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Rob here, Proven Health Alternatives. I'm excited. This guy is going to raise the roof. He's exciting. We were talking before Dr Ivan Ruzilko, and I told him I am going make a mistake with his name at least one time, but he is gonna share some knowledge bombs.

In the next 35 minutes, get your pen, your paper, write it down.

Introductions and Background

Doc, how are you? Thanks for coming. Look at that smile. Let's go. Oh, rock and roll, man. Thank you for having me. It's an absolute honor to be on here again.

I've been nerding out on you all day. And again, I got to say, it's always an honor, to speak to people who are true masters of their craft. Again, that's exactly what you are.

So again thank you, for have me on. Thanks very much. That's very kind and thanks for taking time out of your busy day to share with my followers. Why don't you give a little background about yourself?

I mean, you're an interesting guy. Your dad was a chiropractor. He was a chiropractor. My dad taught me two lessons. Number one was always leave it better than when you found it.

But number two is never be the richest guy, the best looking guy or the strongest guy at the table. Always be most interesting. So I've kind of built my entire life as well as my medical practice around that.

It's been an interesting 41 years of life so far and I'm expecting the next 100 years to be just as cool. You are without question a trailblazer, you know, bodybuilder, model, medical doctor, influencer.

You got a lot going on, my man. And you're doing a great job. I approve. Oh, I appreciate that. So let's dig in. Doc, You've been ahead of the curve when it comes to cellular health without a question.

For those new to this concept, what exactly does cellular health mean? Why is it such a big deal how we age, heal, and perform? It's loaded. Go for it.

That's a very loaded question. And again, I always like to start out and sit there and say, nobody really knows the exact number. They estimate from 40 to 100 trillion cells in your body.

So I think any common sense-based physician would sit and think, let's make our cells function the best we can before we worry about nutrition hormones A, B, C, D, E, F, N, G.

And when it comes to what cellular health truly is, it's the production, I think, of ATP, along with genetics and everything else. But for the premise of this conversation is that, you know, how are mitochondria actually are able to function effectively?

And you hear a lot of stuff in the media today, NAD and all this kind of. And again, which I, think is phenomenal. I've been doing N. A. D. in my practice since 2012. So it is not something new to the playing field.

It's just, a think a of physicians have finally caught up. And I think the ability to sit there and be able to have your mitochondria produce more ATP, you provide more, I call it the energy goodness bank in the middle of your chest, which you literally have more energy to produce your immune system and your gut health, Which I believe you and me agree on are two of the most important things in your system, your neurohealth, mentality, physicality, emotionality, sexuality, all the fun things that make human beings human.

What Cellular Health Means

mitochondria, the powerhouse of the cell. We've heard that since seventh grade. Exactly. Here's a little interesting add to it. This way we can catapult together and get people to new heights.

Mitochondria actually has an immune component to. It has the ability to phagocize bacteria. So our mitochondrial is directly related to our immune health.

When you talk about cellular health, that's great add. And mitochondria's origin come from bacteria, so it's assisted to the gut. So you've got all this together in mitochondrion.

You're doing that cellular health mitochondrial, that's cutting edge stuff. It's gotta be. And again, I think everybody like doesn't understand. Again, whenever I do a lot of talks, just like you do in a lotta conferences and a ton of consulting, and I thing the most important thing for a physician or anybody who's in the healthcare industry is to understand the basics.

One of the important things is how does a mitochondria work? It needs substrate, NADH, FADh2, And one of most of important that people don't get is it needs oxygen.

Oxidative phosphorylation is the basis of how this juggernaut burns fat. We all want to look good, right? Everyone's on GLP-1s and all this other kind of stuff.

But the most important aspect is how do you actually burn the fat? And your mitochondria is your best friend for that. So what I always try to tell my patients, you know, I never have a one-stop-shop treatment.

It's always a stack. it's a combination of different types of peptides, hormones, nutrients, whatever it could be. that make whatever target I have function the most effectively.

And in this case, it's mitochondria. So my biggest aspect is actually getting the actual substrate there. Things like NAD injectables, I do the nicotinamide ribozyme, which I think is my favorite aspect of the oral precursor to it.

I use a lot of things which a lots of physicians don't understand. Riboflavin is probably the important thing for FADH2, that's its precursor. So if you're going to get one going, why not get them both going?

You need both those working in unison. Then you have to find things that actually help the NAD and things work for the actual electron transport chain, things like 5-amino-1-MQ.

