Introduction and Dental Background

Dr. Patel, welcome to the show. Thank you, Rakesh. Good morning to you from San Juan, Puerto Rico. Yeah, first of all, thank you for your time. I know you have been traveling a lot.

Still, you found some time for us this morning. So for our viewers, I just want you to introduce yourself. Sure. My name is Sanjeev Patil. technically and I practice in Melbourne, Florida.

I've been in private practice. In Melbourne Florida since 1995. So about 30 years, I have very specific niches and passions I love in dentistry. And I think it's the greatest profession ever.

Awesome. Like 30 year congratulations. Thank you. That's quite a lot of journey, three decades. It's actually a little bit longer. You know, my journey actually started as a dental hygienist.

So I think my private practice experience actually started in 1989. So about 30, almost 37 years. Wow. Almost close to four decades. Yes. It doesn't seem like that long, but it's moved along.

Yeah, yeah. So, well, now you are in the private practice and then I just want to talk about, you know, it was interesting when I was talking to you last week.

You scaled down your practices, like from three practices to one. Correct. I was fascinated after hearing this. Why did simplifying the model turn out to be your best growth decision?

Actually, it goes further back, Rakesh. So I speaking at a meeting in Seoul, Korea, and this goes back to about 2009 or 2010. And it was the Asian Stomato-Nathic meeting and I'm speaking on occlusion and some other topics.

I came back and there was a a comment or review that I received saying that this model works great in your hands, but we're not sure it's going to be replicable in other clinicians' hands.

So I took that two ways as, you know, one, a little taken aback because what I still perceive today is what i do is just normal everyday general dentistry.

But to hear that It was ticking back like, have I created something that's not practical? And so I took it as a reality check and as challenge that I needed to kind of test in other people's hands how this model works.

So I acquired several more practices far away from me. One was about 50 miles, one was 80 miles from where I practice currently. Ran that experiment, so to speak.

that experiment taught me quite a bit actually that yes you can make money as an entrepreneur with multiple locations and that's the real model in this day and age it seems with the DSOs and the rise of all of the corporate dentistry and a model does work but it requires a clinician to have a certain level of commitment and so I did that for a couple of years and even today the associate doctors that were involved with me eventually I sold the practices to them and I scaled back because I just found that that experiment works in other people's hands it gave me the confidence that I needed to refine some things and also at the same breath understand clearly that this model isn't really designed for everybody it's designed for changing people's lives.

And that is a commitment that's different than a model that may be financially driven. The financial benefits in my model are a benefit of what you do and who you are versus a target you reach because that's what you're chasing.

Two different perspectives. And so scaling back was, in reality, I call it going back to my laboratory to a certain degree in the sense of how I've set up the practice and how it's structured.

Yes, it simplified the management challenges. It simplified, the number of doctors that worked for me and with me, and the staff. and it built some long-term relationships in in, you know, where I practice in There are benefits, but simplifying has helped my model of the iterative smile become a lot more precise, a little more accurate.

It was worthwhile. I'm glad I expanded, and I am also really glad that I contracted back to where the model needs my energy, not so much anything else at this stage in my life.

I guess it's prudent for me and I feel a sense of responsibility to share what I have developed and learned to the dental community to help the patients get a higher standard of care.

That's really a different kind of approach. On the same line, I just want to ask you that you have built enough authority that patients travel internationally to see you.

Yes. With single independent office, What actually creates that level of trust without large corporate structures? There's an old saying, Rakesh, and maybe you're familiar with it.

Who you are, speak so loudly, I can't hear what you say. If you meditate on that thought or that quotation, it's how I sort of raised my children when they were younger.

It's one of my favorite sayings as I go through life. And I think it's the other question that comes that's of great relevance is what is better? What is greater?

And i'll ask you the question, purpose or intent? Can you rank those for me? It should have the right intent with the Yeah, right. And I had to meditate on that quite significantly for a number of years to get a clarity.

I got a clear. To me, purpose is always higher. You see, when I say the word intention, like say, Rakesh, you have an intention to know me better through this podcast.

Scaling Back to a Focused Practice

But what was your purpose? And so you and I can intend to do something. Dr. Wayne Dyer has, I think, one of the best definitions of intention. Intention is not something you do, it's something that you connect to.

And that connection comes from the energy flow of your purpose. So if your purposes clear, your vision is clear. If your visions clear then your intentions are something just connect too.

and that whole process of who you are becomes the evolution of where things end up. Okay I have to meditate on my purpose and intent now. Definitely it was deep thought though like you know I was caught off guard with that question but still it's a good question that I had to mediate on.

Yeah I mean you have a young agency from a career perspective and having clarity in your purpose will help to get the intentions of you and your team and vision a lot more connected.

A lot less friction, you'll see. And some of the things and decisions that we make in that journey become a much more confident. Yeah, definitely. So while I was talking with you during our first conversation, the one thing that stood out for me was your principles as loss of nature versus values that shift with the trends.

I just want you to go a little bit deeper into that because that's a different perspective and then I want to talk about it. So to me, it has, well, in this day and age, also has social applications, but within dentistry, you know, I'm sure, and it's true in every industry, there are trends and fads that we go through cycles and what's popular now and isn't.

And if you look at the definition of a value, It's the degree of importance that society gives to a certain noun, a thing, place, an idea, whatever it happens to be.

Like heck, when I was younger, there were no cell phones. They were lucky to have landline phones in India. And so now the social value to a certain degree, now honesty, your social economic status was one of the check marks was do you have a phone land line at home?

Those were the days, right? It's a social value. But the principle was what? Communication. It was a method of communication. So, principles are laws of nature that you can't break, but you could be broken against them.

dichotomy and clarity becomes one of the stepping stones to that purpose-driven process. The whole model of innovative smile has five tenets. First, it's not that we want to, look, everybody claims in their industry to do the best they can for their clients.

That's just normal hearsay. What is my criteria for innovative smiles? Well, the first piece of puzzle happens to be how you exceed the patient's expectations And within that process, how do you exceed the clinicians or my own expectations?

First criteria. Well, to do that, you've got to be able to risk management. And in my world, there's two types of risk-management. More than two, three.

The first one happens to be what everybody thinks about instantly is medical legal. You know, you do something wrong and some attorney's gonna sue you because you did something or you harmed something, or something didn't turn out right.

And sure, that's a valid concern. The second is clinical risk. and the third is moral or ethical risk, are you making those three risk assessments properly?

Well, to do that, You really have to understand the patient's expectations And the patient's expectations can be clarified. And I talked about this at length yesterday in the course.

The model of the Inosmile has one core principle that really cannot be disturbed. We spend a tremendous amount of time diagnosing in detail in a fourth dimension of physics, which is time in motion.

Because it's traveled through time and motion that generates longevity. is very clear for the clinical practice. It is to guide with professionalism, to provide an abundance of innovative, evidence-based treatments that regenerates patients' life and vitality.

Now, we do this with a team that is synergistic, that's happy, and that gets its gratitude from satisfied patients. That's our vision. but their vision is very clearly based on the fact that values versus principles, the principle-driven process.

That vision, it matters because as you exceed risk management, so as we talk about risk-management, that moral obligation you have to the patient is, and I say this quite honestly, yes, we're entrepreneurs and yes we are a small business in the technical sense, And yes there's big businesses in medicine, dentistry.

