The Truth About Hormones, Toxins & Women’s Health | DJ Linders | Ep. 161 Transcript

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Introduction and guest background

When you take synthetic birth control pills, you have a 43% chance of having stroke, cardiac events, hypertension, not only while on birth, control, but even after you're off it compared to non-birth control users.

So we're crushing our woman's ability to even make eggs. How's it been working with Dave and John in the longevity? I'm so lucky. What I really love is they're just so willing and wanting to connect everybody together to really build how to get people to be healthier, quicker.

A healthy point of view podcast, your top rated show, where we're bringing experts from all over the world to talk about health, wellness, beauty, and mindset.

Today we have DJs! DJ Lenders is a board-certified family nurse practitioner, founder of Wellness Reboot, director of clinical operations at Protocol 4 Health, and a retired U. S.

Coast Guard veteran. After decades of service, he now helps people uncover the root causes of illness and build healthier, longer lives. Testosterone is risk factor to chronic disease, diabetes, osteoporosis, cardiovascular disease and obesity.

And those are all due to a testosterone deficiency. Our liver can't process the toxins out of what it's supposed to. I always see online, you don't need this ozone treatments.

You've got a liver and kidneys and they're supposed to be working, but they are not anymore. What did you learn when you started doing your own research about ozone?

We're so behind in America on studies. There's very little knowledge in the medical field about Ozone, But Europe has been doing it for decades. And what I'm really impressed by is Welcome to another episode of a healthy point of view podcast, your top rated show, where we're bringing experts from all over the world to talk about health, wellness, beauty, and mindset.

I'm your host Sam Tahata and today's guests who we are bringing here to the show. We're going to be tapping in to functional medicine topic. We're gonna go into some details.

Today's guest, this guy has served our country for over two decades in the Coast Guard, doing search and rescue. You guys all know how much, I got a little space in my heart for first responders, for veterans, the people that are protecting, people who are patriotic, and he didn't stop there.

He became a nurse, put his time into the traditional allopathic system. Then he became nurse practitioner to be able to diagnose, prescribe, but most importantly, he was able step out of that traditional system.

to really help patients. So today, we're gonna be talking about certain things like toxins, about EBO2, and then most importantly, one of his expertise, which is women's health.

You've probably seen this guy all over social media with the Shark Jeopardy group, Damon John from Shark Tank. He's part of that crew. Today we have DJ.

All right. DJ! That's great. He's a welcome man. Thank you. Thanks for having me. Absolutely. It's. A pleasure to have you here on a healthy point of view podcast.

You know, I've been following you for a while on social media and I see you moving around. And, you know. Obviously I. See Damon John with you from the shark tank doing some procedures with some of the things that you are helping structure with a structural group protocol for correct me if I say anything wrong here.

And, you know, I saw some of the things you're doing and you not like your typical family nurse practitioner, right? You're a guy who's like, You look like you put in work, not just on the medical side, but you actually put physical work at the gym.

You know you living that health and wellness lifestyle. And, you know, when I started to get to know you a bit more, obviously you've put over two decades in the military, in The Coast Guard search and rescue.

So thank you for your service. Thank you. For that man. You know that's obviously being a firefighter for 12 years. I know what that like. you put yourself through a lot.

There's sleep deprivation. there's things that you see that No one throughout their entire life will ever be able to see something like that. So thank you again for your service.

DJ, before we actually get into the meat and potatoes of what we're going to be talking about in today's podcast, I want to tap into who you are. The viewers and listeners are going want get to know you a little bit better.

I'm going go way back, man, from when you were a kid. Let's go like age five and talk about your upbringing. What was that like? And how did it get you where you're at today?

Oh, man. Well, you know, so I was born and raised in Colorado. You know I grew up playing sports my whole life, I, that was a big soccer player.

Military service and sobriety journey

Grew up on the water. So in colorado we had a lot of good lakes out there so spent a little time on water always outside always playing soccer. That was, and that lived soccer and then, you know, hit about, 20 wasn't going anywhere.

Actually, I was going down a very dark path. So I decided that I needed to do something had a baby on the way and made that decision. I wasn' going to to be that man.

That's why I joined the military. It was my it's my saving grace. What was that dark past? You know, man, just drugs and alcohol, you know. Trauma, childhood trauma, so my outlet was alcohol.

And October will be 13 years sober. Sober, amazing man. Congrats. Very happy. That's changed my life. I don't miss it. Wouldn't be here today if it wasn't.

But that kind of is where I am today. You know, once I stopped drinking, you know I was able to channel those feelings, those emotions toward actually like trying to give back to other people.

So that self-serving, self sabotage behavior. Amazing man, amazing. What was the biggest feeder for you to be able stop drinking? You know, I think people, people have to hit that rock bottom.

It's, it's it. That place where you get to where, you say, hey, never want to feel like this again. I will never do this. Again. And that's what it was.

Everybody's rock button would be completely different, but mine, had to fall really, really far. You. Know, was about to lose my wife. Was about. To lose.

My kids. I was going to lose my career. You know, it was all it, was it all crumbling. Right. And so it's that point, you know. I remember just driving.

It was in Colorado, actually, I flew to Colorado and I member sitting there like having one drink. And I was just like, what am I doing? You know, not in my home and somewhere else right now because my family doesn't want me there.

And. I can't do this anymore. That was it. Never had a drink since. It's amazing, man, that you have gotten to where you're at today. And the reason why I ask these questions, you know, are you bringing up this topic is that there could always be that one person that just turned into the podcast that can be struggling with some type of vices and they're trying to figure it out.

So before we continue into your story, what's that? One thing that you could tell that person right now if they are struggling. It is, it is scary, you know, especially when you're dealing with addiction, right?

It's this void that you are constantly trying to fill because that feeling of not having that drink or those drugs, like it's, almost debilitating. You have to do it.

It is possible. Like, and there are many people out there, many, people that have, actually most of my crew, you know, that I, I hang my, or I follow or mentor, they're former addicts and alcoholics.

A good friend of mine and mentor of mind and coach of minus Justin Wenzel, former alcoholic and addict. And now he's running a multimillion dollar coaching company.

When he came, he was deep too. You know? So, What I see is that people that come out of these and the men that have gone through really tough times and came out it, I think they're often the most successful.

They are. Because they've been there and they know what it takes to grind and to get through those tough time. That means those are some true commitments and, you know, and to get to this certain level of success, regardless if it's internal success mental success success with love or success financially, there has to be a very strong level.

Of commitment and consistency to. Be able to, get away from those vices. Now, you know, I know you talked about that you also volunteer for I believe it's people that have been abused as well are some of your the things that You've gone through in life.

Is it that what made you to actually start volunteering in these different organizations? Yeah, of course. When you've experienced something as a child in life and you're able to find ways to overcome that and if you can give back to people that are going through that, it's important.

You know, when I was going though my stuff, I always felt like, you cant possibly help me. you don't know what I've been through. And so having those people I've been wearing your shoes, right?

Whether that's, you know, child sexual assault, it's alcohol, that abusive families, like having that experience, I know where you've gone and I what you're going through and it may not do it my way, but I can help you, tell you what I did that worked for me.