There's that SLUP PP332 out there that tricks your body and it got you going into cardiovascular exercise, which I think is hilarious. But then I think one of the most important things which I thing has got in such a good wrap but nobody understands how it works is methylene blue.

The way the methyline blue donates the oxygen because of how actually does the redox reaction and I can nerd

out biochemistry all day with you, but it basically provides the option to help, you know, accept the actual hydrogens which makes your mitochondria work even more effectively in producing ATP, cellular energy, which is good for everything.

And that's my pitch on ATP. Whoa, a lot to unbox there. So let me, I want to play devil's advocate because you're a nice guy. I finally have someone I can.

Methylene blue. Okay. Obviously you positive for it. Well, in the right instance, and again, there's a, methylene blue can be diabolical. It can't be one of the worst things you possibly do.

That's why diagnostic testing is one the most important things that we do do also, if you've taken things like SSRIs, it can kill you. There's, or you have a G6PD deficiency it's not gonna be a good day for you.

So again, you have to be very selective. And again that's why I work very closely with my lab to basically sit there and make sure that the patient qualifies for it first, also that they're hydrated, their kidney function is proper.

As long as all the parameters are met, Methylene Blue is phenomenal. If they are not met steer clear of it. Exactly. Again, precision medicine is based off of diagnostic testing.

You know, I've been doing this, and again, the most expensive part of coming to me is usually the actual diagnostic test. And that's the crazy thing. Patients will come in and say, why am I spending $5,000 on lab testing?

Because I want this program to be for you, not just about your demographic. Once we have that, it's precision based. The results you get, you don't have to use as much medication and peptides and all those other things.

They say throw enough shit against the wall. You know, something will stick, you know? I mean, no, we don't do that here. We throw the specific aspects where it needs to be.

we throw darts, and that's what precision diagnostic testing really does for me. Before I close the chapter on supplements and protocols for mitochondria, let me ask you about something new that people are talking about.

Ergothione. Want to know where you stand on that? I'm a fan of it. I think there's more things that can actually help benefit the mitochondria better.

You know, I was trying to try to basically, you know pick apart what's the most effective thing and when it comes to cost for patients.

Mitochondria, ATP, and Supplement Strategy

So the formula I used that I'd mentioned before is one of my favorites. And I use that in the supplementation aspect as well. If a patient's just coming in for strictly mitochondrial cellular health, or if we're also doing senescent cell clearance, because I tell everybody, which I, think you can appreciate, Whenever you're going through and trying to eliminate things like zombie cells or senescent cells, just because you kill them, that's half the battle.

You need the mitochondria or the ATP, the immune system to actually clear all the debris out from what you've killed. you know, you can't have all these proteases and all that terraforming, all of these different aspects of what are.

So when it comes to those kind of programs, I use that classically. I combine that with Apigen and other kinds of things as well. It's not my first line treatment because we're usually tackling many things, but it's phenomenal for the actual program overall.

You said NAD, correct? Correct. That NMN to NAD or NAAD? So again, when you take a look at the study, and again I'm also, I might look like a cowboy, but I do love the whole aspect of being a student for life.

When you look take at it, you have NR, NMM, then NNAD. NR is kind of where it starts. And that molecule is small enough to get to where needs to go. They've shown numerous studies that NNM is actually too large to actually get where actually needs go, so it needs be broken back down to NR and then get into the actual processing of it.

If you take a look at that, I mean, there's a million different people who love NMN. And again, it makes sense. It's right before NAD. But the size of it, just like glutathione and things like that or collagen protein, is tough to absorb certain things that are certain sizes.

I've seen with nicotinamide riboside, the research not only in animals, but most importantly, human models is phenomenal. There's not too many legitimate, you would say, research based off of NNM.

there are a lot of animal studies. Last time I checked, I mean, you gave some clarity to that because I hear so many people arguing, well, if I take NMN, I don't have to take an NAD.

N. A. D., is it N A. D.? Is it an A D plus? Is an a D H? All that kind of stuff. So I still think people are very confused. They throw the terms out, but you.

You know, you really gave, like I said, some true clarity. You've worked with patients from all walks of life. you've got tremendous diversity in the people that you see.

What are the top five markets or patient groups that are effectively seeking cellular health therapies today? And why don't you think we're seeing such growth in those areas?