Fine. At what level of entrepreneurship do you want to be participating in that business side? Because as a clinician, as doctor, you took an oath not to a billionaire per se, clinically speaking.

You took and oath to take care of that patient, improve their life. That's your first priority. Second risk was medical legal. Well, there's two types of risk.

There's the medical-legal and there is the ethical. If you exceed the ethical tolerances of any system, your medical legal risk almost always is a nil, doesn't exist.

And so we built a system of care that is evidence-based and it's based not only on what I see as a doctor or the patient says what's subjective, what symptomatic, and we want to objectify that.

So now we have subjective data. We have objective data, how do those two collaborate? How do we distill down to identifying every condition that is in my system, the stomatin ethic system as we call it, that chewing mechanism of the body and identify those conditions and only treat those that are affecting the patient's disability or quality of life.

So that's risk management. From that, now that you're able to manage the risk and understand the risks tolerances, you can engineer a treatment plan, much like an architect develops a blueprint.

And that blueprint is then refined and refined until before it goes to the general contractor. Same process here. The process in dentistry is that that is you are the architect and you ARE the General Contractor.

You are that man or woman or team that is going to regenerate that patient's dental construction. Then there are some essential technologies that we have to employ in my model.

And so when I started clinic, everything was in this two axis, the X and Y axis kind of flat plane. We had film, X-rays, paper charts. It was, that was the whole system.

Time went along and we got digital and I got involved in CAD-CAM dentistry in the CEREC two days. Even the graphics were just like an etch a sketch. You know what an Etch A Sketch is?

It was a little toy that you drew lines with and it was in the X and Y axis. And then we obviously had 3D graphics developed a few years later with Microsoft Windows and things and we got into the 3-D world.

Dentistry has been sort of stuck in a 3d world for the last quarter century from scanning systems to cone beam CAT scans to implant design software. We're finally starting to move into that fourth dimension visually in diagnostics with Systems like my jaw and systems like shining Donald's new product line coming out but there are only several really true diagnostic tests that been around forever in my list of my career.

That have four dimensions implications causes three dimensions of the x y and z axis. The fourth dimension, as I mentioned earlier, is travel through time and motion.

And whether you drive your car or you chew the teeth I've produced for you, it has to travel to a time in motion to generate longevity. So our criteria is simple, at least invasive, most predictable way to get the result the patient needs and how do you make it last.

So we use a system called a Biopac, which is a time and motion measurement of a patient's TMJ function. We use surface EMGs to do real live time in motion tests of their muscles of mastication, and then we used T-scan bite analysis to real time-in-motion studies of force vectors when the teeth come together.

Purpose, Intent, and Principle-Driven Care

we combine that with the 3D data And now I've got an instant second opinion. Does the patient have myofascial pain and headaches? Are their joints clicking and popping?

are they excessively wearing? Do they have bacteria? Now we're able to take all the visuals, all of the video charting, and all that data and synergize a dream plan in the fourth dimension.

And those are the essential technologies. But the real secret sauce, which dentistry really needs to accept, especially with the rise in implantology, is physics-based dentisty and physics based diagnosis.

And when you combine that you apply those particular principles, then you truly have what I call is the fourth dimension evidence-based integrated solution to digital dentistry.

Beyond that, you will have success, but you'll not be significant in the patient's life long term. And so that new patient experience for us is a little different than the typical practice.

Yes, we're a general practice, But we have that standard that's a bit different. Yeah, now that's really a different perspective on the patient experience.

So let me call this whole thought process as a framework that helps you to think through every decision that you take. As you said, technology is emerging and then it is emerged rapidly now more than ever.

With this framework of thought processes, with this school of thoughts, how are you able to decide which technology you have to use in this era? That, you know, I think the best perspective in my life I've heard is from the author Jim Collins.

Are you familiar with him? Yes, yes. Good to great. I wrote an article for a magazine that doesn't exist anymore about 20 years ago called Contemporary Aesthetics.

And it was an articles on the Syrac system and I was explaining how do you, when you acquire a new technology, how you gauge it. For instance, We give the Wright brothers credit for developing the airplane, but it was actually Mr.

Dumont who had the first practical flight. The Wright Brothers had to use a catapult and springboard to launch their plane. Mr Dumond had first flight that actually took off on its own and landed on itself.

So there's that gap. That gap gives us the insight. To me, technologists have three things. and in Jim Collins' world, technology is not the creator of momentum, it is the accelerator.

In other words, you can get from here and where you're at to Japan by swimming, by flying, and by trying to walk, or by driving. Now how fast, how safely, effectively you get depends on the technology you choose.

But if your vision isn't clear that you want to get to japan and you just have a technology, then you'll end up in the wrong process. The other author that will give you great insight is Mr.

Stephen Covey, who's no longer with us. In his book, The Seven Habits of How the Effective People, he talks about the principle of the compass and the clock.

And the campus means that he talked about a story where there's a gentleman who was on a business meeting, and he's in a rush, gets on the plane, He lands, starts driving, drives for several hours.

Long story short, misses the meeting. He's dejected. He calls his wife. Says, what happened? Because I don't know. I just don' know, this map thing got me confused.

Well, he realizes he's in the city of, let's say, Chicago, but he is driving around with a map of Detroit. He was so focused on getting somewhere he didn't have a clarity on where he was supposed to go.

The compass was not correct. So, technology has to have three criteria in my world. First, does it have integrity? The definition of integrity is, Does it make something or someone whole?

Two, will it be easy to use and apply. And three, is it versatile? And the first criteria is that does it fit into, does help me speed up my model or is going to take me away from my models?

See, my journey into the Inner Smile actually began with single visit dentistry. Now it's single-visit teeth in a day is the paradigm. Single-Visit Dentistry was something I pursued because I had to differentiate myself as a private practice when I first started my practice in Florida.

It started with the practice of, let's say, endodontics. You know, many endonic procedures were running multiple appointments at the time, but we started using technology like magnification, digital apex locators, and other things to help us get that infection or inflammation situation under control faster so we could resolve that issue.

That's why I got involved in cirric dentistry. Same reason, single visit dentists, so that initial push of innovations that we had to do internally to improve our quality, our standards, to compete on that level of saying, well, how do we service that patient better?

Because if you're a patient, you don't want to drive across town twice, get injected twice and go through the pain and suffering, but it can be done once, right?

And so that process of innovation, evolution to improved the patient's quality of life also has taken into consideration their quality life first. And so, the technology you employ has to have that specific criteria.

You know, you can reference my website and all those articles are still there to download if you're interested in reading the details on that. And, so I think that that perspective, it's a discipline thought, that leads to discipline action.

It's in the action compartment that technology applies. Everything else before it has be present. I don't really know if your familiar with Jim's model of the whole good to great process.

If you're not, I'll give you a quick explanation. Yes, please. So that book was actually written out as an author. He was at Stanford and ran a business, an institute, and he was doing a research project on the 15 greatest companies in US stock market history.

And his research is what that look really is. It was nothing that he expected. It's used by almost every fortune-powered company today for their executives.

I think it's a great reference point for almost ever medical and dental system in the world today. It gives you a framework of how you approach things administratively, executively, as a leader and CEO of your organization.

