The Longevity Numbers Nobody Is Measuring On You Transcript

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Introduction to Grip Strength and Longevity

Well, if you did a search on PubMed for grip strength, you'd probably find over 7,000 different studies that link grip-strength to just about every other health condition.

Not directly, but it might decrease as somebody has certain health conditions and increasing it can help building muscle. Obviously, muscle is kind of like our longevity, our key to our longgevity.

It's what drives our metabolism. So anything we can do to think about our metabolic health is going to be great. for us. What if aging isn't about slowing down, but leveling up?

I'm Dr. Isaac Jones. This is the Longevity Leaders Podcast. Welcome to the longevity leaders podcast. I am your host Dr Isaac jones and I've got an amazing individual with me who I have become good friends with Bradley Davy.

He has pioneered the education of amazing longevity technology that we're going to get into today. he's also a systems developer. a process engineer that has helped businesses and clinics and physicians and health professionals all around the world elevate what they're doing and bring it to that next level.

And so, you know, one of the keynote speakers at our last event and, he was like, Hey, if you're interested, I'd love to be able to also. DJ for you and so we ended up having this unbelievable DJ party.

He brought out his whole DJ gear and I would never expect anybody to be carrying around their DJ here with them, but we end up dancing and having a blast with.

with Bradley and it was just so much flow and the doctors and health professionals that came to our last event had a blast.

Bradley Davy's Background and InBody Career

So Bradley, welcome to the Longevity Leaders podcast. Thank you for being here with us. Absolutely my pleasure. And I love to bring the vibe anywhere I can where I feel like there's heart-centered grace and fluidity, you know, because music has such a healing power, drums and, sounds and moving our body to that is a heal modality.

There's one thing of like, we'll talk about objectively measuring health and data and all that stuff, but that's like understanding it. But then there is actually the action part of it and I'm grateful for you offering me the opportunity to do that and happy to it again by the I actually, I'm going to tell my team right after this to integrate this in our next event.

So, no, appreciate that. And thank you for the fun that we had. Look, i'd love for them to understand a little bit about your background, how you got into longevity technology and well into the whole wellness field.

What, you know, You've been a part of this industry for a long time and leading conversations and you host your own podcast. You can let us know what that is, but yeah, just tell us a bit a about background and how got you into this.

So I grew up, as many people did, probably playing sports. And I went to college, studied kinesiology, exercise science, got my undergraduate at the University of Maine, and then ventured off to Southern California.

I started personal training there and I actually got a job at a lifetime athletic club. If you've ever been to one, they build. $75 million cultural centers and they kind of build the plane as it flies with, you know, what they can bolt onto their model.

And I became a metabolic specialist there. So every week I was probably doing five to 10 resting, active metabolic tests, then doing metabolic conditioning, nutrition around it, personal training.

Then I looking for an upgrade in my life and I had been using an InBody every day there and it seemed like a natural fit to come and work here. I started in 2016 at Inbody.

helped the company significantly grow. I mean, longevity medicine has certainly helped peptides, GLP-1s. And then I think there's a convergence of healthcare in a lot of ways where the lines are blurring between fitness and medicine and people can get access to care.

And InBody has been a foundation of that where we've built a brand that's trusted, respected around the globe and expanded to include other measurement tools beyond body composition, like blood pressure, grip strength, height, stadiumeters, balance assessment and training.

And I've just kind of hit this groove where I'm a nerd in a lot of ways, and I love thinking and learning and applying it and teaching. My, along with my kinesiology and exercise science degree, I had a K to 12 teaching credential too.

I thought it'd be a great place to, you know, stay and teach people. So I started a podcast a few years ago called Beyond the Scale. And my mission there is to just share tips, tricks, tools, resources to help catalyze people's growth and train the next generation of healthcare providers.

Cause at InBody we serve every industry. Last year alone, we went to 150 different events in every corner of health care, whether it's research or medical or pro sports or fitness or longevity.

And the vantage that I get from going to all those places gives me a really good idea of where trends are happening or where there's gaps in healthcare.

I try to leverage our brand to push the conversation in those directions. Well, let's really quickly tangent and talk about. what you're seeing, because I think it would be interesting with the data that you are collecting from going to 150 different events.

