When a Scandal Attacks a Movement: Longevity Medicine Under Fire | The Longevity Protocol Mini Ep. 1 Transcript

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We're back. We're back.

Opening Remarks on the Epstein Files

>> Crazy stuff, huh? >> Crazy stuff, huh? >> I think this is crazy stuff. And I'm >> I think this is crazy stuff. And I'm glad we're taking an opportunity to talk glad we're taking an opportunity to talk about uh this whole thing with um about uh this whole thing with um Peteria, Dr. Peter Aia, longevity Peteria, Dr. Peter Aia, longevity medicine, how this sort of relates to medicine, how this sort of relates to what has just occurred since I think it what has just occurred since I think it was Friday when it all came out.

was Friday when it all came out. And you know, I was thinking about this And you know, I was thinking about this that, you know, we we don't usually like that, you know, we we don't usually like overly capitalize on these types of overly capitalize on these types of things. And I don't want it at all to things. And I don't want it at all to feel like we are I I just don't want it feel like we are I I just don't want it to feel that way. I have felt compelled to feel that way. I have felt compelled to say something. You know, we've we've to say something. You know, we've we've we've begun our process of posting about we've begun our process of posting about it it it um and and our thoughts and opinions um and and our thoughts and opinions about it, but we wanted to be able to about it, but we wanted to be able to kind of go through and talk about it kind of go through and talk about it now.

now. now.

Why the Story Matters to Longevity Medicine

>> Yeah. I mean, I think that what we what >> Yeah. I mean, I think that what we what we don't like to do is we don't like to do is find the need to make political find the need to make political commentary that commentary that um is uh you know p uh you know public um is uh you know p uh you know public demanddriven demanddriven demanddriven versus commentary that stems from our versus commentary that stems from our interest in health and wellness, right?

interest in health and wellness, right? And this is an example of that. Like And this is an example of that. Like we're not talking about Dr. AIA because we're not talking about Dr. AIA because we're talking about Dr. Aia. We're we're talking about Dr. Aia. We're talking about a global concept that we talking about a global concept that we believe directly impacts all of us as believe directly impacts all of us as American citizens in particular and that American citizens in particular and that very much impacts this idea of health very much impacts this idea of health and wellness.

and wellness. >> Yes. Let me set up uh for those that >> Yes. Let me set up uh for those that maybe don't understand perfectly what maybe don't understand perfectly what we're talking about here. This really in we're talking about here. This really in the end and again I can't believe I'm the end and again I can't believe I'm even saying it uh on this, but here we even saying it uh on this, but here we go. Um, this is the Epstein files, the go. Um, this is the Epstein files, the the the infamous Epstein files that most the the infamous Epstein files that most everyone understands that in America.

everyone understands that in America. We've heard a lot about that. Um, and We've heard a lot about that. Um, and there's obviously, you know, horrific there's obviously, you know, horrific things that this man has clearly done, things that this man has clearly done, has been involved with, and now with has been involved with, and now with this new drop of information, it's even this new drop of information, it's even more so. Uh, you know, he's this guy was more so. Uh, you know, he's this guy was beyond evil.

beyond evil. And, um, so everyone knows that. So now And, um, so everyone knows that.

Media Backlash and Attacks on Dr. Aia

So now with this newest drop that just came out with this newest drop that just came out with releasing virtually I believe with releasing virtually I believe almost all of it outside of some almost all of it outside of some redacted pictures and images and things redacted pictures and images and things that were not good. It's it's a lot of that were not good. It's it's a lot of information that finally was dumped and information that finally was dumped and it mentioned the physician Dr. Peter Aia it mentioned the physician Dr. Peter Aia the longevity medicine physician Dr.