What he found, the 15 greatest companies in The Book Go To Great, their first criteria is what he called disciplined people. And this link was started with what's called leadership and he called it level five leadership.

So for instance, level four leadership would be Rakesh has a vision for his company Orange and that vision is your vision and then you recruit team members and resources and spend capital to get that mission accomplished.

Where level 5 leadership is that but with two specific ingredients. to lead with humility and internal will. In other words, you know internally that that's your vision, but you're not out there driving everybody.

The vision is driving everyone. So then the second principle is first to then what? In He talks about a principle where you get a bunch of people on the bus and you set them down, then you decide who's the best driver, who is the conductor, whose the navigator, was the safety officer, or who was going to be the mechanic.

And those roles are dependent on a person's not skill level, but who the person is as a human being. That's discipline people. From it, he talks about the hedgehog principle, which is very popular.

So I'm sure you've seen the diagrams of the three circles that intersect, right? One, two, then there's a little circle in the middle. That actually is called the Hedgehog Principle, and it's part of The Discipline Dot.

Three questions Jim Collins proposes. One. What are you most passionate about? So I'm going to propose that question to you, Rakesh. What are you most passionate about?

Right now, helping businesses, especially the healthcare businesses. That's my passion every day. So let me ask you a more technical question. Yeah. For me, the passion means that drives me right from the time I wake up, and then that gives me a purpose throughout the day, then by the I go to bed, that give me satisfaction of what I have done throughout that day.

That's what passion for me is. Okay. If you look at the etymology, origin of the word passion in its Greek root, it

means to suffer. What are you willing to suffer the most for is the question Mr.

Collins is asking us. First circle. For me today, and it's been that way for the last 20 some years, is the innovative smile. The second question you ask is, what can you be the best in the world at?

And it is not an ego statement. It's an internal understanding of your knowledge, your skills, you attitude. A third question is how do you monetize that?

How do generate revenue from those two? Because if you don't have the energy, you can't fulfill that middle circle. And when you hit, when those three things intersect, he calls it transcending the curse of competency.

That's the goal. that's The Hedgehog Principle. I call it going from being successful to being significant. You propose that question, how am I attracting patients internationally?

Risk Management and the Innovative Smile Framework

We don't market internationally. And the last year we've developed this professional teaching website because the demand is there and I'm still learning all that stuff.

But at the same time, to me it's all organic. It's a who you are principle, right? And so that's the discipline people, discipline thought equation. Then you start to get what's called a breakthrough from that point forward and you started to apply these principles and the technology part of it comes at the good to great process.

And that's how these companies that dominate the US stock market were built. CEOs that weren't there for themselves, they were there their purpose. Can you give me examples of several in your lifetime that you can recognize like that?

I mean, the purpose of the company? CEOs who live level five leadership. Well, you know, the first CEO that I noticed while I was in my MBA course was the Microsoft CEO.

Then the new then CEO was Satya Nadella. Now when he came on board, now the stock was plumbing. And then I like, no, and then when you came in, I, it was keen.

I wasn't a student back then, management student. It was watching his interview and he said, No, what is your vision? And then I was like, okay, I'm just curious, right?

I am a management student and I want to listen to his vision. And he said, mobile first, cloud first. That's it. I stumbled. Okay, that's right. and everything.

And then after that, I started following him closely and then I understood we can connect the dots only by looking back as famous Steve Jobs said, and I then started connecting all the darts that he was doing and today it is one of the most successful companies.

And then it is still tied back to his mobile first and cloud first. Now they're doing great with the cloud business and then he opened up all the Microsoft apps to all, now iOS and the Android apps and everywhere.

Now, that's the most thing that I admire from the particular CEO. Yeah. And it's all about clarity and purpose. That's, the point of it. He has an internal will.

he's not out there banging drums, he has that internal clarity, and will, then he is humble. If you look at Ratan Tata's history, same thing. It was not a big ego statement, but he changed the world.

Right? And that is clarity. Look, dentistry is one of the roles I play. I also play a role of a CEO, I played a roll of an author, an educator, a father, or a grandfather.

You know, all these roles that we play, the clarity has to be there. And my purpose is very clear, to change lives. That comes from my early childhood, and that's a different story.

But that becomes part of our criteria, is that And I don't really care what faith you are. But God said, you want to change other people's life, and you have to your own life first.

And there are things that happen in everybody's lives that are beyond your control, but you've got to learn how to manage those particular things. That process of learning how adapt and grow is critical.

It's critical to the evolution of your vision, And that process applies to the Internet of Smile, it applies Microsoft, applies what Elon Musk is doing, all those things.

And we can see when Elon got involved politically and his ego got in front of him, the humbleness went away and it damaged him and the company's reputation.

Now we have to regain all that back. by his will. And that dichotomy will continue, and that's why I find clarity in Mr. Collins' distillation of why those companies that were great had these level five leaders that you never know who they were.

They built great companies, they transitioned them. Satya Nadala's only got a position because Steve Ballmer was there and he only has a positioning because Bill Gates started the process and Bill gates only as a product line because steve jobs and went to the windows and so you know you mentioned satya nadala but something that only had a platform because steeve ballmer set up that platform and Steve ballmers had the platform, because he was friends and cohort with bill gates.

And Bill Gates only has Microsoft because Steve Jobs is the one who invented Windows and Bill gates honestly stole it from him. Right? And so we have to consider the process along the way and look at historically what happens.

And historically, what happened is that the originators typically don't get rewarded really heavily for the invention. Like Steve jobs never got the credit in order to get the revenue streams for the Windows product.

It did for other iPhone and everything else that came along, but that invention was really his. And there's a great book that was written by, I shouldn't call it a book, a very necessary dry read, and it's called The Innovator's Dilemma.

So if you're an innovator in any industry, it was a professor of Harvard that wrote it. He really talks in stages about what challenges innovators face.

And I think it's a good read if you're into innovations and into any industry that is trying to lead in that department. And, and I have to stop thinking about innovation strictly as technology and digital technology.

Critical point. There's innovations in every part of every industry. We look at surgery, what I do, we have surgical instruments get better. biologics are biology and we're going away from synthetics to organics to a lot of materials that are there.

Pharmaceutical, the same thing, we are going from pharmaceuticals to genomics. And so that transition of technology within your field of play matters and understanding how you will be rewarded for your innovations and your dedication matters because it's not always about money.

It never should be. Money is being rich. Wealthy is a distribution for all of your life's foundations and watching them grow. In vision, like you've got a bunch of ponds and one says, Rakesh loves cars, so he's got pond, he wants seven Lamborghinis.

He's another pond where he is spiritual. then he's got another pond where he has got family, and he got the pond

he wants to travel, he is got a pond that he want's to write books, another pond where you want to change, all these things.

How do you fill all those ponds? Well, you don't fill them by putting a hose in every one at a time. You put a drop in everyone every day in the moment.

One of my isms that I use all the time, it's something that i've created because I've never heard anybody else talk about it, is that we are human beings, not human havings.

Do you know what that means? The thought is too deep. I just want you to go deeper into it. It's clear. As a biologist, as a species, we're human being.

B means what? Ing. It's the present tense. You in the Present. Human in present. That's a little translation. Yet, if you have children, what do you tell them if they don't behave?

Be something to have something. Its the Pavlov reaction. So why are we asking a species that's supposed to live in-the-now? And if you're a Hindu, that's your whole principle, live in the now.