Again, lot on box. No, a lot to unbox and it's funny. So I'm in South Beach. I mean the heart of South beach, sex, fun, sun, bikinis. so I started out, I graduated very early.

You know, i started as a full-fledged physician at 26. And again, when I came out it was just sun fun bikini, Sex, fitness and fat loss. That's all I treated.

i was at the Four Seasons and I took over the penthouse at Delano. It's been a very, very fun aspect of building my career to a certain aspect. Also for the A4M was the first physician male to go through the female sexual health protocol.

So it's a situation where it was like I knew my demographic and I stayed there and it Was kind of unique once you start treating the housewives of Miami You'll see after about two months the House husbands or the husbands will come in and be like whatever she's on get her off or put me on it Because now you're not only like what a lot of doctors and people don't understand is when you are treating a patient You're, not just treating, a, patient you treating The patient and their family they're direct aspects around it the patient with their business because if you can get a Patient to feel better it is going to augment the life of everybody around them including their, business If you get a patient to feel worse, then it's a whole storm you have to deal with.

So it is funny how over my 15 years of doing this, I've transitioned from fun son of bikinis and just now I'm treating, basically I am the doctor of last hope.

We have people flying from all over the world. While there is neurodegeneration, we've had tremendous success with things like Parkinson's and dementia.

we have had phenomenal success of cancer. I mean, everything from stage 4 breast, to small cell lung carcinomas, I mean, everything in between the way it goes, it's because we treat here, we don't treat you like you have cancer.

We don t treat like an autoimmune issue. You're a person of that age who wants to feel better because your body is a function. Your body's a machine. So if you sit there and try to baby and not do it the right way, as long as you're doing it smart, that person, my kind of motto is I got cancer to get healthier.

So right now, I'm creating more chronic issues than I am treating these fitness, fat loss, and sexual dysfunction. It's

kind of unique, especially with what this practice started out as.

So you fixed the body from the inside out. Inside, again, precision medicine leads it up for everything. The body's all interconnected. We've talked about that before.

Yeah, mentality, physicality, emotionality, all interrelated. When they come to you, they're not getting with the proverbial band-aid on a bullet wound you used before the band aid on the hemage.

They get into that root cause. It's outstanding. That's the way, you know, it's funny, we talked about it before about where's our field going? What does the crystal ball look like?

And I think we just encapsulated what we think the Crystal Ball should look and it is probably going to look for a lot of people adhering to function.

Methylene Blue and Precision Testing

Like you said, root cause medicine. And again, you know, we talked about that kind of before we got on the podcast. I think root-cause medicine is medicine, everything else is just a shade of business.

Again, a lot of people don't understand medicine as a business, and we saw that during COVID. You know what I mean? It's a situation where as, do no harm to your patients as the Hippocratic oath says is great, but at the end of the day, it's, what does better harm for my pocketbook?

And usually it CEOs and big pharma who dictate that. So the aspect is now it's a burden that the physician has to kind of put on their shoulders. If you're a traditional doctor, you kind have to break through and be like, well, maybe I should just give antibiotics to everybody.

Maybe I just see why they're getting sick. Or maybe cholesterol medication is not the answer because everyone's getting rapid myelitis and their hormones are falling apart because, is the number one thing that turns into sex hormones or the myelination of your brain.

So there's a bit of common sense medicine that I think needs to really be addressed, which I actually think we're finally starting to get to, and we are making that turn.

The wellness industry globally is at $6.7 trillion, looking to gain $2 trillion in the next year. That growth is better than, I mean, that's better to Fortune 500 company because patients are finally waking up.

Health isn't free. And like we had talked about earlier, the patient needs to start taking responsibility, not only in finding the right practitioner, but also the white, or the, right lifestyle changes they need to make.

Diet, exercise, hydration, and sleep are some of the most important things that are free, you know, in every patient, needs start paying attention and every physician damn well better know how to actually prescribe those things properly.

You know, if I had to do one thing, and I've said this before, take one from a lifestyle, it would be ultra processed food. There's a study now that still everybody's aware of it and over 50% of our calories in America are consumed as adults of ultra-processed foods.

Terrifying. Yeah, It's horrifying. And that would just be the start. But it's interesting because most people walk into your clinic with some form of symptoms, fatigue, brain fog, inflammation, gas and bloating.

but rarely connect them to their cells. What are the top conditions you see that trace back to poor cellular health and how do you help patients connect the dots?