And so it's helpful. It's easier to relate. Yeah, sure. And sometimes that mentor that has had that life experience that brings wisdom, they've sometimes have had worse experiences.

The person that they're helping, which in my opinion, that definitely helps relate and make that connection as well. So let's fast forward a bit. You ended up going into the Coast Guard.

How old were you when you went into The Coast guard? I was 22. I had a one-year-old. My first unit was a ship, a cutter, that was getting ready to leave.

Stationed where? It was stationed in Alameda, California. The first thing I do, I got there and it was gone for I think it's almost 13 months. That was cool shit.

Talk about a change of life right there. It was, you know, being so young and inexperienced and, and now you're, now, intercepting pirates and you, going to these third world countries that are scary.

Man, I want to talk about that a little bit, man, because, my wife will tell you I actually still have a passion to serve my country. And you'll catch me once in a while, especially because they changed the age of being able to get into the military on the reserve side, where I'm like, man, I want to still join the Coast Guard.

I wanna be part of that Homeland Security. Maybe I'll do a desk job in the human health services area or something like that. You know, how was that, man?

You did 20 years. Most people that go into the military, they don't do 20. There's a lot of guys that put in that full-time career, but a lotta guys, like, you know my oldest brother, he was in the Marine Corps.

I come from a family of military and first responders. He was the in Marine Corp. And he first ground troops into Iraq. But he only did four years, and he out.

Coast Guard rescue stories and trauma

He has a few friends that did, you know, five, six years. But most people that I meet, they probably do like six-years max. In 20 years, that's a full-blown career.

So, I would assume you went up through different levels of ranks. How was that? What was your favorite stuff that you were doing? Tell me some cool stories about it, man.

So I had a cool career. I would say my career was not traditional. You know, usually somebody picks a job and they finish with that job. My personality is I just, I get bored.

And so I, originally I went in, and I was in aviation, did search and rescue on the dolphin helicopter. So, you know I let the swimmer go out, get the people in the water, we get to hoist them up.

So that was incredible. I loved flying. That was a great, great job. My first SAR case, very first case I ever had was off of, I think it was West Palm Beach.

It was 30 Haitians in the water. They were coming over here and the person that were smuggling them found out they were going to get caught. And they sunk the boat.

And so these people were just floating out there for over 24 hours. So that was my first case. Get on scene. I think we ended up pulling out only like six out of the water that actually survived.

Oh, wow. Um, so seeing, you know, dead women in the in, the pregnant women on the. You know it was a lot. That's like people just the people that go out to see and just don't come back for some odd reason.

Yeah. So I mean, we we got to pull some we pulled some out of the water. But, you know, doing stuff like that, it's it' great, but damn, sometimes it.

It's a lot. You know I'm going to do something that I've actually have never done on the podcast, even bringing, chiefs on a podcast and stuff. And I'm going to do it in a respectful way because I was always against this with first responders, military, et cetera, because it's one of those things that you don't want to relive the moment because of PTSD and everything else.

But these stories, and I was just, I'm actually this evening gonna be going to a dinner with one of the lead trauma surgeons down in Miami. And we were talking about how he's launching a podcast to talk about the untold stories of trauma surgery.

I went on a pod cast not too long ago with David Gretman. And usually when someone asks me this question, I

usually always deflect and say, well, let's talk about something else because I really don't want to relive those moments.

But I decided to actually answer it with the true answer. I told him the story. And it was great. It was it. Was a good piece of content. Um, it's something that people want to hear.

People want. To understand that part that we as people that do search and rescue actually live. So I'm going to ask you the question. What's the worst thing that you saw?

Uh. You know, the first case was pretty bad. Um, you know there's something in my mind that I'll never be able to get out. And that was, once we were, we know once, We see this people in the water, right?

We're, into a hover and, and we're circling and uh, And I just remember this lady, she was probably, She had to be six, seven months pregnant. She had the life vest on around her neck, but she was belly up head underneath the water and she's floating there and We'd already picked up one lady.

So she you know, I'm here at the door she sitting behind me and I'll never forget like when we only flew over this lady and You know this this the screams just I've got a helmet on I'm got your stuff in my ears you know and and the rotors going but I hear this just scream and it just haunts me.

So she's still alive. The one girl was, so we already had a girl in the back. But when we flew back over just to confirm like, hey, we're not picking up bodies, were picking out survivors.

So once we did that and she saw this lady floating in water, she just lost it. And so I just heard that scream. There's certain smells now, like certain jet fuel smells or ocean smells, sounds.

You know that just instantly I go right back that goes right. I get it. And I don't know how to explain that to people if you haven't been through something like that, but.

All your senses light up, especially the smell of a dead body and especially one that's been sitting there for a while. Dude, I remember we went into a house that this person had to be in there at least a week or more, you know, like flies on the windows.

We'd get to the house and you kind of just know that there's a dead body in there because you got all kinds of flies everywhere from the maggots and stuff going in.

And that smell, and we actually went in with our SCBA and everything. Because we knew that was going to be that bad. But even opening up the door, just what was coming outside, you could smell that body just rotting.

I swear I smelled that thing for over a week. It was one of those things where you just never forget about it. You did a lot of water rescue. I did some water rescues stuff as well, too.

Have worked for ocean rescue, but even in the fire department here in South Florida, you got canals everywhere. So many times we would find floaters, and depending on how long they've been in there, bodies blow up.

Skin feels right off when you grab them. Right. Grab them by the arms of the gloves. So these are things that, you know, people that work in the military, People that are doing what you're doing.

What I did. You see a man. These are those demons. I always say they're the demons that just never leave. Right. We always talk about PTSD, but it doesn't go away.

Learn how to live with it by controlling it. How to. Live with. You know, Coast Guard, you know that was there, and this is my argument and we can talk about the whole military and testosterone later, but you when I was doing my ride-alongs, because I here in Florida doing the ride alongs for the fire department.

That was my whole plan. And so when was in Hollywood doing rides, I remember. I loved it man, God I love it. One of my best friends, he's a captain there.

But I told, the guy was right, I was like, well Lieutenant, he's like all right we're going on this call, CPR in progress, so I'm gonna give you one piece of advice, don't ever look into the eyes of somebody you're doing CPR on.

That was my first one. And so, of course, like, I remember looking in that guy's eyes, doing CPR on him, and it's like never seen anything like that before.

It's wild. But I don't think people understand, especially for firefighters who do this daily and like CPR is like just another day. That shit takes a toll on you, man.

You know, my sick humor, always joke like I'm like zero for eleven on CPR. I'd like to get one that actually makes it, but you know, unfortunately. Either my CPR really sucks or, you know, these guys just had no chance.

But, yeah, I don't think people truly understand firefighters, police, nurses, hospital. Like, it's rough, man. It's a lot, Man. And I'll tell you a little quick, crazy story, and I didn't want this to be about me, but I want to share with you.

So after 12 years of being here in the city of Open Park, we run the busiest parts of 95. You know it is very metropolitan. I saw everything. years of doing CPR, resuscitating, defibrillating, giving all kinds of drugs, you know, I finally retired.