But you are asking things to behave. Differentiation takes you from the fourth dimension back down to the third to second. It's these sort of thoughts that go in my mind that I look at failures.

We all have failures, whether it's clinical, financial, business, relationships. Look at those failures and you start to say, Did that failure occur because of this?

To me, it always stems back to these four or five points I've raised and one of them is, are we in the moment? Am I in a moment with Rakesh right now and forgetting the rest of the world?

Or am I thinking about, oh boy, how many people are going to watch this podcast? Do they really care who I am? That doesn't matter. What matters is that we sow the seeds and then whoever, even if it reaches one individual, if we're able to impact and improve their need, we've achieved our purpose.

And so being in the moment, staying relative, like I can't be in a surgery worried about what India's cricket team is doing. I have to be that moment doing that because if I hit a nerve, I had a blood vessel, and I missed the bone, it's a problem.

Being in the moment, it's a clarity that I think that matters, even as an executive, as a CEO, a clinician, whatever your role happens to be in your industry, I believe that it matters.

Well, that's really a too deep thought process. With that same thought, process I just want to ask you one more question. I couldn't control myself here.

Burnout. I want you to talk about the burn out with the same thought process. How do you see the burnout? Because you said you wear many hats. Burn out happens because of laws of nature.

Repetition. Let me ask you a question. Have you ever looked, are you gardener? Do you love nature? Right? Right. And so as we look at burnout, burnout occurs because I've never seen a tree or a plant in my life that's either got bigger, greener leaves with deeper roots and moist sand and nice sunlight, or it's turning brown and dying.

There's no in-between. One of the laws of nature is that either you're growing or you are dying, the law of conservation of energy. help you understand a different way.

Energy can't be created nor can it be destroyed. Correct? Right. Right? Energy is measurable. Thing that we have to understand the third law of physics is that in order to have energy, you must do work.

And you, in other new work, must have. It's the flywheel. If we are at a burnout stage, that burnout typically is at the

second tier to me, the mind. So you have the body, And the burnout typically is an emotional burnout because there is a block.

Either you have a physical issue, your back may hurt, or your eyes are bad. You may have another disease process that's leading to that fatigue physically and causing you emotional situations.

And it's burning you out, not because you don't enjoy it, but because let's say you're in healthcare consultancy and digital marketing, right? And you invest all of this time into let say 15 different clients.

And all of those clients are achieving the results you want. But then, at some point, Rakesh says, boy, I want to do this for 1,500 clients. And I can do it.

You start to push, and you push with the same systems to achieve that greater goal. It doesn't occur. And now when you have no growth and you're starting to die, and that's burn up.

It's the use of energy in the wrong direction. And that is why that purpose, see the purpose I have is two words, change lives. There's no end to it. No matter what role you and I play, there's not end.

To it, it forces me when my children were younger being educated, you know, their challenges as a parent and as child. And so their criteria is very, very simple.

It still is today. I used to tell them, all you have to do in life is to be one step better than your father. Now that does two things, Rakesh. First, it gives them a target.

And when I say this, most people think, oh, they want to a doctor, and they wanna be this. They wanna do that. Not really important. What was more important is the second part.

it forced me to keep elevating my game so it would never catch up. Makes sense? Yeah, yeah. My younger one wanted to be, when he was a little three year old boy, he wanted be a garbage man because he loved garbage trucks.

My vision as a father would be you know what, you want to go into environmental engineering, get a PhD and do something and change the world. You see the dichotomy?

Yeah. A child and a Father think differently. And so as he got older, He wanted me an NBA player. Well, We know the capacity and so you have to start looking at purposes and changing lives and how do you change your own children's life?

Well, the way I could change their life is I had to change, right? And so it's that whole clarity of purpose to me. That's what it makes every time is within the practice and and outside the practice.

Same thing. That's the gist of the synopsis. Now, that's a deep thought. I think anyone who is listening to this, definitely take a pause and then take the notes and I'll do it after this.

Definitely. I know you went deep with the burnout and the whole process. Now, on the other side, success. Defining success and then our first interaction you were just talking about.

Success is measurable. That's the end of the story. success is measureable. Burnout is also measurable, both are measurable Let me give you an example.

In between 2004 till about 2010, I was heavy on the lecture circuit, taking continuing education classes, teaching them, practicing with three practices.

And there came a point, it was burnout. Why was the burnout there? Because all of these things and ideas and energy and resources I was expounding were not giving me measurable results for my purpose.

I wasn't changing lives because I, wasn' t changing my own life. Sell the multiple locations. That took a sabbatical from teaching on the podium. Only stopped in my course, but only taught by invitation only.

I started to draw back in and focus on things for each of those ponds that matter. And then success became measurable. Joy went up on a daily basis. My marriage with my wife, Sangeetha, and all of that relationship got better, my relationship with children got a better.

The practice that I had focused on and had grown to lost some of its essence because I have expanded too fast went back to being, it's what I call the laboratory, which were the true joy was.

Choosing Technology with Clear Vision

And so I think when you have a purpose and a clarity about what your purpose is, mine wasn't to build 37 practices and sell them to a big corporate and make a billion dollars.

I have friends have done that. That's their purpose. They're great at business and numbers and they're impacting access to care differently. I'm impacting quality of care and longevity.

So you've got to have that bandwidth to say, this is where I am at in the future. How will I be able to influence those because I don't know if you know, but I am the immediate past president for the American Academy of Plant Dentistry's Southeast District.

But I also sit on the board of trustees. And late last year, I was invited to be one of the privileged people to do be on a strategic planning board for their future vision.

We have a meeting in San Diego next week I'm flying to for it. Uh, we were on conference call looking at our research from data. And in the United States, currently 23% of the industry's private practices are owned by corporate America.

However you define them, DSOs, group practices, but corporate American. The prediction, according to research data, is that in next decade, 80 plus percent will be owned corporate by America, and corporate Americans' success is measurable.

How? Look at the stock market. That's their measurement of success. I said earlier, my criteria isn't success, it's how to be significant. You want a real life example, look at Elon Musk.

He's successful, or is he significant? He is significant, correct? And Einstein was significant and Mahatma Gandhi was also significant Yeah. And so this is the significance.

If that's what you're chasing, great. Because the truth of it is, if 80% of the industry is owned by Wall Street, will the patients know names of any of these WallStreet companies?

No. But the significant people they will remember in their life. And to me, that's why I took the oath of dentistry and how to improve lives. And the system works in multiple hands.

It's better if I keep engineering the systems and improving upon it. So knowing the fact that 80% will be owned by corporate America, what if the innovative smile is developed and they can do a plug and play into their system?

And now what happens? You ever hear the concept of win-win? Yeah. Right? You know where that's from, right? Yeah, it's it from Stephen Covey. It's the first molecule stepping stone of what's called a public victory.

And so what if we do a win-win with the innovative smile and whether you're a small private practice or a multi-billion dollar corporation, this process is going to improve the quality of your care, improve your systems, and improve God willing, and God's capacity is still with me, I'm still doing pretty good with it.

I can only change a specific number of lives in X number hours I spent chair site. But if I could take this system of care and develop it and share it, then I've able to change clinicians and I got an army of people developed to do what they need to.

