Podcast Introduction and Guest Background

We have a lot of cells in our body. Every single one of them are sending signals. It's literally a dance. There's a Dance of 43 trillion cells and our bodies.

And these cells are dying off because the mitochondrial dysfunction, when there's lack of NAD, fuel the cells. When we're talking about N. A. D. in general, what is N A.

D. truly good for? The simplest answer. Today we have Eric Wynn. In this episode, we sit down with Eric Heine, Chief Revenue Officer at Wells Pharmacy Network and NR product specialist to talk science, quality, and the truth behind the hype.

When you infuse high amounts of NAD, the thought is some of the metabolites that break down across the blood brain barrier basically address some the neurons, some receptors in the brain that play a role in cravings.

Is that temporary or is that like a… It depends how the government, Trump, signed something to reschedule marijuana. What are your thoughts about that?

I got no issues with that. what are some other type of drugs that you would like to see restructured or resceduled? Right now it's… Welcome to another episode of a Healthy Point of View podcast.

I'm your host, Sam Tahata. And as usual, we're bringing experts from all over the world to talk about health, wellness, beauty, and mindset. Today, our guest comes all the way from LA, California.

So this guy is an expert, he's a subject expert in a topic that has become very trendy. A topic you hear a lot of celebrities talking about it, a lots of hedge fund guys talking it.

He's an experts in the NR product. Alot of us have heard about NAD. We're going to talk about what are some of the things that are better out there for what we're trying to accomplish with that N. A. D.

You've heard the Kardashians talk about. You have heard all of these different people talk. Technology is changing. Today we have Eric Whitten. Eric, welcome to Healthy Point of View podcast.

Thank you. It's a pleasure to be here. An honor. Absolutely, man. We're gonna be talking about regenerative medicine, we're going to be talk about functional medicine.

We'll be be talkin' about root cause medicine and how to really target cellular health with some of the things that you've become a subject expert in.

But before we even get into that, you come from a background in traditional medicine where we know our traditional conventional medicine is very reactive.

Right. So I want to go back to early on in your career of first, why you even get into the medical business and what was it like being part of reactive medicine?

Yeah, thank you. Great question. Like, you know, when you grow up young and back in the 80s, medicine was something that was talked about as being a prestigious place to be, right?

Being a doctor, being somewhere in a medical field. And that that is expected of my family. Um, so I pursued that path, right? But I knew that interacting with people from a business side of, uh, point of view was like more interesting to me.

And so that's why I got into the combination of business and science. Right. Okay. So at that point, I spent a good 26 years of my life in this reactive approach instead of a preventative approach, because that was all we knew back then.

We were padlocked in a way to think that, you know. Getting drugs when you have a symptom is what medicine is all about right? And so I spent that 26 years working with the Pfizer's, the merch, that the lilies of the world where.

We were literally consulting on doctors, excuse me, more scientists, not even the doctors. We're at the forefront where they were looking to discover the drugs that would eventually help you lower your cholesterol, eventually deal with all the inflammatory symptoms that the society has been accustomed to, right?

But then it got to a point where, you know, it wasn't satisfying.

From Reactive Medicine to Root-Cause Care

So, you know, part of that, when we talk about reactive medicine, there's a lot of people in the functional medicine space that say that reactive, medicine is a failed system versus the prevention portion of it, right?

Where it's not just treating someone on their signs and symptoms, right? It's something where we're going deeper in going into the cellular system, one of the things that I always say is if you look at the back of a mug, great prevention, early detection and treatment intervention.

In my opinion, those are all extremely important things to do, having the data points, but the treatment interventions that are being done is very important as well.

So this, It's tough to say filled medical system because, you know, obviously it's it has saved a lot of lives conventional medicine. So I don't I want to put it down like that.

But I wanna hear from you why this shift? Why did you say, You know what? This was all we were used to. What is it that you saw that? You said, So you what I really need to go on this side of medicine?

instead of being where I've been for the last, you know, almost three decades. Yeah, it really comes down to data. When you look at data, You see that, since the industrial revolution, people have just gotten sicker and sickier, right?

A lot of the things from autoimmune disease that didn't really even exist in the magnitude that that it is now was even talked about back then. And it's all a byproduct of just society and how we go about the way we eat, the sedentary lifestyle, The simplicity of doing things without putting effort into it, right?

This instant gratification world we live in. So a lot of that has led to this systemic challenge that we've had, and not really understanding like the unintended consequences that have come from how society has shifted and and then just thinking okay we can fix it by just taking this medication and Then it's going to go all go back to normal right but the reality is there's root causes that cause us to become how we are from an inflammatory standpoint.