You know, and the hospitals are pretty close. So when you do, when your resuscitating someone, you're not like doing 30 minutes, 45 minutes of resucitation of CPR and stuff.

Dude, I took a trip to, it was, leave at night when I go to Las Vegas for the conferences. And I a took trip leaving at like eight o'clock at nigh. On the way to Vegas, start seeing these flight attendants, getting a little, what's going on, ya know?

And it's just like, So I just go back to sleep. And then all of a sudden they go on the intercom. Is there anybody who's medically trained as a doctor on board?

Oh, shit. This is somebody else to handle this. I'll just come back this week. A lot more commotion. All right, yeah, I'm firefighter, paramedic, blah, go back there.

They show me the lady, she's like 300 pounds, got a little oxygen tank. She's out. No pulse, no nothing. Gotta bring her down to the floor, right? I asked one of the flight attendants to grab me their bag.

they have everything on there, they just don't have anyone who's trained. The have a defibrillator, the have medications, They have it everything that I would have on a rescue truck.

There's no one's training to use it. So, all of a sudden, I went from sleeping on an airplane on the way to Las Vegas at 839 o'clock at night to all the sudden having David Clarks over my ears talking with the FAA medical director.

in communication with the captain of the airplane, and I'm in charge of this airplane. Well, my whatever decisions I make, I mean, charge right now, because I am the one who's medically trained.

And long story short, man, it's the longest I've ever done CPR. It was a 45 minutes. You know, they asked me, hey, can we make it to Vegas? So four hours out.

Absolutely not. She's in cardiac arrest. I was working there for about 15 minutes and then all of a sudden some lady comes up I'm an anesthesiologist.

Can I help? Absolutely, you can help. I've been waiting for you this whole time. Thanks. Things became a hell of a lot easier with it because obviously they understand how to work a code.

But we worked this lady for 45 minutes, defibrillated her, gave her medications, did everything. We couldn't get her back. Obviously, working somebody for that long, it's not going to get back, but that was the longest I have ever done CPR.

So when you're talking about doing CPR, that that, was you know, and I was out of the fire department at that point already. But yeah, man, thank you for sharing that.

I think these are cool things to talk about. You know, I don't necessarily get to. Talk about these things because I. Don't bring a lot of people who've done search and rescue and all that stuff on the podcast too often.

It's a. Lot of researchers that are in labs or doctors that, you know. Have a team of. People that do stuff for them. That's all they've. Done so. So, DJ.

So we're going to go. We're gonna fast forward a little bit more. So you became a nurse, right? You started working in the hospital system. Yeah, so I was I.

Was still in. The military. I became. A nurse and I actually applied to P. A. School and. And I didn't get accepted. It pissed me off. That was the number two alternate pick like I think they pick four.

That's in the military? For the Coast Guard, yeah. So the coast guard picks four people and usually you're competing with corpsmen's and HS's that are in medical.

I wasn't. Um, so I was unhappy. So that's when I'm like, all right, I'll go to nursing school. And that is how I am going to improve my application so I can get picked.

So I went to a nursing, got my degree, a year and a half later, came back, applied, and got selected. But then I was like so my wife is in, so where are we going be stationed?

Where are you putting us both? Like, well, you can go to San Antonio for school and she'll go too in New Orleans. I'm like, OK, a year and a half I can do that.

From nursing to functional medicine

And like what about after school? Well, he'll be at the needs of the service. So I might seven years I could be apart from my family like not happening.

So I ended up turning it down. Okay. So turn it, down went right into NP school and got my MP school. And then started working into ortho at the hospital in Virginia and then got stationed out here and started doing med search here for a memorial.

So what got you to the point where you said, you know what, I want to step out of this traditional system and I wanna be doing more of the functional medicine, regenerative medicine.

There had to be a turning point. I'll never forget it. So I was already burnt out, right? You need to get six patients. The hospitals don't care about anything but their damn surveys.

give the patients whatever they want, give them all the drugs. You know, I'm delivering 11, 12 drugs per person every morning, you know just loading these people up.

They're never getting better. they come back a week later. And so it was already kind of burns out. I'll never forget this lady. She just got out of surgery.

she had a below knee amputation, diabetic, morbidly obese and just lost her other leg. So now she's got no legs. and I remember coming into the room and she ubered KFC into that room.

And I just remember sitting there thinking like, if this is not your rock bottom, like what am I doing here? Like, this Is not what I wanted to do. I want it to actually prevent people from coming to the hospital.

And I'm not doing anything here, but just extending misery. And that's how I felt about it. That's when I was like, you know, time to go. Time to do something else.

So I found a wellness spa kind of thing down in Miami. Started working down there. Then at that point you just started learning, I would assume. I did the last two years, I'd say two and a half years has just been education.

I take a lot of classes, go to a lotta conventions. Just I try and surround myself with people that are the best, what I think in the field, that is most knowledgeable, are willing to share and just be a sponge and learn.

That's what it's all about. You know, it and for anyone, you know any medical doctor deal that is trying to actually venture outside of the allopathic traditional medicine world, because the things that we're doing in the function of medicine space, they don't teach it in medical school.

So you have to go to these different symposiums and go get certain fellowships. And do these trainings, you know, to start really understanding, peptide therapy, start understanding a lot of the other treatments that you're doing, for example, like EVO2.

So now you started working for like that spa. And tell me how you got from, from leaving that traditional world, going into more of this wellness med spa space.

So all of a sudden now you're like the go-to guy coming to people's house homes and doing EBL too. When I was down in Miami, I learned how to do the ozone treatments.

Okay. And what I noticed, and not just with that place, but when I notice about that Everybody was just reciting the same thing over and over again. Look at this bucket.

It's, this is your inflammation. This is molds and toxins and metals. And, but nobody ever knew why or really what was going on. Something just in my head was like, This was a pump.

These are tubes, you know, oxygen. There's nothing really special. That's really pulling something out and separating it. You know it's not a dialysis machine.

I wanted to know why. And so I just dug into research and ozone and really found out what was, you know, why am I doing what I'm doing? Cause I was doing it because that was my job, but I wanted to know why.

And I also didn't want to hurt somebody. Like am doing something that's, is this bogus? Is this kind of witchcraft, just one more thing, or is it actually do something?

And it did, which I am grateful for. But I started researching on my own. And then what I didn't like is that I wanted to have a plan. If this person's coming in, I don't want to just sit them in a chair and give them this and then be on your way.

You know? And it became like, OK, see what's going on. This is a money grab. It's an expensive procedure. We charge somebody $2,500 to sit in the chair.

But there was never any follow through or feedback. Are your labs getting better? Are you getting? That's not what I wanted. That wasn't the sales game I want it to be in.

And so I started doing my own. I had started my on went and bought my good friend of mine, Rocco. He's like, I'll pitch in with you. So we went in, bought like three different systems and I built a concierge carrying case where I can go to people's homes to do it.

Nice. and that's where it started. And that's very convenient man to do it at somebody's home, you know, it is I realize people wanted to be in the Safe environments.

