Podcast Introduction and Guest Welcome

being able to look further into someone's risk factors with these advanced cardiac markers, including all the inflammatory markers. And Ashley, think about it.

When we, I sell my patients, look, i'm talking about your heart here. I show them this cross, uh, cross section of their vessel and we're how black forms and I, give them all of the details because visual is really good.

Yes. And then I say, but realize, you know where else you have these vessels? You know, we started counting the organs, your brain, liver, kidney. I said, so when we're talking about finding inflammatory markers that may be elevated in you and risk markers like APOB and LPLA, We're taking about helping you across the board throughout your whole system where your arteries are.

What if aging isn't about slowing down but leveling up? I'm Dr. Izzy Jones. This is the Longevity Leaders Podcast. Welcome. I'm Dr. Ashley Beckman here with Longevity Leaders Podcast, and I have Dr Blaine Meyer.

We're so happy to have you here today. Well, thank you for having me, Ashley. So you have a unique perspective that I think is very helpful within our community.

Tell us a little bit about your background as an MD and your training and how you got into the functional side of this. Yeah, so I've been a conventional internal medicine guy for 27 years, right?

So I was a small town doctor. I still am. But I, you know, it was rounds in the morning, work all day, rounds and the evening, taking care of patients.

From Conventional Medicine to Functional Medicine

And so, that was wonderful to do. That training was very intense that I went through. As time went on, what I trying to find was the ability to spend as much time with my patients as I could, and creating opportunities to discuss lifestyle and discuss the ability for patients to take care of themselves.

And, you know, that's really difficult in the context of conventional medicine across the board. You know, we take care of patients from all kinds of different perspectives as internal medicine and primary care, yet you have 10 to 15 minutes with the patients.

Right. And maybe I could get a little stretch a bit longer, but you just could not get to the core of really what was going on other than a prescription.

For me, I was just very prevention-based, the whole reason I went into it to begin with. I just found doing colonoscopies and stress tests and doing whatever labs I could get away with in the limitations of medicine were just not really taking care of business for me and my patients.

Not that we were that they were doing okay, right? But it was really making them healthier. Right. I was keeping them from being sick on paper. Yes. And so that really, in 2018, I'd been doing it for about 20 years.

I needed to find some space, and my wife, Jennifer, who's a nurse practitioner with me and usually here with us, it was very supportive of that. And what that led to is me developing a path for me to re-educate myself.

And I found myself in a program through the A4M, the American Academy of Anti-Aging, and spent the next few years, even through part of the pandemic, just reteaching myself medicine in way that I could relate to patients in much deeper level.

You know, we use the term root cause, right? That's what functional medicine is and that's this is all about. But being able to integrate my years of scientific rigor that comes from internal medicine and apply a layer of functional medicine to that was really exciting for me.

I just realized how much I'd missed from the time I started doing that. And I have a personal story because I Because I was struggling in 2018, you know, in my early 50s.

I don't want to date myself, but my earlier 50's. And I, my kids were almost grown yet. They were still, a couple of them at home still. and they were like, dad, what's going on?

You know you work out all the time. What's goin on with your gut? And I was like, what are you talking about, right? But I developing what some people think is a normal aging issue, a little dad bod going on and not controlling my weight very well.

But there were other things going too that I target for men now. Because I realized I sitting in my GI module with A4M, and they were talking leaky gut syndrome.

I'm like okay, this sounds a lot like irritable bowel syndrome, which by the way, there's no good treatment for in conventional medicine. This is something I've had my entire life.

I'm like, this is me from the age of 10. And so like I needed to know more about this and they were offering a test that day at the module. So I sprinted down the hall and was first in line.

What test was it? This was the food sensitivity test.

Personal Gut Health Breakthrough

and measured 170 foods and luckily we learned about gut barrier markers that caused inflammation that well-studied. Yes, very well studied. And sure enough, Two weeks later, I found an answer.

I couldn't believe it that it was one food, gluten, that I had tested negative for in conventional medicine testing. For celiac? Yes. Yeah. But I'd been tested as a kid and as young adult.

