The Foundation Before the Fix: Why Wellness Fails Without the Basics Transcript

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Introduction and Guest Background

How much do you think that plays into somebody's overall complete sense of self? How much do you think of those hormones are affected by genetics, especially genetics is the king, but how much is influenced by those lifestyle factors?

I have a foundation five. You got to eat right, sleep right, move right, talk right, poop right. And if you do all five of those, you're gonna be fine.

The problem becomes when one of those pillars are knocked out, we're living suboptimally. And that's when I say we begin to abnormalize what's normal.

Normal becomes asthma or seasonal allergies or food sensitivities. Oh, this is just, you know, my lifestyle. And then you have one else knocked out because now your nervous system is dysregulated and you can only heal the speed of your nervous system.

You're listening to the Lifestyle Medicine Podcast with Dr. Ivan Rusilko, brought to you by Access Lab, where we explore new perspectives at the forefront of personalized health care.

How's it going? It's Dr. Ivan Rosilko, and this is the Lifestyle Medicine Podcast powered by Access Medical Labs. If your doctor's not checking labs, then they're not a doctor.

Today, we got Dr. Daniel Keeley. He was rocking and rolling currently in Chicago, but he's also a very close neighbor down here in Miami Beach. He specializes in pretty much almost the exact same thing I do, so I'm super excited to actually get kind of get into the weeds with them.

He does everything from digestion, precision medicine, root cause health, energy, fitness, fat loss, sex, and maybe even Chinese arithmetic. I'm not even sure yet, but we're going to figure that one out.

Dr. Keeley, thank you so much for stopping by. Awesome to be here. Appreciate it. Oh, rock and roll, my man. So how's Chicago treating you right now? Well, as I said, if someone's listening to this and it's choppy, we're in the middle of a blizzard.

I know you mentioned, you know, in Miami herself, Miami Beach, the temperatures are dropping. climate change for those of believers or non-believers. Needless to say, we are amidst a very cold time, but I think challenge creates change, cold builds resilience.

So that's par for the course. Exactly. Who needs a cold plunge when we got this weather, right? free. You're right. Exactly. There we go. We're saving money with this climate change.

No, hey man, really, really thank you. I've been reading over your bio, kind of nerd now. Tell me first and foremost, how did you kind of get into this whole juggernaut that is wellness, regenerative and functional medicine?

Well, pain drives purpose. My story is no different, which is why many of my patients empathize. Once upon a time, I had very, very debilitating gut issues.

I would go to the bathroom anywhere between six to 12 times a day. Often enough, it was loose and it led me to the Mayo Clinic when I was a young adult of which they diagnosed me with lymphocytic colitis, had me taking Pepto-Bismol three times a day for 12 weeks and after eight, I had to abstain.

due to severe abdominal cramping. And after that, I figured, you know, that was the zenith of our healthcare at the time. And so I just normalized the abnormal, right?

Just going number two, defecating, streeting, so many times per day, I would eat a piece of fruit, I would go. So long story short, until I recognized there's a better way, found some mentors, went through medical school myself, learned very quickly that there's a way to absolutely reverse what I was going through.

peeling back the layers of what was underpinning my situation at the time to restore healthy function, which is why fast forward, I pursued functional medicine myself in order to really understand underlying drivers in order to reverse disease.

Yeah, I think that's that's such a unique story because, you know, with myself, kind of a similar, I went through and, you know, back in the day, I came down to Miami Beach, a young buck thinking I was gonna be Christian Troy from Nip Tuck.

I kind of got to that status, which was fun. And then I actually, you know, was foolish one night, I went out, I think we're at Zuma, you know, some overpriced restaurant with overpriced people.

And I actually broke my arm arm wrestling. And I kind of stepped back and said, you know what the hell with it. I'm going to figure out if this, this regenerative medicine actually works correctly.

Since I pitch it all the time to people back then, back then people didn't even know what wellness medicine was. And it was kind of unique to sit there and see that, you know, when you're told you'll never have your right arm back just because of the way.

Personal Health Journey and Functional Medicine

you know I was handled and all of a sudden now you know six weeks later I kind of defied the odds it kind of just made this zestful energetic push towards you know what else can this medicine do not so much fitness fat loss and sex but also things like chronic disease cancers autoimmune dysregulation neurodegeneration all these different kind of things can be treated with more of a common-sense approach kind of like what you did with your stomach but you know my back was pushed up against the walls yours was pushed up against a toilet, I guess.