They don't want to being a clinic bright lights people everywhere and they just people like their privacy And so I kind of saw a gap in that care and and that where I went So what what did you learn when you started doing your own research about ozone?

What's like that one thing where you're just like wow, that that what this ozone still I mean, you think about ozone. So first of all, like we're so behind in America on on studies on evidence on actually like medical treatments, I like to say like America doesn't have the best doctors, we just pay the bus.

We get the doctors from from everywhere. But There's to that point, there was there's very little knowledge in the medical field about ozone, but Europe has been doing it for decades.

Absolutely. Germany, Switzerland, Iran, and Switzerland. You know, they they're leading the industry and wellness. And so I started looking at the European Ozone Society.

You know, to date, even in America, PubMed, there's 3,391 studies of ozone treatments. I think there are 251 clinical trials, 31 registered random control trials.

169 completed random controlled trials trials So there is plenty of evidence out there that ozone works. Right. Ozone doesn't actually, you don't have to be injecting yourself with ozone.

Once ozone hits that blood, it's just O3. It's 95% oxygen, 5% ozone, and it is toxic to breathe. But once it hits your blood it basically builds H2O2, hydrogen peroxide, and these things called reactive oxygen species, which we need.

And so between those two, it's bacterial cytol. It's antifungal, antibacterial, antiviral. So it going in there and it killing all of these thing in your body and our blood.

That was the most amazing part is just that ozone is is going to actually help get that mold and those bacterias that are floating around in our body, unlike other things that can't do that besides antibiotics, which don't work that well.

Yeah, and I mean, even the power behind, you know, good mitochondrial health, right, producing ATP production. And these are the things that, in the alternative world, we have access to.

It's unfortunate that a lot of traditional family doctors have no understanding of it. Now, one of the things you said was about, you wanted to make sure that you're collecting the data on your patients by testing, right and making sure these procedures are putting them in the right direction.

And we all know in the medical field that sometimes we do certain medical treatments that don't necessarily put our patients in. The right direction. And that's the practice of medicine.

But when you have the ability to actually have that quantifiable data, you can catch it early and make certain adjustments as a medical provider. So what type of testing are you doing with these patients when.

You started doing the ozone and stuff? Great question. One of the things we're doing now is LabCorp actually has a spiked protein test. And so without a doubt, ozone is absolutely diminishing the amount of spike protein in people's blood.

So that goes without saying. But what I'm really impressed by is everybody's so inflamed nowadays between the food and our water and everything we eat.

So ESR, HSCRP, collectively from the data that I've read in the research is about 127% decrease in HS CRP. 135% reduction in ESRR. And it's boosting all your white blood cells.

So for people who don't know what that is, and we have a lot of doctors that tune in. So I'm not sure they do. But these are your inflammation markers.

You're bringing down a tremendous amount of inflammation in the body. Yep. Even our blood vessels, right? When we're super inflamed and cytokines, everything's going like, you know, our pressure, blood vessel, they don't dilate, constrict like they do.

They're just inflame, not functioning. Our liver can't process the toxins that it's supposed to. I always see online like you don't need this you know ozone treatments you've got a liver and kidneys like do and they're supposed to be working but they are not anymore because we're so sick that we just can't process things out of our body anymore and people are just getting sicker and sick and Look around at America.

We are not the healthiest country in the world. By far. I hear that quite often too. Oh, I could just eat a healthy diet and my livers and kidneys can get rid of any of these toxins.

We didn't have, you go to the caveman days, we didn' have the pollution we have today. We did'nt have highly processed foods with all the different chemicals that we had today, right?

So when we talk about neutralizing those free radicals inside of your body, Yes, your body produces its own antioxidants, but it doesn't produce enough to get rid of all of these different toxins.

So that's why we do certain things to enhance the detox pathways, or sometimes we'll do things that have to be a little bit more aggressive, like the things you have, especially with patients that are suffering that a very symptomatic, patients with autoimmune issues, that we don't know exactly what triggered these auto immune issues to actually flare up and shredding the body, right?

Something caused that. So, are you guys testing for toxins as well, too? So we used to. There used be a really good test we could run. I mean, you can, yes, so we do.

We were always kind of cheating to get a urine test, basically.

Ozone therapy and detox testing

Yeah, testing for heavy molds, environmental tokens, toxins, and mycotoxins. We have a few labs that we use, whether those are stool samples or, you know, serum blood lab levels.

But I'm getting to watch those things actually. Well, first of all, how bad they are. People don't realize like we're sick, especially when it comes to like mercury, lead, arsenic parasites in the gut is just running rampant.

Yeah. Those do. They wreck hell on our bodies. So getting to watch those people improve and improve their gut health and actually feel better and watch these lab values actually go down.

It's cool. Let's talk about, now that we went into talking about toxins and then how a lot of these toxins can really disrupt gut And you hear a lot of people talk about the gut brain access and how your gut is actually your first brain, and it controls a lotta things like your immune system, some of your hormones, et cetera.

And one thing about you is that you have taken a front row seat on being able to help women with their overall health, right? Hormone optimization, etc.

And one of the things that we do know is that a lot of these toxins that were talking about, they're endocrine disruptors, which caused this hormone shift.

And we're seeing it in a very younger population today. I mean, I know out of our longevity clinics, we got guys in their early 20s coming in with testosterone levels lower than a female.

was just like, these guys are straightforward. They haven't abused any steroids. It's the food that they're eating, it's their lifestyle that their living that's causing these type of things.

And we see it in the blood work, right? When we look at the different toxins. So you as a medical provider, working with these individuals, what are some of the first few steps you take with a lot of women that you work with to help them optimize their health?

You always call like, what I try to avoid is the whole like throwing a dart at a dark board and like just kind of hoping something sticks. So, you know, the wellness industry gets mocked a lot for all these expensive labs and extensive labs that, we run, but I can tell a whole lot about what somebody's going on, you've done it as a firefighter, being in the military, I've got it like the labs that we used to get where your CBCs, your CMPs.

It didn't tell you much. And we just, we have such an opportunity now to run these labs to really tell like, like I know what's going on in your gut. I knew, you know, what do we call, not vitamin D, gosh, Omega threes.

Omega three is Omega six is right. There's a huge, huge disparity of Omega-3s and Omega 6s. People are overloaded in Omega 3s, and they're significantly under in omega 6. So just little things like that to be able to tell what is going on with somebody inside.

And then you have an idea of where to fix that. And hormones, like I don't know why people don' check hormones. It's such a big topic. But yeah. Well, you know, with women, I'm going to zone in a bit more on the women's side.

You know women have you have a lot of HRT clinics that treatment and you and I both know that's easy. Yeah. Treating men hormones versus women. I always tell you, listen, that could teach you male hormones within an hour.

Women's hormones Well, let's schedule at least a week, maybe, you know, because they're going through all these the four different phases. Then you got women that, which we'll get into this.

You know the birth controls. We've got infertility issues. Got women. That are dealing with other type of issues like PCOS. So you get women with endometriosis, perimenopause, menopausal, postmenoposal postpartum.

It's like, whoa, where where is this woman? at in her life. And then that's how you as a medical provider is treating this woman. You know, us guys like we're not going to postpartum, you know.