Mm-hmm. And I was a doctor practicing GI, GI work. You know, it's almost embarrassed by it. Right. At the same time, a little angry towards my profession.

That's where, you know… I'm not the guy that says, "I'm leaving conventional medicines. It's failed me." No. But in a way I was like, gosh, that seems like a little bit of a fail, right?

And I said, I'm going to see if this is real. And, you know, was there to learn how to treat people like that. So I learned how do a whole protocol. I put myself through a gut restoration protocol, three weeks.

Three weeks, and I like no way. changed my life. And guess what? My gut was flat. It's like, take that kids. But the real point is that was five years ago and still the same.

That was just magic for me. I said, oh my gosh, I have so many patients with this problem that I've only given them band-aids for for 20 years. So I'm going to make up for this.

And that's what I've been doing ever since. So this changed your life, right? And again, a lot of these things that people come across, it's actually amazing that we have better testing, so the one thing about functional medicine that is nice is, unfortunately, they're not covered by insurance and they are not traditional tests, but we a have a lots of labs that are so special and unique that can find these root causes for people.

Yes. And, that part's really extremely helpful because most people don't have answers, right? I'm sure you had a lot of clients and patients in your practice that you'd been seeing for many years or decades and they still had issues,

but there weren't a If you're a medical doctor, nurse practitioner, chiropractor, or other health expert that's stuck in a broken system, there's a better way.

The Freedom Webinar shows you a proven five-step system to build a seven-figure virtual health practice or how to modernize your current brick and mortar practice without the burnout.

Learn to create high ticket programs, automated income, residual revenue, and attract clients ready to work with you. Book your million dollar strategy session today by clicking the link in the description.

That's right. And that obviously the irritable bowel syndrome and gut issues is a great example, right? All these, there's a whole lot of idiopathic syndromes in medicine.

Right. Autoimmune. We use the term idiopathy because we have not fully discovered the reason. So reality is conventional medicine stops there and says, sorry, we can band-aid this for you, but we don't have an answer.

Why Functional Testing Finds Root Causes

Quite frankly, what I found is where root cause functional medicine starts is they say from there, well, then you know what? We need to dig a little deeper.

Right. Keep digging. So let's go, let us still dig. And usually we can find some associations that are because these syndromes, we were taught, I was taught a minute, most syndrumes were non-inflammatory.

That was the whole reason they were syndrome, right? That take fibromyalgia, or these syndrome like this. But the reality, we know all of them have inflammation associated with them.

And so you start digging a little deeper, you find inflammatory pathways, You find triggers of inflammation and you Start there and start fixing that terrain they talk about, right?

The terrain of the gut or the terrain Of the inflammatory Pathways. That's just amazing. Until your point about not being paid for. That's a tough one.

And especially coming from conventional medicine, right? Because my patients are used to just my insurance cover it. I'm sure a lot of the audience still relies on their insurance to pay for a the wherewithal and the ability to do that, you know, pay cash.

But I do do a lot of cash pay now, though I still have a mixed integrative internal medicine, longevity medicine. And a lots of what I'll still do is some insurance based.

I've found ways to get things paid for by insurance too, which is really nice. the gut test, I just tell them, you need to do this test. Please, please do that for you.

I can't promise them with 100% assurity there's an answer, but it's usually part of the answer or the chronic issue. But I cardiovascular risk, right?

We know there's a big push out there that we believe, you know, where LDL cholesterol is no longer the answer. The stats are pretty clear on that, though conventional medicine and the the dogma is still out there because so much so many years have been spent putting their money and efforts into this and there's and the medications out.

There are only four LDL basically right but we know the stats that I tell my patients every day you know 50 percent of people that have heart attacks have a normal cholesterol so that's telling us that the answer is it just in right in the LDl maybe it's there something to it but if you break down your individual risk when they talk about 25% risk reduction.

But if you break it down to individual risk, most people's baseline risk is less than 10%. So what are they getting?

They're getting at most a 2% of risk-reduction by lowering their LDL to 70. And then what do they doing with low cholesterol?

