Podcast Introduction and Guest Background

do you have any suggestions with your patients when they come in and ask you about try fasting, water fasting, the fasting mimicking diet. Are there specific regimens that you, utilize yourself or with your patients in terms of fasting?

Well, you've you've asked a really great question there because one of the things that when medical foods were created for detox, one of the things they found is 24 hours into a fast the activity of liver cytochrome P450 enzymes.

That's the first phase of liberty talks. Ification drops about 50%. So your body to make enzymes has to use proteins. If you're not putting protein in your body is going to start breaking down some protein.

So I don't want that to be very prolonged. Now with that said, intermittent fasting and some of it depends on genetics. But for most people about 16 hours a day of non eating, eight hours eating, they're not going to break down lean.

But what happens is when the body starts to have to feed on itself. We've known this from the journal carcinogenesis 1999. The first cells that it feeds on are pre malignant malignant cells.

So your body you know picture that if you're not eating your body is not going to say oh boy I think I have to eat my brain today or I'm going to eat my heart or I'm going to eat my kidney.

It's going to say, no, what cell is not healthy? Probably doesn't have a chance to get healthy again. And I'll just feed it. I'll recycle its its materials.

And that's a process called autophagy, of which intermittent fasting is a trigger for that. Welcome to the TBD fit podcast on Doctor Talks. I'm your host, Daniel Kelly, and I will be guiding you through this wellness journey in terms of optimizing health and longevity, where we unpack the science, the juice, the dose, and everything in between.

Come join us. Look forward to see you inside. The. Welcome to the TVT Fit podcast. We are here with the wonderful and very revered Doctor Rakowski, who's been an absolute mentor of mine.

Doctor Koski is a chiropractor, is a board certified kinesiology and clinical nutritionist. He's also a biological training structure where I had the pleasure of kind of visiting him in clinic and mentoring and shadowing through him and both his practice and his home.

Doctor Rakowski has lectured internationally for over 33 years on various topics related to natural and lifestyle, medicine, happiness, and success. He's appeared on numerous television programs and international talk radio.

He's an expert on all things funda, functional endocrinology, in-office diagnostics, which I look forward to discussing today, and procedures to assess overall nutrition status.

His clinical experience ranges from treating elite professional athletes, who I'm sure we'll uncover in today's talk to critically ill patients with a variety of cancer and autoimmune diseases.

It is an absolute honor and a privilege to have him as a guest today. Thank you so much for your time. And let's dive in. So first things first. It is awesome to reconnect here virtually.

I hope to see you in the flesh soon enough. But, let's start, I guess with kind of your career and your history, because it's definitely unique, almost similar to to mine how you ended up going through medical school yourself,

so eager to, give a taste to our listeners, kind of your backstory?

Well, the backstory can be long, but, you know, it starts with what they talked about, what moves people forward in life, pleasure and pain. And I had a few different pains.

You know, I was a pretty good athlete in high school. By the time I got to college, the first time I was studying electrical engineering, and I was playing in a city football league, and I realized that my fitness was terrible.

You know, people were running circles around me, and I was still pretty good about exercising, but I was not good about diet. And I remember my dad telling me, son, if you keep it like that, someday you're going to pay a price.

Well, the good news is, at age 18, my body already recognized if I stayed on that path, I wasn't going to create the life that I wanted. So I thought, you know what?

I'm going to eat healthy for a week.

Clinical Career and Athlete Case Studies

I just said, I'm going to eat, you know, good lean meats and vegetables and fruits and no junk and nothing processed. And sure enough, I felt that much better than here we are.

You know, 40 plus years later, and I'm more passionate about that program than ever. Then, from a structural point of view, I got hurt. I got hurt playing football, went to the medical doctor who gave me muscle relaxers, painkillers, put my neck in a brace, my arm in a sling, and I went out on a date, had one drink, and fellow fell asleep behind the wheel of my car 55 miles an hour.

So I'm blessed to even be here. My date grabbed the wheel, you know. Shook me. I pulled over the side of the road. She said, what happened? I said, I passed out.

She said, yeah, I'm driving home now. I picked up the bottle of pills and said, don't mix with alcohol, don't operate. Heavy machinery may cause drowsiness.

And I thought, wow, this nearly killed me. So I flushed it down the toilet, went to the gym the next day, all beat up and the gym owner looked at me, says, wow, you look like you've been hit by a train.

I said, yeah, that's how I feel. I said, well, you need a good chiropractor. Well, Daniel, I didn't even know what a chiropractor was back then, but I found out pretty quick and it was life changing because it made such a big difference in my wellness.

Yeah. That's incredible. I remember early on in my career when I met Charles Charles Portland and, he knew kind of the trajectory I wanted to take. And he said, you got to go meet, doctor Bob.

And I go, yeah, I'm curious to learn more. And he would always share how strong you were, actually, back in our glory days. So he did that. You definitely keep that now.

But I know that it's been a mutual connection of ours. Who was instrumental early on in kind of the fitness realm, where we took our practice. But, in general, what what was your relationship with Charles like?

You know, he attended one of my seminars probably 20, 25 years ago, and he asked me for a brain picking session. He was really, really good at that. And you know what?

We did a few of those, and he said, my audience needs you. Would you consider, you know, coming to Rhode Island, would you consider traveling around the world of me?

So I did some European lectures. Rhode Island, a few other cities and know I'll tell you, we had wonderful mutual

respect. He was an icon. I I'm I the world lost when Charles moved on and I rarely find someone with that level of passion and commitment.

And he was really good at it, seeking from every angle and then applying it in a way that help people get better. So, I learned a lot from Charles and, you know, even have nothing but fond memories from from him to this day.

Yeah. And and similar to your your worth about speaking to Charles, I think you are kind of the epitome of that. Every time I, I come, I, I train with you.

I learn from you just to think these incredible clerical, clinical, pearls and and so you've been instrumental in, in my trajectory, in my learning curve.

Anytime we, we, integrate the therapeutic dosing model. It's so interesting because when I share these with with patients, they get shocked. But in order to make a change, sometimes you have to be aggressive.

And, when we were just talking about hiding previously, and I had expressed to you with one of the bottles and you said that's the RDA typically already is insufficient, we'll go down that route.

But as far as your the caliber of, patients you've been working with, maybe if you want to speak to some of the stories you've shared with me, I think with some of the, some of these very elite Olympic, level athletes, you know, I, I always go back to one of my absolute favorites was Evander Holyfield.

And I triggered him in the 90s. And for the final ten years of his career and many members of his family. But Evander had a fight coming up within a week, and he had a bad sinus infection.