I mean, we got to deal with the stressors from the wife that going through post partum. But so. With these women that you're working with. You know, for so long, they've been at a disadvantage.

Recently, the FDA took the black box warning off about hormone optimization, specifically testosterone, but overall hormone optimisation. So what are your thoughts about that from where it was before, right, to where its at today?

I mean, any progress is good progress. Look, I saw what my mother-in-law is going through, friends of mine that are going though, and I see they can't even get a licensed medical provider to run a basic set of labs for them.

And they're all told the same story. It's always the the. This is part of life. Eat better, go to the gym. And that's it. This is part of being a woman.

And for me, like we talked about earlier, it's always been the underdog, right? I'm always going to help somebody in need. When I saw how women were treated in the military, and then I see how woman are treated outside of the Military, just in general health, I was like, all right, so there's a huge gap to feel here.

Where can I help? And so, yes, I think the Women's Initiative in 1991 was devastating. It crushed women's health and it's prevented a lot of women from getting the help that they need.

And, so the black box warning removal was great. Its done wonders. You can't even get estrogen right now. it so

hard to come by because so many women are getting on it now, though it is great, but there is so much work to do and there are so few places to go.

I always tell people that some men will go through andropause. Some men won't be symptomatic and low testosterone and that's it. But every single woman is going to go to menopause and they're going feel it and have the physiological effects of it so women deserve more research.

They deserve to be treated better. There's a stat about 40 to 60% in the last couple of decades. There has been a decline in testosterone, right? So there's research, there are studies, why are men losing their testosterone?

Didn't skip women. It didn't just say, we're not going to mess with women, testosterone is falling in them too. And it's devastating. I wish testosterone like cholesterol, cholesterol is a risk factor to chronic disease.

insulin, all of these things that we look at that's risk factors. Testosterone is a risk factor to chronic disease. Diabetes, osteoporosis, cardiovascular disease, obesity, those are chronic diseases and those all due to a testosterone deficiency and it needs to be looked at.

So there's a lot of work to do. There's some great urologist out there. Kelly Caspersen is the one lady I follow. She's amazing. They're up there fighting with the FDA, you know, getting these black box warnings removed so women can get on estrogen.

Yeah. So there's people in the fight and it's getting better. So I want to touch up on one thing that you just said right now about how hormone optimization helps with prevention or controlling certain chronic diseases from developing.

So the data actually shows that cardiovascular disease, talk about heart attacks, is the leading cause of death for women, right? How important is hormones for cardiovascular health.

Well, if you just look at progesterone alone, right? Progesteron is actually, literature states it's as good or superior to estrogen at producing nitric oxide.

And that's what helps our blood vessels dilate. So when you lose that progeteron deficiency or you're on hormonal birth controls, that synthetic that blocks that estrogen's ability to natural dilates, now you are stuck with hypertension.

So, yeah, it's very cardio protective and it is very important. DJ, you know, right now we're at like the highest it has been when it comes to infertility.

Like the IVF market has skyrocketed, very expensive. Why do you think we have so much infertilty in both males and females? There was just a recent study done in males that over 50% of prostate tissue showed microplastics, and over 100% showed macroplastic in women's fetal tissue.

And so we are inundated with micro plastics and those xenoestrogens. So I think that has a lot to do with it. But I never understood until I really started digging into it.

I've got two daughters, I got a 22 year old graduating nurse in school now and a 16 year-old. And so I wanted to know that same question, fertility, or why are some of these girls gaining so much weight?

Why are they so sick? And everything I do points to birth control, these synthetic progesterones, synthetic estrogens. I mean, they are wrecking havoc on these girls' bodies.

And I think it's so unfair because, as you know, when I'm doing a consult with a man on TRT, legally, I have to give him informed consent that this can Possibly there is a small risk that you could cause infertility by taking testosterone, right?

I Don't agree, but I will tell them that because that's what I have to do I Have to give them an informed consent of

what this could do to them long term Why don't these young girls get the same informed consents?

All right, so I call them call it cam right so cardiovascular autoimmune metabolic mental health So when you take synthetic birth control pills, estrogen, progesterone, you have a 43% chance, higher risk of having stroke, cardiac events, hypertension.

not only while on birth control, but even after you're off it compared to non-birth control users. Mental health, you have a 23% chance you are more likely to be on an antidepressant after being onbirth-control.

Autoimmune diseases, direct links to the conjugated equine estrogens, multiple sclerosis, Crohn's, ulcerative colitis, lupus. So you'll have all of these things going on and it's like, If I sat down with my daughter and I said, hey, you have almost a 50% chance of a greater risk of having a heart attack if you take this birth control.

Not to mention, we're gonna crush your ovaries, right? Ovarian aging, it ages your ovaries. It lowers your antral follicle count. And lowers you anti-malarion count, so those are your egg counts, your eggs reserves.

So we are crushing our woman's ability to even make eggs and we're aging their ovaries, we are causing cervical tissue atrophy.

Women's hormones, birth control, and fertility

It doesn't make sense. Right. It's a very unnatural thing. And the thing is, is they're starting these birth controls at such a young age. I'm not saying that all females don't need the birth control.

You know, you get your cases that are going to need it. But I'll tell you, I am a millennial. Almost 40. and I remember growing up in the inner city up north.

Planned Parenthood and health class They would actually come through and they would hand out the little strips of birth control to the females like candy wasn't even a medical treat.

They're not even being assessed. There's no blood work being done. I remember the girls in the inner city would just have these things, they would give it to them.

Because they didn't want people having kids. So I'm thinking to myself, fast forward to now, what were they doing to these young high school girls? To their bodies, to their systems?

So now there's consent, right? Like giving informed consent and telling these young girls like this is what could happen later on in life. That informed concern is extremely important.

It goes out the window for birth control. Yeah, yeah. Those BCPs, in my opinion, are a big issue. I think they definitely feed into the infertility and many of the other issues that a lot of these women are having when it comes to PCOS, endometriosis, and a of autoimmune issues, that they start to develop.

later on in life. So, and right now, a lot of those puzzle pieces are being pieced together and we're seeing it. I'm more than sure that you're seen a lotta these women that have gone through that.

But the cool part, man, is that there's medical providers like yourself that provide a solution, right? At least allowing that individual, that patient, to have an idea and understand what's happening within their body.

So I want to talk about some of the solutions that you're providing women to be able to take control of their health. Yeah. So, I have to say this because I just have two like, so in my opinion, like birth control has become, it's become the urgent care antibiotic for women.

It is. no longer a tool for a specific medical need, it's now used for just about everything. And so we've got to change that. So what I'm doing to help these women.

is giving them the opportunity to just be heard, right? Like these women just wanna be able to explain how they feel. They wanna know like, what are my options?

It's really simple. You wanna look at some labs and say like okay, here's where I'm at. Where do you think I need to be? What do think need? Not everybody needs hormone therapy.

But many do. So it's giving women the opportunity to have a choice in their care. And that was the biggest thing for me is, I think being a good provider is people get a decision in there care, and I used to hate hearing, you know, somebody talk down to me or a doctor, And it' like, You're going to do what I'm telling you to because I am a Doctor.