It sounds like a busy calendar. Thank you for doing that. Not me personally, but you get the date, right? So what do you see as like the trends of the future?

And then I also want to get into like all of that exciting things that are happening in longevity around grip strength and balance and all the other things, that kind of are precursors to helping people live long and healthy.

Well, you understand this from your advantage of the healthcare system of past that's based on billing codes and time when the patient isn't serving people and the care and value and outcome that we can provide.

I think more people are moving in that direction because they want the outcome rather than, to do a billing code or insurance or something like that. That's breaking and we see that across a lot of different places.

One of biggest ones actually is in our community independent pharmacies. where they're kind of the end of line in terms of a system that's over-prescribed.

Healthcare Trends and Pharmacy Transformation

And now they are looking at these patients and they filling medications for people that have diabetes and cardiometabolic programs, they aren't getting better.

They are just on this rabbit wheel and nobody is helping them. The community independent pharmacies are going out of business because the margins on the medications are so low that what they doing now is they thinking about how do we generate more cash in our business and actually create health in patients.

And we actually have a pharmacist that has one of the oldest pharmacies in America and he does $2 million a year in that pharmacy. And he said he makes like a hundred, $150,000 just because the overhead is so high.

He's like, it's just not fun. It's a lot of people are like wow, you have multi-million dollar pharmacy and it is tough. The whole industry is a tough, so he's literally trying to get out of his pharmacy Yeah, a lot of them are.

And the more dependent they are on the insurance system, the faster they're going out of business. So we got to look at the cash revenue. If he's in your network, he is in the right place to be thinking about that.

Yeah. I mean, I think it was six or $700,000 in just virtual healthcare programs from us in first year of him launching. The EBITDA on that was, 50 to 60% the profitability.

He's happy now. Why would he want a pharmacy anymore? Right. Yeah. He's happy now, but you know, he also cares that he's got a beautiful heart and he cares about the people coming in.

And so he just kind of exiting himself out of it right now. It's just kinda cool. Like hiring somebody else so that. he can still oversee it. Even if he doesn't make money, He is wanting to be able to serve the community because he loves the And then the other thing is his vision is to actually transition lifestyle care into the pharmacy.

Yeah, you think of the people that are coming in for their medications as like a lead magnet in a marketing sense. They're coming and the pharmacist has the advantage of knowing their disease state based upon their medication.

So we can know who we want to have a conversation with and we create some type of an offer to a consult and that's where InBody comes in where We have these assessment tools where we add value, we prove our expertise, We build trust and then we convert that into a program.

I know a pharmacist in Owasso, Oklahoma that has a $2,500 health coaching program and she sells 80 to 100 of them a year. And people come back and do it multiple times as well.

Yeah. She's creating health and she's, she would say she is dispensing love because you can appreciate that. People don't get the care and they just sometimes they need someone to listen to them and hold them accountable.

You know, when I think about health. I'm dispenseing love, I am actually going to write that down because that is a phrase that I just think is powerful for anyone to hear.

the disrupts stage coming up. That's from Dr. Kathy Campbell, and she's the founder of the Wellness Pharmacy Network. And the mission there is to support our community pharmacies and building the confidence of a community pharmacist and their teams because the confident has eroded over the past several decades and they've just kind of been relegated to counting pills and trying to, you know, fill more prescriptions versus delivering higher care and then supporting transformation of that business model.

So it's interesting that insurance companies are literally putting some of these pharmacies out of business because they're just clawing back so much reimbursement money and hospitals are in some similar positions.

It seems like we're kind of at an interesting spot in healthcare where, you know, yeah, the GLP-1 distribution through pharmancies, in, some, of, these companies, they are doing well, but there's a lot of other things that are causing a of people to not do well.

And the people that get hurt the most are the end user, it is the actual patient. Right. So what are some other trends that you're seeing? One that's been coming up for me recently is actually hospitality.

And I know you've got some threads there on your end where I think people want, there's a certain population of people that want higher quality care wherever they go.

It makes a hotel, it makes country club, a resort style destination, where people are going and then they can access the care that they might expect somewhere else.

Yeah, no, that's absolutely true. And, you know, I've got this book right here, Excellence Wins by Hor Schultze. He's the founder of the Ritz-Carlton and the Founder of Capella Hotels.

he's become a dear friend of mine and we're working together on longevity resorts launching around the world. But this guy's level of excellence around hospitality is absolutely crazy.