I try to sit there and I think the number one thing I kind of hit in the head when it comes to the food. I always tell

people you can't drive a Ferrari on an empty tank.

So I think how you nourish your cells and especially, again, your cell, like I said, are the root cause of everything in your system. So maximizing how your sales work, number one, is the most important thing.

You'll start to see patients, and it's usually kind of a buzzword, if you have chronic back pain. Chronic back is just a buildup of, as I've said senescent cells, cells that aren't doing it, they start the terraform the air.

they get more inflammatory, then that one cell turns the next cell into a zombie cell, than the the aspect is, that means their immune system isn't well enough to help clear these things out.

Cancer is not a disease, it's just us not paying attention to our health. It comes across the board with it. And it's a situation where there's so much common sense that we know.

I'm guilty of it as well. Convenience is king as a human. The aspect is, we'll sit there, oh, I know there is artificial sweetener, but I need it, or it is just easy, and I'll just order it from Uber Eats.

You know you're ordering poison. but we have no better options this day and age. So I think the nourishment aspect is we need to start to see better delivery or better, uh, options, or we just need it cut it out like cancer.

I mean, proverbially and figuratively. Like get rid of it. And I that's kind of the most important thing we see. Your cells get gunked up, your mitochondria gets all, all discombobulated when you're not providing the right nutrients for it to run correctly.

It's like putting diesel into a gas-based engine and you expecting it, it's not going to work.

Patient Groups and Root-Cause Medicine

So you start with lifestyle and then the lifestyle obviously is going to be exercise, sleep, stress, water, bathroom habits, and maybe the biggest thing is food.

Food. Nutrition. And everybody's, I want to go on a, what is it, a fasting diet. I'm not against it. I get why they're trying to do it people understand that the more you fast the, more, you stress yourselves the.

More they divide the small that they actual telomeres get so you're kind of also aging yourselves in a back-ass word way. But also he said there is no happy I don't mean to interrupt you I am so happy you said that because I.

Am a big believer in the 12 to 16 hour fast is fine with these days fasts these water that's too much. Our body responds, it's called hormesis, to a slight stress.

I am so happy you mentioned that. So if anybody has a pen and paper, take that down. In a minute, fasting, time-restrictive eating, 12, 14, maybe 16 hours, men and women are different.

We're not going to talk about that now. You heard it. Dr. Ivan said so. No, it's true. But I'm going to put the brakes on. I need to know something. You were talking about testing, not guessing.

What are some of your non-negotiables? If I come into you, I'll be turning 60 next month, what are you going test me for? And then I will bring my 53-year-old wife.

what're you gonna test her for?" You're going find this funny. And I guarantee everybody on this is going be like, why is he worried about that? A very in-depth iron panel.

And as crazy as that is, the most important thing in our body is what? Oxygen. Nothing happens without oxygen, correct? So the aspect is everybody checks iron.

And again, men and women, unfortunately we're seeing, what is it? 70% of men, teenagers this day have less testosterone than 70-year-olds like 20 years ago.

Again, testosterone is very important for the actual, how iron is actually stored in the body. So what we are seeing is when it comes to it, in my favorite tests, you know, TIBC, percent saturation, iron, ferritin, All those things, you'll say, oh, is iron is normal because the total iron's great.

If the percent saturation, if the TIBC, the ferritin's off, You need to make a couple of extra steps being like, yeah, he's got okay iron, but it's shit.

It's not connecting the oxygen properly. And this is why whenever I give a lecture, especially on things like methylene blue, The reason I like Methylene blue for a lot of people is because of how it actually works.

Methylene blue is used for something called methemoglobinuria. It's a mouthful, I know, and a lot of biochem coming at you, but it'll be very quick. The way that works is, so iron has to be charged at a plus two, which is called its ferrous state.

If it's charged in its fairest state, oxygen comes in, binds nice, it goes until it finds an acidic environment, okay? Whether you're working out and you have lactic acid or you a cancer or do you you autoimmune, whatever it could be, that's where wherever the blood turns acidic is where the actual oxygen gets to the left off.

It goes back and picks up another one because oxygen helps heal. So what happens with methylene blue, it comes through, and a lot of people have things like high sugar, which everybody does this day and age because of the processed food we're eating and the nonsense we do, or turbulent blood or things that.

That tends to wax more and cause iron to be more in the ferric state, F-E-R-I-C, as that iron or the hemoglobin comes by in the red blood cell, that oxygen bounces off of it.