I want to know why. I wanna know what other options are there. So I think it's just giving people that choice, letting people feel like they not even feel, giving them some control.

They have some over their own health. And I that's really important. I like how you put that emphasis on making sure that they're being heard. A lot of the times in the traditional allopathic world, it's more of, all right, we'll do your blood work and whatever your work is, that's what it is.

Regardless how they feel, regardless what symptoms they are having. Right. Regardless if they're having hot flashes or mood swings or anything, no one's really listening.

They're going based off of the labs. You know, and we all know one of. The first things I was always taught is treat your patient, not the monitor, treat the patient.

Not the blood work. And I don't like to take too much away from traditional medicine because, listen, traditional medical has this place, right? For acute care, I think we're probably one of the best for acute.

If you're having a heart attack, go to the hospital. Don't come to my clinic, if you cut your arm half off, i'm not going to be able to help you with that at my longevity clinic.

Go to So acute care, I think we have some really good technologies when it comes to that. But when It comes To chronic care or actual disease care Or prevention, your family doctor, i think that's where we need to improve quite a bit more.

And it can't be this going through your clinic, you know, for five minutes and doing a full yearly evaluation within five Minutes. That's crazy. You know how are you going to listen to your patient?

I'm glad you said that because I think that's super important for everybody to know and I don't dismiss doctors, we need doctors. My education compared to a doctor is not even close.

So I will never make a claim that doctors are irrelevant. They are so important and some incredible physicians out there. My medical director, Carrie Sarta, is a phenomenal physician.

She's kind of branched over to this other side too, you know? Yeah, yeah. Is she with 10X also still? She was, she was. I know Carrie. Love her, She is brilliant.

Where's it going with that? Oh, so I, a lot of this, I don't think it's the doctor's fault. It's our system is forcing this. Right. We have insurance companies.

I was doing some of my clinical rotations. These doctors don' have a choice. They have, they have this meat, like you will see 40 patients today. And the insurance company's like, you were going to see all these patients.

And so there is no quality care. It's quantity and it's to keep the lights on and to build these insurance companies that these doctors unfortunately spend most of their time billing.

And I really think if doctors were given a different system to be able to spend more time, I would like to believe that that would be the case. Its just a broken system and I truly believe thats why people are going to cash base medicine.

is because when you find people like me, I'm not governed by anybody. I sit with somebody for two hours until we're done and I got everything figured out and then we'll move.

But when your governed somebody else and you're trying to meet a quota, it's hard to give good care. So I don't blame doctors for that. And that's scary man exactly what you said and you know my business partner, Dr Christopher Davis who's a interventional cardiologist by training.

You know he was one of the top cardiologists here in Florida, and he It was just sitting on his conscience that he knew he wasn't providing the true care to these patients.

You know, as a cardiac as an interventional cardiologist, only seeing his patients for seven minutes because the insurance companies were controlling and saying, hey, you have to see X amount of people per day.

You know, how can you actually give someone true care when you're under that microscope in front of the shotgun? You have to prescribe all these medications because the insurance company is telling you that.

And if you don't do it, what happens? Well, they take you off their insurance plan. And that's it. They're not sending you any patients and then you're done.

So, yeah, that is a scary thing, man. DJ, with women that are listening to this podcast and are hearing us talk about some of the things that you do and how they should be able to take control of their health.

You know, obviously, a lot of these women don't necessarily have. A lot them are not here in South Florida. They don' necessarily we have access to your clinic, my clinic.

What are some of the first few steps that you could tell these woman that they need to do to start taking control of their health? Well, the good thing is I'm licensed and now 19 states.

My medical director is now licensed in 50 states, so we have a pretty good reach. So if you want to get ahold of me, if it's not me and be, you know, I can, i will find you somebody.

And I do that too. I have people call and I'll be like, okay, can't help you, but I want find somebody who will have no problem doing that. You know? I just make sure I went on and find some of those what they're doing.

Um, But I think the first thing as always is, is It's hard, right, because we're inundated with so much information online. You know, it's like, is red lights good?

Is this red light good, was this hyperbaric? You got ozone treatments, you got all of this stuff, You've got Gary Brekka, Dave Asprey. What is real and what it is not?

And that's really difficult. And I don't have an answer for that. I was battling a lady the other day on an Instagram post telling me that testosterone is all placebo and it doesn't work.

These women that are taking it are just being sold this fantasy. How do you argue that? I think it's important for women to Our way of getting knowledge, unfortunately, now is social media.

I guess that's where we're at in society. Unless you're going to go and you pull up pubmeds, you'll pull evidence-based, peer-reviewed articles and start reading them and seeing what the evidence says.

That's one option. Or you've got to find people that are going talk about what's real, what not. You're gonna have to decipher. There's a lot of hype out there as well too, right?

So how do you decipher between what's hype and what is real innovation in healthcare? I don't know. I'll watch practitioners and I'm listening to them talk and Michael, this guy seems pretty knowledgeable and he's talking about how great estrogen blockers are and you know, he, how, when you do, you should have a man at 200 milligrams once a week, that's the evidence-based practice.

And then you shouldn't also have him in Clomaphene and HCG. That is not great advice, you know? And so it's like, then I hear this guy and they're completely different.

So who's right? I don't know. I do what I believe provides the best outcome for my patients. And I look at that through what they report to me. They go off of what their lab say.

If something's not working, then I'm not going to do that. But I've learned from people that I feel are the best at what they do, like, Dr. Sarda, she's been instrumental in my knowledge of women.

And that's it. And for the people that are listening, I think one of the biggest takeaway here is them not just listening to any random fitness influencer or something to get their medical advice.

It's more finding someone like yourself, DJ, who is a medical provider who has that knowledge. Because you even mentioned, OK, you go on PubMed and go into the literature.

Mostly people are not going to understand how to read that. But someone like yourself, you know, it you go in there. So finding someone, like, yourself to be able to give that person the right guidance, to make sure they're doing the testing.

I think that's important. Right. People tap it in. And I always say, man, every great athlete needs to have a coach, but you want to ensure you have the coach.

Having someone yourself is definitely And I'm not, if I don't know something or if think something's off, like I will figure it out. And that may not be me.

I might have to reach out to somebody. Never want to be the smartest person in the room. never want hang around with, I never wanna be smarter than my group of people.

So the people that I've surrounded myself with are brilliant and no issues leaning on people, but we don' talk about AI enough either. There's a lot of doctors are getting mad now.

Not just doctors, anybody, right? You come in, these patients, they already know what they want because it's what ChatGBT said. It's not a bad thing. I don't think that's something we should be to be insulted by or, you know, I think it's a great.

It's another accountability. My my. You know it. Funny you say this, man. I just had a meeting with our clinical team, a bunch of the team yesterday, as a matter of fact, and I told them because we got all these beautiful technologies.

Hyperbaric chamber, Dexascan, V02 Max. We do all the treatments you can think of and we deal with with patients that are suffering cancer out of you. All that stuff.

And I told Latima, I says, guys, you know, the more we go deeper into this, i can assure you, number one, The market is becoming very competitive. Number two, our patients are becoming more knowledgeable.