I mean, Capellas just one Riz Carlton won 14 years in a row, number one hotel brand in the World. and then he left and he started a new brand and now that has been number 1 in you know, several years.

So it's kind of cool that there's a system around hospitality that works. And I love his definition of hospitality is like, it simple. He said that the definition hospitality as attentiveness and care that cultivates love, respect and honor to the people that you're serving.

That's my mission in life. Right there. Isn't that, that's amazing. Your mission is the definition of hospitality, showing attentiveness and care to cultivate, you know, honor, love, and respect to the people we're serving.

Like how amazing is that definition? And, it is so true. You know I just got back from a bears resort in Park City, Utah. And because I know horse hospitality systems inside and out, It was just like hard to be at the resort because, I was like, Everyone's hospitality is not at the level of Horace Schultes hospitality, but needless to say, I love that.

And where are you seeing people talk about hospitality and healthcare? I think it's coming up more in trends in terms of people that are reaching out to us to invite us into spaces and conversations where it becoming valued, right?

Like a country club, for instance, where people are going to play golf or fitness might've been. ancillary thing that maybe someone's going into stretch.

Now they're thinking about how do we add a layer of maybe genetic testing or nutrition or fitness and create holistic care around that. And that goes for kind of like another trend where medicine and fitness are really blurring and where, especially with GLP-1s now, where Yeah, maybe some fitness centers want to make more money from it, but they also recognize that there's this whole other aspect of healthcare that is including this GLP-1, and they're needed to support it to Make it effective.

And they can also participate in that conversation. So there are quite a few companies that are kind of bridging that gap. But the lines, I think, are blurring a lot in the consumer's mind of where they go to have access to healthcare.

Hospitality, Wellness, and GLP-1s

Yeah, no, it's, that's so true. And this GLP-1 craze, I mean, there's a lot of benefit to it. There's some research out there around how it impacts people living longer and healthier.

But I think there is also a dark side to where, you know, people are just using it to lose weight. They're not getting the micronutrients, the macronutrians, their body needs, they're muscle wasting.

And if you don't integrate working out and fitness and proper diet and the proper macro and micronutrient intake, then I think it's actually detrimental to a lot of people.

So what are your thoughts on GLP-1s? 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.

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modernize your current brick and mortar practice without the burnout.

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I think they brought a lot of great attention and support to people that needed it, whether they come in under the idea of, yeah, I want to lose weight because I was just reading a book called Cybernetics.

I don't know if you've ever heard that one. And the author is a, he's a surgeon and people are coming in for these plastic surgeries and he basically is like, helping them understand how their mind is creating things that don't necessarily need to be created.

And people are now put in these opportunities where they have something to ask for and an easier path to get to potentially what they want for a vanity reason.

But I think our responsibility is to start thinking about what you're saying, the nutrients and the strength training or the holistic care that goes around it to the responsible consumers of it.

From an in-body and a data perspective, When people lose weight, the weight loss from a GLP-1 is a loss in water from the connection with glycogen in the cells.

And what three molecules of water binds with a molecule of glycation and that goes into the water. But if the sugar is not getting in because the GLp-2 is binding with it, and it's not getting back into the cells, then we're not water back in the cell and our metabolic efficiency isn't maintained, let alone most people with some type of diabetes or cardiometabolic condition probably don't have an efficient metabolism anyways and if they were to eat healthy and exercise then they'd probably see some great results from it.

But definitely a hot topic to consider and I think we need to put a lot of good attention there to support it and even the government right now there's a there is a a of money being put behind care around these GLP ones to make sure that there is nutritional support around it.

Yeah. No, that's good. Bradley, tell us a little bit about what you're excited about around longevity tech. I mean, I think the longevity text is going to get more and more exciting as we go.

And obviously you work for one of the best companies that I learned about when I was in Switzerland at one of the top longevity resorts where people spend a hundred thousand dollars a week.

And money's not an option. They can pick whatever technology they want. Sure enough, I'm being skinned by an in-body, but why don't you share a little bit about where you see the future of longevity tech going and maybe tell us a bit of about the cool, powerful elements of in body.