And I think we both came out smelling like roses on the other end, eh? I love your analogies, but to be honest, that's correct. And I think too often we complicate medicine.

So my looking at underlying drivers as an example, I have seven, I call my unlucky seven, it's going to be attributable to parasite, bacterial, fungal, viral, and then in our modern environment, environmental toxins, heavy metals, and stressor trauma.

And it gets complicated when you introduce the nutrigenomic part, obviously the epigenetic component. The emotional component, the trauma, certainly things can become complex quickly, but underpinning much of this is literally one of those seven that I found.

And so my goal is when I treat our patients is we evaluate the pattern. So we're more than just labs. The labs allow us to become hyper-targeted with treatment, but ultimately the goal is to figure out where that bottleneck resides.

No, for sure, for sure. And again, like I said, I think when it comes to anything, whether you want to call it anti-aging medicine, which I can't stand, biohacking, which I hate even worse, or functional, regenerative, wellness medicine, whatever it could be, I think diagnostic testing is obviously the root of it.

And again, that's why I'm here, that's why I do this for Axis Lab, because I'm so passionate about what that is. And I think you hit the nail on the head, parasitic, follicle, bacterial, and there's just so many hidden pathogens in our environment.

I mean, I'm finding people with reactivated CMV and EDV pretty much like every day. And it's just, I think it's either maybe they got an injection they shouldn't have, maybe they're stressed out, maybe this, you know, this climate change is really getting to them, who knows.

But the amount of, you know, these hidden pathogens that people don't either give enough attention to, or don't really pay attention to, especially in traditional medicine, I think that's the actual root cause of a lot of disorders, whether it's depression and anxiety, or whether it's things like cancer, or over overactive immune systems and that.

Do you find a lot of your patients are testing positive for pathogens that they had no clue they even had? percent but what becomes equally if not more interesting is someone's resilience or their ability to bounce back and that's what I hear all the time is when we start working with patients is They used to take, let's say, six weeks to heal.

They're now doing it in three. They used to take two weeks to heal. Now they're doing it in one. And so with the advent of peptides, we're able to enhance outcomes much faster.

But ultimately, you're right. The power is not only in the test, but the interpretation of the test and then connecting the dots, which eventually AI is going to do better than all of us.

But ultimately, it's yes, reactivation. It's our modern environment that certainly is crippling us because while we evolved to deal with some of these in isolation, take a look at the, you know, some of the early vaccines.

I know some of that has, the schedule has changed slightly, but never were we meant to fight three different co-infections simultaneously, right? Or just in general, when we're looking at the fungal burden, how we're responding to EMF and mitigating that, certainly things are now amplified.

And sometimes at the root of it, I find histamine a huge trigger. So I'm doing nutrigenomic testing. In our modern fast food convenient culture, we like things prepackaged, we like things prepared ahead of time with high histamine.

And often enough when I'm running this new genomic test and I see someone at a very high risk factor for dealing with histamine or quelling, you know, mast cell activation.

What I find is once you remove someone's lifestyle priority in terms of meal prep, in terms of certain foods, and then cleaning up obviously the both internal and external environment, case in point again, our microbiome or the interplay within our microbes in every biological system, we see patients get better.

But the problem is Often enough, we don't recognize the bottleneck and so often, I mean, I had a couple patients literally the other day when I was going over Neutrogenomics and they were very high risk factor for histamine.

When I get them off of these prepared meals, just an example, right? They think they're doing good, right? They're sourcing healthy ingredients. Everything is kind of prepared clean ahead of time, but yet it's lighting them on fire, especially when we see that in a food sensitivity test.

Is the food the problem? Well, it's becoming the problem now because of our modern environment, but certainly these are all factors that go into a personalized treatment plan.

No, I think it's great. And again, so when it comes to that aspect, how much do you think things like nutrition, exercise, hydration, stress and sleep, how much do you think that plays into somebody's overall complete sense of self?

I guess you could say that as doctors, we're looking at hormones, we're looking at all kinds of different aspects in the labs. But how much do you think of those hormones are affected by genetics?