Before it was Dr. Google. It's not Dr Google, it's Dr AI now. And Dr, AI, listen, when someone's been dealing with some kind of chronic illness for a long time, And they've been going to doctor to, doctor, to doctors to try to get themselves to feel better and hopefully fix whatever the root cause is.

If they're using AI, their chat, she PT that chat chat. She PT has learned that person. Right. That chat GPT is more optimized than what my chat is going to be on whatever they're having.

So I can assure you one thing. They're going come through that door probably already knowing the answer of what they need. And if what we end up telling them doesn't at least.

correlate and match up to what they've been researching for the last two years about every symptom that they're having. You know, this thing is tapping into their wearables.

They're uploading their blood work to it. It's like dead on at this point. Some of these AI things, some of our doctors are using AI and they straight up say the AI is treating their patients better than what the can.

So if you as a medical provider or someone in the medical profession are not continuing to study and learning things, these patients are going to come in.

They're going to know more about what they need. And when you start rambling off some stuff that doesn't match up to anything that they've been dealing with for the last couple of years, you're not going be it and they're gonna go elsewhere.

But at the point in time that you. Start rambling off things that match. Up to everything that. They said. You're golden, man, because they got it. Or at least have a conversation included in the conversation.

Don't dismiss what they come in because you're right. You're so right, they're going to want something that's aligning because that what's they've been working on.

And I think it's such an important to include that in the conversation and that plan of care. Yeah. Or if it is not like explain, tell them why, you know, but the dismissal and this, this arrogance that don't come into my office with your chat, GBT diagnosis.

It's the wrong answer. You got to embrace it in today's world. These are what, talking about the longevity space when we talk about health span and lifespan, A lot of unique things that are happening out there.

What are you most excited about for the near future? Like personally, or just as in the longevity space? I mean, I don't know where it's going to stop.

Things are just happening so quickly. I'm contracted now. And I work at Protocol for Health. They're the director of clinical operations. and I really like what they're doing, which is why I am there.

It's building these ecosystems where somebody comes in and you've got the hyperbarics, you got red lights, Harvard trained cancer doctor autoimmune or Alzheimer's doctor like we they've built this ecosystem to where once we figure out a direction to go like, we have so much here in one place that that we can do this in.

That's exciting because before it's like you have all these different specialties. People spend so much time going to their endocrinologist or their cardiologist, their dermatologist.

You know, we're putting everything in one spot and to me that's really exciting to have the technology in the building to do that. You know, I wish I would have jumped on this a lot earlier.

Longevity clinics, AI, and biohacking

But what I'm really excites me to is these gyms, man, like gym's not a gym anymore. Now you can go to a gem and you could get your blood work done. You've got coal plunge.

you've Got chambers and red lights. I don't know if shockwaves. I love shock waves. If you're in pain, shockwave. is like instant relief. I mean, there's just sort of be able to go into a place and you just can do everything you want right there.

It's genius. Absolutely. Love it. Yeah, I love for once you come check out, you know, like we're going to Fort

Lauderdale, see a lot of the bells and whistles that we have got a fitness center right.

There, too. That's all part of. The ecosystem. So you would like it? Yeah. Let me ask you, man, how's it been working with Damon John and the Sharks Jeopardy team?

I'm so lucky, man. I don't know what I did to deserve that, but you know, the Johns, Heather too, like Damon and Heather, they're such amazing people.

They are so generous and they are just such a treat to be around. I can't say enough about them. I love going over there. You know, they trust me. That's hard to build up trust, right?

And then I'll never forget the first time I was going there, you know? I'm like, if anything happens, like this is national news, Right? Like I heard Damon John or if I screw up, man, that's it.

So all that added pressure of just who he was, and then I was nervous about what kind of person he's gonna be, they're amazing. But what I really love is they're just so willing and wanting to connect everybody together to really build how to get people to be healthier quicker.

And that's why I like about the Shark Jeopardy, like bringing in all the top people in their fields into one place and some of the equipment into place.

is great, and I love what they're doing. It's amazing. I'm really lucky. Yeah, I'd say I follow both him and his wife on social media. And I know Damon John is close with Dave Asprey.

You know, he's taken a very strong, passionate route when it comes to biohacking, man. That's like it's almost like every other post. He's talking about some kind of bio hacking.

I saw him the other day on on his farm, you know, with chickens and, You know all this natural stuff and you his fitness center inside of his house, his gym, he's got a red light bed, He's Got the Hyperbaric.

He has that infrared sauna. You it's like. Don't we want to see more people that are influential at that level really talk about this? Yeah, I mean, to me, it's like that this is who I want my kids to follow.

Like there are many worse things out there that these kids are following that. But this like this, is all about health. This is about how to improve. And this damage journey to write like, this stuff he's doing for himself for his own reasons.

Bring the knowledge, help people understand. I think it's super important. And what I really like that he doesn't do is he's not selling anything. He's just about education.

Education. Right. What a great position to be in, right? Where you can spend so much time talking about all these things and not have to worry about getting paid for it.

It's all about truly bringing education to people. That's what's so amazing about them. Yeah. Have you have you seen Paris Hilton, her whole biohacking setup?

I haven't. No, he's got like the whole hyperbaric chamber and all the stuff about hers. Like she made it like Barbie Pink, everything. I know one of the doctors that treats her man and he was showing me some of pictures like she took the whole garage of her big house and created a whole biohacking like She's probably got a clinic bigger than at her house bigger then both of our places put together Do you follow Jeff Beecher?

Do Jeff be sure it sounds like Beacher's madhouse. OK, there was they they're doing a they are doing. A bunch of work. He's he's been around for a while.

I think he is very good friends with Paris Hilton, but he he also was very overweight. Check that out. That's her.

She's got the cry out there. Yeah. It's like that Barbie pink blue.

that's crazy. Next level. Like cotton candy. Yeah, yeah. I like it. Hey. She's all into it, man. She is into like the N. R., NAD, you know. You know, she actually, that she speaks about it publicly.

she's with Dr. Holland Chen. Dr Holland Chan is here in South Florida. He's one of the main gurus behind NAAD doing a lot of research with University of Miami with stem cells and all that stuff.

I've had him on the podcast, but you like they bring in the Kardashians. The Kardashian's are also all in to this stuff, which is pretty cool, made that you're seeing people You know that that are that influential really taking these steps man to optimize their health You made me think of something today like my daughter Asked me about taking a glp-1, you know, she uh, She's 16 And it's just today just Today.

She was just like hey, what would you think about me taking? Well, absolutely not check what my friends are taking one I'm not giving you I don't I've not given you you're 16 years old like but it like What a cool place to be in, right?

I'm no longer, you know, we're not worried as parents. Like for most of us, it's not about like our kids stealing our alcohol. Now it gets stolen. Our GOP ones are biohacking equipment.

That's kind of crazy, man. And I love it too. A lot of the consults I do, especially with a lot these veterans and, um, You know these male guys going on on TRT is what I've noticed is people just don't drink anymore.