I listened to that episode today. We really love being in this conversation with longevity. I think it's going to come down to the actionable, the actionables on the other side of it, right?

We can get body composition data. And what is that action doing in the data? And that's a loop that we're looking at, and we see ourselves as one part of that loop there.

So what we were thinking about is a four tiered approach, essentially, where we can bring in a lot of different data. And on the first tier, we a see a of people doing lab testing alongside of our body composition data for things like muscle, intra, extracellular water.

health and phase angle. And some of these data points are actually proxies for other measurements that we might get and we can see. So, for instance, if somebody is retaining a lot more extracellular water, that could be a recovery score where I'm not recovering as well.

But when we think about applying this and creating action around it and kind of back to our last conversation about the GLP ones, I think a lot of people miss these second two tiers around foundational nutrition, where we're thinking about macronutrients, micros, hydration, and then foundation nutrients.

Now, how does the InBody impact tier two? Well, as you asked, there's a- Cool. What is here, this is what I'll present also at the Disrupt Business later this year, October 6th through 8th.

Scottsdale, Arizona. And so we're looking here at what data points the in-body might find. So, for instance, if somebody has high body fat or visceral fat, that could be an indication of metabolic dysfunction, where we might also want to look deeper at other data of those as proxies over time for shifts that we might be seeing along that because you can do as many in-bodies as you want.

There's no limit to it. You know, every time somebody comes in, we can look at this. And if we see improvements in visceral fat or skeletal muscle mass or our edema scores and our water balance, that might also indicate positive change in other directions too.

Same thing when we think about tier two where we're looking at foundational nutrients, things like low muscle mass. We're thinking about inadequate protein potentially or protein synthesis.

So what kind of support would we want to do or provide for that? And I created this really to help somebody think within a business and we're thinking about the business of longevity.

Longevity Tech and Body Composition Metrics

If I have somebody that has low muscle mass, I might help them get specific supplements or vitamins and minerals that I know are going to help build muscle.

Yeah. Wow. That's amazing. And for those that don't know what high ECW, TW, TBW is, or phase angle, why don' you share a little bit about that? So we look at the amount of total body water, intracellular water and extraceller water.

So, we separate those into three different scores for the whole body. And then we actually separate that by arm and leg and trunk as well, so we can get segmental scores, for all of those.

When we looked at, the ECW divided by TBW, that's extracelular, water divided, by total, body, and most people would refer to that, like an edema ratio or inflammation.

Because we have intracellular water that's inside of our bones and muscles, and then we extra cellular water, that is in our blood and our skin and in the lymphatic system.

And as you understand, our metabolism circulates that. Things come into our body, into ourselves, out of ourselves and out our bodies. and the ECW score is usually an indicator of how efficient somebody's metabolism is.

Somebody that has low amount of muscle mass, probably not getting water, enough water and, you know, metabolic energy into their cells and then if we're holding on, we are more likely to be probably holding onto more water outside of ourselves versus like when I go and I tested a whole professional hockey team one day, 99% of them had 36% extra cellular water and a normal range is 36-39 where a diabetic is probably closer to 39% at somebody with lymphedema.

It's in the low 40s. I've seen data around strokes before where they're kind of mid 40's on that. So it's a good indicator of that water balance. And then for the phase angle, that is a score of the cellular integrity.

If we have intracellular water and we extra cellular water, there's a cellular membrane that's in between it and that cellular has a fatty bilayer around it.

And when we send electrical currents through the body, 50 kilohertz is commonly thought of as the frequency of the current that we sent through that will break through cells.

Anything below that typically goes out around the cells because that bilayers strong enough to resist it, so the phase angle is the resistance score of cells and essentially what happens is like if If we were sending electrical current through a steel rod, there would be no resistance there.

So there's no angle to the resistance, but the more resistance happens, the current slows down. On a graph, we look at this like an XY graph and we see a line that is created of a phase angle or a phased delay that was created by the cells in the body.

And the higher the angle, better. Yeah, correct. Typically, what do you see? What's the best angle and what's kind of the worst? Well, if it was zero, there'd be no life.

And typically, I've heard there's not a lot of published research to stand on, but I heard other doctors reference typically like four in lower means that there are more cells that are dying than regenerating.