And I had some herbs that I knew were pretty good at knocking out sinus infection. But since our time was very, very limited, you know, I made sure with whatever resources we had that I wasn't going to recommend anything that would be toxic to him.

You know, when we dose that frequently, we want to be safe. But I told Evander and I've had to change my language since I said, I need you to take these every hour.

You know, herbs that were going to balance the sinuses out and help us help them fight by the end of the week. Well, he came in a few days later. I said, how are you doing, champ? He said, well, I'm breathing better.

I said, well, that's good news. He says, But I'm really tired. And I said, why are you tired? And he said, well, I'm up every hour taking those herbs.

And you know, I loved the fact that he was that diligent. And here's what his team told me. When you earn his respect, you tell him what to you what to do, and he'll follow it to the letter.

And, you know, I don't know what our audience would be like for this, but, you know, sometimes we we really have limited shots at making it all the way.

So the day of Andrew came in, I basically closed the clinic that day. He was going to be the only patient. I didn't want television cameras flying me, and I didn't want patients bothering him.

We locked the doors behind him and I dedicated three hours to one patient visit. I want to look at everything is chemistry, is structure is energy. And beyond that, I wanted to make a fast difference.

And I learned long ago that people want to be better yesterday. So as we were talking about with that iodine, you know, take a dose every waking hour, you build a status faster.

And we can do that safely with most nutraceuticals. Not all, but most. Let's unpack chemistry, because that was one thing I learned, when I came to visit you in your practice, which was very, very interesting.

Speak to maybe, I guess, the depth of chemistry that you'll do in clinic because there's so much do we have access in terms of testing that's often overlooked and very low hanging fruit.

So I'd love for you to share kind of how you got into the testing in practice and what you do. Well, you know, in practice, I wanted quick answers, fast answers, meaningful answers.

So I study something called bio terrain. You know, that was created in the 1960s in France by a researcher named Claude Louise Vincent. And he was studying cancer patients.

And he thought, well, why would some areas of France have a lot of cancer? Others not. So there was a hydrolysis that was studying the water. And he said, look, people that areas that have toxic water, these people are sick and they're more prone to cancer.

And here's the parameters that I looked at. He looked at acid, alkaline balance, mineral density, oxidation reduction potential. And what this researcher, Vincent decided was, well, if it tells the value of water, what about the fluids of the body?

What about blood, saliva and urine? So it was a very interesting project. He took the elite athletes, figured their their chemistry would be the best.

That's not always accurate, but it's not a bad starting point. And and then he started tuning up people, you know, with good natural products to balance their chemistry.

More like those are the athletes. And sure enough, people got a whole lot better now, many of your listeners may realize that there's been kind of a war on health.

And so the US government spent to my office five different times, had a bio trained analyzer. They made that device illegal. In a normal clinic, you have to be a highly complex lab.

So there's different ways I get the data. But when you look at the depth of chemistry, you know, when I teach nutrition, I ask people, how much do you think the nutrition needs of humankind has?

It has changed, you know, over the last 10,000 hundred thousand years. And the answer is our needs haven't changed. But how is our food supply changed?

And it's changed to a point where people 200 years ago wouldn't recognize it. And reality is, our body doesn't recognize it. And that's why there's a lot of horrible food reactions, allergies.

And we process a lot of the good of the food and put it in the bad. But back to this concept of of chemistry and low changing, low hanging fruit. If we can get people to eat all natural foods, drink really good water, make sure they're sweating, moving, eliminating.

I'll tell you what, those are the basics. And if people master that, well, as one of my great master teacher patients said, I always teach my students, if you master the basics, you'll seldom need anything else.

And that's what we move people towards, move towards better choices and a better life. But chemistry is infinite, but good nutrition is not.

Chemistry Testing and the Deadly Quartet

I think when I went to visit you, it was, the ammonia, I think with the, with, you found me with through the roof. And you asked me about stress, and we had a serious conversation about that, which speaks to, I think your deadly quartet, your major causes for for death and disability in the world, looking in through the lens of stress and toxins, malnutrition, physical inactivity.

If you can maybe speak to those and how kind of how you impact those with your patient population. I know in terms of myself looking at stress, I didn't really realize what what stress really meant until I had kids.

But certainly, coming from kind of a playing, soccer at a very high level as an athlete. Obviously, sometimes we overlook the component of stress, but that's really at least, what I find with often with our patients is really the elephant in the room.

We're not going to necessarily avoid. Stress is ubiquitous. The question is kind of what are some tools and tactics, perhaps, that we can leverage to to intervene, to be able to increase our buffering capacity?

A lot to go over in that. So let's go with the deadly Quartet. So I read an article, archives from Turtle Medicine, 1989, that was the title of A Deadly Quartet.

And they said, if you had a big belly, high blood fat, high blood sugar, and high blood pressure, you were going to die early. And what I realized it was all of those were downstream effects of the real causes and what I call the deadly quartet.

In that year and ever since, stress, toxins, malnutrition, physical inactivity. So, you know, you look at the circles that you've been in, and, you know, most people get weeded out.

There's people that are good athletes, but they don't have the headspace, you know, the mindset to play the big game, nor can they handle the pressure or the stress.

So, you know, you actually already jump those hurdles. You know, you were wired for it. You had the skills you put in the effort you got there. And it's interesting, if I ask most people, what do you think be harder being a dad or playing professional soccer?

I think most people would say playing professional soccer, but I think you and I both know that our kids will take us to the limit every chance they can get.

And, you know, I think that's partly by divine design, and I'm very grateful. You know, my kids are all grown up, and now they have kids of their own.

And it's it's so fun to see that. But how do we buffer the stress so many different ways. You know, if we if we go with the elite athletes, the Navy Seals, they're taught when you're in a firefight, take a deep breath.

You know, you take that deep breath, especially if you take it through the nose. Diaphragmatic death breath. You're going to drive the parasympathetic nervous system, and you're going to make your body better for just a moment.

Guess what? You got to breathe again. So you breathe out. You exhale more than you breathe in. You know keep keep breathing in. Blow off that waste that's going to get you there.

But I've done something called a stress reset that's evolved over the last three decades. And we use hourly doses. And some people this sounds strange, but melatonin, which, by the way, binds to the adrenal glands and prevents the brain drive of stress on the body.

Theanine, which crosses the blood brain barrier and is a natural Gaba facilitator. So it comes to mind. And then we use reishi spores, also known as garnet armor spores, which that's called the herb of spiritual potency.

And the medical literature finally found out in 2022 that it lowers the amount of circulating stress hormones and bloodstream. And, you know, three decades ago, I used to do that reset for maybe 5 to 7 days.

My typical now is ten days. I think that society is more broken down, more malnourished, more toxic, more stressed, and less physically active. And that means it takes more to get them out of that rut that they're in.