the longevity medicine physician Dr. Peter Aia who only very recently I mean Peter Aia who only very recently I mean he's uh had quite a bit of um notoriety he's uh had quite a bit of um notoriety with his podcast and and and his private with his podcast and and and his private practice you know for really about the practice you know for really about the roughly the past 10 years and then in roughly the past 10 years and then in the past almost literally year he just the past almost literally year he just started getting a big crescendo and was started getting a big crescendo and was on 60 Minutes and and just had all this on 60 Minutes and and just had all this national notoriety and then this hit national notoriety and then this hit >> and so um I think where you and I >> and so um I think where you and I started Ed taking immediate issue was started Ed taking immediate issue was just you as we're looking on social just you as we're looking on social media the reactions of media the reactions of like it was like a I don't know like it like it was like a I don't know like it was so tsunami was so tsunami very venomous type of very venomous type of >> um you know base type of reaction about >> um you know base type of reaction about all of this all of this >> from many you know other influencers I >> from many you know other influencers I heard you know Dave Asprey and others heard you know Dave Asprey and others but where I'm taking the most issue is but where I'm taking the most issue is with conventionally trained medical with conventionally trained medical doctors uh coming out of the woodwork doctors uh coming out of the woodwork now and aside from just really bashing now and aside from just really bashing him, they're now bashing longevity him, they're now bashing longevity medicine. a lot of what it's come out medicine. a lot of what it's come out even other just random influencers that even other just random influencers that I'm seeing just there's so many videos I'm seeing just there's so many videos about it now at least what I'm seeing about it now at least what I'm seeing >> and they're just they're they're taking >> and they're just they're they're taking the opportunity to really bash longevity the opportunity to really bash longevity medicine that somehow his perspectives medicine that somehow his perspectives on that and the fact that these various on that and the fact that these various influencers or MDs didn't think that influencers or MDs didn't think that >> uh longevity medicine was worth anything >> uh longevity medicine was worth anything but now it's time to really say see sort but now it's time to really say see sort of I told you so because of this of I told you so because of this >> you know almost nonrelated concept of >> you know almost nonrelated concept of him uh with maybe having some issues him uh with maybe having some issues with Jeff Jeffrey Epste.

with Jeff Jeffrey Epste. >> Right. That's right. Yeah. And I think >> Right. That's right. Yeah. And I think that's a very important distinction that's a very important distinction because again, we're not really talking because again, we're not really talking about the the um validity of the about the the um validity of the accusations. We're not really talking accusations. We're not really talking about what we believe about the about what we believe about the accusations. Like none of that is the accusations. Like none of that is the conversation here. What's the conversation here. What's the conversation here is this idea of the conversation here is this idea of the the quality, the intensity and you said the quality, the intensity and you said venomous, you know, the the the the venomous, you know, the the the the meanness and the all-incclusiveness meanness and the all-incclusiveness that any individual in our society that any individual in our society suffers. And the reason this is suffers. And the reason this is particularly important to me is because particularly important to me is because I believe that they are using this I believe that they are using this character flaw. Okay, I know people are character flaw. Okay, I know people are going to be like character flaw, it's going to be like character flaw, it's potential pedophilia. That's not what potential pedophilia. That's not what I'm talking about because also we don't I'm talking about because also we don't know anything. We only know what we've know anything. We only know what we've been spoonfed. And I think hopefully been spoonfed. And I think hopefully hopefully the audience out there knows hopefully the audience out there knows well enough now that what you're well enough now that what you're spoonfed always needs to be taken apart.

spoonfed always needs to be taken apart. So again, not talking about the the So again, not talking about the the crimes and the accusations themselves.

crimes and the accusations themselves.

Separating the Allegations from the Professional Debate

What I'm talking about is that if there What I'm talking about is that if there is is is >> Well, hold on. Just so we're really >> Well, hold on. Just so we're really super clear. There are no crimes or super clear. There are no crimes or accusations particularly to Dr. Peter accusations particularly to Dr. Peter Aia regarding anything with Epstein Aia regarding anything with Epstein outside of what you know these offolor outside of what you know these offolor if not whatever you want to call them if not whatever you want to call them horrible types of comments that he made.