So now you've just missed an entire round of oxygen with this red-blood cell that's going through, and it's basically like an empty vessel. The biggest aspect is when I sit there and see somebody, a man or a woman, who comes in with normal iron, but a TIBC off, or percent saturation off.

I'm still going at them very hardcore with it, to see how that actually works. And it is usually neuro propagation. You still have to say, wow, I feel more awake right now.

It's because you also have an HbA1c of 7, you have your HSCRPs through the roof, that kind of stuff. And a simple iron panel for me can change everything from cancer to ED and everything in between.

It is fascinating. Wow. What hormone panels or what are you looking for in hormones in both men and women? So yeah, again, testosterone, but also importantly, free testosterone.

I mean, you can do bioavailable if you want to. Free is good enough for me. So that's one of the biggest ones there. Because again like we talked about in a previous thing was muscle mass.

The amount of muscle you carry in your body, muscle is metabolic. Some of those important things in there, I currently right now, because I'm training for a boxing match, about 205, usually I sit around 220. I'm a pretty big guy, you know, body fat percent's usually around 8% or so.

So for me to get up and lay in my bed, and we diagnosed this at the last show I talked at, it's 3,500 calories. If I don't consume 3 500 calories for my BMR, I literally lose weight, okay?

And that's because my body is so—this is probably my fourth shirt today—because my is just so energetic and just turning everything over.

Symptoms, Lifestyle, and Fasting

Heat and sweat is how your body clears toxins and how it helps with infections and things like that. I haven't been sick in, I'd say, maybe 15 years. You know what I mean?

So the aspect of testosterone and the things, like, IGF-1, which both help propagate not only muscle size but muscle strength, are two of the biggest things that we always look at.

And I like IG-F1 too because it also helps me give me a good gauge of sleep. Because I test everything in the morning. No fitness, no food, and no fornication.

for about eight hours, okay? And what happens is when you see that IGF on the low end, you're like, this person's not getting enough delta sleep cycles.

And again, a lot of people think sleep is just turn your eyes off and go to bed. was one of the most complicated processes we do in our body, from the cycles to the different types of sleep.

So if you aren't getting the right types sleep, you're going to see somebody who has low IGF, either a high cortisol and high DHEA or a low cortisol, low DHA.

If they got into the actual adrenal fatigue aspect of it, which are two of my favorite hormones to test as well, because D HEA and cortisol Those are your adrenal glands.

That's your stress response. And just like with diabetes, you have too much sugar, your pancreas cramps out with no insulin. Too much stress, Your body's gonna crap out.

With the DHA and cortisol, now you can't really function properly. So my biggest ones, which again are gonna be testosterone free in total, IGF-1, You can do IG-F1-BP3 if it's low.

Then a DHE and Cortisol, because that's going to address something that not many people even think about, Which is somatopause and adrenal pause. We all know about menopause, right?

Menopausal estrogen and progesterone go down, women have their issues, and we've been learning about that forever. Andropause is the exact same thing in men.

That's why the dad bod is so relevant, because your testosterone dips. It's usually testosterone and DHEA are the two things that can identify you as being in adrenal pause.

Same thing with somatopause. Everything starts, again, it's all lifestyle-based. So if you have a horrible lifestyle, that's going to happen quicker, just like in menopausal.

If you're smoking and do all this kind of stuff, you can hit menopsis much earlier. I always like to treat not only menospause, but somato- and adrenopas with all my patients, which requires a huge in-depth hormonal panel to do it right.

Wow. Again, like that one, there was a lot to unbox. Let me follow up. Are there… Rewind it and put it on slow-mo. No, I speak a little fast. That was great.

I'm going to give a general question. Are there specific markers or panels you consider non-negotiable when building a treatment plan for a person? Yeah, well, I'd say hormones.

I need the basics. So CBC, CMP. Lipids, again, i'm a fan of high cholesterol. iI'm very forthright about that. Cholesterol does everything for your system.

It builds all your sex hormones, it's the entire, 25% of your brain or 25 of the weight of you brain is cholesterol, all of cells, vitamin D. so I check it anyway.

And then when it comes to the actual non negotiables, You know, I think food sensitivity testing, even if some people love it, some hate it. But if you're sitting there and you are consuming the same thing every single day and it shows up, variation in how your food works.