And obviously, genetics is king. But how much is influenced by by by those lifestyle factors? I have a foundation five.

Root Causes, Pathogens, and Diagnostic Testing

You got to eat right, sleep right, move right, talk right, poop right. And if you do all five of those, you're going to… You nailed it. I love it. And the problem becomes when one of those pillars are knocked out, we're living suboptimally.

And that's when I say we begin to abnormalize what's normal. So normal becomes asthma or seasonal allergies or food sensitivities. Like they become normal.

Like, oh, this is just, you know, my lifestyle. and then you have one else knocked out because you're now your nervous system is dysregulated and you can only heal the speed of your nervous system so we're looking at data all the time to discern where someone is in their healing crisis or their healing journey and now you have two kind of pillars knocked out you're at a 60% left so you're a 40% deficit and now the body physically begins to manifest pain and people come in for rehabilitation which we do here And the disservice is they're not looking at the blood panel.

They're not looking at some of these other markers. They're not cleaning up the eternal chemistry, which is driving the external pain. And so you're you're absolutely right.

How much of driving it? That's what the basis of lifestyle medicine is. It's literally those very, very simple factors that are overlooked or alternatively, like I said, the nutrition pillar, nutrition is such a personalized component because while you are 99.98% identically, genetically alike, we are probably at maximum 60% alike in our microbiome.

And they even did these studies within identical twins where up to 40% similarities. That's a stark difference. And so when we think about where we're doing something, Yeah, when we think about that we're doing something right with nutrition, often it's a huge lever that's setting us up for failure.

So all of us are toxic. The question is to what degree and how much toxicity is in our cup. And our body does that very, very elegantly every day, reducing the metabolic waste.

But ultimately, when we're constantly bombarded, when we constantly have some of these bad habits, when one of those pillars are knocked out, our cup begins to spill over.

And that's when people raise their hands saying, you know, reactionary medicine or using healthcare, their insurance-based system to say, okay, now I got to do something about it.

Well, autoimmunity to me is a diagnosis of seven years, similar with cancer. I mean, the problem started usually as a kid. And so when we take that familial timeline, we see really quickly, okay, this is the stage that sets you up for where you are today.

No, I think that's great. And again, we are a product of ourself, you know what I mean? And other people get that, you know what I mean? Epigenetics is probably the most important part of genetics, you know what I mean?

Until CRISPR becomes not so much a war crime, which again, that's probably the only thing that's going to pull me back into school is CRISPR. So stay tuned on that one.

But you know, I think it's fascinating because everybody comes in here and they'll give such value about certain parts of their life. Yeah, my sleep's not that great, but who cares?

It's like sleep is the most complex, important thing we do as a human being. It is literally where we recharge our battery. And it's funny to sit there and see how patients will sit there and give more emphasis to exercise than they do sleeping right.

When if you sleep right, you don't really need as much exercise or things like that. So it's the common sense approach is that we aren't taught, let's be honest.

In medical school, I spent maybe 30 minutes on nutrition, three weeks on a Crestor. It's such nonsense, you know what I mean? So it's always great to see like-minded physicians who sit there and say, yo, let's do a little bit of common sense medicine here.

You know what I mean? We're gonna be like, okay, what are you eating? How are you going to the bathroom? What are you drinking? Hydration, hydration, hydration.

The hardest thing I do is tell patients to eat and drink water. They're spending tens of thousands of dollars at my clinic. There's like, Well, what do you mean I got to drink water?

I'm like, what are you talking about? So do you find that the actual same pitfalls with your patients when it comes to the most basic things in life is sometimes the hardest things to get patients to do?

In our modern culture right now, which again is predicated upon instant gratification. We want a quick fix, but the breakdown, like I said, was happened for a long time.

And what happens is people overlook the basics. I had a patient called the other day and he's like, I want you to evaluate my stack. And he was doing so much right.

Like his stack was beautiful. The peptides were dial in. He was very cognizant of certain pathways. But the problem was when I asked him, how's your sleep?

And he said, yeah, you know, I'm going to bed at 11 o'clock and waking up at four o'clock. Okay, how's your hydration? Well, yeah, that could, you know, use some help.