Yeah. It's it's so down significantly and it just such an amazing thing to see that people are. People are taking so much value and pride in their health now and instead of everything else.

And I love to. See this transition happening. It is a real thing, too, man. I got a buddy of mine who owns a bunch of liquor stores and he says that it has impacted them tremendously.

Wow. Yeah. To hear from him, it is like. He actually owns like the majority liquor stores around my house. And I ran into him. I was out rocking the other day and he was rocking as well, too.

Yeah, man, I'm on the health kick. You know, a minus world because I don't know how long I'll have the liquor stores. Things have slowed down quite a bit.

We're trying to figure out other things. It's like I want to start like putting some natural drinks and, you know, like the the lion's man drinks because that's what people kind of want.

So these are that so there's a big movement that' happening right now. That's part of our current administration and support of administration called the Maha movement.

Make America healthy again. What are your thoughts about this? Man, I used to think it was really gonna be a great thing. There's just some things that have happened lately that I'm just not happy about.

Talk to me. Like this whole, the continued use of glyphosate in our foods. That's disappointing. It's not allowed in Europe, it's allowed a lot of countries.

I've seen the talks online about, well, that's the only way we can keep up with production of foods, We're literally killing ourselves by our food. You know, it's great that you bring that up, man, because that's become a big, you know.

Obviously, I'm part of the MAHA movement. I am up there in D. C. every single month with the crew. And that has become one of strong sticking points between the Maha movement, right?

R. F. K. Jr. and all the people that are supporting that. in the Trump administration. It's actually the first time since Trump went into office that there was some clashing heads there because the Maha movement doesn't approve of

that.

But at the same time, You know, the people that have been appointed to these certain roles, representing certain sectors of our government, have to be very careful as well.

They can't speak too much on it, right? Where now you see other movements that had been put together by the similar people who have supported the Maha movement, like the People vs.

Poison. which I had the opportunity to show up in front of the Supreme Court and hear a lot of these experts speak, but it had to be done under a different brand, you know, because of, it's almost like kind of you're fighting against your own.

So it is sad. I'd be curious to see, especially other chemicals that have recently got approved as well too that we know that are carcinogenic that can cause issues within the body, I'd be curious to see where things go man, you know, because right now we allow way too many chemicals chemicals in our food.

So Yeah, I hear, uh, there's the whole military thing that just happened, right? With, you know, saying that we're going to start testing and prescribing men testosterone in the military.

I mean, people are losing their freaking minds over this. Very controversial. It is so controversial, which I'm really shocked about. But, and I understand what they're saying.

Like there are other things we need to fix. Yes. Why are, why is a 26 year old military man that's not obese, that is very fit have a free testosterone of three and, you know, a total testosterone 120. Why is that happening?

And I get it. We have to fix the food, the water, and the plugging, all the stuff that we're surrounded with. But that's not going to happen, if ever, not maybe in our lifetime, to reverse all of this stuff.

So we have do something to help these guys, these men and women. I don't know. I tell you, man, about the whole thing with the men in the military and the testosterone, I dunno about you DJ, but I would assume that you would probably agree with me on this.

But if I have people protecting our country that are going to be in one of these other countries on the other side of the world fighting to protect us.

I think I want their testosterone up at a 1200 and not under a hundred, right? I don't need some guy who's going to be emotional and crying. We need men out there, you know?

And if their hormone levels are not where they need to to men, that's a problem. And I see it and I saw it when I was leaving the military. I mean, I You've talked to any woman, like good luck finding a man in this society nowadays.

Like that's not taken up, that not married. Finding a men that is emotionally stable, you know, a wolf when he needs to be, but calm and sensitive, it's hard.

It's very difficult. And you look at these testosterone levels in these men and it is next to nothing. We need it. Men need testosterone. Women need Testosterone.

Like, we need that femininity and that masculinity. It's it's important. But yes, to your question, 100% like we Need strong fighters, We Need Strong Men in our military and our police force, our firefighters.

And we should be treating them. I agree. You know, there is there's 20 years in the military, I never ever was denied an antidepressants or an anti-anxiety med or a blood pressure med, or cholesterol med.

There's no outcry for that. But you talk about hormones and it just gets people all fired up. Yeah. Putting something

that's pretty much bio identical, like it's not exact, but it is pretty damn close.

Like that is going to fix the reason that you're prescribing all of these meds. Why is that a bigger issue than just prescribing all these synthetic med?

Damon John, MAHA, and closing advice

Yeah, that the truth. I don't understand. And I. Don't get it. Hopefully soon we end up on the Shannon. So we'll have we're going have a little fun here.

as we're getting closer to the end of the show here. So these conversation cards were put together by Stephen Barlet, who has the diary of a CEO podcast.

You'll grab this here, take that sleeve off the top. We have two random cards. Once you grab the random card, you're going to read one of them and answer it.

And then after you do that, your read the other one and answered. Read out loud. Yeah. All right, if you could only speak with call, see, touch for people for the next four years, who would they be?

And we're talking. It's easy, right? Direct family. Or is this more like outside of your immediate family? Whatever. If I could. Only call or speak. With four people, my wife.

My two daughters. Other. There you go. Family. In touch. What's the next one? All right. what did you learn from your greatest failure? I mean, I have so many failures.

I'm trying to think of like what my biggest failure failure is learned from so much that I. So I would say. The biggest takeaway I have from biggest failures.

Where it got me in trouble is ownership. It's really easy to point. to just really accept responsibility for where you're at in this exact moment in your life.

And when you actually start taking that ownership, I am absolutely in control. I'm every bit as responsible for why I work today. Life starts to make no more sense.

Absolutely. So I make sure you look out and make love and love So great book too. Yeah. Ownership ownership is huge. There's too much of much have non ownership these days.

Take ownership for Awesome. Awesome DJ, as we wrap up here, if there's one person out there that's listening to our podcasts or viewing our podcast and resonates with today's message, what is that last thing you can leave them off with?

Take a leap. Take it, man. Like life is scary. You never you will never get anywhere. We don't start. I always tell my daughters, you are not going to get anywhere if you start tomorrow.

So something resonates with you and you're ready to pull that trigger, pull the trigger. Figure out the rest. It's like a business, right? Like you got to figure it out as you go.

Right. Start. And DJ, if people want to find you, where can they find Instagram at DJ Lenders. That's where I do all of my telehealth. So women's men's hormone replacement therapy.

Also concierge ozone. Got a beautiful office with protocol for a pen. Okay. To protocol four is on Instagram as well. Awesome, which will have all those links down down below.

DJ man, it was a pleasure having you on a healthy point of view podcast. This was very informative. And again, thank you. Thank you, amazing brother. Guys, you heard DJ, take a leap, right?

Take a leap. We talked about a lot of different things here when it comes to your health, but you gotta take that leap. You gotta find a coach. you got to find someone like the DJ that's gonna give you the guidance through data where you can ultimately have that true control of your help that you want for good vitality and vigor.

we always talk about lifespan and health span, improve the quality of life. If you know someone who resonates with today's message, make sure you take this podcast, share it with those friends and family.

Make sure like, subscribe, do all that other fun stuff, and we'll see you for the next one.