So in our practice, I would estimate 50% of people walk in with GI issues, the other 50% with sleep issues, and often both. And I have used your stress research, so I applaud you and kudos to you with the therapeutic dosing, every single patient that I've used it in.

And at this point, it's probably close to 90% of people that walked in because we're just all burnt out. And we don't necessarily realize it. Sometimes it's kind of, people just associate stress with kind of exogenous, whether it's career or spouse or kids balancing life.

But there's also internal stress and internal dysbiosis and chemistry, which we all have. We have to address as well, getting people stuck on this sympathetic drive.

I've use that with tremendous success. Our patients love it. I get messages every single day. Daniel, whether it's the melatonin or the l-theanine is a godsend.

So every time I think about you and I applaud you for for being able to to develop that and unfortunately or fortunately, we've had to use it for longer.

So now, as I always suggest, patients 7 to 10 days and people love it so much, they say, hey, can I continue on this? And so I try to dose down. But needless to say I said yeah, so use it as needed.

These are natural nutrients. They're only going to help you. I remember you always saying that, you know, melatonin is in every single cell organism on the planet.

So it's it's intelligent by design. Again, a derma, if you can speak to that, because I know that's probably one of your favorites. If not, your favorite lawn certainly is. Right.

So medicinal mushrooms. I'm a huge fan. Multiple doses every day. But now I'll tell a story. I when I was in school, I was very, very hungry. You know, I didn't feel like I succeeded as an engineer.

I was a good engineer on paper, and I made good money working for General Motors and Texas Instruments, but I never liked it. And so I realized there was something missing in, in that career.

So when I decided to become a chiropractor, I did it for great success as a patient. But I went to my chiropractor and I said, I want to be great. What do I need to do?

He said, Bob, that's that's easy. Learn from great people. And I said, okay, great. I thought, that's why I was going to school. He says, well, good luck with that.

You're going to want to find out who's really succeeding in clinical practice in the community and pick their brain, right. So that, Charles harlequin brain picked.

So I volunteer, I'd find a way to be helpful to them, clean their office, take out their trash, and just. I wanted to watch, you know, let me watch you work with patients for an hour or two or whatever you let me do.

And one guy gifted me a book called Reishi King of Herbs. He said, Bob, I'm a huge fan of human health. This is the best herb I found. I don't I don't know a single patient that it will help and I don't know a single patient, that it will hurt.

So that's a really good combination, he said. So creatively, get this into people. So, you know, I started doing that my first year in clinical practice.

So we're we're going back to 33 years ago. And then over a decade ago, I was introduced to a coffee company that has organic reishi in every single cup, whether it's coffee or tea.

And I thought, wow, I drink six cups a day. I wonder what most people do. And, you know, the average in North

America is 3.3 cups. So what if you had one that was organic, infused with organic superfood, as opposed to 94% of coffee being toxic in some way.

So, you know, very impressive. So all of those nutrients are very, very good. You speak of melatonin. And now we know it's a mitochondrial specific antioxidant.

So and it's anticancer by ten different mechanisms with no known toxicity. So when we put that into people that can be one step to better the theanine makes another step towards better.

Then you had the a derma and you've got a really amazing triad of health. It's interesting when you reference melatonin. So the impact with cancer prevention, cancer treatment.

I know Huberman, I had this discussion with my brother the other day and many of our patients, because they come in concerned with taking melatonin. And Huberman, I know is is very much in the anti camp.

And so he's a big voice now within kind of this health and human performance field. So it's, it's difficult sometimes to navigate with our patients because they come in hearing one while we're kind of on the other end professing specific benefits.

How are you able to kind of overcome certain objections? Well, it's a clinical trial. Everything is. So you come in, you're not feeling well, here's your symptoms, here's what I suggest.

And we're not asking for a lifetime commitment. I want ten days. And if you can give me ten, give me five. If you can't give me five, give me three. And you know I'll tell a story.

I had a woman who, was denied life insurance because she. She flunked the blood test. Her kidney markers were elevated. And, you know, they were just barely out of range.

But the life insurance company doesn't care. You know, they just said, hey, you know, here's a problem. Well, the kidneys and the adrenals are very, very tightly coupled, especially in Chinese medicine.

So the stress reset is good for the adrenals. I gave some additional herbs for the kidneys and I said, look, why don't you dose this every single hour?

I think she had her life insurance test on a Wednesday. Got the results on a Thursday. Called me very, very panicky. We got her on a protocol Thursday through Sunday.

And I said, let's draw your blood again on Monday. By Monday, with hourly doses, every kidney marker normalized. In fact, she has. She had a pretty good buffer.

So she literally end up calling the life insurance company back and saying, I think my test was wrong. And they said, no, it's not. We use this lab all the time.

She said, I just ran the test again. Here's my numbers. They said, we don't believe you. She said, I'll go again, write me a requisition. I'll go. And sure enough, right, it was enough to fix it.

So we start looking at what we do. The medical model sometimes doesn't see people recovering that fast, but that's the kind of result I want. We want bodies to turn around so fast.

You know, if people can feel so much better in three, 4 or 5, ten days, then they realize, okay, there's hope for me and maybe hope is the number one vitamin, the number one healing remedy, you know, in the world right now.

Give people hope. I think they'll they'll do a whole lot better. Yeah. So too often patients will come in and I hope phentermine is self-sabotage. I mean they've lost all hope unfortunately.

And so we serve almost as mentors to be able to intervene. But then that's the upside.

Stress Reset and Sleep Support

We'll be able to use natural nutrients that can help restore hope and restore dopamine and executive function and restore, drive and restore chemical imbalances.

When you're looking at, chemistry or just foundationally, are there specific nutrients that you when patients come in, you're like, okay, here's our foundational plan.

You know, these are our foundation five or what have you. What. Because I remember, early on when you were speaking about, I believe it was functional foods, as he termed them.

And so if you can speak maybe to, to that way you've seen work. Well, sure. But let's go with foundational nutrition. And I tell people nutrition is not optional.

You know, we call them the fabulous 50. The vitamins, minerals, amino acids, proteins, carbohydrates, fat, fiber and water. In doses that make a difference.

And, you know, one of the early sports journals, it was in the 1990s, they did an estimate of, you know, how many people actually have nutrient deficiency of any one of those 50.

And they figured it was in the high 90s, you know, and so if you take a really good multivitamin, multi mineral and maybe there's some plant nutrients blended within it, and the companies have gotten better.

Now there's great nutrition companies. There are few and far between. There's good. There's there's a higher there's a higher number of those. But most of them aren't very good.