horrible types of comments that he made. >> Okay. >> Okay. >> Okay. >> Um >> Um >> Um >> so even worse because they're inferred >> so even worse because they're inferred accusations. They're inferred crimes. We accusations. They're inferred crimes. We don't know anything. But what is don't know anything. But what is happening is that media is taking this happening is that media is taking this as an opportunity to dismantle all the as an opportunity to dismantle all the credibility of his message credibility of his message >> professional message and his >> professional message and his professional efforts and that's a professional efforts and that's a problem for me because I am in that problem for me because I am in that profession profession profession >> and I believe that this feels like an >> and I believe that this feels like an attempt to control the the freedom of attempt to control the the freedom of choices. the freedom. What we're doing choices. the freedom. What we're doing is we're using that fear-mongering yet is we're using that fear-mongering yet again like we saw during COVID to make again like we saw during COVID to make people say, "Oh, you see anybody who's people say, "Oh, you see anybody who's fringe compared to convention is bad and fringe compared to convention is bad and not valid and that's that's it's not valid and that's that's it's bullshit." bullshit." bullshit." >> Yeah. And they they've really called >> Yeah. And they they've really called into question again the the message like into question again the the message like you're saying. Um they have started to you're saying. Um they have started to attack the fact that he didn't complete attack the fact that he didn't complete his residency, his residency, >> right?

>> right? >> right? And what's interesting, it was a And what's interesting, it was a surgical residency through Stanford. I surgical residency through Stanford. I mean, this guy was not, you know, mean, this guy was not, you know, >> no matter what, he was no >> no matter what, he was no >> Yeah. No slash. Absolutely. And he just >> Yeah. No slash. Absolutely. And he just decided at some point decided at some point >> to pivot away from >> to pivot away from >> He had a different calling.

>> He had a different calling. >> Yeah. He had a different calling and >> Yeah. He had a different calling and went in a different direction and went went in a different direction and went in a direction that wasn't a in a direction that wasn't a conventional direction. Um, and you conventional direction. Um, and you know, so they're all of these these know, so they're all of these these doctors that I guess through ego or doctors that I guess through ego or whatever the reason is, they feel the whatever the reason is, they feel the need to ostracize him because he didn't need to ostracize him because he didn't go that regular route.

go that regular route. >> Right, John? But this isn't really all >> Right, John? But this isn't really all doctors doing this. I mean, this isn't doctors doing this. I mean, this isn't just conventional doctors. And actually, just conventional doctors. And actually, some of the best leaders in longevity some of the best leaders in longevity medicine are conventional alipathic medicine are conventional alipathic trained physicians. So to me, this is trained physicians. So to me, this is really about um planting seeds of really about um planting seeds of distrust and the way media and we're distrust and the way media and we're part of the media. Anybody who's out part of the media. Anybody who's out there sharing stories and sharing posts there sharing stories and sharing posts without really thinking on their own without really thinking on their own before they post it. I mean, some of before they post it. I mean, some of these people are just walking around these people are just walking around saying, "I knew this guy was a jerk." saying, "I knew this guy was a jerk." Anybody who's antivaccine is a jerk.

Anybody who's antivaccine is a jerk. >> Well, it's funny because he's not >> Well, it's funny because he's not

antivaccine at all. uh that and you know antivaccine at all. uh that and you know you we have our opinions about all of you we have our opinions about all of that. He was not fully antiax. So they that. He was not fully antiax. So they don't Yeah. They're saying things don't Yeah. They're saying things they're not even really sure about.

they're not even really sure about.

Public Reaction, Idolatry, and Online Tearing Down

They're just taking an opportunity to, They're just taking an opportunity to, you know, bash the message. Like for one you know, bash the message. Like for one example, and because he's got a very example, and because he's got a very elite type of following um in terms of elite type of following um in terms of his private practice, his concier's uh his private practice, his concier's uh practice. And he said it right on his practice. And he said it right on his 60-minute uh interview, you know, it's 60-minute uh interview, you know, it's it's six figures to to see this guy. Um, it's six figures to to see this guy. Um, now I'm sure that's over a year or more now I'm sure that's over a year or more of care. Sure. Um, of care. Sure. Um, >> and I'm sure his care delivers.