And it really just drills down a lot of times to the cellular level and what's happening to our bodies. Right, right. I hear you on that. So Eric, NAD, well, before we talk about N. A. D., because everything we're going to talk, it relates to N-A-D.

You started working with a company, True Niagen, intravenous product, correct? What is True Niagen? True niagen is a dietary supplement made by a company known as Niogen Bioscience that was formerly Chromadex.

So when I left the life science world of trying to discover drugs in that approach, I joined Chromadex and that's where that first shift happened from the reactive medicine to not necessarily preventative medicine, but wellness at that point, right?

And Trinitin is a fantastic company and product in that it's a company that was Set on the foundation of science first, as opposed to just being a marketing machine to put out, you know, the dietary supplements in the sheer volume that are out there.

Right. So it's a company. essentially around one molecule nicotinamide riboside, which is a precursor to NAD that we'll talk a bit about. So I joined that company at that time, now it was about three years ago, to help them transition from a dietary supplement company to a clinical biotech company that, uh, manufactures and offers a pharmaceutical grade API that ultimately can be compounded in a sterile form and administered in various delivery modalities.

Okay. That's the history of the company. I like that. So, so Eric, you know, when we're talking about NAD, Why is NAD misunderstood at the cellular level?

Yes, I mean, N. A. D. is such a hot molecule, like you said, right? From the celebrities talking about it to athletes on and on looking for it as that, you know, edge for what they're doing, and part of the misunderstanding is The molecule wants to be in the cell.

That's where the magic happens, right? When it's in a cell, it fuels the mitochondria that ultimately powers the 500 plus metabolic processes that are in our body.

And the challenge is when we intake NAD, regardless if it's a dietary supplement or an IV IM sub Q, the molecule doesn't just naturally go into the cell.

It's to start outside the sell. And if you look at the structure of the molecules, it is a small molecule, a dinucleotide, But it's a relatively bulky small molecule.

It has molecular weight about 660 ish, right? So that's considered big for a small Molecule the other challenge with the molecule is that there's two phosphate groups in the middle that are negatively charged and so because of the bulkiness and those negative charges It can't directly go into the cell when we when take it Right?

Okay. So, you know, that's why the people have nausea, heart palpitations, GI distress, a lot of those negative side effects that are common with NAD.

What NAD Is and Why It Matters

It's misunderstood because people would just think that, oh, I can get NED from anywhere and it's going to work and its going be that fountain of youth, the miracle drug that is out there.

But there are challenges that make it difficult and that why people Have those side effects that's I love that that you brought up the topic about interest cellular versus extra cellular, right?

Because. In the world of ID nutrition, we talk about this quite often, or just nutrition in general, even when you're taking oral supplementations is.

Are the actual nutrients vitamins minerals amino acids actually getting into the cell, right? And even when we start utilizing some of our different data points when it comes to testing, are you doing a micronutrients test that is testing the intracellular level of those micronuts.

So. In the space, it's 1 of the things that we try to educate on by frequently, which I think this is important for all of our positions that are listening and tuning into the podcast and also any consumers that a tuning in.

Is for people to really understand the importance of interest sale of their versus. Right so so. Give me further information on what's happening with that NAD if it's not going into the cell.

Right. Yeah. So the way I describe N. A. D. the analogy is that for those of us old enough to remember AOL

dialogue. Right? Okay. Hit that button and then you hear the sound and you gotta wait and it eventually goes in.

Right. Well with NAD, when you do an N-A-D-I-B or an I-M or a subcube shot, it still will work. It just takes time. Its that delay. And that's because When the body sees the NAD molecule extracellular, it's saying, what are you?

You're a foreign object, right? Because I recognize you inside the cell. I don't recognize out here. So when you're out, here, You know, the body's smart.

It's like, I gotta do something about it, right? So it's sending all the red blood cells, it sending signals to come do some about that NAD that's, you know snuck into the VIP booth or club or something like that, and it gonna kick it out or it has to break it down.

And yeah, in the case of our bodies, what it doing is it taking that any D molecule and its breaking it into its various metabolites. some of which eventually will get into the cell and convert to NAD+.

So that's why I'm saying it's not fool's gold. It does work. it just takes time and it is not as efficacious. You're not going to get as much and then on top of it you have to suffer and the suffering is essentially inflammation that is happening to your body.

If you've seen people that have done NADIVs or get that flush, the burning sensation, is that like an immune response that So it's an inflammatory response that the body is having.

And I'll explain what the data that we've seen and how it shows it. So when I was at Niagen Bioscience, we did the first clinical IRB study where we the full venous drawl and we looked at heart, kidney, liver function, inflammatory markers like basal fills and neutrophils, right?

which are representative of inflammation. At what point did you guys do that blood draw after the NAD was delivered? So we actually did a few things. We did the venous draw at, I believe, the three hour mark post-infusion.