This was originally used in palliative or end-of-life care. to determine how long somebody was going to live. So a nurse would come in and clip an electrode to the foot and the hand and they'd send the current through in the phase angle.

If it was four today and it's three next month, two the month after, we can actually see the breakdown of the cell walls over time. And then on the other end of it, I've seen nines, tens, elevens are usually really good scores for a phase-angle.

Little changes are kind of big changes in reality, like a little shift means a lot. Yeah, I've seen, you know, a shift in phase angle just from people shifting the kind of hydration and water that they're using.

So like structured water, that's mineralized will help to increase phase angles. A low phase-angle also can be indicative of chronic cellular inflammation and just an unhealthy cellular membrane.

And so, fatty acid structure and things of that nature and what you're getting at in respect to your fat ratios. But what are, what're some of the best ways that you've seen to, to do this shift body composition fast where you're increasing muscle mass, but also decreasing fat, increasing your phase angle and also, decreasing extracellular water and increasing intracella.

Hydration. It's a big one. Yeah. You're the expert, so that's why I asked. We're all bioelectric beings. So measuring phase angle is kind of measuring our own conductivity in a way.

And we have minerals and electrolytes that are inside and outside of ourselves. I think getting enough of those, getting Enough vitamins and minerals.

Think of every vitamin and mineral that has a function in our body. getting enough food for our body. A lot of people don't eat enough and we need to eat more food to actually kick our metabolism into gear.

Then we got to move our bodies so that we can keep everything flowing. And then we probably got have some type of a purpose and mission in life that's guiding us that drives us to want to continue on down that path where we're having a healthy life and whatever that means.

wealthy in a sense or, you know, we have love or happiness, in order to keep that going. You know think about how many people lose weight just when, when a load falls off of them, mentally the load or emotionally the loads falls of and then they lose the weight.

So it's like, yeah we could think what's the best program but ultimately it starts in, before that in the mind or, you know, I think in a sense if we work with a lot of practitioners, the ones that do the best at that are the dispensing

love and connecting with their patients to figure out what they want to do with the body through the lens of all this data where, yeah, we can get this but we're humans beyond all of that.

I love that and your whole concept of wealth, like, you know, working with all these high net worth wealthy clients and patients, what I call health participants because they're participating in their health.

Working with me over the years, I've just seen something that's very interesting in the contrast to my trip to Africa on a medical mission trip where I What I was engaging with these kids that had nothing in this orphanage in the countryside outside of Zimbabwe and in that city of Harare, just outside a Harari.

And so you drive out like an hour and a half and you see these. Kids in there, they've got straight, like beautiful white teeth. They don't have toothbrushes, but they have beautiful, white.

Teeth. they're all healthy. praising God. They're like literally like there are two or three times throughout the day where they're all like singing together.

Um, they have like an organic garden outside the orphanage where there eating these like amazing natural foods from the land. And here I am like thinking I'm the doctor that's going to come in, like really save the African people.

and I walked out like with my tail in between my legs because I was like, holy cow, these people have so much wealth. Like it is unbelievable. And so it kind of shifted the definition of what wealth was for me, which is, you know, it's it, is love, joy, its happiness, peace, health, laughter.

It's connection. What I believe is if you, if, get a lot of money, but you have that as a foundation, money makes you more of who you already are. If you're stressed before you get money and to be more stressed when you got money.

I'm saying, so I've kind, of shift my understanding of wealth and it seems like you. Have a very similar alignment there. Yeah, absolutely. I appreciate all of that.

Have you ever heard of the word galumphing or galumph? No. So it's a psychological or anthropological term that describes an exuberant, free, and seemingly useless play behavior that young children or animals do to a lot of dogs or horses.

And I love just trying to get to that space of like, that's what I hear you saying when, you know, Yeah, someone feeling graceful and fluid enough to just play and, you know, life is simple enough.

And I think we load ourselves up with so many things that we feel like we're committed to and it weighs us down. A lot of times I've been actually kind of giving myself the mantra lately of like, the less I do, The more I get and thinking about like some of these things That I worry about, they could just fall off and nobody would even know it.

It's just me holding onto it That's awesome. Yeah, absolutely. So anything else you'd want to share about the future of longevity tech and in body in particular?