>> and I'm sure his care delivers. >> Absolutely. Well, it very much so. I >> Absolutely. Well, it very much so. I mean, he's he's literally got a lab.

mean, he's he's literally got a lab. He's he's he's he's done quite a bit. He's he's he's he's done quite a bit. Um, but that's the other thing they call Um, but that's the other thing they call into question that, you know, the into question that, you know, the dubious concept of longevity medicine dubious concept of longevity medicine and and and >> um, you know, which is unbelievably just >> um, you know, which is unbelievably just not true. They're just they're throwing not true. They're just they're throwing the baby out with the bath water with the baby out with the bath water with all of this.

all of this. >> So, I guess that's why we're talking >> So, I guess that's why we're talking about this. We're talking about it about this. We're talking about it because we want to make sure that we because we want to make sure that we take this opportunity right now to stand take this opportunity right now to stand up and say, "Hold on a second. Don't up and say, "Hold on a second. Don't find yourself tumbling in the waves of find yourself tumbling in the waves of doubt about freedom of medical choice doubt about freedom of medical choice because it is it's not about being um because it is it's not about being um antivaccine or anti-homeopathy. You antivaccine or anti-homeopathy. You know, I just posted that there are bills know, I just posted that there are bills now uh currently being passed through now uh currently being passed through government on whether or not homeopathic government on whether or not homeopathic medicine is going to be permitted or medicine is going to be permitted or controlled, etc. Homeopathic medicine, controlled, etc. Homeopathic medicine, like you can buy homeopathics at the like you can buy homeopathics at the supermarket. Why is that even being supermarket. Why is that even being debated?

debated? debated? >> So, this is this is what I see. I see >> So, this is this is what I see. I see that there's these trends to say, "Oo, that there's these trends to say, "Oo, we've got a scandal that we can build an we've got a scandal that we can build an entire campaign around to put down entire campaign around to put down patients and practitioners that want to patients and practitioners that want to provide choices." provide choices." >> Yeah. And this is right in the right in >> Yeah. And this is right in the right in the wake of all of this change that the wake of all of this change that we're starting to see in the country, we're starting to see in the country, the MA, the MA, um RFK Jr., what they're doing with HHS.

um RFK Jr., what they're doing with HHS. There's there's a lot of things that are There's there's a lot of things that are continually happening. A lot a lot of continually happening. A lot a lot of good things. A lot of things that people good things. A lot of things that people have wanted change on for a long time.

have wanted change on for a long time. Vaccines being one of them. Vaccines being one of them. >> Reasonable approaches to vaccines. It's >> Reasonable approaches to vaccines. It's it's beginning. We're get we're having a it's beginning. We're get we're having a conversation at the very least.

conversation at the very least. >> And that is upsetting the the the power >> And that is upsetting the the the power elite, particularly big pharma. They're elite, particularly big pharma. They're not going to like that. So the moment not going to like that. So the moment they see this opportunity, I think they see this opportunity, I think that's kind of what I'm trying to go that's kind of what I'm trying to go what you're saying there. this what you're saying there. this opportunity to pounce to then discredit opportunity to pounce to then discredit the message.

the message. >> Yes, >> Yes, >> Yes, >> that's that's the problem, right? Um >> that's that's the problem, right? Um aside from the fact that I I just think aside from the fact that I I just think it's so bizarre how people it's so bizarre how people >> how Americans particularly love to we >> how Americans particularly love to we love to build them up and we love to love to build them up and we love to bring them down. You know, we create bring them down. You know, we create these idols these idols >> and then we love to go around smacking >> and then we love to go around smacking around the idols that we just got done around the idols that we just got done making five minutes ago. Yeah.

making five minutes ago. Yeah. >> Um, so I >> Um, so I >> we want to know as Americans that the >> we want to know as Americans that the underdog can win. We want to know that underdog can win. We want to know that you can go from nothing and get on the you can go from nothing and get on the top. But the minute you're on the top, top.