Okay, how's your stool and your motility? Yeah, I'm going every three days. What? So they have an elegant stack, but yet the foundation is overlooked.

You're absolutely right. Sun is free. Earth thing is free. Getting the ocean is free. We're looking for the next latest and greatest. Some of my patients, they have a biohack clinic in their house better than I have here at the wellness center.

It's remarkable. No BS. I'm envious in some regard. but yet they're so sick and I call this the like that the healthiest sickest among us because they're doing they're taking 32 supplements but when you mention something like hydration and our body is comprised of two-thirds water and yet we're drinking pop or caffeinated here's the problem in our modern society especially in our capitalistic America model and I don't want to I don't want to undermine anything this is Amazing the opportunity to be born here, to reside here, to help patients here.

And I know you mentioned your clinics abroad, which is even great. You're creating even more impact. What's interesting is that I remember a commercial once upon a time, and maybe you'll appreciate this anecdote.

This was the Super Bowl several years ago. It was a Cadillac commercial when they're like, we pride ourselves on go, go, go. You know, in Europe, you take a siesta, you don't work as hard and you can't afford a Cadillac.

And in my mind is like, that's actually backwards, right? The body says we need to slow down, but what do we have to do? We got to push harder. When we look at reverse T3 and a full thyroid panel as an example, the body says you need to rest and repair.

And yet what do we do with the invention of the blue light? We say, no, we got to stay up at night for performance to finish whatever task. And then in the morning, we caffeinate.

So when our gas line, our blood labs are reading empty, we're like, let's caffeinate even harder. Let's take more nutraceuticals to supplement the gap in our lifestyle.

So that's the epitome kind of the American dream in one respect. And again, we're a product of that, right?

Sometimes we fall prey, like you said, you know, offline some things, we're a product of our environment.

But now that we see that, the good part, especially with some of the testing, it can keep us honest and it can allow us to be hyper-targeted with treatment.

So you're right, it's definitely mastering the foundation is step one. No, I mean, it's crazy. And the scary thing is, and again, I think The wellness industry took two real big gigantic leaps, number to actually limit a traditional doctor's ability to make money, like, how do we make this up?

Well, I guess maybe testosterone isn't as bad. Let's go to testosterone because it's cash-based, you know what I mean? So you saw that kind of like that small little bump, and then COVID was just a nuclear bomb, you know what I mean?

Like everybody's a wellness guru, everybody's a peptide specialist, you name it. But it's funny to sit there and see, you know, where there's a lot of money in the water, it attracts a lot of sharks.

Lifestyle Foundations and Hormone Balance

So you'll see a lot of clinics that popped up, whether it was GLP ones or whether it was just people come in and get this peptide crazy running positions, whatever it could be, where they're just hawking peptides and hawking hormones without any type of lifestyle guidance.

You know, you sit there, you're on every possible peptide under the sun for BPC to pull the statin. And then all of a sudden they're like, well, what's your diet?

I don't know. I don't know. Whatever. I just eat whatever. How's your hydration? I have a cup of water and like 18 cups of coffee. It's just like the people that are now profiting from this and a lot of them in a very, very big way are such shysters, such false prophets of this industry.

Do you encounter, do you have the same? not hatred but same just annoyance when you when you see this kind of things when it comes to somebody like such as yourself who actually does this type of industry the correct way by starting with the functional aspect and then working to the fun different peptides and hormones and all these different treatments available.

Yeah let me address three points there because I think you hit the nail so much on the head. So the number one is hydration and what's interesting is we were never meant to drink RO dead water and in fact the body doesn't do very well in terms of intracellular hydration when we're drinking RO dead water or certainly out of plastic or certainly with high contaminants as most tap water is.

We were meant to drink mineralized structured water that's UV coming from the sun and so often enough we'll have patients because we run BIAs on everybody and we find that they're like I'm drinking a gallon or two and they get these huge jug and yet their cellular hydration is somewhere around 50 percent uh which like I said it should be about two-thirds for males and you know 55 is closer to 60 percent for for females so needless to say the quality of the melt water models so the big picture here is the details the second you spoke about with hormones I cannot tell you how many referrals we have from patients who are on hormones that are grossly and inadequately managed.