And that's why we want to connect with people like you that have done the due diligence that have looked at what's there, but foundation, you know, people are going to get a good multivitamin multi mineral.

We've got to cover those bases. And I'll throw a little tangent in here. I with I, we can ask a lot of questions. And so we learned about human energy production.

And you're very good at that because you show up so energetically and you demand a lot of your body. But you know, if someone has good mitochondria, that which makes 94.4% of human energy, a molecule of glucose starts getting burned.

And by the time it's done through all of its energy processing, it's made 36 units of energy. Anaerobically is two, Anaerobically is 34. So we're a lot more efficient aerobically.

Well, now that they've been able to test mitochondrial efficiency instead of getting those 34 ATP, they say it's more typical for people to get about 20.

So there's over 20 steps in the electron transport chain. Each one of those has a nutrient cofactor. That's a long answer to that's why we dot the I's and cross the T's with a good multivitamin multi mineral.

Then we're going to go omega threes. These are not optional. These are essential fatty acids. They're terribly deficient in the standard American diet.

One of my great mentors was hired by the World Health Organization in the 1960s to study the Greenland Eskimos. And here's the question they wanted to answer.

How did these people have the world's highest fat diet and yet the world's lowest incidence of cardiovascular disease? And they found out was the good concentration of omega three.

So, you know, thousands of studies in the medical literature, omega threes prevent heart attack, stroke and cancer by 13 different mechanisms. And now we know there's a lot more to that story.

So that's going to be a big part and foundation. But here's what I'll tell people. Fish are going to be you know feeding from their environment. The ocean is horribly toxic.

They concentrate things like mercury, especially if they're big fish. And then there's other things like PCBs and dioxin in the water. So it's far more expensive to purify the fish oil than it is to harvest.

So you only want to go with the purest and clean. So omega threes are on there. Next I like a good plant nutrient supplement. You know, some people are on the carnivore kick and I think it can be a good reset.

But one of the most powerful lines in the medical literature I ever read was in 1991. And here was the exact statement. It said, at every step along the road to malignancy, plant nutrients tend to reduce the likelihood of transmission to the next phase.

And so how many people get their 5 to 9 servings of fruits and vegetables every day? You know, almost nobody. So if you take a good plant nutrient supplement, you're there.

Then I'm going to go with a really good probiotic, preferably a spore based and maybe multi strain. And then we go with D3, K2. And that's going to fill the foundation.

And you might say well wait a minute. Doesn't the multi have D3 and K2 in it. Yeah. But not to the level that most people need. And you know we found out with Covid that vitamin D status was directly related to survival.

So better vitamin D you weren't gonna have problems with Covid. Horrible vitamin D they could predict if you were going to die. And it's not just that for Covid.

We know it's really good for every aspect of the immune system, including allergy, autoimmunity and cancer. So we got those eyes. Cross those t's, then we're gonna have a good nutritional foundation to work from.

So looking at your plants, as you alluded to, in plant nutrition, we're very big here. What I term as plant points each meal, I like to reframe someone's paradigm and adopt this mantra of five plant points at each meal.

That can include spices and herbs. But getting people to have more plants on their plate to feed a healthy microbiome. You mentioned probiotics. Is that something is for probiotics, especially?

Is that something you typically have people long term, or what are your thoughts with the use of probiotics? Well, it's a good start. And so you know, you mentioned you have so many people coming in with gut and sleep issues.

You know, Hippocrates 2000 years ago said all disease starts in the gut. He was only off 10%. Modern science says 90% is the gut microbiome. And if you look at the term antibiotic anti as against bias is life, those antibiotics are against life.

And so they use 83% of antibiotics in livestock. And so okay if you're eating commercial anything commercial meat eggs milk which I don't recommend go all organic free range.

You're getting residues of antibiotics. But beyond that when these animals poop the antibiotics get in the soil. And now they even know that the plants are taking them up to some level.

So I think it's a very good first, you know, harm strategy to give a broad based probiotic. And then you start seeing people go, not only does their gut feel better, but all of their energy, their stress, their sleep.

Because if the gut is not right, the whole body's inflamed. If the whole body is inflamed, cortisol is being released and they're in a low level of fight or flight, fight or flight, and they don't even know it.

So the body's got this internal war and they say, well, why don't I have energy to go play anymore? Because your body is trying to clean things up and, you know, repair things and you're not giving it what it needs. So it's losing that battle.

Would you have any specific, I know, similar to your stress sleep reset, which has been absolutely instrumental. Do you have anything specific that you find that works at a very high level, or for just the general population in terms of gut integrity, healing and sealing the gut lining, intestinal permeability?

Yeah. Well, there's there's things that are very, very well known. So my big three would be colostrum. And I do like that from an organic source. We know that that's in mother's first milk.

And it's great for passive immunity and sealing and healing the gut. Glutamine, the most abundant amino acid in muscle and plasma, is very, very important for gut function.

And even vitamin D, but you've got to resolve the food issues that just viruses, the bad bugs, everything else. And, you know, after taking a deep dive into the carnivore diet and how it works and why it works and who it works for, I often recommend about a ten day carnivore reset.

And they've done very, very big studies. Now they realize that most of the bad bugs in our gut are vegan. And so if we can starve them for ten days, we can make a very, very big difference there.

So, I give people different choices. Some people they don't want to eat, you know, animal products no matter what. So you mentioned medical food, functional food.

There are both a medical food, is actually approved by the FDA, has guaranteed potency, guarantee purity, proven effectiveness and human clinical trial with every nutrient recognized as safe.

And we use some of those for the gut. And there's also functional foods from the gut. But ultimately, the strategy is if you know something's irritating your gut, don't do that.

And you know, until your gut heals and take it a step further, I always tell people that we can solve gut issues with basically five questions.

Foundational Nutrition and Gut Health

Number one, what are you eating? Number two, how's your digestion? And believe it or not, it starts in the brain. Pavlov proved that. And then you have to chew.

And then you have the stomach and the small intestines and the liver and the gallbladder and the pancreas. Those all get involved in digestion. Any one or more of those can be problematic.

And hydrochloric acid, probably the most abundant of that. Next, what kind of bugs live in your gut? We've kind of talked about that, and I tell people the difference between good bugs and bad is what they eat and what they poop.

Good bugs, poop and poop nutrients. Bad bugs eat nutrients. Poop. Toxins. Next, you have a leaky gut. We all do to at least a minor degree, but the healthiest people have the least leaky, got the sickest are the most leaky.

And then finally, how often do you poop? You know, and yeah, I'm still shocked. I might have someone come in and they're using the restroom once a week.

That's how often they're having a bowel movement. And, you know, their doctor often says, well, at least your regular. No, you're not, you know, at least one a day and preferably 2 or 3.