Marketing, Longevity Medicine, and Common Sense Health

But the minute you're on the top, suddenly we're angry about it. It makes suddenly we're angry about it. It makes no sense. no sense. >> Well, it could be that that's maybe what >> Well, it could be that that's maybe what it is. It's a it's a form of idolatry.

it is. It's a it's a form of idolatry. It and you get to a certain point with It and you get to a certain point with idolatry that after a while you realize, idolatry that after a while you realize, wait a second, these people are actually wait a second, these people are actually real. They put their uh pants on one leg real. They put their uh pants on one leg at a time like everybody else. they're at a time like everybody else. they're completely fallible because they make completely fallible because they make some kind of human mistake some kind of human mistake >> and uh >> and uh >> and then what we're disappointed >> and then what we're disappointed >> and then we're disappointed. Hey, wait, >> and then we're disappointed. Hey, wait, wait a second. You're not a god. No, wait a second. You're not a god. No, you're not. You know, but we get upset you're not. You know, but we get upset about it and then that's when we sort about it and then that's when we sort sort of attack them.

sort of attack them. >> You know, I don't know if I this is a >> You know, I don't know if I this is a little bit of a tangent, but I think little bit of a tangent, but I think it's a worthwhile related point. This is it's a worthwhile related point. This is what we see with the um the comments, what we see with the um the comments, the the nasty comments or the nasty the the nasty comments or the nasty reviews or this whole thing about um how reviews or this whole thing about um how when you're anonymous for the most part when you're anonymous for the most part and you're not having an actual and you're not having an actual face-to-face relationship with someone, face-to-face relationship with someone, how comfortable people feel in tearing how comfortable people feel in tearing them down. And we as small business them down. And we as small business owners see it all the time. You can give owners see it all the time. You can give someone 10 years of really good service someone 10 years of really good service and then one thing happens that upsets and then one thing happens that upsets them and they get online and they say them and they get online and they say really aggressive things. Sometimes really aggressive things. Sometimes true, sometimes not so true. At least true, sometimes not so true. At least their emotions make it feel true to their emotions make it feel true to them. But what they don't recognize is them. But what they don't recognize is that those comments can really be that those comments can really be detrimental to small businesses and detrimental to small businesses and people that are hustling. So maybe a now people that are hustling. So maybe a now is this big shot, but at one point he is this big shot, but at one point he wasn't. He was an unknown like everybody wasn't. He was an unknown like everybody else. and he worked hard to build his else. and he worked hard to build his way to the top. Again, private life way to the top. Again, private life aside, this is about a professional aside, this is about a professional reality. This is a person who has reality. This is a person who has dedicated a lot of time and energy into dedicated a lot of time and energy into helping bring about a movement that

is helping bring about a movement that is actually benefiting the greater good.

actually benefiting the greater good. >> Sure. And you know, I think anybody now, >> Sure. And you know, I think anybody now, you know, they're they're literally you know, they're they're literally going through the Epstein files. And if going through the Epstein files. And if there's, you know, any level of a person there's, you know, any level of a person associated with Epstein in any way, associated with Epstein in any way, shape, or form, um, he it's shape, or form, um, he it's automatically ostracized, even though automatically ostracized, even though people might not have known who he was people might not have known who he was or might might not have known the extent or might might not have known the extent of it. This Epstein guy was prolific. He of it. This Epstein guy was prolific. He was all over the place. He was was all over the place. He was deliberately doing these things, as deliberately doing these things, as we're now seeing. It was all quite we're now seeing. It was all quite planned. he was trying to find where he planned. he was trying to find where he >> was a lot of pseudo names and you know >> was a lot of pseudo names and you know >> so anybody associated with the name >> so anybody associated with the name everyone's wanting to automatically hang everyone's wanting to automatically hang that person out to dry and we we we that person out to dry and we we we don't really fully know.