Hydration, Phase Angle, and Metabolic Health

I think in context of if we're talking about The business of Longevity and we are thinking about a tool through the lens of somebody growing a practice and bringing this in and making the investment in it and it brings you closer to a proven authority and an expert where you get the chance to demonstrate that and build trust in the process with your patients and you know there's a lot of generalist out there, I think, but the deeper we can go and the more structured we, can be around the objective data that gives us a foundation to build upon.

Then we get more scans and those scans that we're doing in these assessments and these data over time leads to a more robust conversation that, we then convert into value.

And whether that value is a, they're paying for the test or they are paying a program, the longer term value, is better. Obviously, if I can get somebody to commit to, a bigger package, that would be great, We can start thinking about that and then we can systemize things, right?

We could delegate assessments or we could standardize how we're following up with people or, you know, I think in a patient's mind, the act of investing in their own health, that bridge also happens in the mind.

So they learn something new or they see something that creates this belief shift that leads them to make a new decision. to invest in their health. So I think we enable people to stop selling things and start solving for things, and build systems around it.

That's beautiful. Wow. It's amazing. And one of the things that's happening in the longevity space is there's testing around obesity's connection to cancer and heart disease and Alzheimer's and dementia.

So it is very like, if you care about prevention, If you about upstream effects, like as people are gaining too much, you know, fat or weight, that is a precursor to chronic inflammation that also drives all these different diseases and especially in children, right?

So the other thing that we wanna look at is where is that fat in the body? Because visceral fat's way more dangerous than trunk fat, or not trunk fats, excuse me, as that's visceral fat but like limb fat.

And so you also have that data that you'll get with the end body as well. Thing that I think is powerful as a trend to monitor is your grip strength. When people start losing grip strengths, their whole kinetic chain gets weaker and then they become more fragile.

Typically they develop bone challenges or issues like osteoporosis. And then what ends up happening is a slip and a fall happens and they break a bone, they hurt a joint or something along those lines.

Well, it's because their grip strength is not dialed. No, your grip, strength as an indicator that the whole kinetic chain is breaking down. And if you have healthy grip strengths as you age, that's one of the best ways to combat all of these challenges.

So that is another one my favorite upstream tests because aging is no linear. A lot of people think, hey, I'm born over here and then I die over and it's not.

It's like you're born here, and your quality of life pretty much stays the same for a long time. And it may decline, you know, a little bit year after year, but here's what happens is you just drop off a cliff.

The reason why people drop off a cliff is not because they develop cancer or heart disease or Alzheimer's, it's because, they have an injury, break a bone, damage a joint, become sedentary, develop more adipose tissue in their body.

That drives disease in the body, so again, that's another interesting thing that I've learned, and obviously balance is really important as well. 100%. It's not about how hard you get hit, or how many times you're hit.

It is about, how much time you got up. Yeah, exactly. Exactly. To your point in the visceral fat, yeah, that's fat that is in and around the organs sticking to the heart, sticking into the lungs, choking your metabolism and causing a lot of issues in your body.

So, measuring that I think is a great indicator. I if most people would have one output that they could pick on the in-body, visceral fat would be right up there I think that or skeletal muscle mass and then as we start to lead into grip strength or we're starting to think about functional strength because we have we, have muscle, mass but now can I use that muscle-mass and I did some training a little over a decade ago with the sports science lab in Southern California and they were training elite athletes, NHL players, NFL players and one of their their principles they have five principles.

One of them is foot strength. And here we are also talking about hand strength and what those both have in common is they're the most distal part of our limbs.

Right. How do you measure foot-strength? So their assessment, they'd have you stand up and it was kind of a subjective test, but you do it enough, you kind-of feel more objective.

But you'd stand-up barefoot and I would have a client lift their big toe and slide my finger under it and have them push down just with their Big toe on my fingers.

And what I was looking for was, could they crush my finger? And if I went, oh, that's a good score, but both the time they could, and then I would go down each one of the toes and I'm a personal trainer and doing this with my clients and everybody's like, what are you doing?

But it was like you got to have strong feet. Most people that have plantar fasciitis, most knee pain, Grab the idea for you, just add like a little, a kind of bubble on the in-body scan that then they swap their toe over and they push down and can see their foot strength every day, you know?