And when we get these people back to going again, I mean, for them, it's life enhancing in so many different ways. It's fundamentally life changing. I remember a patient who she was going once every 21 days, and within a few

weeks he was every day, daily bowel movements.

And I think some of the recent, research suggests that, one bowel movement a day confers a 5% decrease in breast cancer in female patients and up to a 40% decrease with two bowel movements a day.

So almost to being the gold standard where you start looking at that, that's pretty amazing. And I was listening to a gut podcast the other month and it was a brilliant question.

They said, okay, you know, we've got the small intestine. Right next to it is a large intestine. In fact, they're connected. Why is it there's so much colon cancer and so little small intestine cancer?

Well, the difference is the sewer versus the kitchen. Yeah. The kitchen will nourish. The sewer only has toxins. And if you're not cleaning your sewer, your sewer is backing up into you.

And nobody wants that. Yeah. Just fermenting. What about for patients too? I know you mentioned glutamine, colostrum are definitely foundational, but for patients to have issues with glutamine or maybe cytotoxicity with issues and glutamate and the conversion and then also colostrum for patients who are lactose intolerant or issues with dairy, do you have substitutes that you like?

Yeah. You know, there's different blends like, aloe vera, licorice, things like that. Some botanicals, Musa agonists, marshmallow root. You know, we always have options for people, that have different reasons, right?

And that's, that's why we have so many different tools. But you mentioned glutamine to glutamate. And what I tell people is, you know, I taught a brain series in 2009 with the neurologists from Cornell.

And it turns out if you look at your brain like a Ferrari, you've got your gas pedal, which is glutamate, you've got your brake, which is Gaba. And I would ask, you know, what's more critical to survival?

Well, it's actually the gas pedal. If you can't get away from danger, you're in trouble. So that glutamine, which is always there, the body can make that glutamate just that fast.

But glutamate is also one enzyme step away from Gaba, which is very, very calming. And so taurine is a cofactor in that lipoic acid is that and so is vitamin B6.

And if you're a poor methyl later you don't make taurine. You need a healthy liver and kidneys. And and pancreas to make lipoic acid effectively. And then plenty of people are deficient in the B vitamins.

So if someone has a glutamine to glutamate challenge, I usually I'm going to do a stress reset and make sure I give them the nutrient cofactors. And by the way, Theanine being a natural Gaba facilitator can buffer that as well.

Yeah, it's interesting with my second child. So, I didn't know the terrible twos were until we had that there was obviously stressed with pregnancy and such that, impacted that.

And when you did a, microbiome test, we saw very quickly how her diversity, both richness and species and diversity species was much lower, which impairs the production of Gaba.

And so the terrible twos, terrible threes, silver forest parrots I don't think realize the potency. One of just being able to not guess and do a test, but to then to replace some of these missing microbes, which is actually also brilliant.

Read but the impacts of the microbiome looking on outcomes for ADHD mental health issues is absolutely profound. The bidirectional nature, and especially the ten.

And after a nurse that go up from the gut to the back to the brain, and until we get the gut right, it's very difficult to have anything short of optimal health.

So I appreciate, the deep dive there that you mentioned with with glutamine, and looking at the impact of Galvin, some other co-factors as far as the the microbiome testing, is that something you guys, typically will do often in clinic, or how do you look at the microbiome these days?

Well, we're going to assume dysbiosis. And I've been doing that for over 30 years. And you know if someone has a gut issue we're going to do that for our and I'll explain to listeners for how we're going to remove remove bad foods, remove bad bugs, replace digestive enzymes where needed.

Re inoculate, put good spy bags back in and repair, fix the leaky gut based on where the patient is going. And so when we used to do those tests way back when everybody came back with very significant dysbiosis.

So I thought, why don't we put them on a good elimination program, a good, you know, cleaning program, whether it's anti yeast, anti parasite, anti fungus, antibacterial sometimes even all the above.

You know we have those patients that they're just by osmosis is worse than the worst toxic zoo you'd ever imagine. Now these people they often have challenges as they do that reset.

You know they're going to feel miserable because their their body suddenly has a lot of that die off. But yet those are the miracle cases that maybe the first ten days were horrible.

But by the at the end of 30 days, they go, wow, I wish I had done this a whole lot earlier. So so many different things that we can do right now. My go to is elimination diet, gut purge.

You know, if the colon isn't working, we want that to work. If we suspect yeast parasite fungus, we're going to go after that. And then after the gut is reset, if we feel the need to dissect, to look at the microbiome deeper, we do.

Is that typically how you're starting with your autoimmune patients as well? You know, in the last year I've been going a lot more. Carnivore reset to start, after listening to Jordan Peterson, McKayla Peterson.

And I'll tell you what, when people tough it out, it tends to be a pretty good reset for that gut. So that's more of my start there. And then, you know, while you mentioned autoimmunity, there's maybe a little debate, you know, does immune system hate your body and want to kill it?

Or did something happen to the cell that made it less than ideal? A healthy and immune system says, I need to weed the garden, but there are at least seven universal immune modulators we already mentioned Adam, also known as ratio.

We mentioned melatonin. Those are universal. The resolvent form of omega three, vitamin D3. We mentioned that as well. That's a universal immune modulator.

Another Chinese botanical called perilla seed. DHEA and sealing and healing the gut. These are all universal immune modulators. So when we put people on them, you know, I've seen very serious autoimmunity, even multiple decades long result in a handful of months with the right protocol.

How much DHEA are you considering? It's going to be case by case dependent. So, you know, it also depends on the form. So I use a sublingual form where a single dose is just five milligrams, which is going to be a very small dose.

So what we know is if men get too much DHEA, they tend to feminize. If women get too much DHEA, they tend to androgen is masculinized. So we don't want to go big, but I tend to start small.

I'm also going to measure it in the blood. We're going to look at different parameters. But you know, we'll dose it for a period of time. It's while we're talking DHEA, this is post-menopausal hormone replacement of choice.

We know when the female ovaries stop working, the female body doesn't stop doing without estrogens, progestin,

androgens. There's a whole new field called intra chronology, where the cells that need the hormones will make it from DHEA.

So it almost becomes, especially in perimenopause and post menopause. And we can even call Andrew pause in there, too. A conditionally essential nutrient.

Yes, we we definitely are quick to integrate that DHEA, progesterone. Well, even perimenopausal and definitely postmenopausal females. And then optimizing the whole plethora of hormonal balance in terms of men, how fast how you considering TRT, if at all with men versus I mean, cleaning out I mean certain other pathways and and then leveraging testosterone while TRT is almost last resort because, you know, we have when we get people on a good program, their body comes around so quick.