Okay. But we did, uh, finger prick to measure the intracellular N. A. D. levels at seven different time points. Before the infusion, 10 minutes after 3 hours after 6 hours 12 hours 24 hours 7 days and 14 days.

And the data shows where the rise of intracellular NAD happen between N. A. D. cohort group. the NR cohort group, the placebo with saline, as well as a dietary supplement, to look at it in different ways.

But with respect to the venous straw, that was after the infusion, excuse me, was completed. It wasn't actually exactly three hours, it was just right after infusions was complete, It was taken.

And that's where all those biomarkers came back from, right? So that just tells that narrative of that inflammatory response that the body had. Very interesting.

So, all right. When it's sitting at an extracellular, and kind of sitting around, the body's trying to figure out where this NAD needs to go, you get that inflammatory response.

And then that's where you start getting this nauseated, flush feeling. This is why we're delivering the NAB for sometimes even more hours at once. Okay.

Wow. Well, okay. Let's talk about NR. So NR is a NAD precursor, correct? That's right. So with NR, what are we seeing with NR when it comes with a relation to NED?

So I usually explain it as NR as the most efficient molecule from an extracellular standpoint, right? All these molecules play a role in how we even survive and how the cells survive, but it's about which one's most efficient at what period in time.

So when we simplify and talk about extracellular versus intraceller, from an extracelular standpoint, NR, it is for one

thing 38% the molecular weight of NAV and it doesn't have that phosphate group that I mentioned.

And so because of that, And in addition, it has its own VIP red carpet to get into the cell, right? The other things to keep in mind with NR is that it's a rare form of vitamin B3, and why is it important?

Well, its found in certain foods that we eat and certain things that drink. What kind of foods? Milk. Okay. And surprisingly, brewer's yeast. So there's different things that have NR in it so our body recognizes it.

All right, so from an extracellular standpoint, when I talked about NAD, the body doesn't recognize it. So it attacks the molecule. With NR, it's like, oh, you're cool.

You got VIP pass to kill them in, So go ahead, right? So the, body recognizes it, and then it can stay efficient. And as opposed to being an AOL dial-up, You've got high-speed internet now, all right.

NR vs NMN vs NAD Delivery

Boom, VIP red carpet, high speed internet goes right into the cell, And then in two steps, converts well first it converts the nmn and then nmn converts to nad plus inside the cell ah interesting So NMN, that's a NAD precursor as well, right?

So how does NNM compare to NR? Yeah, great question. So, NMR are very similar molecules. The difference is NMM has that phosphate group. Do you remember what I talked about, the phosphate groups are one of the main challenges of how it can't get into the cell?

Right. So NMN is the same thing. So if you look at the whole NAD molecule, you have two nucleotides and the phosphate in the middle. If you simplify, one of the nucleosides is an NR molecule.

Okay. NMN is that Nr molecule with the phosphate group. So again, in order of efficiency, when you're outside the cell, why start with NmN? If Nmn needs to dephosphorylate to become NR, just start within N R.

Interesting. Would it ever make sense to take N r, N M N and N A D? As a diet, well, in combination for different reasons, by different delivery modalities, absolutely.

What do you mean by that? Well, if we're talking just IV, then it doesn't make sense to do NMN, NR, and NAD. You might as well just start with NR because you're going to get more efficacy and without all the side effects, right?

With NMN, you know, and NAD, if you're talking, You're going to take a dietary supplement. You are going do some of these other things. There could be additional value proposition, but there isn't any supporting science.

So that's why I'm saying that it could something that is beneficial, right? I know for example, like you like the synapsin spray. Yeah, I love that thing.

It puts me in high definition. and that has nr inside that spray right there there are dietary supplements out there with nmn you just have to take more of it to get the same value of n r so that they work it's just a matter of what's yeah i guess my question was more are they synergistic together right where does it make sense to And then, as something that's potentially opening up certain pathways in the body.

So, when you do take any, the energy is going to be more effective. Or, you know, I don't know the science behind it. You know? I would like you to comment on that.

But if you take, let's say, and are or we like to true nitrogen product and then for the nasal spray and you'd take a product. Would the NAD that you inject yourself, subcutaneous or IV, would it be more effective?

Would you get more intracellular? Well, if anything you introduce has to start extraceller, then again, it goes back to efficiency. So if you added NR and NMN, then you're going to get all the NR and the NMN then has to cleave off

the phosphate group to become NR.

So you are getting value in that. You're just getting more NR eventually, right? But that phosphate is, think of it as waste. It can't get through. If you have 500 milligrams of NMM, for example, and let's say about 20 to 40 percent of that molecule represents a phosphate that's waste, then that 500 milligrams, you're really only getting about 300 milligrams in.