So many men with high levels of adiposity that are aromatizing T directly to E and they're only feeling worse are similar with females where their hormones are just very highly dosed and they're not feeling any better.

And the problem is the toxicity component. We don't touch hormones. To me, that's layer five. So I look at first layer one is oxygenation. Layer two is glucose or fuel delivery.

Number three is going to be the gut and number four is immunity and they go hand in hand with you know 70 to 90 percent of your immune function at that epithelial barrier the gut lining and then layer five is hormones and if I do my job exceptionally through layers one through four I don't touch hormones but if you go to these clinics and I did

once upon a time I was curious what they were doing If your numbers are at a specific level, automatically you're a candidate.

Let's get you on hormones. They don't do it. They don't look at the receptor site. They don't look at the signaling. They don't look at your toxic load.

And so what happens is when you're administering hormones and you're unable to break them down or they're not binding, it's like cars on a low road. But when the parking spots are filled, you're only going to get more sick.

There's more harm than good. The good part is we recognize that hormones should be foundational, not supplemental, but there's a time and context for all that.

So I wanted to address those two. And then the third part is where modern medicine is going, which when I saw you speak, I don't know if it was a year or two ago, I was like, man, this guy is really dialed in.

He's staying on the cutting edge of science and research. And so that's why I was looking forward to today's conversation and get you on our podcast as well, because I always say supplements are used supplement the gaps in your lifestyle but most importantly it's in the name you know I mean I love it importantly is with precision genomics right out through the neutral genomics test that we run now we can plug any holes in your biology and that's the epitome of practicing precision based care and that's when we can look at okay you know where the the bottlenecks in terms of things your sip pathways looking at detoxification looking at any sort of nutraceutical intervention that might be beneficial obviously nature is medicine so getting it from food first I say if If nature made it, it's likely okay.

If man made it, stay away. So there can be a higher degree of precision based care with peptides. That's where, you know, things become interesting very fast.

You mentioned CRISPR. I love it. You and I are going to be in that classroom next to each other. Yes. Starting to stay on the cutting edge too. And science is moving fast.

Tech is moving fast. And with AI here to support us, obviously, we can become even better practitioners. But ultimately, you hit the nail on the head.

So there's no substitute for the foundation. The goal is in with some of these testing, we can see where the gaps are in the foundation. So first mastering those basics and then layering in those higher levels.

Because as an example with stem cells, I have people that come to us that said, Daniel, hey, stem cells didn't work for me. That's because they were so inflamed, the stem cells were lost in the smoke from the fire.

All of us have a fire burning inside of us. Some very, very small, some of us bright. And then when you layer in the food sensitivities as an example, now it's gasoline on the fuel.

And second to breathing, we breathe about 30 pounds of oxygen per day. We eat about 30 pounds of food over the course of a week. So second to breath work, that's huge instruction.

Nutrition no longer is benign. It's going to heal you or hurt you. But ultimately it starts with how we breathe, right? If we're a mouth breather versus nail and then the ability to synthesize nitric oxide.

If we're not doing that adequately because we're mouth breathing. So there's so much foundationally that's overlooked where let's go back to the basics as you understand.

Yeah. And the crazy thing is like me, you mean you can have this conversation and I love it. You know, I feel like I'm speaking to somebody who actually loves what he does.

You know, when I go out and I'm talking and like all of doctors and there'll be, there'll be, I mean, I think it was

Forbes who did an article on me, the most hated doctor among doctors.

Cause there's some doctors I just can't stand. I don't have a good poker face, but the whole concept is you look at it. No, no, no. Half the physicians, unfortunately, they, I mean, like with me, I had to go out and get my certified nutritionist degree because I'm sitting in medical school being like, are we going to learn about like your, your metabolic rate?

I mean, like anything and there's, there's nothing taught about it. So it's a very unique reflection point to like, should I be upset with physicians because they were never taught or the fact that they chose not to learn, I guess you could say in a way.

And like half the stuff you just said, I guarantee 90% of physicians don't even know what you're talking about. You know, they're like, go with 60 pounds of oxygen.

What's he talking about? You know what I mean? Like, it's essentially breath work. I mean, I think the problem is when it comes to all those unique things, rounding, vibration therapy, all that kind of stuff.

