaturated fat.

So my fish oil have oleic acid, omega 9. Mine have omega 3, have Omega 7, mine have CLA, I have GLA. I might have MCT. All the fat that you require in one product.

And the reason is because they have to be unbalanced. Omega 7 plus omega 3 could be perceived as the perfect 10. That is correct. Very good. But it's a necessary parvitolic acid.

It's necessary for the body. So that's why my fats and I check bodies, people's blood tests and their levels go up. They do perfect. Now, can you get all the fish oils?

If you're going to get fish oil, buy them with a dark bottle, cannot have any absolutely no sunlight hitting them. Correct. The capsule also has to be dark because you take it out and put it in a plastic bag.

You take to the gym and the sunlight hits it, they become damaged. So make sure that they are dark, also capsules. Just remember that, okay? And in non-sunlight container.

Now, those are my number top four. I'm going to have three, four amino acids. Why feed for amino acid?

## Cycling TRT and Longevity Principles

In this day and age, people, everybody takes protein shakes, protein shake, which 80% of the population taking protein shapes will get a freaking allergy to whatever they're consuming.

The reason for that, Rob, is in nature, nothing has protein without fats. Let me repeat this. I want you people to understand. In nature. No, there's no proteins without fats.

They go together. There's not protein without fat. Why? Because fat has slowed down the digestive system just enough so you can digest the proteins. Now, what in nature has protein with our fats?

That's an easy answer. Viruses, bacteria, and parasites. They're all protein with no fat. One and a half. That's an easy answer. You're so right about the protein because when you look at things, so obviously fish a little higher on the fat, you're on a protein scale.

Bison, probably the leanest thing you could have. Yes. But they all do have fat. Protein and fat, nuts. Everything has to have protein and fats. Egg white is the only thing that's protein without fat but it's not a complete protein.

Wait a second. I've never seen a chicken cheat egg white. Sorry to tell you that. When you open the egg, I'm sorry. You cannot say egg-white because that is not true.

It's an egg. Now you separate it. Can I separate the chicken fat from the chickens? Don't even go there, Dr. Silverman. You say egg white. No, that is not a true egg.

That is egg whites. I separate them, which is actually wrong because when you do that, you become allergic to eggs and people buy egg-whites all the time.

You cannot do. Do you think they're allergies or food sensitivities? Oh my god, this is it. I have a lot of doctors and patients. This is a huge fight.

Okay. Let me be doctor correct here. Food sensitivity because it's not an IgE response, which is… By the way, Dr. Ciro, I want to tell you this. Years ago, I started doing the pin prick test, right?

Because the IG on the skin, because they were giving me $800 to do that test in the office. So I pin and prick. If you fire in my office, and I say, OK, we're going to get this test.

And I'm going see what happens. I did like 300 of those tests. and compare those test to the patient. We eliminated the food. Nothing happened. When I did the IgG or the food sensitivity, that's when I start getting true response to

patients.

So for those people there that would say, oh, I checked my allergies, if you did a pinprick or IgE, absolutely force. I prefer you to do an IgA, an Igg through food allergies.

Now, Ig for environmental allergies? Yes. But I still would do, don't come to my office with an IGE because he doesn't tell me anything. All he tells me is, And I feel active reaction.

That's the only thing. Otherwise, it doesn't show anything. I'm happy you said it correctly. IgG, IgA, maybe IgM, secretory IgN. We are now doctor correct and big on food sensitivities.

You know, it's fascinating because I hear somebody say, wait a minute, you take the fat away, the protein speeds up and protein is a very involved process.

But the other thing that goes with it is now this protein may be being read differently at a different speed by the immune system, causing cross-reactivity, mimicry, Yes, that's what happens.

That's exactly correct right there. I'm taking all this whey, this casein. When I digest that food, now I don't have that fat there, and it goes really fast.

Some pieces are mimicry. Maybe a peptide from the E. coli, maybe a pet type from a parasite, because those elements don' have fats on it. Now I consume that.

Now, be aware that it is important to always consume fats with proteins, proteins and fats together. That's what they were created together and that's why they should be together, and you know what?

And I have protein shakes. Proteins are protein shake, but I tell my patients I make those to make pancakes, to mix them with butter, never eat it by itself.

Now I want to explain something to you. I'm going to interrupt you before you go there. This is good. All right. Well, I have an answer for you. Go ahead.