don't really fully know. >> So yeah I mean you know some of the >> So yeah I mean you know some of the comments um comments um there's one particular comment that he there's one particular comment that he made um that we could say was you know made um that we could say was you know that sort of locker room discussion that sort of locker room discussion perhaps between guys. Some people would perhaps between guys. Some people would say, well, he's a physician and say, well, he's a physician and shouldn't have that type of, you know, shouldn't have that type of, you know, conversation with a fellow patient. And conversation with a fellow patient. And um I, you know, I think it really um I, you know, I think it really depends on the kind of relationship you depends on the kind of relationship you have with the patient. Sometimes you have with the patient. Sometimes you have very personal over many, many have very personal over many, many years, almost friendlike type of years, almost friendlike type of relationships, and you're going to say relationships, and you're going to say things maybe to that patient that you things maybe to that patient that you wouldn't say to most of your other wouldn't say to most of your other patients perhaps.

patients perhaps. >> Um, you know, it just kind of all >> Um, you know, it just kind of all depends. But with all of that said, uh depends. But with all of that said, uh it he apparently came out and said he it he apparently came out and said he was not his doctor.

was not his doctor. >> So he was he had a some form of >> So he was he had a some form of relationship personal life thing, but he relationship personal life thing, but he said technically he was not his doctor.

said technically he was not his doctor. I think he was probably giving some I think he was probably giving some level of medical advice or something level of medical advice or something probably. Hey, I'm a doctor. Let's talk probably. Hey, I'm a doctor. Let's talk about it.

about it. >> But technically he was not his doctor. >> But technically he was not his doctor. >> But even if he was I mean how many times >> But even if he was I mean how many times have I had patients now I I the other have I had patients now I I the other day when I was seeing day when I was seeing >> You don't ever say offcolor things to >> You don't ever say offcolor things to your patients ever.

your patients ever. >> No. So this is my story. My story is >> No. So this is my story. My story is that the other day I had a day packed that the other day I had a day packed full of patients. I don't remember what full of patients. I don't remember what it was. Let's say nine patients in a it was. Let's say nine patients in a row, which for me is a lot because I row, which for me is a lot because I condense them into a a relatively tight condense them into a a relatively tight um period of time because I have to go um period of time because I have to go get the kids, etc. But that's not the get the kids, etc. But that's not the story. The story is that I had a student story. The story is that I had a student shadowing and I said to her, mind you, shadowing and I said to her, mind you, all these patients I have known, all these patients I have known, what's the right way to word this? The what's the right way to word this? The patient I have known the least amount of patient I have known the least amount of time has been my patient for six years.

time has been my patient for six years. Okay. So, these are people I have a Okay. So, these are people I have a relationship with. relationship with. >> When I'm talking to them, I'm talking to >> When I'm talking to them, I'm talking to them with a level of informality and them with a level of informality and casualness that comes from building an casualness that comes from building an intimate relationship.

intimate relationship. >> I've had some of those patients or some >> I've had some of those patients or some of our friends that listen to our of our friends that listen to our podcast say, "I don't think you show podcast say, "I don't think you show your sass enough or I don't think you" your sass enough or I don't think you" and I always say to them, I said, "Well, and I always say to them, I said, "Well, because I'm a physician, right? So at because I'm a physician, right? So at the end of the day, what I am presenting the end of the day, what I am presenting to the audience is a very professional to the audience is a very professional face. It doesn't mean that it's not who face. It doesn't mean that it's not who I am. It just means it's an aspect of I am. It just means it's an aspect of who I am. That is my public life. It is who I am. That is my public life. It is not my private life. And if you want not my private life. And if you want access to my private life, then you access to my private life, then you shouldn't rake me over the coals the shouldn't rake me over the coals the minute I say something you don't like minute I say something you don't like because my friends would never do that.

because my friends would never do that. >> So we have to kind of decide. You want >> So we have to kind of decide. You want people to be authentic or you want them people to be authentic or you want them to maintain this professionalism.

to maintain this professionalism. But you don't get to choose on the drop But you don't get to choose on the drop of a dime on whether they can or cannot of a dime on whether they can or cannot change their face. That's not right.

change their face. That's not right. It's not fair. It's not fair. So I have a real problem with all of So I have a real problem with all of this. this.