That'd be cool. Yeah. I mean, that is an interesting concept right there. But do you guys also measure balance or do also you measure grip strength? Yeah, so we have grip-strength dynamometers.

So those you hold on to it, you squeeze in, it tells you how much force you're creating in pounds or you could do kilograms too. But generally what that's measuring for clinically is something called sarcopenia.

A male under 66 pounds, a female under 44 pounds could be sarcomenic. It's not the only assessment that you'd use for that, but obviously Like you're saying, if your grip strength is low, then you are going to have a lot of other problems.

The other part of it is, can you maintain a strong stable core in resistance to that? Because our core is the stable force that our limbs work in ambulation and locomotion away from.

So the strong, stable, core with great range of motion in the joints and then strong distal muscles in our hands and our feet, that creates a well-balanced human in that sense.

That's really good, yeah. Really cool. Any other kind of interesting research in the longevity space or lung technology space that you want to bring to our attention?

Well, if you did a search on PubMed for grip strength, you'd probably find over 7,000 different studies that link grip strengths to just about every other health condition.

Not directly, but… You know, it might decrease as somebody has certain health conditions and increasing it can help building muscle. Obviously muscle is kind of like our longevity, our key to our longgevity.

Grip Strength, Balance, and Functional Aging

It's what drives our metabolism. So anything we can do to think about our metabolic health is going to be great for us. I think that's where everything in my mind simplifies to metabolic and the cells.

works out from there, but medicine has like segmented it so far that you go see this specialist for this thing and this specialists for thing. But what I think is happening is we're having a convergence back to, you know, not needing so many specialists anymore, hopefully.

I guess mentors say that specialists know more and more about less and less. A lot of specialists are becoming more holistic and vitalistic in their approach to their specialty and they're getting a lot people.

Like I remember, I think it's Fifth Avenue Fertility in New York City. back in, you know, 2012, 13 or something like

that, they were like taking a revolutionary approach to fertility in that they're helping people lose weight, shift their body composition, take out exposures of mold and heavy metals out of their bodies and in their environment, get the micronutrients up a certain amount.

And they are getting great results with getting people fertile. You know, there's some really interesting things that when you're a specialist, like a fertility expert, but then you kind of expand beyond just the understanding of just to take this medication and get on some estrogen or whatever.

It's like, it's a game changer. You know, my recommendation to anyone listening is to utilize InBody and their technology in your practice. If you're just listening, you are not a doctor, they also have some really great home tech that I have, these longevity scales that you can order to your house that give you a lot of really good data.

So broadly just share the difference between the clinical and maybe the practical technology that they can use in clinic and at home. So we have professional business solutions that would include body composition analyzers, and those are at different tiers, meaning there's more outputs as you go up in the models, kind of like if you were going to go and get a new car where you get base model, but then you got the luxury model and has all the output, so they scale up that way.

And then we have an integrated ecosystem of other health assessment tools for blood pressure, where you can get systolic, diastolic pulse, pressure rate, pulse product, mean arterial pressure.

So we get a whole cardiovascular profile, grip strength, dynamometers, height, stadiumeters, and all of that data connects through Bluetooth with the body composition.

So it can print out on one result sheet, go up to a cloud software and we're releasing a new software within the next couple months. This is early access here for people knowing about it.

It's called SWIMO and that stands for see what you're made of. And it's kind of been a tagline for us for a while, but this software connects to your in-body where your In-Body can become, connects you a CRM where we can now generate leads and payment through that software.

We can also run challenges. So it's popular for a lot of our companies that work with us to run a challenge where they test people in at a certain date and out at another date, and they measure who had the best change across that, they reward people that do.

And then so there's a system to do that. Then there is a nutrition coaching element where You can log your food inside of an app, exactly what you're eating, and it's going to coach you meal by meal, day by day.

And then every time you do a body composition test, it is looking at that result sheet for 5,500 different possible shifts and changes. Then it correlates and looks at it alongside the exact food that you ate.

So we might be able to see that a higher sodium diet is causing more extracellular water or edema, or we may see a high workout is driving up our edema and when we eat a sweet potato, it helps drive that water back into the muscles.

So you could take it every day and just, and honestly have the software kind of give and help you get the data that you need in order to know whether something is good or not.