If they're not making their hormones or their vitamin D or the cell membranes and all these, what we know now in root cause medicine are so credibly important.

Advanced Cardiac Markers and Cardiovascular Risk

I know you do this because you're wonderful at talking about cell membrane and detox. I just know that I try to avoid these medicines when I can. Well, yeah, and just their impact on the mitochondria, right?

That's a big one for the energy and fatigue. And you did a great social post on some of the other markers, like the LP little a, it's like getting actually a really comprehensive, helpful cardiovascular panel.

Absolutely. And I tell my patients, I can get those panels paid for by insurance too, for the ones that see me as insurance patients and I could get good cash prices for them as well.

I use Cleveland Heart Lab. They're incredible. Of course, everyone needs an LP at least one time. And I have a story on that from me too, because my father had a three-vessel bypass when he was 43 years old.

I was 12. And so I thought he as old, you know. Now I'm in my late 50s. He was a young guy. So I knew something was wrong, but I can't treat him now. Can't test him and treat them because he's no longer with us.

But you what? My sister has LPLA. And so we're really being, and she has some more risk. I did not get it, but so that's a good thing, right? Because it doubles and triples your risk for heart disease, independently of any other measure.

But with Cleveland Heart, for instance, you know, doing a full NMR panel, looking at APOB, a lot of your audience hears these things online now, these tests, they are much more predictable for, heart, disease.

And, so everyone should be getting these. Yep, I got them. And I've got that. I go that, sadly, but yes. No, and that's the thing. We have tools, which is great.

The thing is, people get so stuck on those conventional tests that they get, even talking to them, they assume that their doctor, who's an amazing doctor or amazing specialist, when they're not running those extra panels, it's still hard to convince some people that there are other and better tests to add in to give them a more comprehensive picture, right?

And that the medication is not the solution, especially when you have these other things going on too. Absolutely. That the lifestyle is huge as well for the things that we can shift.

But we're always coming up against a lot of flack against it because there's so much information and it's been passed down and given from their MD who they very much respect, of course.

And so challenging them with some new information isn't always well received. Right? I agree with all that. But I would say your position as an MD, I think, gives you an extra authority and especially just that you keep furthering your knowledge to stay on top of cutting edge information.

You're not working off things that are, you know, 10 years old, which a lot of the times they say what we're kind of working with and what doctors or research shows is about 10-years behind, right?

There's no doubt. I think that's the average, right? It may even be longer than that. So I understand the need for rigorous studies and more studies to prove those studies, and I never would minimize the importance of that, but there's plenty of data out that being able to look further into someone's risk factors with these advanced cardiac markers, including all the inflammatory markers.

For sure. And Ashley, think about it. When I sell my patients, look, I'm talking about your heart here. I show them this cross-section of their vessel and how black forms and I give them all of the details because visual is really good.

Yes. Then I say, but realize I am not just talking your your hear. Do you know where else you have these vessels? You know, we started counting the organs, your brain, you liver, and your kidney.

I said, so when we're talking about finding inflammatory markers that may be elevated in you and risk markers like APOB and LPLA, We're taking about helping you across the board throughout your whole system where your arteries are.

And I think we are going to continue to see improvements in cognitive decline and renal disease. and liver disease with us addressing those things. It's a systems biology approach, right?

And we've in conventional medicine, that's the whole nother talk, but conventional medicines has been siloed into such specialties that, you know, just for instance, when I would drown in the hospital and I wouldn't be waiting on my kidney specialist and been waiting all my cardiologists and waiting my surgeon to be taking care of patients when, I knew I could do all these things probably much faster, but there was always disconnect.

Everything's sort of separate and our bodies don't work that way. No, not at all. So tell us a little bit about the process that you've gone through while maintaining your brick and mortar, but then adding in virtual components to your practice.

Yeah, so that's been the biggest challenge for me, being sort of a hardcore, conventional brick and mortar guy. I still have my practice, I love my practices, and I loved my team I have for that.

Building a Hybrid Longevity Practice

When I came into HEA, when I come into the program to try to learn how to do virtual, to I thought that's what I needed to do, just jump straight into a virtual sort of thing.