And again, like we talked about, your digestive tract is the second brain in your body. You can continually pollute that, you get a leaky gut, and your immune system goes off.

Now you have a consistent source of inflammation, which takes away from your nutritional goodness bank, You have that embezzling from it. So, you know, all we do with the stressors is we try to find every single thing that's in your system, embellishing the actual ATP, the energy from your systems, and I attack it that way.

We do get in depth with things like natural killer cells, like really in-depth immune testing. Neurotransmitters, I think, is fascinating. You know, whenever somebody comes in who has any type of mental blocks or anxiety or depression, we really hit those hard.

The nutrition B12, all the B's. We do the vitamin D's, the fat-soluble vitamins. It's funny. Axis has granted me access to the lab I use. I have the most in-depth lab tests in the world currently.

They have 750 markers on it, which seems like overkill. But if you find that one marker, whether it's chronic EBV or Lyme or Candida or something that's weird that nobody ever checks, you just now solve chronic fatigue syndrome, fibromyalgia, even long COVID.

I mean, because you're sitting there and see you have two viruses in your system, EBB, which pretty much everybody has, a reactivated form of that.

Core Lab Markers and Hormone Panels

The amount of nutrition that you had to pull away to create all these IgG, IgM towards it, it is mind blowing. So again, like with me, I do have probably the most extensive and expensive lab testing in the world, but then again my results speak for themselves, even though it's in depth, we are treating everything from erectile dysfunction to cancer to Parkinson's disease with phenomenal success.

So most of these are serum, blood serum tests, am I correct? Yeah, Blood, serum and urine. That's the standing bear. I'm coming in, getting the whole kid in Kabuto.

Getting a full background check. Not getting total cholesterol. No, no, I only do that for people who want it, you know what I mean? Just double checking, just double-checking.

I know you do a lot of peptides, IV, ozone. In reference to cellular health, which one of them or all of then do you like? Again, for peptides, I love things like the thymusine alpha.

It's phenomenal for that. Surprisingly, IGF-1, just because the formula I have right now is CJC, ipermoralin, sermuralin. And it's kind of funny. Everybody always asks why I add these last two ingredients.

One is oxytocin and the other one is tidilifil. You'll see tidillifl is phenomenal, not only for men and women at night, it helps induce delta sleep, but the oxytoxin helps you get through alpha sleep.

So, I have the CJC, the Ipermore, and the Somerland to help with the IGF-1 propagation, which is directly linked to immune responses, but more importantly, delta sleep or deep sleep, Which I think is probably the most important thing for your actual immune system to work, um, which is one of my favorite things to do.

So those are the peptides I use for the immune systems. And then for the gut, oral BPC, I think, is one of the best things you can possibly use. Sometimes we combine the oral bpc with thymusine beta, or TB4, which is phenomenal.

I really like that oral combination for for actual gut healing. They have lerozotide. BBC 157, a great choice for overall gut health. The Wolverine drug.

Yeah, Wolverines supplement, without question. And I think that makes with KPV just really double downs on the idea of the gut. Phenomenal. KPB is a good one, great one.

Also, KPD helps out with the actual blood brain barrier as well, which a lot of people understand. That's why I'm a big fan of KP as much as oxytocin.

You know, we do a lot of things where we're trying to get things to pass the blood-brain barrier, which is probably the hardest thing to possibly do in medicine.

And things like oxytocin, KPV, they help open the brain barrier so things exosomes or nutrients or anything else that we put in the system can actually get to the brains, help with BDNF propagation and help neuroplasticity.

BDNF, brain derived neurotrophic factors, a great protein enzyme. My favorite one, man. Cerebral lysin was my favorite peptide that they took off the market.

It is literally the best peptides out there, bar none. BdNf, miracle grow. Yeah. So if someone is listening and feel like I'm doing all the right things, I just hitting the wall, doc.

What's one overlooked area of cellular health that could be sabotaging their progress? Again, we'd have to look at their food. Again whenever I have an issue, I know the science.

I what program they're doing, what their blood says, but I don't know what they do in their free time. Unless I follow them on Instagram and say, you were drinking champagne last night, no wonder your sleep was horrible.

You know what I mean? So it's a situation where as we go through, I'm also a certified nutritionist, like I said, so I always want to make sure that food is one of the biggest things that we kind of review in my practice.

Not only the frequency of eating, but the kind food you're eating and when you are eating it. Especially eating around times like when it comes to exercise.