And that is the impact of where I am headed. You raised a critical point of the patient experience here. Most of times, we work with other doctors and help the clinics get more patients through online marketing.

The thing is, the last touch point here is the experience with the doctor for the patient. The first touchpoint is always either the receptionist or even before that, they hear about you from someone else or they see an ad or something else.

Well, if a doctor is that last point and then you have a great vision, how do you ensure that right from the first point until the patients reaches out to you, that experience stays the same?

This comes from your arena, Rakesh. What is a difference between marketing and branding? See, the brand is always about the perception. Everyone, like, you know, if I ask you about a brand name, what is Apple for you?

You say, What is your perception about Apple? And then I say what my perception is about apple. And marketing is something I call it as an engine that creates that perception that everyday's job of marketing is to create that perception through using the consistency of either it can be the words, the actions of the messages that we send to the public so that they don't put their own words into their mind.

We put the word that now about our own brand. That's how I define marketing and branding. Two thoughts. Branding is the vision of practice. Marketing is how you bring people to see if they're matched for that vision.

Marketing is short-term, branding is long- term. Right. Amy Morgan did this exercise with us, and she's the CEO of the Pride Institute, which is one of oldest dental consulting firms in the world.

Dr. Jim Pride passed away. He was from my dental school, but he had developed a methodology for private practices back in 70s and 80s. that was renowned all through the U. S.

I remember doing this exercise and we can do it together no matter what business it is. And we were all asked to close our eyes. So everybody closed their eyes and you can this while I'm doing it if you want.

We were asked think of an image or a picture of what our ideal scenario would be for our practice and our patient. What does that look like? And given an X number of minutes to kind of just think about and conjure up a picture in your mind's eye, and she said, open your eyes.

So we did. And this was a point of clarity for me. One doctor, there's about seven of us, said, I see my patient sitting on the beach with her new teeth and finally able to eat breakfast on a beach.

One father had tears in his eyes at his daughter's wedding because he finally had a new smile because the dentist had fixed it. So they were life-changing sort of things.

You want to guess what I said when they came along to me? I'm excited to hear. I say the atom. What? Yes. Because in my mind's eye, that patient is the nucleus.

All the protons, electrons, all that stuff that rotates around are the systems of care that we have to develop. The new patient experience, the facility, technology, compassion, clarity, what happens in emergency, All those systems have circulate with that patients in the center.

That was the moment of clarity for the innovative smile and how to start building those system. Even today, if you walk into my living room, I've had custom chandeliers, made three of them, that kind of have that same shape to keep reminding me that it's always to the foundation that we have to get back to.

So the new patient experience, yes, you're right. When you are marketing, and you want to drive patients to your phone, or if have an automated appointment system, whatever system you use, it is great.

The thing that I think that frustrates people in general is why am I not getting the high number of new patients? And the bigger question is the patients aren't coming because they don't need your service or the type of service you're offering.

That's the reality. But the truth hurts. And sometimes you can be the best marketer but if the vision and branding isn't clear in the sense of not the perception, but the execution of that perception.

You see human beings aren't stupid. Peter Dawson used to tell me the average intelligent human being just wants a healthy mouth. That means that the averaging being knows what they want.

They have the same sense as you do, you're no better. I'm no worse. And they can sense from the moment they pick up the energy, if it's compatible with them or not, you know, stick your tongue into an outlet.

You'll see what kind of compatibility you have. Not very good. And so that becomes the thing. Look, we don't market anywhere in the world, but my brand has reached it somehow organically.

Does that make sense? Yeah. We don' attract 500 new patients a month. we couldn't handle that. What we do attract organically are patients who have been through dentistry, who've had significant complications and failures, Who've done their research and now are looking for that solution that meets the criteria that we have to offer.

How do they find us? Sometimes they'll go to the internet and they will call the manufacturer. of specific equipment and tests and say, who has your equipment?

I've had patients say well who is your best clinician out of that user? And the manufacturers will send me patients. And so it's not like I ask for patients, but the patients you have to give them credit and you to be honest in saying that, look as an entrepreneur what do you do?

You risk ideas and capital to meet a void in the market And if the void is met, you become successful and significant. This is no different. For a fee-for-service practice, it's no difference.

Leadership, Level Five Thinking, and the Hedgehog Principle

There was a great article written in Fortune magazine years ago, and it talks about the friction-free economy, which is the big gig word, right? Friction-Free Everything.

And they gave an example how back then Tesla's car was being ridiculed because they were talking about Tesla catching on fire from the batteries hitting the ground and there was going to be a total recall of all the cars and this is about 2010 or 11 and it was gonna destroy Tesla.

You know what Tesla did? They sent a software update to raise the suspension by three inches and they was never a recall. Ah, okay and I knew that. I'll send you the article.

That article you have to read because it talks about, it interviewed every CEO, almost every significant from Vinay Koshla to Bill Gates to Steve Jobs and what their future visions held.

And that article is very concise and it helps you understand that all of these visionary leaders were purpose driven. So back to your match of branding and things, because the process of what we do involves not just dentistry in the United States, short to a certain extent to where a lot of your clients may be in India or somewhere abroad, it's a treatment-based science.

In other words, not many dentists get really well or properly compensated for their diagnostic skills or time. in the US the DSOs market an exam x-ray and cleaning in one hour for $59. The guy who washes my car charges more

than that an hour.

How do you expect a qualified doctor with high levels education to address all the complex biology by looking at your mouth, taking a couple of pictures going home and saying, okay, I have a plan for you.

To build a home or a factory, you have civil engineers, structural engineers. You have architects, contractors, a team. So to process that takes time.

And if your clients are really honest about where their purpose is, and it's not value, it is not teeth in a day, that's the hot commodity, not implants in the day.

I'll be honest, I see a lot of medical tourism. I've seen a lots of US people of NRIs who go to India and they go other countries to have procedures done because it's cheaper.

They come back with 10x the complications. And who's suffering? Yes, because it was not a match for the brand. They were looking at instant gratification versus longevity.

they were Looking at a brand and the perception of a Brand. And it's not that the Brand they chose was Apple. It was a Chinese knockoff, but it had close to an Apple symbol, and they thought they were buying an apple product with an ecosystem that was like Apple's.

And so you will have to probably serve as some sort of business coach to a lot of your clients saying, let's talk about your vision and purpose, funnel, as you guys call it now, I think a funnel to help attract those specific criteria.

And I find that most marketing firms have used many over the years over promise and under deliver because they truly don't understand the client's needs.

They want instant gratification and to build a brand, like I said, in the first sentence, it's a long term thing. It's not a short-term marketing. Yes, you want to fill the share time, market a specific technique.

Like if you're a restaurant, mark it your pani puri. If you if if in America market your hamburger, but your level of your chef is that when they come in for that one item, if You overwhelm them with a level five experience, Where are they going to go?

Right. And that, that becomes a standard, you know, exceed the patient's expectations and your expectations. That's the first tenant and that's what branding and marketing should be built around.

All the technical things, how you do it. I have no clue Rakesh. No idea how. Yeah. Be honest with you. Uh, I, um, and the least bit interested cause that not my passion.

It's not. Right? And so you have to build a team of people that is their purpose and their passion And that I think is my distillation after many years of trying to do marketing on my own, trying hire sub things and things out this way, is that you have to find a like-minded individual in that industry and then you run parallels with it and you'll see exponential changes.