It's got such a bad rap because the people who represented are, you know, living in the woods with like no shoes on and doing weird shit, you know what I mean?

So it's a situation where as I think, you know, having somebody such as yourself, who's credentialed, obviously knows his stuff inside and out, starts to promote that.

I think it's going to give that type of energy, that type of medicine, I guess you will, such a better name. Because right now, I mean, I don't know if you agree with me, it's just it's so taboo that patients looking to be like, What do you mean breath work?

I came here and paid you extra. I don't want to talk about breath work. It's just like, it's the most important part of what I'm telling you to do, right?

Yeah, again, it goes back to the foundation. When I'm at some of these conferences too, and these are all very, very highly intellectual individuals, I often find the problem is twofold.

One is people are just so overwhelmed, right? And they're so caught up in their daily lives, practitioners included, which unfortunately, that's why I say some of the unhealthiest among us are practitioners because we're burned out.

We're taking care of everyone and then we're last in line. And I experienced that myself at one point, too. When I built my practice, I was 5 a.m. to 9 p.m., right?

That's a huge burden. We were never designed to carry that stressful load and especially trying to care for everyone else. But needless to say, when I go to these conferences, I had a lot of practitioners asking me those simple questions like, how do you know this?

And that's just the tools I was taught long ago when I went to medical school was exactly that. So when I was invited to the Institute of functional medicine and I was invited to their advanced gastroenterology module in Chicago.

Hydration, Sleep, and the Limits of Quick Fixes

They were teaching all MDs and NPs. I was kind of the black sheep in the room, the 5RGI principle that I learned 10 years ago. So interestingly, this is new for them.

This is not new for us. right but ultimately if you don't continue that you're not taught that so when we were just at A for M together which I consider to be kind of on the cutting edge of where science is going and again I'm in a room

full of MDs and NPs and the one sitting next to me she's spitting out pharmacology like it's her back hand which is kind of I'm a little bit ignorant to that and yet when we're talking about natural medicine and restorative medicine or kind of root cause as it gets this term now, she's ignorant to that, right?

But ultimately, that's what's going to help us. I think more people are recognizing that There is a trade-off when you consume medication. It doesn't come without cost.

There's drug-induced nutrient depletions that no one talks about. And now we're understanding there's microbiome-induced depletions that no one is talking about.

And so this doesn't come without a consequence. And we always give the patient the opportunity, you know, do you want to go the natural route or the prescription-based route?

Here's the pros and cons of each. But ultimately, most people find this because they want the holistic approach, which I appreciate, which is kind of my clinical training.

which I think it's the truest form of medicine. You know, I mean, it's the ancient form of medicine, which again, I think people way back that they were 10 times smarter than we are now, you know, which is funny.

So let's get back into where this where this industry is going. You know, I mean, like, not too much. I could talk to somebody who knows what CRISPR is.

So let's get in the wheeze with where CRISPR and AI is. I personally believe I would love to hear you take I think CRISPR is the future of biological medicine.

When it comes to the overall aspect of medicine as a whole, I think AI, if it's programmed correctly, is going to be just such an amazing resource for so many physicians and patients alike.

And so I'm kind of curious, what are the pitfalls you see with both CRISPR and AI and what are the benefits you see that those two types of technologies are going to actually afford the wellness industry?

So we don't know what we don't know. It's the same thing with vaccines. What is the long-term consequence to anything? And in terms of CRISPR, so when we're talking about CRISPR technology, it comes from a natural bacterial defense system.

Bacteria use it to recognize viral DNA, cut it up, and then it remembers it for the future. And to me, this is like kind of practicing now the high, the zenith of epitome of precision.

Yeah. Precision based care because now you can kind of hedge against any sort of. chronic ailment but ultimately genetics play a very small percentage but there are certain genetic based diseases which still exist today which CRISPR can have a very real immediate impact for good and so to me it is a detriment to society that we don't allow some of this cutting-in technology to exist now again the premise of we don't know what we don't know same thing with COVID and vaccines is one example, not to kind of open up that Pandora's box, but needless to say, we are for eight hours on that one.

But I mean, if you're looking, you know, it's been approved for sickle cell disease and that's all we need. There's a lot of good that we can use technology to begin to integrate and offset some of these very, very debilitating diseases and risk factors.