this. >> Yeah. I have uh >> Yeah. I have uh let's let's come back to this idea of let's let's come back to this idea of how they were, you know, ostracizing the how they were, you know, ostracizing the message. Um I have heard things saying message. Um I have heard things saying that, you know, longevity medicine is uh that, you know, longevity medicine is uh just Well, here's what's funny. They say just Well, here's what's funny. They say I've heard some people say that I've heard some people say that longevity medicine is a marketing term.

longevity medicine is a marketing term. >> And you know what's interesting? Maybe >> And you know what's interesting? Maybe it is. Yeah. May m but but sort of so it is. Yeah. May m but but sort of so what? Sure.

what? Sure. >> It's what's happening the reason it's >> It's what's happening the reason it's kind of come forward as longevity kind of come forward as longevity medicine because people are looking to medicine because people are looking to live longer. So it becomes a a term that live longer. So it becomes a a term that the the average patient, the average the the average patient, the average prospective patient, the average just prospective patient, the average just consumer wants to identify with ways to consumer wants to identify with ways to help with their health because it's sure help with their health because it's sure as hell not happening in the as hell not happening in the conventional model. The conventional conventional model. The conventional model has failed us model has failed us >> and that's a fact.

>> and that's a fact. >> Yeah. >> Yeah. >> Yeah. >> And it's very very clear. We've talked >> And it's very very clear. We've talked about it on this podcast. We've been about it on this podcast.

Fear, Medical Choice, and a Cautionary Closing

We've been talking about it as as doctors for for talking about it as as doctors for for 19 years and we really clearly have seen 19 years and we really clearly have seen it since COVID and now come forward with it since COVID and now come forward with the maha movement and all that where the maha movement and all that where everyone's realizing wait a second the everyone's realizing wait a second the food and uh you know there's a problem food and uh you know there's a problem here and we aren't living longer. In here and we aren't living longer. In fact what

is true is that for the first fact what is true is that for the first time time time >> in what happened we were having >> in what happened we were having year-over-year life expectancy was going year-over-year life expectancy was going up. We flatlined in 2020, meaning from up. We flatlined in 2020, meaning from 2020 to 2021, it stayed flatlined. And 2020 to 2021, it stayed flatlined. And now for the first time, I think it was now for the first time, I think it was 20, it was either 24 or 25, probably the 20, it was either 24 or 25, probably the 24 numbers showed that that next year 24 numbers showed that that next year went down for the first time in decades went down for the first time in decades and decades. So we're actually reversing and decades. So we're actually reversing back in literal longevity. So it back in literal longevity. So it couldn't be a better term to maybe put couldn't be a better term to maybe put forward at this moment in time. And forward at this moment in time. And marketing is, I mean, the main goal of marketing is, I mean, the main goal of marketing, right, is to be able is to be marketing, right, is to be able is to be able to take a message that resonates able to take a message that resonates with others so that people know that with others so that people know that your good or service is out there.

your good or service is out there. >> There's nothing wrong with that. The >> There's nothing wrong with that. The problem with a marketing strategy is problem with a marketing strategy is when it's uh insincere. If you're when it's uh insincere. If you're selling something as healthy and it's selling something as healthy and it's actually processed wheat and sugar, then actually processed wheat and sugar, then no, that's not healthy. That's no, that's not healthy. That's insincere. So, there's nothing insincere. So, there's nothing inherently wrong with big food and inherently wrong with big food and >> which we've seen with big food and big >> which we've seen with big food and big so I mean this idea of it being a so I mean this idea of it being a marketing term so marketing term so >> and conventional medicine is not >> and conventional medicine is not individuals conventional medicine is a individuals conventional medicine is a philosophy it's a business it's a philosophy it's a business it's a combination of politics um health combination of politics um health insurance individual decisions culture insurance individual decisions culture so it's it's all of those departments so it's it's all of those departments that need to be changed medical schools that need to be changed medical schools across the board whether you're across the board whether you're osteopathic or alipathic whatever osteopathic or alipathic whatever they're changing the the demand is they're changing the the demand is moving towards common sense medicine.