Oh, wow. Okay. Now, let me take this question just one step further. Uh, now I do work with, uh, just a sheer amount of providers around the, the U S and I've been blessed to learn about the number of just the disease states that they've treated, right.

And you using different products in different ways. One gentleman, Dr. Henry Liang out of clarity clinic. He treats PTSD, depression, ketamine type center, and he has some profound methodologies for how he he had transformed a lot of lives with the use of NAD.

And now he's become a big fan of NR. but he still uses NAD and he uses it in combination with NR. So to your question about are there any benefits to combining, he's found a method.

Now he has some proprietary, you know, cooking recipes, right? We'll call it that. I can expand on what they are, but I do know that individuals like him are mixing products together and seeing some profound benefits from them.

Wow, very interesting. We got to get this recipe. Yeah, so so with. With NAD, we know that NAAD has been utilized not just for that brain reboot, right?

For cognitive health and stuff, but we that it's been utilize for like addiction therapy for patients that are addicted to opioids, alcohol, et cetera.

Can we talk about that? Can others should explain to the listeners and viewers really like what is it that's happening and why are physicians utilizing this product for treatment of addiction.

Besides the celebrity aspect of things, that's really what put NED IVs on the map. It's been 15 plus years that a number of providers have gotten into the NAD space or utilize NAAD for addiction.

And it's still mostly a hypothesis. There's no like concrete data and a a, number studies around it. But I can tell you what is hypothesized from a numbers of experts that I've worked with in this space, right?

And the thought is that when you infuse high amounts of NAD, that when that member, that molecule has to break down, the thought is some of the metabolites that breakdown cross the blood brain barrier and basically address some the neurons, some receptors in the brain that play a role in cravings.

okay right so it doesn't eliminate uh addiction but it addresses the craving aspect of things is that temporary or is it like a it depends how um let's say stress the the system is okay so someone that might not be like uh you know uh let let s use alcoholism right where they've just been an alcoholic for 50 plus years of their life and their their receptors everything are just shot, then it's harder for them.

For someone that may be a relatively younger, naive person that has addiction, it tends to work much better for him, but it doesn't mean that it eliminated.

It just helps with those cravings for that period of time. So there's a wide spectrum of how it can help and treat and how long it does. Now, the NAD, when we look at the protocol for addiction, it's a very aggressive dosage.

And if we're saying that the NAV typically is sitting out there extracellular wise, what are we seeing with NR when it comes to addiction? Yeah. So a number of these providers, an NAP protocol they sometimes go for like two weeks, thousand to 2000 milligrams a day, eight hours plus a days sitting down, laying there in a chair in fetal position.

Not good. Yes. So what they're finding is with NR, they are able to reduce the infusion time by upwards of four to eight X. Right? So now patients are getting in for treatment.

They're tolerating the infusions a lot more so, and they're actually addressing those craving receptors in a shorter period of time than the 14-day typical average for a certain type of addiction.

Oh, wow. That's pretty cool. I mean, that's a huge difference. If I was a patient dealing with addiction, I wouldn't want to sit there for eight hours, right?

Now, when it comes to testing and the different studies that you guys are conducting with NR, what are we seeing and where are at with that? Yeah, we're definitely early in the early stage, early adoption when when comes testing.

What what I envision is when becomes mainstream when I say mainstream, not from a social media standpoint, but mainstream from when there's actual disease states that are tied to, you know.

incremental improvements, for example, Parkinson's or Alzheimer's disease, where there is data that shows that increasing your NAD levels are helping with those patients.

When a drug is ultimately approved, right, then you're going to start seeing the quest and lab cores that will have NED and NADH ratio measurements, right?

When we reach that level, that's when I think mass adoption for testing, as well as for quality testing will be a table stake rather than what it is right now.

NAD for Addiction and Clinical Testing

There are companies that offer N. A. D. tests right They're good, they're not great in my opinion. Why is that? Because a combination of things. What are the true reference ranges that need to exist right now?

So between you and I right, now there's one universal reference range. my mom is 73 with Parkinson's, she will have the same reference range that we have, right?

So there isn't quality data and you know that takes time, to where imagine 10 years from now when we can differentiate, Sam, your reference should be A twenty to thirty micro molar eric your should be thirty to forty micro roller my mom should b ten to twenty micromolar when we have those type of reference ranges then things will be more meaningful.

What are we looking at when we're testing NR or NAD levels? What do we look in that with our patient when it comes to that? Yeah, so we are looking intracellular measurements of our NED levels, right?

So that to me, Provides directionality. It's not the be all end all, but you could, it can show us if what we're doing as an intervention, IV dietary supplement, what have you, right?