Perfect. So on the same line, you're a doctor, a CEO, and there is a gap in between. you becoming a doctor and then you become a CEO. I just want to talk about that gap here in your early days.

And also, you might have seen many younger residents and slash doctors who has gone through that. So I want you to like talk a little bit about your experience and also your experiences of seeing other doctors going through the gap and fulfilling that?

You know, my I was fortunate I had many different occupations before I became a You know, when I came to the US, we were not in a financial good situation, as many immigrants are not.

And we used to actually, I started working at the age of 12. We used make these electronic circuit parts at home, because there's so many Indian community owned a factory and wanted to make parts, and my mom and dad, my brother and I used work on the weekends making parts.

That was my first job. As time went on, became a teenager and had a neighbor who had a landscaping and snow plowing business in the city of Chicago and lived four doors away and I was my best friend's father.

And so we used to go assist him and we got paid that way. Then I got a job at Burger King, okay. I then got job working at a grocery store and was doing cashier and bagging and moving carts and produce.

The point is I went through many, many transitions and that taught me one valuable lesson, hard work. how to relate to all different people at all, different levels.

And that's the process of where we are. How about CEO? Well, my father owned several small businesses. There weren't huge businesses and my Father was an average business person, a small shop and revenues to run the household, but it never was a significant business.

But I had experience in inventory and running those stores when I was young man, mighty as a teenager. So as that went on, then I became a dental hygienist.

and I worked through a temporary agency through those four years I was in dental school to supplement income and pay bills and then so and i was also teaching at Loyola at the same time and, I had the benefit of working at an account at about 84 practices over that four-year period as a Temporary Hygienist.

What was the Benefit? It took me years to understand that the benefits was it was like a paid internship Rakesh. I was able to go behind the scenes for a day or two days and look at different practice sizes, different practiced visions, facilities, management systems and what succeeded and didn't succeed.

I had been prepared for the entrepreneurial stages and different experiences. The first explained those different jobs, that's a technician. Second is management.

Third was when I started to get on my journey and I met some real exceptional leaders in the field of dentistry that helped me understand their vision and I bought into it.

And then I started reading a lot of books and talking to people about developing business because that's one of my interests is the business side of things.

From it came the discussion. For me it was never like I you know, I want to open a practice. It was just an evolution of things that had to occur. I moved to Florida, was working as an associate with an equity position and decided that vision, their vision of my vision wasn't aligning.

And within five months I bought a practise and started my own vision. Its always been, never chase the money, chase your purpose, fulfill the purpose and the Money will chase you.

its almost like the 3 Idiots story is true. it really is. And so the business side of it, but you can't also be that passive. If I were to recommend one book that I think every private practice starting clinician, even some better clinicians really need to read is by Michael Gerber.

It's called the E-Myth. And in it, he describes and tells a story about Sarah, who's a pie maker, whose grandmother made pies. That pie recipe is amazing, so she decides to make a bakery.

She opens the bakery, and it's very, very popular. So she says, if I'm making X amount of pies, making x amount money, by multiple locations, I can double or triple the money that I am making.

And that moment is what he calls the entrepreneurial seizure. You're a technician and you want to be an

entrepreneur. And he talks about all of the turbulence, all the challenges that Sarah faces, because now she's instead of working one, she keeps working two, making the pies, buying the ingredients, washing it, being the cashier, the one who cleans and mops.

Now she got double and she burned. The burnout question. It's when you have that entrepreneurial seizure because you don't have management. There are three halves in business.

You're either an entrepreneur, you're a manager, or you are a technician. Here's how the landscape in medicine dentistry has changed. I'm a dentist. A son was a nephrologist.

Human Being, Burnout, and Staying Present

Another son is an orthodontist, my daughter-in-law is a pediatric dentist, and my other daughter in law is at a doctor of pharmacy. So we have clinicians in the family.

In the 80s, we had a lot of autonomy as doctors. It was much like being in the NBA or the NFL or in The Cricket League, you know, and you were a highly paid technician, right?

Right. Making tons of money because you had technical skill. Software engineers that are now being driven out by AI. Right? So those things are technical things.

Manager is a different hat. and entrepreneur is a different hat. That's why DSOs are buying out dentistry currently because the entrepreneur side is so weak because what you are questioning is what do you need to do to develop your business acumen to be able to make things thrive.

And you have to put a dedicated effort into the entrepreneurial side. The e-myth will give you clarity on which hat you're going to wear. If you clear on where your hedgehog principle is, right?

If you're a great entrepreneur and you are most passionate about building multiple locations and your most passion about saying that, how do I impact that?

Well, it's access to care. As many people as I can, even the quality care is a little bit lower. I don't care, I want to serve as many and I could make money doing it.

That's your hedge hog. And that same applies to if you a highly paid technician. my model sort of merges the two in the sense that you have the option.

You can be a highly paid technician, because the Inner Smile will help you build a moat because it's what I call a tier two, tier three practice model.

I can open a middle of 50 DSOs, not that they do bad dentistry, but the level of care they're able to provide with young clinicians and their volume of dentistry, what are called commodity of dentistry inherently leads to complications and failures.

That's just the way life is. When those occur, if you set yourself up to treat those particular tier two level issues and tier three level of issues, you've got to moat around your business.

You aren't marketing and branding yourself as, I'm going to sell my service for $59. Your marketing yourself is, If you got these kinds of complications and problems, on your solution.

See the difference? Right. Right? And so that business acumen also means you gotta know what. what do they call them? KPIs are important. I had developed my own KPIS 30 years ago, and I don't do a whole lot of analytics.

I never share numbers with my staff or my team. It's important enough for them to be worrying about their purpose. Their purpose shouldn't be how much, I'm not a believer in what I call an incentive-based salary model, because I

think it's morally not correct to try to sell things in the healthcare industry to patients who dont really understand what they're buying sometimes.

I have comments at my staff, well, they're well treated. They're doing really well for the right reasons and they get successful and significant if the patients get relief and the practice grows.

So that is my control as CEO. There's KPIs that I've developed that we monitor me in the sense of myself and whoever is involved in that decision tree monthly.

It takes about five minutes and we know the health. looking at the blood pressure and you know where to kind of manipulate things with medicines, where you need to exercise more, control your diet.

That sort of process has to occur. It's a constant sort-of thing. But you to focus on where your greatest 80-20 rule is. Where's your ROI for the type of vision you have and where do you focus, right?

For instance, at this point in my journey, it's to pull away more from being share-sighted, more into this development side because My plane is landing, right?

I'm almost 60 years old, and I've got to be clear about where, you know, it's that transition. I can either transition my one practice or I could transition the practice and also have this system of care that I think it has impact and value and I've tested and proven it and offer it to everybody saying, look, yeah, you have one option as a DSO, one options as private practice, but either option, if you apply this, we can elevate both of your standards significantly.

And so to do that, as an entrepreneur, I've got to draw back and take some risks and saying, look, it may flop, who knows? Market may not want anything I'm doing, but that's the risk I am willing to take.

And you have to be able to accepting of that. That whole process talked about the tree dying and growing. It's a transition process. And so, dental school doesn't teach you that, I would encourage that every individual, whether in dentistry or medicine, that they go ahead and really give some honest education themselves to learn.