The problem again becomes what we don't know is kind of playing God in one respect, right? I would rather roll the dice on being able to hedge against my risk or potentially eliminating certain risk factors when you can manipulate or stratify certain parameters.

And so I'm super excited in terms of where kind of longevity medicine can go in terms of alleviating some of these rare genetic diseases or immune disorders.

But ultimately much of chronic ailment that we see today is a metabolic disorder happening because of one of my unlucky seven that's paired with our modern environment that's now creating dysfunction and eventually chronic disease.

But ultimately we can start the process earlier in terms of looking under the hood see what some of these risk factors are and be able to, I guess, edit accordingly.

And now with AI, as that can collect the data, it can almost become foolproof because you and I work in silos, right? You don't know my huge weight wins.

I don't know yours. A lot of the hospital system is very decentralized. And so the problem is that we don't have the data to suggest okay this is going to be exact for this course but now that we're aggregating data with big data the good part is it's going to interpret you know it's almost like genetic cloning in some respect like when you have your your clone you can run this analysis to assess okay what is the consequence what can happen long term without ever having to integrate the technology and assuming that risk So the good part now with AI is it almost makes things foolproof in some, but I don't believe in foolproof.

It's the same thing with, you know, when we go to flying, it's very, very, very, very safe. But do accidents happen? Yes. But I'll take, I'll err on that risk, right?

One in a million or one in a thousand, whatever, rather than, you know, autism now at one in 33. Kids having a chronic disease, one in two. So we see it now happening with our pediatric population now that we're treating.

The reality is it's already here. The good part is technology begins to move very, very quickly. We're able to mitigate a lot of these risk factors for the better.

Yeah, no, very true. And again, it's, it's unique to sit there and see. And I tell everybody, cause I mean, I, I'm, I've developed my own AI that we're debuting.

Plus in the day, everyone's coming in there, they're Chad GPT experts and everything right now. And everybody has to realize when you use AI as a generalized function, It relies off of generalized research done by big pharma.

CRISPR, AI, and the Future of Precision Medicine

So it's still getting to that point where it's like, let's kind of hold off in the Intel's program correctly, which it's very soon coming, I think. But I do think CRISPR and AI, and I love that we're bringing this to a close on these two things.

I couldn't be more happy with this podcast. Or definitely the future of where the at least wellness industry is actually going to go. But I always ask everybody who participate in our podcast, two questions.

So I'm going to start out with question number one for you. Okay. Question number one, if you are a patient looking to come into the wellness industry from traditional medicine who has never even understood what this is, what are some things that you should be basically looking out for when it comes to finding the right physician or the right clinic to go to?

Well, here's the biggest roadblock is because we are accustomed to a reactive healthcare model. Right? So you break a hand, then you go in. You feeling some pain, then you go in.

We aren't, um, taught from a young age, this notion of preventative medicine, which many third world countries rank above us in terms of healthcare that's ingrained into their society.

So that's the first disconnect of what preventative medicine actually looks like. And going back to that foundation five, which I understand kind of echoes exactly your sentiment.

The second then is. predicated upon insurance based care where you're paying into a premium of which then you still have co pays and you still have deductibles and you're still paying out of pocket.

It's like a check that check you still got to pay, pay, pay, but you're not necessarily all the better. And then when you go the functional medicine route and most practitioners opt out of insurance similarly like myself as this year because it limits us in terms of scope, it limits us in terms of treatment, it kind of strangles our hand in some respect.

Now patients are like, now I got to pay quadruple, right? I'm already paying insurance, I'm paying the premium, I'm paying the deductible, I'm paying the co-pay and now you're telling me I got to pay out of pocket again?

So that those are the two biggest, you know, drawbacks that I hear all the time, that functional medicine is further rich, you have to, it's for the affluent who can afford it.

And in some circumstances, I agree, stem cells are not cheap, but I think with CRISPR technologies that evolves, these are going to become mainstay. And it doesn't become for the wealthy anymore.

Just like 23andMe, you know, it was, I think a $99 test, but when we first decoded the human genome, that was thousands and thousands of thousands of dollars for early adopters.

So the good part is tech advances, things become more affordable. And going back to the AI component, I had a patient come to me where he took his blood work, he put it into Chachi BT, and it was 85% accurate of what I would tell him.