Is it moving the needle on where we started? before our intervention journey with NAD to where we are based on the protocol that was designed specifically for us, right?

That's what we want to see, that directionality. What we can't see is how it's getting into our tissues and organs, because we're not biopsying our tissue and our organs to really see the meaningful impact that it is having.

But when you saturate your intracellular levels directionally, it means it has to go somewhere, right? After it gets in the cell and it saturates, then it eventually gets into the tissues or organs which is a good thing.

So I would assume that the type of testing that we currently have is really good for like N of one data for the specific patient itself as you're treating them.

So getting a good baseline of those NAD levels. And then as a medical provider, what would be the expectation to see when it comes to those levels increasing throughout their treatments?

Well, yeah, so they wanna see that directionality, right? You wanna that, you know, here's the thing. Doesn't matter if we're talking about NAD or if were talking testosterone or other naturally producing molecules in our body, as we age, it declines.

That is the same track talk that you hear over and over. Once you hit 30, from 30 to 65, 70, your gonna see a decline of upwards of 65%. So by using the test, that is something that will help you determine, have you started that major decline?

When have started it? And are you below the universal reference range? Are you within range or are above? Then no matter where you land, you still have a protocol.

This is one of those molecules that you need For the rest of your life right hormones when you replace your testosterone rate you just continue to you always need it right Esther dial you're always going to need any of these in that same bucket my opinion so testing is important and it will get better and better.

What labs are currently doing those type of tests? There's a few. I know there's one called Revity Genomics. Another one that I'm working closely with is Let's Get Checked.

They are working on a really strong test. And then there are a number of others abroad internationally as well. All right, nice. So when we're talking about NAD in general, What is any truly good for what type of patients?

What kind of issues these type patients have? Well, what are we treating with when it comes to any? Honestly, the simplest answer is it. It's literally good.

For everything, right? Like, so, that the simple way to think about any D. Is the main purpose of it is cellular energy ATP production, right? Uh, and cellular DNA repair.

Okay. So it's, uh, in to the lay person, Uh cellular, the energy is performance. And repair is recovery. So if you think about it in the way of performance and recovery, then you could literally take almost any disease state and tie NAD in some capacity to it.

I use my mom as an example with Parkinson's. And what's with my Mom is that she has lower extremity freezing. So she locks up. So, she's on various medications, right?

She's something called Rytari, which is a combo drug that she has to take every eight hours. But at the six hour mark, her legs will start to freeze up, okay?

We did a Niagen IV for her for the first time in June of last year. After we did the IV, she was able to go 10 hours without taking medication. Like her legs were loose, right?

Then the next month, we another Niogen IV and we added glutathione after. She said she forgot she had Parkinson's. for 24 hours, right? It's like, so then you start thinking, wow, what happens when you.

Start combining some of these different molecules that complement each other like glutathione and, and are together. Like they can do some really, really magical things.

So you guys put that in the same bag. No, not in the same bag. What we recommend and what we see from providers is you'll do a nitrogen drip, right? Like 500 milligrams in a 500 cc bag and then the last 100 ccs, do your glutathione push right there.

Okay. Right? Or that hang a 100cc glutothione bag after the full drip. Nice. Very interesting. So what would the NAD One of the things that people go to, which we talked about earlier, is brain health, right?

So when it comes to NAD and brain heath, and I'm gonna ask a few questions that are similar to this, from a scale one to 10, how does NR affect that cognitive health?

Yeah, so at Nijan Bioscience, I mentioned early on, They pride themselves on just the science, the data. They have 41 peer-reviewed clinical studies. A number of them are tied to cognition.

Your question at hand right here, right? Parkinson's and Alzheimer's. I believe there have been two to three Parkinson related studies now. The third one right now in Norway has 400 participants.

And it's a fast track study where they're looking at administration of, I don't know the exact numbers, either 1000 or 200,000 milligrams per day or an entire year to show that cognitive improvement for Parkinson's.

The data should be coming out at some point here in 2026. That could be really, really disruptive. in a positive way. Amazing, amazing. Now we always hear about mitochondrial health, right?

And we know that NAD has a direct impact on your mitochondria health. So on a scale 1 to 10, 10 being the best and the most powerful, when it comes to mitochondrio health scale one to ten, where does it land for mitochondrion health?

It has to be a 910 right there. Oh, right. Yeah. Like it's the fuel, without the feel. The cells don't operate and they die. We have, I mean, some people say that we have 40 or 36 trillion cells in our body.

Others say 43 trillion. So the other day we had a lot of cells. Yeah. And every single one of them are sending signals, right? You, you mentioned early on regenerative medicine, they're sending.

They're all talking to each other. It's, it is literally a dance. There's a dance of 43 trillion cells in our body. You like going on the freeway and in China, they're just all going all over the place.