I'll have a plant protein. And I may have plant proteins with leucine and use it as a signaller. That is the most isonite stupid. But I hate vegetarians, by the way.

Don't hold back now. The vegeterians, there's no culture that ever lived that was vegetarian. They died. Didn't have B12. Did not have iron. Vegetarians don't exist.

I tell my vegetarians, okay, there's going to be a war, and the people on the war are going completely blow away every single supermarket on earth, right?

Now, we're in winter time, where in the fuck are you going get your vegetables? You're going die, you're gonna put a tomato on ground, it's not gonna grow, You have to eat meat.

You had to go hunt the food. Humans are not meant to be vegetarians. They don't exist. No culture. OK, so you don' like vegeterians. Only 3% of the population are vegetarians, how about vegans?

Oh, here we go. Biggest are people that swim in the same shit, but they smell different. Let me put it that way. And I know you're laughing at me. I'm sorry, that's the only way I can present this.

I just don't know what to say to that. But that is the way it works. Vegans, okay, there are vegans that eat an egg or a cheese. Okay, all right. I got to stop you before you get this bull shot.

Go ahead. Are you okay with the carnivore diet? I am absolutely a fan of the carnivore diet. That may explain the opposite side being a vegan and a vegetarian.

Yes, let me explain this. For me to decide which diet I'm going to use in any client, I never, never use the same diet with any different client. I have to know the disease state.

Let me give you an example. Do I want to give a diabetic a high carbohydrate diet or a low carbohydrate do I want to give a cancer patient a high carbohydrate or low carbohydrate?

Do I wanna use vegetables? Actually, if I have a patient with breast cancer, I would increase the vegetable intake of that patient, believe it or not.

It depends on what disease state you are. If I had somebody with maple syrup syndrome, then I gotta lower the protein. I cannot give them high levels of protein because then we're gonna have diseases.

You have to have somebody that actually, two weeks ago I asked somebody, with protein enterocolitis, unable to digest proteins at high level. Those people, I cannot put in a carnivore diet because they can't.

I have to have enzyme, have free-form amino acid. Have to do things to those people to be able to absorb or digest the protein. If you have Crohn's or ulcerative colitis and I give you a high protein diet, am going to mess with you initially.

Can't do that. have correct things first. So no, believe on carnival diet. Believe on ketogenic diet I believe in low carb, high carb it depends. For example, also an athlete, if I have a marathon runner, I use a high fat, but I used to consume carbohydrates here and there.

So my diet, i don't have diet. I've a nutrition program but it depends on the person that they have and the disease state they are. Now, If I had somebody with severe, severe depression, Absolutely, carnivore diet makes a massive difference after correcting other issues in there.

Now, the advantage of carnival diet, it provides more nutrient pack for anything, and you'll eliminate the junk food that you're eating.

## Exercise, Strength, and Recovery

You eliminate, you only are eating whole foods, which is huge. on that department. But I do like some vegetables here and there. I like in-season fruits, because most people eat the same fruit over and over.

No. If apples are in season, eat apples. Grapefruits are season. Avocados, cherries, strawberries, then you eat those. Then they're gone. You don't want to consume them anymore.

Consume what's in the season now. Outstanding, you know, it's funny. I have some people who want to get all the different polyphenols and nutrients from fruits.

They'll eat a different type of apple every day. You eat plants, you're okay with eating some plants. You just believe that the basis of your protein and your proteins and fat should come from something that's walked on this earth.

I get it. Absolutely. Do you have essential amino acids and you essential fatty acids? I don't remember having essential fiber bullshit. Other really essential carbohydrates, although they're essential up to a point, but it's kind of bullshit that is a total you know, a registered dietician made up crap for you to buy their stuff.

So buy this cereal, buy all that crap. The reason I was laughing as I said, I need to put this disclaimer, these are not the thoughts of Dr. Robert Silverman, they're probably the thought in the opinion of Eric Serrano.

You can say that, you can save that very safely. I just can't. In my practice, Rob, i see every state, from children to grownups, to adults, all people.

I see people that have severe diseases and I have people who just come to see me for some time to have a

spiritual talk here and there, right? And it's pretty impressive what you can see and what difference you make as a physician by listening.

And I always tell my patients, my patient go out there and say, oh, eric serrano made me feel better. Absolutely alive. Dr. Silverman, you only spent, I spent an hour with my patients.