But, you know, you mentioned Charles Pollock when I was teaching for him in Rhode Island. And this young man, I was even surprised he was allowed to be at the seminar.

He's only 16 years old, and he had already been on testosterone for a year. And he said, you know what they just said? I have congenital hypogonadism, and I'm going to need testosterone for the rest of my life.

Well, we did a good history, did a good evaluation. I said, I think we can get that back. And within a month we had him off of testosterone. Within a few months, running 506 hundred and 700, within six months, 809 hundred, a thousand.

That was a long, long time ago. Now he's a happy father. I think of three, you know, and living the good life without having to rely on a foreign source for testosterone.

So, you know, I'm imagining it. There are some pretty extreme cases that need it, but nowhere near what we have. If we give people natural aromatase inhibitors.

And by the way, aromatase is an enzyme in body fat that converts testosterone, estrogen, zinc is a natural aromatase inhibitor. Canadarm is aromatase inhibitor.

But if we get him to lose the body fat, buffer the stress, modulate the inflammatory process. Clear out the heavy metals. By the way, there's a term in the medical literature metallo estrogens.

And we're loaded with those. It's one of my I'll call it near bulletproof strategy to at least get some bump in test from then of course, there's good herbs to to get the gonads firing again.

Looking at metals in particular, is there, specific specific nutrients that you utilize very well. In terms of, you know, you mentioned mercury with fish as an example and actually, before you answer that, I'm so curious because in ten years, do you think omega threes are still going to be the same quality as we see them today?

Well, I think the same quality will be available, but I think there's going to be a breakdown in a lot of different things there. You know, and it's probably to get more expensive to purify them.

So you're, you're going to pay for it. And I really like the resolve and form of omega three that was Nobel Prize nominated research. But go back. What question were you before you went to the omega three tangent?

What else in terms of metals? Oh, yeah. You like nutrients to kill. Let's say mercury versus arsenic versus lead versus any of the other ones. Well, those are when you start talking about specific those are more pharmaceutical chelating agents.

So DMPs, gMSA, EDTA behind my clinic and I don't think it was there when you visited me. But there used to be the collation centers of Texas, and they would do provocative challenges on everybody that came in, because that's what they did.

And they would give them EDTA, gMSA, DMPs, and they'd have them collect a 24 hour urine. And, you know, they were there for a decade or so. And I asked the clinic director, how many negatives have you seen on this challenge?

She said, exactly zero. We're all full of heavy metals. And I said, then why do we need to test it? Well, she says, it's good to quantify, but in the in the world that she was in, the insurance companies needed to see heavy metal toxicity to go from there.

But the body makes something called metallo fining proteins. And in order to do that, you need to have very good methylation and high levels of zinc. And let's face it, at least 1 in 3 people have a genetic snips single nucleotide polymorphism where they're not methylated as effectively.

In fact, that's just with folic acid. You look across the board, probably half the population doesn't methylated as well as they should. If you keep the body more alkaline, if you provide good bone marrow support, because that's usually where the metals are.

Autoimmunity, Hormones, and Heavy Metals

If you provide things like calcium and vitamin C and different plant nutrients garlic, cilantro, karela these are natural killers that work really, really well.

And going back to the medicinal mushrooms, reishi, also known as Gan Adama, and in two weeks of dosing increases metal will fining protein 800%. And that's in the medical literature.

So and the advantage here, Daniel, is that when they do the pharmaceutical peel key layers, they don't cross the blood brain barrier. So that lead cadmium mercury affecting the brain, that's not going to get cleared out with those key layers.

But the metallic binding proteins, they'll cleared from everywhere. So sometimes if people are bad enough with big enough exposure we welcome those pharmaceuticals.

But I always support it naturally. And keep in mind the pharmaceutical key layers also pull out nutritive elements. So you've always got to replace those looking at postmenopausal women in general.

I know this is a tremendous concern because there's heavy metals are sequestered in bone. And as bone degrades with the decrease in estrogen production, we see a very stark increase in our post-menopausal population.

And so definitely something to to be mindful of. Again, I just don't like, guessing. I like, test things. I see the power of the test. But as you said, everyone is toxic.

The question really remains just to what degree, right. And how fast is it spilling over versus draining at the other end? And depends on the on the client as well.

But, you know, I had a great patient in this morning that comes as close as having unlimited resources. And he said, doc, I want every test under the sun.

Well, it's not going to break his budget. Okay, cool. Let's order it. But let's say if someone has $1,000 and that's their total budget to get better, if I have a 90 plus percent confidence rate that I'm going after the right thing, I'll just tell them I'm more than 90% confident that this is going to be the right path for you.

I don't want to take away 3 or 4 or $500 of money that we could apply towards getting you better to figure out what we already know. Now, if we move forward and don't make progress, well, then you're foolish not to look deeper.

You know, when we go in the right direction, we celebrate. When we don't, we figure out why. How often do you

see how heavy metals and parasites? Well, I guess that would be always so, you know, yeah.

When I go with the Asian centers of Texas, they said everybody has it. So we know and the medical literature says this. The modern skeleton has 500 to 1000 times the lead of pre industrialized humans.

That's just lead. Then you got cadmium, mercury, nickel tin, arsenic. And these are all in the category of of metal metallo estrogen. And then you look at the estrogen effects in women whether you're talking about just men Orea men of rage fiber, cystic breast, uterine fibroid, depression, autoimmunity, all these are estrogen toxic circumstance or males.

How about low TI? How about prostate problems? How about I, I had a young man in the other day mid 20s with sexual dysfunction. You know that that's a toxic stress body.

And he doesn't need Viagra. He just needs the right program for him when it comes to parasites. One of my great mentors, Phillip Paul huckster, the the third said, when it comes to toxins and parasites, it's not us against them.

It's us with them. So to some degree, we all have parasites. But here's the question do parasites have us? And so, you know, you could do a stool test if someone really has serious GI problems or just a complete blood count.

Looking at eosinophilia. You know, some people even say above 2.5% on eosinophilic. If it's not an allergy, it's a high probability there's a parasite there.

And, you know, with the way that we go after parasites, I'm going to say it's a first, you know, harm strategy. The natural botanicals. I even have a whole bunch of patients doing ivermectin fan benders all.

And I've got to tell you, I think those are two really good drugs. And I'm seeing patients do well with them. So good blending there. Are you ever suggesting that as a prophylactic?

Now we see that in terms of, you know, cancer research and and cancer treatment, but in general for like say, you know, someone comes in with just income is endless.

And they say, hey, you know, I just want to be on a human performance optimization plan. Are you doing a like Antiparasitic cleanse as a prophylactic at some point throughout the year?