And somehow nobody crashes into each other, right? A lot of cells. That's A Lot of Cells. But and these cells are dying off every day in in high numbers, Right.

and it's because the mitochondrial dysfunction when there's a lack of NAD to fuel the cells. That's one of the major components to it. Wow, wow. Yeah, that's, I wonder who counted all those cells, man.

I used to try to count the jelly bean jar, you know, when they would do that, and I would always fail. And that seems a little bit easier. There's only like 30 of them in there.

Like licking the lollipop. How many licks until you get to the center of lollypop, right? I love those commercials. All right, so we talked about NAD, about the mitochondria health.

What else stacks well with NR in the ND treatment? Yeah, it's interesting because we wanna like fuel all our cells, but it is important to consider how we detoxing them as well before, right?

Right. So there's two things. Methylene blue, methylene blue is, is has some popularity, right? There's pros and cons to, and there's a, you know, I would say a lack of knowledge as well on how to properly utilize methylened blue.

But if, if you think of methyline blue as, well as glutathione as detoxing agents, that's, where they, they compliment each other so well.

Brain Health, Mitochondria, and Treatment Stacks

If you detox clear the pathway, and then bring in all this NR, then you're helping clear the path and you are introducing NR to cleaner cells. Right? Okay.

Yeah. So that's something. The other thing is in regenerative medicine, you hear a lot of excitement around stem cells, exosomes, cell factors, right?

Um, I know that, uh, Exosome is something you're very interested in as well. Right. Those also are extremely complimentary to, um, NAD therapy, especially with NR.

Yeah I know Dr. Holland Chen. Yes. He's really big into NAD and he's working with you guys very closely with the NR as well. And he is down here now in Miami doing a lot of research not just on that but also stem cells.

Right. So obviously there has to be some kind of correlation between the two correct. That's right. Amazing. You know, right now, you know we're talking about all these different health modalities and things that people can do to really take control of their health.

Right? Right now we have a big movement that's going on. It's called the MAHA movement. You make America healthy again. And it's gained a lot of traction.

There's a a of notability. And the Maha movement, you know, we don't want it to just be a random slogan that becomes popular and doesn't have the meaning that it truly should have.

So when you hear Maja, what does that mean to you? It means we're trying to help the people at the end of the day, right? As opposed to, like we talked about at beginning, being reactive, it's being proactive, preventative medicine, and make America healthy again.

And I'm not big into the political side of things, but I do believe in being pro-active and I believe Maha is playing a role in this, when you think about certain things that are not available to us in the medical world right now, i.e.

peptides, certain peptide, BPC157, Ipomoralin, CJC, and MOTC and all these amazing peptids, they were taken away. And what did that do? It forced providers to go into the gray market.

Right. To source things from overseas and research labs and all kinds of research, labs, testing in Slovakia. It just it's just you know, you you put the nation in a position where they're going to go and try to figure it out themselves if you don't if, if if.

You don' allow them to do it in. A compliant regulatory way. So I'm hoping MAHA plays a major role in helping to bring things back into the U. S. in a way that we can control it and make it safe for our patients, right?

Because there's a lot of risk right now with how peptides and a number of other products are having to be acquired. You mentioned earlier that obviously we don't want to get too involved on the political stuff, the left and the right.

But when we're talking about taking care of your health, that should be a nonpartisan. Exactly. Topic, right? When you're taking about with the peptides, it's kind of like reminded me of in history, the prohibition days.

People are still going to find a way to get these things. So why don't we offer it and make sure we regulate it the right way and makes sure it is compliant.

That's right. Yeah. Why do you think they removed all these peptide? My humble opinion is that they didn't know how to monetize it. Whose day? The government and or the big pharma.

Oh the Big Pharma Mafia. You know they're being attacked by preventative medicine and that cuts into their ability to Profit from all the drugs that sucks to be attacked by healthy patients.

So, but you know, the thing is, and this is one of the things on the association side. talking to Jeff Cohen, leading healthcare attorney in our space, one of the things that he mentioned, he says, this is the first time I ever see the FDA removing certain drugs where there was no real adverse effect.

There was, no one got hurt. It's just like, well, there's no supporting data, so no, you can't do it. Well, what about all this other stuff? I work for Wells Pharmacy Network.

We're involved in the Maha Movement too. And we're there at capital L, we are near there, right? And what's been crazy is, you know, they took a number of these peptides off the category 1 503b or 502a bulks lists in 2023. And in 2024, and they put them on category 2, which meant, no, You can't use them, in 2023. In 2024 a Number of them came off.

but they didn't put it back on category one. So they live in purgatory right now, right? But the space is bullish that a number of them will come back and companies like Wells Pharmacy that does everything above board, regulatory compliance and as sound as can be, we can then start making these products that were helping literally thousands and thousands of people that got the rug pulled from them.