Now there's a lot more pattern recognition that I was able to identify and a couple other bottlenecks, it wasn't. So when you said, you know, it's almost there, it's not there yet, I agree with you, but we are, it's getting close, right?

And so eventually that's going to kind of replace us. which is good in some respects. It allows us to be very, very now targeted with treatment and enhanced patient outcomes.

And then some of these high-level services, as the price drops, that too becomes a huge benefit where patients now can come to us. We have that knowledge, we have that experience, and we have those case studies of similar patterns that now we can leverage that in terms of increasing the patient outcome.

But Ultimately, I think those are the first two big hurdles to overcome, especially the cost. So, I mean, I'm not sure how much your services cost, but I understand that some of my colleagues, I mean, just for their initial consult, it's a huge barrier to entry.

And my goal as we continue to scale, both nationally and internationally, as you're doing, is how can we democratize care? How can we make it affordable and layer in AI or tech as an example to help people and provide the higher level support where we're prudent?

I think I think you couldn't have squashed that better. I think that's fantastic. So no, I, and I, I agree with every, every single thing you said. So now I'm going to flip it.

If you're a physician coming from, from, from traditional medicine, you're like nuts to this stuff. What's this wellness craze you want to get into this industry?

What is something that you would give advice to somebody who's trying to become a wellness based functional based physician who's coming as a cardiologist, pulmonologist, whatever it could be.

What's the best advice you can give them to kind of get their beaks wet in this industry? It's the same that I say to my team here that I say to my peers, my colleagues, anyone is I'm a student for life.

I don't, I don't recognize the world retirement science and medicine continues to evolve. The prudence is upon us

to stay current. And that's why we're constantly doing conferences and seminars and webinars and speaking engagements and podcasts and social media.

It never stops. And that's a problem too, because that doesn't allow me to be a partner, a father. Yeah, a mentor, a teacher, a friend, a son. I mean, it's, I don't believe in balance.

I believe in priorities and that makes things difficult in terms of just trying to adopt a healthy level of priorities. But ultimately, if you remain a student for life, you're going to continue to learn and grow and.

ultimately those who don't grow you become a dinosaur and my goal is to continue to learn to continue to have these conversations to network to meet new people because there's so many individuals doing such amazing things and so when i saw you present and how you guys are trying to kind of aggregate data and increase patient outcomes.

So many of us are doing such interesting things. The goal is that never did we evolve in silos.

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It was always a community. So if I took anything from the Blue Zone documentary, it's ultimately movement and community and connection. Right. So how do we practice vitamin C, which is community and connection?

How do we stay kind of in the loop? Uh, because that's how we can learn. So I get on these podcasts and we're learning from each other. We're, we're growing together.

And that ultimately is the, I think the, the foundational component for physicians. I hear it all the time. We get so burned out and it's not a lack of intellect.

I remember I had two, um, two of my neighbors were anesthesiologists. And, uh, we had them over for dinner and one of them had said, Daniel, the last thing I want to do is open up another medical textbook.

And I'm just thinking, man, I'm super excited for tomorrow's webinar on whatever it was at the time, because it's constantly staying, staying current.

It takes a lot. I mean, but I think that's what separate the good from the great and the great from the best. And ultimately, I think in terms of medicine, there are practitioners who do a lot of good.

There's practitioners who do things great, and then some are the best, right? And so when I first started years ago, my goal was I knocked on all the doors who I consider to be best in the US, and I would just go in there and either pay for their consult or try to learn from them.

Often enough, they just opened up their doors for me to shadow and mentor, and that was invaluable. So ultimately it's constantly learning from each other.

I think A4M is wonderful where we connected, they're staying on the cutting edge. You have to be willing to reinvest. And sometimes a lot of it is free with these webinars that clinicians put on once you get into kind of their loop and just having that open mindset ultimately is what I can consider to be successful.

I don't think AI could have said that better. Well, my man, thank you so much. This has been so good. I can't wait. I think in a week and a half, I'll be joining you on your podcast.

So I'll make sure everybody gets cross-reference on this one. Thank you so much for stopping by. This has been Dr. Robin Russo with the Lifestyle Medicine Podcast powered by Access Medical Labs.

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