And I know that some people do that. They're like so ready to be done with their brick and mortar. That wasn't me. I had to figure out where I was and get people to meet me where was.

What really came about is as I developing a signature approach, how I wanted to approach longevity medicine, because everybody talks about longevity medicines, but how wanted approach that, who I want to focus on.

because I do a lot of hormone health. These are all the things I've developed over time. The gut health, we talked about cardiovascular health is six or seven main sort of tenants there.

And so what happened is I developed, with the help of the programs, developed a website, and I really wanted a web site for people to go say, who is this guy?

I want to see who this guys is. I didn't have a social media presence. But now you do. As you nicely mentioned, I've gotten, you know, only months into my social media.

So it's very new, but I'm having a great time with it. And what I realized is that's. where I need to be. And I wouldn't have said that six months ago.

But I, I I. I would use the term thought leader then either, but I really like the idea of being able to take what I've learned in both conventional and in, in the root cause functional side, longevity based medicine side and put that together and make and try to help make sense of it for everybody.

Cause there's so much misinformation out there. And that's been really fun. But what happened, and the reason I'm mentioning that, because by having my website and by starting to put educational stuff out there, not selling

anything, just trying to brand who I want to be in my second career here, I started getting And I'm working on this big virtual signature plan that's going to have funnels and all this and thinking it's never going be ready.

I started getting my local crowd saying, hey, what are you doing? I really like what you're saying. Well, who knew? So I live in a very small community, and I thought I had to reach out beyond it.

So, I've been thinking for a while that maybe if it would work, maybe a brick and mortar longevity program. local would be a good way to jump in. And so, Jennifer helped me and HTA helped and we sort of spun that into a really cool program.

I do a lot of other things in my office. And we have hydrogen inhalation machines. We have all the fun biohacking things. So you know what? I spun that all into a program.

Included a lot of that in either included or in sort of a VIP pricing. And next thing you'll know, off and running with a longevity program, and it was so much better for me to feel that with my local crowd.

I hate to say I'm still beta testing with them because I've done a but it is putting together a year-long longevity program from scratch is a beta test.

But it's so far so good. I'm really enjoying it. The most important part I like about it, is sharing the information. Right, and you're getting a lot of data and then plus because you've known the patients already for probably decades, a of them.

A lot. I know them, they, lot them aren't my patients, already, but they came from other doctors. So that's been interesting that I have to learn how to say, okay, you are in my longevity program, But you still have your primary doctor.

Right. And I want to make sure I keep good relationships with all those doctors that that find out that, hey, I'm doing this, and I welcome that. I try to talk to anybody I can about it because I am so passionate about.

Well, that's the thing. The more people that know about these availability of different things or different biohacking tools and more labs out there, it just helps everybody, right?

Because we get better outcomes with our patients and find a lot of these missing pieces that have been a bit overlooked. I mean, it's incredible what we can do now.

And this is not magic, and it is perfect. But what can we find out for somebody who has not been able to explain how they felt for a long time. Unfortunately, they get told everything looks okay.

You know, your labs are normal. We can get into how reference labs or not normal labs. And they're certainly not optimized lab results. And so that's obviously a big thing that you and I both teach our patients.

We want to optimize you. Right. To optimize, don't look at that lab, and we look that at lab differently now.

Gut Health, Autoimmunity, and Patient Outcomes

Yeah, you don' t just look for the red. You see more trends. Conventional medicine did not want me and trained by very smart people. I love my mentors, but they didn't want me to go beyond what the very limited workups needed to be.

It was under sort of the guise of you're so well-trained, you need to shrink the differential diagnosis down to just this small amount of labs you do.

Why would you go shotgun labs? That's kind of what we called it back then. Shotgunning labs, meaning doing a bunch of lab and you don't have a great reason.

And now I say, I understand that was a different time, different place, but now let's do as many labs as we can focused. But I've picked up on so many trends for people that they had no idea.