You know, I wouldn't say I do it prophylactically. If I have an indicator that I need to do it, then I always do it. But if I don't, I don't typically.

But, you know, with that said, you know, grandmothers used to do spring cleaning. You know, they would they would actually take some turpentine on a sugar cube and give it to their your grandkids every spring.

And what would that do? That that turpentine was pretty toxic. And one of my mentors suggested that, you know, 30 something years ago, I thought, well, let me try that, you know, and I remember getting some turpentine and said, harmful or fail of swallowed.

He said, well, I don't want you drinking the whole thing, but it is harmful or fatal to those parasites. So I'm not recommending turpentine here. To to your guests.

Ivermectin fan benders. All those would be good. You know, wormwood, Artemisia, you know, golden seal. There's natural botanicals that work well, but I almost always have an indicator.

So do we all have parasites? I think there's good evidence that we that we do. Do we all need a parasite cleanse? Probably not. Probably not all of us.

I know in terms of, HDL and or pleading HDL, that definitely goes hand in hand. What I find is going back to the stress component. When stress is high, we see very less hydrochloric acid, which is our kind of like natural killer, if

you will, which will help.

Eradicate. But unfortunately, too much of us have stress. And then we have this, this biotic representation of overgrowth, especially parasites, which can do huge damage and then collect with the, the heavy metals.

And so, when you have someone that comes in with kind of a lot of these issues, how do you determine where to start? Well, that's a challenge, you know.

So I like what you said about starting with the stress reset. Because if they're under stress, guess what? They don't detoxify as well. They don't absorb their nutrients as well.

So I want to figure out what are the major of the big four stress toxins, malnutrition, physical inactivity. Are they dotting the i's, crossing the T's there.

And if they are, well then take a pic. You know, are we going after heavy metals? Are we going parasites? Really depends on the symptoms. You know, and either can cause a whole wide range of symptoms.

And I do want a lab marker to follow it, as well. But, you know, I would think that heavy metal cleanse would be more universally valuable. But when someone has a parasite issue clearing that is night and day for them.

So if it looks obvious, parasite, I'll go after it right away. I remember you saying early on, I mean, going back to the stress reset world. Yeah, I think you said mentioned everyone is cortisol resistant until proven otherwise.

Same thing like xeno toth, xeno toxic and estrogen dominant until proven otherwise. I couldn't agree more. I mean, we see that with all of our patients and unfortunately starting earlier into and with our young adults now, which is, that's what I fear most for our kids.

They're growing up in an environment, and we're just bombarded with a deluge of, what is it, 2 or 3 billion kind of known chemical pollutants in the air, water and soil that we see every year now?

It's, absolutely and astoundingly alarming. And it's difficult So I was alluding to how there's, 2 or 3 billion pounds of chemicals that we're exposed to on a, every single day.

Now, in terms of our, our, poor air quality or poor water. And then as far as the soil being depleted as well. So going back to the foundational component, which no one is mastering the foundation everyone's looking for, like these fringe new molecules, I think it's critical to, to master.

And the foundation, as you expressed earlier on, are there other things that you're doing in terms of, I know you're I see your streams now in the sauna every day.

Are there other things that you've now integrated to combat this deluge of chemical soup that we're living in? Well, there's so many different bio hacks that are centered around detox.

And I love the infrared light. I love infrared sauna, I love heat, I used to do cold plunges every day. Now we're summer here, so I'm. I'm not, you know, it's a ways away from that.

But I would swim every, you know, every day in my pool all winter long. So, you know, I think anything that makes you sweat, anything that gets you circulating is going to help the process.

But keep in mind, detox is nutrient dependent and energy dependent. And so when you're doing something like infrared light and heat, that's a very interesting way to add energy to the body, which is proven to help the body clear toxins.

But picture if you're going to get the liver, the kidneys, the lymphatics, the lungs, the kidneys, the bowel all working right, you got to manage the stress and you've got to get the right nutrients in.

So you look at the crazy number of toxins that we've been exposed to. I think it was 2006. I had a series called creating a Healthy, Bringing a Toxic World, and the data back then was so strong that, you know, we were implicating so many of the environmental toxins in this autism epidemic.

And I'll be very curious to see what comes out. But the medical literature, you know, calls out glyphosate roundup, which we spray by the millions of tons here as an autism accelerator, the antibiotic augmentin and even the drug Tylenol as all being implicated in autism in some way.

And I think we're going to find there's a lot more to that story. But it's a stressed, toxic, malnourished brain. And the people we need to really protect our ladies who want to become pregnant and certainly ladies who are pregnant.

And then those babies, those first early years in life. I don't know if you saw RFK, he's been putting a lot of stuff out there. I shared one on my Instagram, but they found out an over 1,100% increase in autism for kids vaccinated.

I believe it was with, either GPT or MMR. So, a lot of information is coming out. Parents protect your kids. That's that's the best advice I could give you in every way.

Because it's it's kind of a dangerous world. Yeah. And the statistics are only getting worse. It's quite alarming, unfortunately. Now, in terms of detox that you mentioned in the component of obviously sweating and movement, what are your thoughts on fasting?

I say this because it's a detox, you know, it's energy dependent and nutrient dependent. So what do you have any suggestions with your patients when they come in and ask you about try fasting, water fasting, the fasting mimicking diet.

Are there specific regimens that you, utilize yourself or with your patients in terms of fasting? Well, you've you've asked a really great question there because one of the things that when medical foods were created for detox, one of the things they found is 24 hours into a fast the activity of liver cytochrome P450 enzymes.

That's the first phase of liberty talks. Ification drops about 50%. So your body to make enzymes has to use proteins. If you're not putting protein in your body is going to start breaking down some protein.

So I don't want that to be very prolonged. Now with that said, intermittent fasting and some of it depends on genetics. But for most people about 16 hours a day of non eating, eight hours eating, they're not going to break down lean.

But what happens is when the body starts to have to feed on itself. We've known this from the journal carcinogenesis 1999. The first cells that it feeds on are pre malignant malignant cells.

So your body you know picture that if you're not eating your body is not going to say oh boy I think I have to eat my brain today or I'm going to eat my heart or I'm going to eat my kidney.

It's going to say, no, what cell is not healthy?

Parasites, Detox, and Fasting

Probably doesn't have a chance to get healthy again. And I'll just feed it. I'll recycle its its materials. And that's a process called autophagy, of which intermittent fasting is a trigger for that.

Now, I have done as much as five day fasts. Personally, I've done water. I've never done dry fast. I got to wrap my head around that dry, fast idea. I actually think it's kind of silly.

I think if you're putting in really good clean water and not distilled water or distilled water to kill water with good alkaline minerals, you're going to help the process.