And now with all the information on all of the benefits of a lot of these products and then how they would ultimately live synergistically with boosting NAD and having these peptides, having cell signaling factors, exosomes, that's when things start really getting exciting.

When you have stacks as opposed to the way things are right now when you take your metformin and your beta blockers and stuff. So hopefully we see a lot of these peptides come back.

We did see one of the peptide get FDA approved recently, the SS-31. That's right. So it kind of seems like these peptides are only coming back once a big pharmaceutical company gets them FDA-approved and all of a sudden they're monetizing it.

At the end of the day, all jokes to the side, people need this stuff. There's a lot of sick patients where a a of these functional medicine doctors are becoming very successful treating these patients.

A lot the conventional treatments are not cutting it for them. Yeah, so it is important, and this is why you're seeing this huge uptick of all of these different laboratories producing peptides.

But then the scary part is just like, what are you truly getting, right? Are you getting a pure product? Does it have the proper testing? Is there high levels of endotoxins in there?

We don't know. That's right. So now it's becoming a lot of this underground stuff and the research stuff. We're starting to feel like little lab rats because we have no other choice.

So I'm hoping to see a difference there. Eric, there's a new product that has come out. It's in the CBD world, the Pico CBD. Have you heard of it? I've heard it, yes.

They've been able to take CBD and make it into the pico molecule, which is a thousand times smaller than the nanomolecule. What do you know about CBD, and how it can help you?

Well, I'm not an expert in it, so I want to temper expectations on how much I comment on it. But I truly am fascinated by the CBD molecule. Now, as an IV, I'm interested because I've seen some data showing when you combine CBD with NAD, there are some profound benefits to it too, but I just don't have enough knowledge of it at this point.

Oh, that'd be interesting. That'd been interesting to talk to the guys with Pico to see if they run some research on that, what the universities are working with.

Yeah. N. A. D. with the CBD. Yeah, it's, you know, knowing that you can have now a stronger bioavailability of that CBD, because CBD has been researched tremendously.

I mean, there's over thousands of studies, especially because every state has legalized it at this point for medical use, if not for recreational use.

So, the fact that we're on the topic of Indocannabinoids. So the government, Trump, signed something to reschedule marijuana. What are your thoughts about that?

I got no issues with that. Yeah. People need it. Absolutely. And what are some other types of drugs that you would like to see restructured or rescheduled?

Right now, my attention is on the peptides. I think that's where if we wanna get off in, I don't wanna beat the dead horse with this, we want to get of this gray market dependence on a lot of these products, then that is number one for me.

And then number two is putting more either financial backing or getting fast-track FDA approval for stuff down that stem cell path. Is it stem cells? Is is exosomes?

is it cell signaling? Whichever is the right delivery mechanism. if it leads to these extremely quick recovery that happened, right? That we're seeing with that whole stem cell space.

And I think that that could be something pretty special. I agree. That would be pretty cool, man, to see that happen. So if someone's listening to this podcast and really feels like they resonate with the whole NAD NR stuff.

And they kind of feel like, man, maybe I should give this a try. What is that one thing that you can leave them off with? I'll finish by just saying that again, we all need it, right?

So it's at what point is it important for you to take control of your health and to get in front of not feeling sluggish, not having that brain fog, this is something that's really common in society right now.

You don't know how many people on a regular basis talk about the brainfog, brain-fogg, Long COVID is something that is front and center for all of us right now.

Whether we believe it or not, or whether we know it, so many of are affected by long COVID right. Absolutely. their studies already showing that increasing your NAD levels, especially with NR, plays a meaningful role in addressing long COVID.

MAHA, Peptides, CBD, and Rescheduling

So you might think, oh, I don't need it. I feel fine. But the fact is it's going to decline. You might as well get in front of the game rather than waiting.

And you're just going live a longer, healthier life at the end of it? Absolutely. With the NR, besides IV, can you inject it intramuscular? Yeah, absolutely.

Subcutaneous? Absolutely. What's the dosage recommended for subcutanious versus, let's say, IV? So typically what we're seeing in the space is an IV is 500 milligrams or 1,000 milligrams, with the majority being 500 kilograms, right?

Right. When it comes to IN and sub-Q, it's typically 50 or 100 milligrams per injection. That's for the NR. For the NR, yes. So with NAD, typically what you see in the space is providers will start with 25 milligrams or like a sub Q shot or an IM shot, and then they'll ladder up.

Five milligrams at a time, right? And then what they're doing is they are laddering up until they hit that wall. And where those side effects are. Then they'll be like, oh, let's ladder back down.