I only see cash patients, You have a block of an hours with patient, okay? I've only spend one hour, with you. You spent 23 hours out there. I only give you guidelines, the other 23 hours, you're there by yourself.

I didn't make you better, I helped you get better but you are the person, yourself making yourself better. You're also making you self sick. Don't come and tell me, oh you made me sick, no you also make yourself sick but also you make your self healthy.

But I gave you the guidelines and the steps that you need to take to be able to do 23-hours out there. If you spend that one hour with me yes I can make a difference but your the one making the difference.

Well said, well said. I agree. You put the wheels in motion and hopefully the patient is compliant. And we have a greatest job in the world because we're able to help people acquire the most important asset in a world and that's health.

In my opinion. And that is a sign that it's forgotten. I've seen people manipulate. And I'm not making this up because I want you to understand. Chiropractors, I have people with diabetes eating perfect, eating everything great, following what I am asking you, and the sugar is still high.

A chiropractor goes and manipulates the neck or the lumbar area, thoracic area. They come back and then the sugars are back to normal. So there's some kind of neurological component out there that I don't understand that chiropractors understand, that can make absolutely massive difference on that patient.

Well, I want you to be aware of that. They do not know that, but it is real. I appreciate you for purporting the positive benefits of chiropractic. There's something called…

Oh, it is crazy. I try everything and the patient is doing everything. They get manipulated. A week later, the sugars are normal. Listen, we're having a conversation now and it's pretty animated, pretty funny when you think about it.

You know, I already know what I'm going to call the title of the show, but… What are you going call this? I got to be well behaved. I've been great for the last two years.

Everybody said I matured and acted great. So I wanted to get to the depths of inequity. In any case, it just shows that we're having a conversation and we don't agree on everything.

That's fine. Medical, chiropractic, but where we have the tie as healthcare practitioners is our goal is to keep up with the information and give the best healthcare to people.

There's always out there somebody that knows more than you do. Well, without question. I always tell my patients, two head sinks better than one. You might not like the doctor, you might know like, the other person, but that person can help me make a decision.

And many times that phone call, I call every single chiropractor I have in my, if I send in a patient, and I say, hey I'm sending you this patient for this and this reason.

So I got four chiropractors I use all the time. One specialized on neck, one specialized in nutrition workouts, And I one guy that specializes on the head, which is incredible, You should interview this kid.

It's a chiriopractor, with athletes and performance, eyes, all that. He's crazy. And speed, he's amazing. So I have four chiropractors that I use that will give me the service that i need.

Now, are there good chiropractors and bad chirepractor? Yeah, like they're good doctors and back doctors, of course. But I'm telling you, a person that completely cuts out the other health doctors out there, he's a dumbass.

I mean, oh my goodness, I've seen so many results with chiropractic care. Ron, I got to send you because C1, C2, a little movement there can make the whole difference of the world.

And if you don't go see that chiropractor, it's not going to work. So yes, Chiropractors are an amazing help for us. I know that we consider them enemies.

For me, they're my allies and they help me a lot. Let's come to the conversation that everybody's talking about, the peptide that Everybody's Talking About, GLP-1.

Oh, my God. I was a huge writer of Ozempic. OK, I use Big Toza, too. Don't know if you remember that drug. It's out there now, but I will say huge rider because I would use it for my diabetic patients.

Now I had a few rules when I Was doing it. I would write it for the patient. I explained the side effects. Of course, I always start at the lowest dose and if you were not dieting, i wouldn't give it to you.

i have rules.

## Supplements, Diet, and Food Sensitivities

The reason I was using it for nine months is because I rarely settle, and based on the literature, side effects with nine month. Now with the new, you know, everybody buying over the counter, everyone going.

On the last three months, I have two people with huge thyroid. I had people paralysis of the intestines. What else I've had? I haven't had one with any eye problem.

I did have one, somebody that had a liver inflammation. A really see that. Um, I have somebody all with a GGT that quadruple. It was, it was seven and all of a sudden went to 300. And it would, uh, you know, she was thinking, oh, Zempik I'm breaking my head in my mouth.

Oh my God, what is this lady doing? When I caught it, said, have you had any drugs? Oh, sorry. You see no Zemping. Stop it. On the GGD went back to normal.

So be aware that they are absolutely effective. Be aware they make you lose weight, but a lot of muscle is gone. Be aware that you do not want to use it for more than nine months.

I wouldn't, if you're using it on weight loss purposes. If you are diabetic, then it's a little different bottle of wax, but be aware they do have absolutely side effects.