Yes, if for nutritionally. Yeah. Soto, look at proteins, fats, carbs, fiber, sodium, sugar, water. And then every time- This is swimo, right? Swimo. Yeah, and then we're working on other wearable tech that will integrate to like looking at blood glucose, looking activity here probably by the end of the year.

So we are excited to offer that to our customers to be able to use because it can be used in a practice where now you can see on the back end the dashboard with all of your patient's data of food that they've logged and the changes that are happening through that lens.

So we can add a premium tier of nutrition service or there's AI features in there that are helping coach and prompt people as they go through. And then we also just came out with Balance Assessment Device and Training.

So it's a platform you stand on with a screen in front of you and you do four, eight balance assessment tests, four with your eyes open, for with you eyes closed.

And then imagine like you're standing on the platform and there's a dot and you are trying to move the dot back to the center. Then you do it with eyes close, but you get measurements for your nervous system, your vestibular system and score for you balance and then it doubles as a balance training device too.

So you can run through and play games on it to help train your balance.

InBody Software, Home Tech, and Future Vision

On the personal home side, we have body composition analyzers and blood pressure monitors. Those all connect with the app, run the tests and you get to store the data in your app.

Our technology is the best because over the last three decades, we haven't been using any assumptions or estimations or guesses based on things like your age or your gender or activity level.

And that comes from us measuring multiple frequencies across all limbs with eight electrodes. And eliminate or separating the trunk from the limb. So we get these segmental values where we can see the body all separated that way too.

Wow. Bradley, an idea. Another idea I have for you is. to bring in as a consultant, a group of the top functional neurologists out there that they, this what they do is they you go into their office, you know, typically they've been certified through the Carrick Institute for functional Neurology, which is very difficult to go through.

It's something that I have gone and done a lot of education of and in, but it's very cool because, if you say have a Sarah Beller um, ataxia or something like that, or an aberrancy in your right or left hemisphere.

There's simple exercises you can do. Um, and with the technology and the understanding of SWIMO that is now kind of like understanding some of the cool things that functional neurologists look for and how you.

Address the different nuclei of brain. It's very powerful. Maybe, uh, I become your innovation officer at InBody or some. But anyways, I'm just joking, but it's such an honor to connect with you.

You've got such a beautiful mind, you're a great human being. And I'd love for you to just share any last words that you feel is on your heart around the future of longevity, how we can become leaders in longevity.

We'd loved to know where we could follow you and also get your podcasts. Thank you! Hmm, it's on my heart. You know, I'm so grateful for this opportunity because what you see in me, and I see you.

And the mission that you are on and the first time I showed up in your environment at the Disrupt Clinical earlier this year, like I could feel the love there and mission.

That you were on. So my mission is to share health, wealth, love and happiness in the world with grace and fluidity and any opportunity that I have to show up and do that and feel welcomed and appreciated and honored.

I'm all for it, so thank you for creating that and welcoming me back and reflecting that respect to me too. Podcast is called Beyond the Scale and we're going to get you on it soon and hear more from you over there, but I've done over 30 episodes in the last two, three years and it's such an honor to connect with people and just think about where they came from, just like we are talking here, where things are going and helping transform the next generation of healthcare providers.

Cause I really think there's a big shift that's happening and it's fun to be part of it and think of, you know, from this brand's perspective, I get the opportunity to help facilitate that conversation.

So let's, can we put that in the show notes, the link to the podcast and send everybody there to go and take a look at it? Absolutely. Thank you. Yeah.

Please just check out the show notes. We'll have all of the websites that we've discussed on this call. And if Bradley has any links that he wants as well, that will help you guys get access to some of this stuff.

You know, he'll send it over to my team to put on. underneath the show notes. So Bradley, thank you so much. You're a beautiful soul and I can't wait to dance with you and all the rest of the doctors at the upcoming Disrupt event coming up.

We're going to have hundreds of doctors there. And I think it's, it'll be a good time for them just to kind of, you know, relax and let go, You know what I'm saying?

And just enjoy the music. Appreciate you. I appreciate you Bradley. What a great episode this was. what a Great interviewer I am. Oh my gosh. My pleasure.

Thank you, Bradley Thanks for listening to the Longevity Leaders podcast. A Lungevity Leader's community is on a mission to transform 100 million lives by 2040. If you enjoyed this 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.