With NR, because you don't have those set effects, you can start immediately with 50 or 100 milligrams. You can just do the shots on a daily basis or every other day with the goal of trying to land somewhere between 500 and 1,000 milligrams over the course of a month.

Okay, nice. That's pretty cool. Pretty common. I like that. Well, now that you can do the NR and not have to sit there for four hours, you could do it within 30 minutes.

Yeah, it's more convenient. It's easier to do. What I was doing with my NAD until the NR came out is I doing subcutaneous injections because I just didn't have the time to just sit for 4 hours.

So now that you have an OR, this is a way that now you're even going to get more of the incredibly if I'm wrong on this, but you get you've seen higher levels of NAD intra cellular with an or versus taking an ID, right?

That's right. That amazing. Yeah, that's amazing efficiency. But that is the technology at its greatest right there. So Eric, is there anything else you want to share about an order that we didn't cover today?

There's a lot, but I think at this point, we've covered quite a bit. It hits everywhere you want to be when it comes to the delivery modalities, IV, IM, and sub-Q.

it's going to give the patients the most efficient way to increase their levels and feel good in a reasonable amount of time relative to their metabolic stressors.

And then for providers, it gives them now a powerful tool that doesn't strain their resources. Resources being their staff and the real estate being those chairs that they have in their clinics.

Being tied up. And that's the thing with NAD. That's a reason why a lot of providers have had to charge what they've had a charge with an N. A. D. It's not because of the molecule, it's because the time that they had to spend in the chair, the times that their nurses had dedicate to the patient because potential biohazard concerns.

And now with the NR molecule with Niagen from Wells Pharmacy Network, You know you solve for all those pain points, but but absolutely So eric we're gonna have a little fun here really quick So one of my favorite podcasters, uh steven barlett with the diary of a ceo He came out with these conversation cards.

I'll let you go ahead and grab that. All right, um, you can just open up that sleeve Grab a random card from the middle somewhere. You're going to read it then you're, gonna answer it.

Oh When was the last time you cried and why? Oh, wow. Oh boy. Are you really doing this? Because I actually know. On the way to Liquivita. When I got stuck.

This is kind of sad, but you know, so I will I'll scroll on Instagram like once a day. Okay, that's my thing. I won't get addicted to social media. And I scrolled on this, you know, I was just scrolling down and then there was an advertisement.

As silly as this sound, it was it, was in advertisement to where there is a music double over thing, right? So where this husband was driving the car and his wife was the passenger seat and a song started playing.

and she'd never heard it before, but it was a custom song, probably using AI, right? Where he fed the story of their history and then the dad that passed away and how that impacted her.

And so she started crying in the car while driving. So that ad got me. I was like, damn, that was good ad. Exactly. So that one got me. Yeah. I appreciate good marketing.

Did you make AI music for your wife now? Hopefully this airs after I got that app for her. Awesome. Amazing. As we wrap up here, there's a lot of medical providers that tune into this podcast.

that sometimes they get stuck in their bubble and they're not venturing into a lot of new technology and a lots of products. What is the thing that you can leave these practitioners off with when it comes to the NR IV product?

Well, first thing I'll say is The only constant is change. And it's fascinating to me when providers get stuck in a

routine and aren't exploring new things that are going to be beneficial to a society, right?

So I've spoken with thousands and thousands of providers.

Closing Advice for Patients and Providers

There are thousands that on board and using NR now, but there are even more that either aren't aware of it or are just worried or just thinking NAD is fine for them.

So you have to give it a try at the end of the day. You're cheating yourself and you're treating your patients. If you don't look at that data, that clearly shows that this is the most efficient way to increase your NED levels to help your patience.

Right. Amazing. And Eric, if people wanna find you and learn more about what you have going on, where do they find ya? Yeah, they can find me at Wells Pharmacy, E-H-U-Y-N-A-C-E at wellsrx.com.

You can me on LinkedIn. Those are probably gonna be the two most common places at this point. Amazing, amazing. Brother, this was a fantastic message to get out to the community, the Health and Wellness community.

I appreciate you for coming on a Healthy Point of View podcast. Thank you having me, yeah. Guys, you heard it from the subject expert, Eric mentioned it, NR has changed the game.

We don't have to sit there for four hours to do an NAD drip, right? We can actually get better efficacy of intracellular NID into ourselves by doing the NR IV.

There's many clinics out there, Licovita is one of them. we're offering the NRIV drips. You can do it within 30 minutes. you'll see, You'll feel it. you'll take care of your health, stay with their health mitochondrial health.

This is what you need to live a healthier and better life. If you feel like you don't need it, you damn right know that somebody you know personally will definitely need.

But make sure you share this podcast, make you comment, do all that fun stuff. Don't forget to subscribe and we'll see you for the next one.