moving towards common sense medicine. Stop trying to convince me that things Stop trying to convince me that things that are bad for me are good for me and that are bad for me are good for me and then tell me I'm the one who's wrong.

then tell me I'm the one who's wrong. >> Yeah. Yeah. They um again saying this >> Yeah. Yeah. They um again saying this marketing term. Um I heard another marketing term. Um I heard another physician. She again I wouldn't say she physician. She again I wouldn't say she was abjectly wrong because she was was abjectly wrong because she was saying well longevity medicine is saying well longevity medicine is essentially preventative medicine. Well, essentially preventative medicine. Well, again, you and I have said that it's again, you and I have said that it's there's nothing sort of strange about there's nothing sort of strange about these concepts for us and how we've been these concepts for us and how we've been trained, certainly how we've practiced trained, certainly how we've practiced as a lot of it is quite common sense.

as a lot of it is quite common sense. Again, circling back to Peter, it's it's Again, circling back to Peter, it's it's the basics is I mean, that's really the basics is I mean, that's really largely what he was touting when you largely what he was touting when you listen to his podcast. Most of the time, listen to his podcast. Most of the time, what he was talking about was exercise what he was talking about was exercise physiology. And we know from a longevity physiology. And we know from a longevity standpoint, there's not much more that standpoint, there's not much more that we can do for ourselves. And we love we can do for ourselves. And we love hormones and we love peptides and all of hormones and we love peptides and all of these things in the supplements. There's these things in the supplements. There's not much more you can do than diet and not much more you can do than diet and exercise when done correctly in terms of exercise when done correctly in terms of helping with your longevity and helping with your longevity and prevention of disease, which ultimately prevention of disease, which ultimately longevity. You can't live longer if you longevity. You can't live longer if you didn't prevent disease in the first didn't prevent disease in the first place. So place. So >> all of that's uh kind of common sense.

>> all of that's uh kind of common sense. >> I mean for us, we really equate >> I mean for us, we really equate

longevity medicine with lifestyle longevity medicine with lifestyle medicine. Yeah. So when you are living medicine. Yeah. So when you are living this way and the earlier hopefully since this way and the earlier hopefully since when you're a baby you're living this when you're a baby you're living this way then you will be well and if there way then you will be well and if there is some sort of emergent episode like is some sort of emergent episode like surgery needed or or something genetic surgery needed or or something genetic okay then you can deal with it but the okay then you can deal with it but the chronic inflammatory diseases that we chronic inflammatory diseases that we are seeing in this country did not come are seeing in this country did not come about because longevity medicine is a about because longevity medicine is a scam.

scam. scam. >> Right. Exactly. Anyway, >> Right. Exactly. Anyway, >> yeah. Well, I'm glad we had a chance to >> yeah. Well, I'm glad we had a chance to uh to talk about this and hopefully it's uh to talk about this and hopefully it's helpful for everyone out there. I mean, helpful for everyone out there. I mean, just sort of summarize. Um I just want just sort of summarize. Um I just want people to have levity on this particular people to have levity on this particular situation and other situations as they situation and other situations as they come up related to health and how come up related to health and how something uh comes up in the media and something uh comes up in the media and all of that. Be careful. And I I would all of that. Be careful. And I I would say with levity, I want people to have say with levity, I want people to have caution of their own instantaneous caution of their own instantaneous reactions and to remember there's a big reactions and to remember there's a big difference between an emotional instinct difference between an emotional instinct and a reasonable response. Because the and a reasonable response. Because the last time that we were manipulated last time that we were manipulated through fear when it comes to medicine, through fear when it comes to medicine, >> in a very short period of time, we came >> in a very short period of time, we came to realize what a mistake it was. And to realize what a mistake it was. And here we are on the brink of doing it all here we are on the brink of doing it all over again.

over again. >> Yeah. >> Yeah. >> Yeah. >> So, >> So, >> So,