There's software called Quicken, if you're familiar. QuikBooks is one, Quiken is a personal finance software. And years ago, we had utilized, and we still use it, they have what's called a lifetime planner in it.

And I would urge anybody who's interested to purchase that software, no matter what age, married, single, divorced, it doesn't really matter, go through that lifetime planer.

This is strictly an observation on personal finances, but if you don't have a clarity on your personal finance, you won't want to have clarity in your business finances.

doing your lifetime planner, which takes into account family size, financial responsibility, at what time. It asks you all those questions and it gives you a treatment plan, a rough treatment plant about what you need to accomplish in your business to meet the threshold minimum.

So you know what your risk tolerance is. Again, true in planning your businesses life and how to gauge that. And from that particular point, developing an annual business plan that knows that it's going to bring in that minimum threshold to make that lifetime plan.

And then you can take all the risk you want on the other parameters. And when you fall, it's okay, because you've got your safety net there. You see, the purpose of your education, The only purpose for education is to tell my kids, It's your safetiness.

We're all going to fall in life. The guy walking on a high wire is going fall. What's going save his life? It is that safety nut. the amount of education.

Technical education The higher the education the higher safety margin. the lower the safety margin. And we know

this is true, historically, through generations and thousands of years.

Education's only purpose isn't that I have a degree. Do you have degree that is going to be able to monetize, going be to able do something with that safety net?

And that financial lifetime plan is one of the critical steps in making sure you achieve your business goes with managed risk. Not total risk, managed risks.

So that's the one pearl. Well, definitely everyone should know their degree of risk so that they can create their own safety net. But mathematically, measurably mathematically.

I'm talking down to the penny that you will know. Yes. That confidence only comes from competence. When you have that competence, then as an entrepreneur, you can make aggressive decisions like, why would I decide to spend over $100,000 25 years ago on something that was called experimental dentistry on a syric tube machine?

Because I had the financial bandwidth that I kept myself. So to do that, my wife, myself, and my two children my parents and my sister-in-law, my wife's younger sister lived in a two bedroom apartment for five years, we didn't have a lifestyle increase.

We had an investment increase in the risk of this site. we kept that number purposely low. Who were funding our future children's education, funding their future home, finding other things, but not acquiring them.

You see, you've got to be able to have that black and white clarity. And that as an entrepreneur will will give you that freedom to say, okay, I can take that risk.

And that's how I've achieved through Darwin economics, as I call it, because India was built on Darwin economic, right? It is until the last, 10, 15 years, where if you want to buy a home in India, it was all cash.

Now there's some financing options, but it wasn't. It was always a Darwin, the survival of the fittest economically. As we go from that to credit and leverage economics the risks are much higher, sure that returns can be higher.

And I'm not a risk averse person, I am a Risk Manager. To me, to manage my responsibility and all those roles I play is more important than what I do as a dentist, first priority.

If I manage those adequately, then this part of the life can do what it needs to do. On the same note, during our first conversation, you were talking about patients' degree of bearing the pain.

I vaguely remember that concept, but still I just want you to talk about it. That was really, I was surprised hearing that from you. Remind me where exactly the paying conversation was a little bit.

You said while you were teaching or even after the patients, you said, right now in 2025, 26, the degree of pain bearing has significantly reduced. And then you are just talking about, we have done that.

Success, Significance, and Branding in Healthcare

So what happens is that pain is a subjective thing and there's two parts to pain. There's the nociception or the pain itself, and then there is the reaction to pay.

Let me give you a direct example. I'm a dentist. You've broken a tooth. You come to see me. And you're in pain. So that's the nociception. That's pain itself.

How you react to the pain is up to you. Second part of it. Okay. If I start drilling on your tooth to fix it without any anesthetic, I've made the paint worse.

I give you anesthetics, which hurts a little bit, but then it takes away the perception of pain, you are comfortable.

Quick summary of paint, right? In my world, it's all about the trigeminal nerve, the fifth cranial nerve because it innervates everything in my word.

It also controls the sympathetic and parasympathetic nervous system. Its part of migraine headaches, its part sleep apnea, Its' part the endocrinosis of cortisol, It's one of the most important nerves in the body.

And it invades every tooth in your mouth. You see? And pain is something that is that second tier emotional thing that you talk about burnout, that's a type of pain.

You talk about toothache. And how you manage pain matters. You see, the principle is very simple. Set up the stage or the environment so the body can heal itself and get the hell out of the way.

In other words, minimize the use of procedures of chemicals and materials as much as possible. So what I said earlier, identify the conditions. Only treat those conditions that impact the disability Pain is one of those disabilities.

And so attacking the TMJ problems, attacking them myofascial pain, Attacking the nerve problems has a first priority because now you've done several things.

As the patient feels better, you have gained their trust. Trust is the only commodity that matters in healthcare. You cannot sell a patient a full month rehab.

They have to request it from you. because they trust you enough to do that. When do they Trust you? When you've gotten them out of pain and they've got a chance to get to know you and who you are, speak so loudly.

I can't hear what you say. You can market teeth in a day when they don't know who's flying that airplane. No matter how you resonate, hopefully some of these cliches or sayings that I've developed are starting to make a little more sense how they kind of intertwined back and forth all the time.

The pain is your number one criteria. I'll give you an example, I was leaving for Puerto Rico two days ago and I had a couple of procedures to finish in the morning before I caught my flight.

And there's a patient who I'd been taking care of for almost 30 years and she had massive car accident before met her and had to do a full mouth rehabilitation 21 years ago.

It's 21 year later and is starting to have couple issues develop and we have to address those. And they're not easy solutions because from the trauma from a previous accident, there's some complications and compromises that we have to manage.

And she's a very demanding patient. Without an appointment, she shows for the front desk on a day where I'm short on time and requests to see me immediately.

So my staff is concerned something's gone wrong. He's got to catch a flight. We have patient X here. So they put her in a consult room and my receptionist is with me.

And I said, is everything okay? Can I help you? Because everything is great. I just was driving by, I stopped in to just say thank you and give you a hug and I'm leaving.

That was it. that was the whole conversation. She gave me a hook and she left. When you solve pain problems, that's the wealth you develop. You can't earn enough money to buy that.

Yeah, that's that is there. That is the reward of being a doctor. Definitely that does on purpose. Right. And so those are things that motivate you, they inspire you.

Motivation is external. Inspiration is internal. You know what that means, right? Right? The word inspiration means you're in spirit. internally out. Motivation is that I want a reward.

It's that whole process of what I was telling you earlier is purpose versus intent. Right. Awesome. That's really a good story. So I just want to jump on to something else, which is more on the risk assessment and then your preparation.

And obviously, there is a high stakes in decision making whatever you do every day. and then you're preparing to climb 19,000 foot walk, right? Yes, I'm leaving a week from Tuesday to go to Ecuador and my friend Dr.

Rajiv Patel and I are going to attempt to summit Cotopaxi in Ecuador. Awesome. So I just want to draw a parallel, you know, even for that you have to prepare, there is a risk assessment and then it's a relation making in high stakes.

Now, how does it help you in both situations? It's all about living in the now. You know all of my inspirations are drawn from nature. If you walk in my home, There's no artwork.

It is all windows that look onto the nature, and there's nothing, not one picture hanging in a whole house. I think that living in the now is really how you have to live.