Of course, micronutrient deficiencies like vitamin D are rapid, as you know, magnesium. Is there so much B vitamin deficancies out there that people don't know about?

and they don't realize they have. And, you know, it just triggers the whole conversation about nutrition and supplements. I'm a big supplement guy, like most of us are, and I am proud of that, that I've used natural supplements, but the nutritional side, we just have to take more time with patients and with the situation we're in now and our government hopefully being able to improve the ability for people to buy healthy foods.

This is really a prime time to be teaching that. Well, that's a big thing, right? People just assume that whatever is out there is safe or not harmful.

They don't really put the connection together that this could be the cause of my gut issues because everybody eats bread, it's been fine forever. And some of those things are just, they don' realize how inflammatory even just one ingredient could be that can change their whole life.

It was for me too, and that's what's crazy is it manifests differently. For me, it's migraines and joint pain. And so a lot of people still don't make the connection that it can be neurological.

Yes, the gut-brain connection, huge. I had a lady who was in her early 70s, post-polio syndrome. She was already fatigued a lot. And finally, after it was a year or two into me understanding this gut issue, and she came to me and I got sort of the same, she was on some IBS medicines and so forth.

And at the time I was still, I still am, but I very sheepish about asking them to pay for tests. But I said, you know, Ms. So-and-so, so I really think this is going to be life-changing.

I can't guarantee it. And we tested her, and sure enough, she had gluten in a few other labs. It's not always gluten, right? A few of the foods, there's others, because she was gluten.

Because she was also having a lot of gut issues. And here's the real kicker. She had not been, uh, without a psoriasis plaque on her body for 50 years.

she called about three weeks into my gut restoration. I got a, they told me she's on the phone and I was like, Oh gosh, here we go. It's going to be a complaint.

Cause I've got her on too many things, right? As we're stacking, stacking these things. So you just had to talk to me. We were supposed to meet at four weeks.

You couldn't wait. Her psoriasis was clear, had been clear for 50 years. And I'm not saying that happens at everybody, but that is, this has been about four years and she's still, now she comes in and laughs sometimes.

She's like, yeah, I cheated. I got a little rash. But you know, it's nothing. So the connection between autoimmunity in the gut is so clear to me. Of course, we see TPO antibodies for Hashimoto's and thyroid disease get better and just general joint, you know, different general pain get it better.

The brain fog that, in all the brain stuff you talk about, that you mentioned, most people know the good microbiome is a big, big deal. And I think in my world, I make that priority for sure.

Is there anything else you want to share as we wrap up? Well, I didn't really have a closing for you. Or what's something that has been maybe a beneficial tip for use as going through this process as an MD and try to navigate this kind of virtual space?

Well, for sure, it's been the idea that meet me where I am and then just the encouragement.

Advice for Practitioners and Closing Remarks

The encouragement I get because when you try to make these sort of changes and you're doing it at your own pace, and I've been told all along, don't try and make it perfect.

Right. In perfect action, right? Yes. And I'd get that. We all have a different definition of that too. So what I've appreciated most is, you know, I had to hear it more than once.

I know I think I have had hear at multiple times and that's why I keep coming back to the events and being involved. And I'm a listener when I am here I really try to be humble and say I need to listen to this again.

Right. And that's been really helpful. Just the overall positivity, the ability to come to these programs and meet with people like you, meet like-minded professionals.

And by the way, as an MD, I have having to humble myself some right to understanding because some of the smartest people I've met in my career have been at these events and these are not all doctors and I'm okay and i'm totally okay i've learned more from nutritionists and health coaches and and other aspects of medicine that have tremendous insight.

That's what's made me a much better doctor, listening to all those folks. Knowing somebody, Mahdi, that's really good at Chinese medicine and detox, I love that.

I loved that about having you on my side if I need you. Yes. Well, we love having you on our side too. Thank you. Of course. It's always a pleasure. We're glad you got to hop on with us today.

Oh, thank you for having me. Thanks for listening to the Longevity Leaders podcast. A Lungevity leaders community is on mission to transform a hundred million lives by 2040. If you enjoyed the show, please share this with somebody that you know, especially another doctor or physician, but also click that follow button.

Until next time, stay strong and live life.