Thankfully enough, when I was doing the Mr. USA and all that kind stuff, Right after high glycemic, then an hour after you exercise, low glycymic. So understanding when to eat the right food is also very imperative.

I do think one of the most important things is hydration, especially the type of water you drink. Tap water, as we've seen, is not the best option to go with.

There's a lot of really good options out there. but the most important thing I tell everybody, and I even know the domain, Dr. Sleep, sleep, Sleep is the important we do.

I'm 41, I've slept 13 and a half years of my life. That's how important sleep is. And again, the best medicine is four good nights of sleep in a row. You can't have a peptide hormone or anything else that touches what that does for your body.

Are you ready? I am in. All right, rapid fire, New York style. Let's do it.

Peptides, Gut Health, and Sleep

TRT, yay or nay? Yay, in the right scenario. Okay, HRT, yay or nay? Done correctly, avoiding the negative feedback loops, yeah. Number one supplement, I know it's a tough one.

Nicotinamide riboside. I thought you were going to tell me vitamin D, but that's the gray one? It's tough on that rapid fire. That was a tougher one, that was not fair.

If I come to you, what's your number one marker that you're going look for? Iron, panel, an iron panel. All right. Longevity. What do you think the key to longevity is?

Experiential living. There's no sense in having a long life if you're not enjoying it. So make sure whatever you are doing, you have to have a good, fun life and goals.

Goal setting, short and long term, most important thing. Cardio before weights or weights before cardio? Weights before cardio. Low intensity. Especially if your a little older, right?

Exactly. So consistency wins the award, the turtle is there, and that's fabulous. If I asked you, I'm going to take you back, for a man and for woman, what's the best exercise to do when you're on the road?

When you are on a road, bodyweight, push-ups, sit-up and air squats. Outstanding. Your favorite peptide for longevity? the ones that we can legally prescribe.

I think for longevity would be epithelone is a fantastic one. Probably one of my favorites. Where are you on the GLP-1? If you need it, great. If your microdosing, Great.

Long-term, I you're going to see a lot of different issues come up, and it's going be a big issue, in the future, for people who aren't doing it properly.

You're doing properly, super good. if you are eating whatever you want, watch out. I'm going to come back to TRT now. Number one complaint that I hear is once I am on, I always on.

Is that correct? Nope. Again, you are going into a position who does not know how to do it. You need to manage every single negative feedback loop. So to close out, because we're getting towards that finish line, I know you're busy.

What advice would you give to patients who are curious about optimizing their cellular health? It starts with them. And again, you can go to any physician.

You go the best physicians in the world, the most popular ones. Get on the programs you could possibly be on. But if you don't have the lifestyle at home, You're just literally pissing in a wind.

So the situation is be prepared. There's no such thing as a magic bullet, even though there's some amazing bullets in this industry.

Rapid Fire and Closing Advice

If you don't have proper nutrition, hydration, stress reduction, and sleep, you're slow dancing. Let's talk to practitioners. As a leading expert in cellular health, what would you recommend to the practitioners to bring in more cellular help into their practice and help more people?

Number one, learn the basics. Learn how mitochondria works. Go back and get your biochem books from seventh grade. They're the best teachers, I promise you.

It's better than anything you're going to get at any conference, i promise ya. Learning inside and out. And not just the mitochondrion. learn what happens three steps before, three step afterwards and maximize everything in between.

That's how I've done it and that's we get such great results out of it because you not only increase in ATP production, you increase how that cell works as a whole.

Let's close with the idea that you have to give three implementable steps, and people are going to listen to these three things through the whole podcast.

What would those three thing be? Find yourself a sleep schedule and stick to it. Number one, bed at the same time of night, one hour before get off your electronics.

I think that's the most important thing. number two is test as much and as frequently as you want. i want to see in-depth panels, i wanna see everything under the sun, I want know more about you than God does.

uh for that one and number three hydration hydration you need at least two to three liters of water i'd like to say three and a half depending on your exercise base if you can get a gallon in your bigger guy like i am gallon all the way but again hydration and sleep the two most important things you Can do outstanding this has been rapid fire this is been great the download is going to be awesome we have to do it again Amen, I'm in.

All right, as long as you're in, Dr. Ivan, Rob Silverman, Proven Health Alternatives, always yours in health. Rock and roll, guys. Thank you so much for having me.

Outstanding. My pleasure.