The longer you use, you always want one side effect. It can be diarrhea, it can me nausea, It could be something, there's always something there. I've talked in this podcast a lot about the GLP-1s.

Let's just say, I'll pose the question, what do you think of natural alternative ways to the glp-one for the average American? Okay, that is a great question.

There's another thing that I use in my office. I used something called Cyclocet, and I know you're not familiar with Cyclocet. Cyclocent is a medication, actually it's bromocryptin, it is the genetic name for it.

It's a meditation that being studied in people with high sugar levels in the morning. So, like sunrise, most people when they wake up, your sugar goes up because cortisol levels, cortisol are waking in response.

Cortisol is released so you wake so have the sugar necessary. But they shouldn't go above 100, they should be 85, 95. the the actually almost no side effect medication.

It lowers your cortisol levels, it lowers you morning response, and also helps you lose weight. And it's very safe, but you have to take it every single day.

Now, cyclosate is 0.8 milligrams of bromocryptin. It has a different release factor because you can go buy bromocryptine, okay? But it's the same, yes it is, but the dosages are very minimal.

It works amazing, it helps with weight loss, helps lower your sugars, so that's one thing I would use. Number two. People talk about berberine and all that stuff.

No, I haven't seen the results that I want to see with berberein. We're talking about sugar purposes and weight loss compared to GLP-1. There's a company called Celebi-8 that came out with a GLp-I agonist gummy.

it is good it helps too okay now your sugars are sky-high it will not do what it's supposed to do but it help you and another thing is called something called Humana 4 now this I know you never heard of this Years ago, I had a guy contact me from California, Emery Delcec.

He's a very famous bodybuilder. And he had an egg protein. It has to be fertilized egg. Couldn't be eggs. They have to fertilize. I mean, they separate this specific protein, their peptides.

There are over eight different peptide. These peptides I did the first study, but I don't have any economic association, I just know the product very well.

I know ingredients. I know everything about the products. And I don't make any money. What is the first thing ever, and I have done research with a lot of things, taking four capsules of this Humana 4, I have 39 patients in my office.

DHA, testosterone, cholesterol, GGT, IGF-1, every single marker that you can think of. And if your levels were low, that put it up to normal levels. If your lowers were high, like if you have high cholesterol, you lower them.

You lower LDL. It was crazy how great this work. it is not well known out there on the world, but Humana for, and I will give you the phone number later, Professor, you can talk to him.

It is so good that I told it. I thought this guy said, listen, I don't know what you have here, but this is amazing. You need to use it for patients. A patient that two patients that had cancer markers that were high brought them down by accident.

And you know, that's we're going to do that. So I tell this guys, say, Listen, have you used this for cancer? So he contacted vets, right? Because doctors would not do.

## GLP-1 Alternatives and Closing Advice

That and they start using a gel or a cream on cancer of the dogs and the cancer disappear within six weeks. This is an amazing product. He hasn't done any publishing.

I mean, he had published study, but he hasn' done no marketing, anything. It just sell it to people. it works amazing Robert. Over the counter, it's oligo peptides.

Amazing, amazing, Amazing. Its a peptide that is not discussed, But it is amazing. All right. So I'm going to put you in a concise manner now. Okay. Epigrammatic as you can be.

My buddy listens to the podcast. He needs one thing to make himself better tomorrow. What are you gonna give him? What're you going to suggest? One. Solamente uno.

Pray for Jesus. Right? Pray with Jesus that is the most. I cannot tell you how powerful or read the Bible every day. All right. Um, I can't tell tell the number of people at cancer that are dying that I send a text every morning.

This has made my life better. And be in peace. Make sure that you do unto others what you wanna do to you. And lend a helping hand. Always, always, I think those three things will help you survive.

I wanna add something to this because that is a great question. Money can buy you a watch, but no time. money can by your book, for no knowledge. Money can buy you company but no love.

Money buy your house but not home. money can by you a bed but sleep. And money buy medicine but health. Always remember that. always try to spend as much time with your family members.

I never had a patient that was going to die and told me I should have worked harder. It always is. I should have spent more time with my kids. I shouldn't have done this.

And it's always come back, I don't spend more times with family or I spend time more with God. Every single person that I ever have passed away have told me that.

So that's my message for you today. We'll just close on that, Dr. Rob Silverman with the eccentric. That was very good. Dr Eric Serrano.