So, healthy people can fast sick people shouldn't. That 16 hour a day window is good for most people if people have bad genes or not. The longevity genes for for it's actually known that they need about 18 hours a day of, of, intermittent fasting to, to start that autophagy process where if someone has excellent genes opposed to two, they get by with 14 hours a day.

Yeah. And the ApoE e3 four. So I typically go 16. But in general I feel pretty good in extended fasting. I will incorporate aminos as part of kind of that foundation, obviously, clean water.

It's interesting when you speak about water because I think now that, you know, R0 is kind of the good, the gold standard, eating or drinking distilled dead water is just commonplace.

I look at my, my heritage, going back to the methylation component as well. Look at my, my, my heritage. And water is full of minerals. Water is is the living moving entity which restructures the body.

And so here in the US, unfortunately, we're just constantly drinking dead water in plastic. That it's often enough, just toxic and just kept making more people sick and they don't realize that's kind of sometimes the root of why or what's preventing them from healing.

But in terms of then the fasting component too. So, any, any have you ever done anything beyond a five day fast break? That's kind of the extent of do you ever feel a reason why anyone should go beyond like these, some of these longer, very extended fasting windows?

Well, if they're healthy. I mean, there's no doubt that if you body cleans out all the junk, you're going to live longer. And I don't want to give the horrible example of the Holocaust, but what they found out is if people actually survived that their life expectancy was significantly longer.

And I think that's the benefits of calorie restriction, which, you know, that was set in the early 1930s. Cornell University, Clyde McCay, it works in every animal species tested.

So, you know, do you need to fast for that extended period? Probably, probably not that long. But should we eat less? I believe we should. You know, now here's the downside.

You will reset your your your metabolic set point will change. So if someone starts doing intermittent fasting less calories for a period of time, it's not like they're going to keep losing weight forever, but their body will reset and they will not burn as much energy.

So there will be a lower basal metabolic rate. That for sure will happen. And if you're okay with that, you know you'll probably live longer, live leaner, live better.

But it's everything's a trade off. So, I remember listening to one of my mentors who said, you know, I was trying that, you know, every other day fast, he said.

And I realized I'd rather die early than Miss Food every other day. But I'm pretty good with intermittent fasting. You know, that doesn't stress me much at all.

And I definitely see the benefits, so I'm good with that. But, you know, for me, I think I'd feel similar if I had to go every other day without food.

That'd be a challenging every other day. You mentioned bio hacks. Are there any other bio hacks that you've adopted or things that you're excited about?

As an example, to say, this is the bio hack per se, but, stem cells and exosomes. I know RFK, you mentioned him. You just came out with a post or tweet, being able to adopt peptide peptide here without any sort of ramifications.

Stem cells, exosomes, all the like. Are there any things that, you're doing in terms of quote unquote biohacking or

any other, therapeutic modalities that you're very bullish or excited about?

Well, there's so many, but, you know, when I talk to Dave Astbury and I lectured at one of his conferences, the guru of biohacking, he's the guy that literally coined the term, believe it or not, his favorite bio hack is actually his his bulletproof coffee.

And what I often tell people, okay, Dave's is bulletproof minds. Bomb proof. Which do you prefer? But he's also really into brain training and meditation and earthing.

And I believe that those are things that all of us have easy access to without spending a fortune. So I do like earthing. I do like focus. There's a software protocol called Neuro Tracker where you track multiple balls on space.

It was actually developed for a professional soccer team. So you might you might enjoy playing with that. I'm sure you probably are pretty epic at it.

But, you know, I like the low cost, easy to do, readily available bio hacks. But I also have the infrared sauna, I've got the electric body suit, I've got the the infrared lights, I've got the power plates.

You know, I think if you can afford it and it's not that, challenging to incorporate in your daily routine, every little bit helps. So why not? Why not bring it in?

At what point do you think we've become walking cyborgs or just walking data points? Well, we're close to that now. You know, I've got two different biometric trackers, you know, on each hand.

And I've got to admit, I love the biometrics. But the downside of that is, you know, every conversation is being listened to, every biometric. And one of the downsides they suggested.

And now I'm creating an online, I type series for, for natural and functional medicine. But, one of the guys that's our project manager, he's working on a huge 20 plus million dollar AI system for, you know, major insurance company.

And what they're doing is they're having home test kits where people can literally prick a finger, find out their glucose, find out their ketones, find out a number of things they have over these 20 and different home test kits.

And guess what? The results go right back to that company right away. And they say, hey, we got a drug and we can drone it to you within five minutes. You want it, you know?

So I won't call that health care. You know, that's actually make monitoring numbers, making fast changes and making a fortune off of it. You know, things like heart rate variability.

I like that. I like tracking my sleep. And if you're paying attention and you try something different, you're going to realize, okay, this move my body in a better direction.

And ultimately, I tell people, the most successful people I know listen to their body, mind and spirit and follow the guidance they're given. But, hey, that's the ultimate challenge in life, isn't it?

So when you mentioned HIV, that's something we discussed with all our patients here. Do you find anything specifically in what you're doing or any sort of quote unquote hack that you're using to move the needle the greatest in terms of HIV?

Well, I never do one thing at once, but when I start looking at my patients, if I were to say, you know, the stress, reset the gut, reset the detox, all that makes a difference and probably the biggest with HIV is sleep.

You know, Paul Quinn said this nothing gets you more bang for your buck than sleep. So if someone has a faulty sleep schedule and we can improve it, their whole life gets better fast.

Yeah, I think that is the ultimate superpower. So I agree with you. I know we're coming up on time. This has been an absolute invigorating conversation.

I always, always enjoy the pleasure to connect with you. You mentioned a couple interesting things that you guys are up to. Where can people find you to learn more, to follow you and see what you're what you're up to?

You know, doctor Bob Rakowski, dot com or that's too hard to spell. The doctor bob.com. Dr. Bbc.com that'll that'll get you to my website. Daniel. It's been a total joy.

You know, you're you're, you're a gift to the planet. You show up with such good energy and with such passion. Thanks for making our world better as only you can.

I appreciate the kind words. It's, that really, really weighs deep. Because, honestly, you have been absolutely, a light in my corner since day one, since I remember seeing you speak.

And, you have really shaped my journey. And so I appreciate your words, your wisdom. Genuinely look forward to to keep moving the needle forward as we're we're doing the good deed to make the world a, healthier and safer place.

Amen, brother. Let's keep let's keep on keeping on. And thank you again. Yes. Much love. I appreciate your time, as always. Thank you for tuning in to the TVT Fit podcast on Doctor Talks, where we unpack all things health and longevity.

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