There's no other substitute. So hiking has been a passion. It helps me understand. This app that we started, well, I started using is called All Trails.

And basically it's mapped out every trail in a world and it sounds like a GPS, much like your car's GPS but for hiking. It gives you elevations and terrain and how long and what to, and there's all that data's in there.

So that's much like a surgical plan. It's a risk assessment. How long it's going to take, what you're going face. You have the weather, you have hikers feedback who've accomplished that.

so you've got all of that datapoint. And then when you actually do the hike, it is like being in the live surgery from a guided surgery perspective. you done your plan, but now you got to do this surgery.

and you really learn that, wait a minute, the topography here was not explained. in the GPS, and then the slope here is dangerous. There's more. And so knowing in a moment, because you can't focus on anything else but the moment.

Whether I end up submitting Codopaxi or not is irrelevant. It is the process, it's that journey that's most important. So assessing the risk is important, I've been watching the weather every day.

I have a meeting on Tuesday with my friend, Rajiv, to look at all the gear that we're going to be needing and all that other stuff we'll be doing, all of the safety measures, what medications are we taking with us, who's going be our guide, the equipment we need to chain ourselves with, how do we get the ice picks and ice axes and that stuff back.

And so, yeah, it's all those particular steps. All those steps are universal. It's about how to exceed my expectations when I get up there. How do I assess the risk?

Well, we're assessing it right now. When I get there, if it's pouring rain, what are we going to do? You know, and so those risks will have to be assessed again.

Do we have a plan? Yes, We've got a guide we've hired. We got the equipment checklist and we got all the training plan. What technologies? We have all trails.

You got satellite views. Another piece of equipment we have is a live, you know, if you go to the Himalayas, it's a sherpa. We have a guide to help us with that particular geologist we're taking with us.

And so the physics of it don't change. You still have to climb that volcano.

Career Growth from Technician to CEO

And so yeah, hiking is fantastic. You know, if you guys are interested, I'll tell you more about it. We're actually supporting five charities, everything from the American Academy and Plant Dynasties Foundation to the Children's Hunger Project.

The money we're raising, 100% is going to charity from this hike. So the expedition, that's being paid for by myself and my friend Rajiv. None of the money being raised is not a penny.

100 percent of money that people are donating is gone right to charities. Why do we do this? We're calling it a climb for a cause, right? It's all about changing lives.

You know, we're gonna change our lives by getting an internal win, that we did something different. We did some things special, challenged ourselves, were growing in our knowledge, in out skills, and our attitude, our things, so that's our reward.

But we are changing homeless people's lives, battered women's' lives we changing veteran's life, giving money to scholarship funds, feeding hungry children.

So impacting different processes. And so that's the win-win. Certainly I'll share the link with you if people are interested in your podcast to join us on the journey.

It starts February 3rd and hopefully you'll be engaged and support the causes. Yeah, definitely we'll share all the links and it will be a continuous work on your side as well.

So we definitely share those NGOs links for the charities. That's really great work. And then I believe it would be fun for you to do this. Yeah. You know, speaking on that, we have another project we're doing in July in Pueblo, Mexico with Dr.

Worley and his Worly Implant Immersion Center. We did the first, what's called the All-Star Charity Course last July for myself and Dr. Worley organized the event.

And we had about 10 implantologists and we trained 19 surgeons to do some advanced complicated surgeries and procedures. And, we raised about $210,000 for local orphanage down there and the AID Foundation, the Southern District.

Giving back is important because that's how we recycle the energy. It's always the time, effort, energy and money needed. You know, I've done it all my life.

I think my first significant one was in Rishikesh, at Paramrata Ashram with Muniji who wrote, yeah, so I did my camp with him in 1999, helped establish a dental clinic there.

And so it's something I believe strongly in. Definitely. Next time you visit Rishi Kesha, definitely catch up with you. Okay. It's an amazing place. Yeah.

Are you close to them? No, but now I can take a flight. A couple of hours, I'll be there. Okay. Yeah. Anywhere in India is not far. No. It's a short flight?

It is a shot flight, so definitely I could catch up. So, you know, it's great, we spoke about you being dentist, your passion about it, and then you're being the CEO, the leader, managing the team, being an entrepreneur, spoke of the risk assessment and the decision making.

And then the last part I want to talk about is you being an educator. So at some point, now teaching, right? It shifts from personal interest to responsibility.

Now that becomes a huge weight on your shoulders. When did you feel the transition happened for you as an educators? The moment I realized that what I was doing in my practice, wasn't what was happening in the industry.

Specifically, when cirrh dentistry first came along, it was looked upon as sub-par, subclinical dentisty. But I wasnt achieving those results. I was getting really good results, really great results to the point Im teaching for Cyrano.

And there were complications I was getting, but they were blaming them on the cements and the chemistry and bond and all this stuff. And I finding it only on a subset of patients who had a predisposition to underlying TMJ and myofascial pain syndromes.

Hence, that led to the instrumentation that I started acquiring more and more different types to understand the depth of the pathology. It's much like R&D.

That's when I went into R&D mode. And as I wanted to the RND mode, I realized I was breaking a lot of the camping. So dentistry has camps that they believe in, and every industry does, right?

For instance, in dentisty, we have what's called the occlusion camp. We have a joint camp like the Dawson Panky Camp, we have the Neuromuscular Camp. They believe the muscles are everything.

And LVI Institute. So dentists are trained and they believe that philosophy is the correct religion. To me, it's much more than that. It's the spirituality.

patient's physiology that dictates the final plan, diagnosis, and treatment.

Pain Management, Risk, and the Climb for a Cause

So all the literature that's out there, all those things, look, you can have a perspective on something you see in life and I can't have one. You and can find a thousand articles and reference points to argue our position.

What is the correct one is what meets the need for that situation. All these metrics that I've developed take into account the standards, but then refine them into the patient's physiology to customize controlled engineered treatments.

Once I realized that that was something I was doing and nobody else was, doing it to the degree I, was I sort of felt like, boy, if I don't share this, then the standard of care will not elevate.

And it went from being, look, it's true. When I first started lecturing for Astrona and being at what's called a KOL, Kiev Indian leader for multiple companies, it was a big ego boost.

You're this young man, you're on these big podiums, your being compensated for your travel and you get all the perks and your becoming famous and fame has a problem.

But that wore off pretty quickly for me. When it started to realize that, and I hate to use the word, but I did and is that I couldn't be a prostitute for any particular manufacturer to sell their products and services.

I had to be true to my vision of what I discovered and keep developing that. And then I would work with those products that fit into my model, and that would be the extent of it.

That was the moment of clarity that, yeah, it's not about being famous. It's about making a lot of money. There is a significant responsibility that comes with what you know.

If you knew that it was valuable, in the sense of not only to society, but its principle-based value, then you fear nothing and you keep developing that.

Perfect. I think that's a guiding principle that you just gave for the younger doctors. So just before closing this, is

there anything else that It's been a fun conversation.

I haven't had this much diversity of conversations in a while. So thank you. It was fun. That's my pleasure and I really appreciate you taking this time.

Your calendar is packed with many events and definitely I'm looking forward to hear from you in the future. Sure. Thank you Dr. Patel for your time today.

Absolutely Rakesh.