

Caspar ([00:00:01](#)):

Traditional medicine is no longer the only option available. An advanced approach to healthcare now leverages information about a person's genes, proteins, environment, and lifestyle to prevent, identify, and treat disease more effectively. Our guest today is a board certified family physician, author, and CEO and founder of the Institute for Human Optimization. He's also a personal friend, and joins us to explore these cutting edge medical options and share how you can achieve your optimal state of health and vitality. This is the Story of Precision Medicine with Dr. Anil Bajnath. Dr. Anil, great to have you on. It's been too long.

Dr. Anil Bajnath ([00:00:40](#)):

It's a pleasure. It's truly a pleasure. It's like I'm seeing a, you know, a long lost family relative here that I haven't seen in about six, seven years since we we last.

Caspar ([00:00:50](#)):

It's been that long and it's been over a decade since we first were introduced all those years back when we were doing seminars and the New Yorker in Manhattan, you showed up and I remember being like, what is a young MD doing here? Because, you know, you usually get people that have already been down the road for a while and searching for something new, but you were still, you know, as we were saying, a little bit brainwashed at the time through conventional medicine. But your path is one that I always admired 'cause you aren't just, hey, I went to medical school and I practiced medicine. You went down so many different rabbit holes. You did so much more than just medical school. You continue to do that. Can you talk a little bit about that, just your path and your story of like where, where you started to where you are now, because it's really fascinating.

Dr. Anil Bajnath ([00:01:41](#)):

You know, and honestly, I, I feel as though that when we finally connected, you know, back in like 2014-ish via Ashley Salomon was the one that really turned me onto Innovative Medicine and what she was learning. It was very refreshing because my kind of trajectory throughout medicine and healthcare started when I was a teenager, you know? Mm-Hmm. So, when I was 16-years old, I was working at a Whole Foods market selling nutraceuticals and supplements and you know, learning about homeopathic medicine, herbal medicine, nutrition, all, all the fun stuff. I was learning from, like Michael Murray, the author of, you know, the textbook for, and encyclopedia for Natural Medicine. He's a big guy, you know, and I was putting all these amazing innovators in the integrative medicine space, Andrew Weill and Udo Erasmus, you know, Fats that Heal, Fats that Kill, you know, and he did a lot of lipid research.

Dr. Anil Bajnath ([00:02:36](#)):

And so, you know, from a young age, I was really influenced by these, this, this approach to kind of healing, right? And correcting these imbalances within the system and, and providing the body with the appropriate tools and resources needed to kind of function properly. And then, you know, in undergrad, you know, doing molecular microbiology and medical laboratory science and getting that appreciation of the nutritional biochemistry associated with things, you realize that we're just a giant bag of, you know, ions that are functioning based on, you know, pH perturbations, salts, fats, lipids, sugars, all sorts of fun things. And it's, it's creating that balance within. But, you know, so, you know, as a teenager, one of the things that I really got into was dark field face contrast microscopy. Mm-Hmm. Yeah. By it was introduced to me by my high school wrestling coach, one of 'em.

Dr. Anil Bajnath ([00:03:27](#)):

And he knew that I was working at Whole Foods and selling supplements really into that. And this, this was a gentleman that was a biohacker before biohacking was coined a term. Yep. And, you know, he was really into rife technology and frequencies and all this other stuff. And he's like, Hey, take a look at this dark field face contrast microscope, and you know, it, it, you know, there's levels of application that could be associated with nutrition. It might be something you're interested in. And it was, so at the age of 19, I flew out, you know right at, you know, 18-19 transition to Chicago, to biome medics in, in Illinois, and got trained and certified in a technique using dark field face contrast microscopy. And I'm like, oh, this is amazing. One drop of blood. You're able to identify all sorts of morphological variances within the blood that go beyond a standard CBC.

Dr. Anil Bajnath ([00:04:17](#)):

Right? And you know, so I thought at that time I wanted to become a hematopathologist. Right. And, you know, until I worked at MD Anderson Cancer Center in undergrad when I was doing my medical laboratory science with some of those docs, and realized, oh man, these guys are just lab rats that have very poor interpersonal communication skills. And this is not fun, you know? So, you know, I went on to study a bunch, you know, in formalizing this kind of integrative approach to microscopy with the formalization, with, you know, the molecular microbiology medical laboratory science. I trained at that time with a mutual colleague of ours, Dr. Thomas Rau, and did the Paracelsus Clinic training while I was an undergrad in all these different European biological techniques. And as we were discussing earlier that, you know, some of these resources are no longer available here in the US.

Dr. Anil Bajnath ([00:05:08](#)):

So all, there's a whole system of medicine that's available out in Europe that we just don't have access to. And it, it doesn't make sense to me as a provider because it's just like, all right, if it doesn't work and it's just placebo because homeopathic medicine's, then why is it banned? You know, why can't we get it right if it's just sugar water? Alright. So to me, there's a lot of things that just don't make sense. So I did a lot of stuff with Peter D'Adamo as well, you know, the author of the GenoType Diet, Eat Right For Your Blood Type. And from an immuno hematological perspective, you know, the lectin chemistry really resonated with me. You know, do I think it's a holy grail? No. But I do think that, you know, there is you know, various factors that influence those, those adhesion molecules and binding and complement activation.

Dr. Anil Bajnath ([00:05:54](#)):

So to me, from a scientific perspective, there was some, some evidence and, and information there that made sense in the personalization of medicine. So yeah, fast forward, went to med school, right? Got brainwashed over the years. And I met Dr. Ashley Salomon when I was at a, I think IIFM conference in Arizona. I was doing the ASAP applying functional medicine to clinical practice conference in 2014. And she was studying with you and with Innovative Medicine. And it was the first time in about five years, four to five years that I got reintroduced to European Biological Medicine. And I'm telling you, I was so excited because, you know, going through everything that I just went through with conventional medicine and training, you know, before starting residency and getting this refresher returned me to my roots of my passion and interest and how do we, you know, provide people with appropriate tools to heal, right?

Dr. Anil Bajnath ([00:06:59](#)):

So that's when we got connected and I started studying with you, oh my gosh, 10 years now, you know almost over 10 years wise by <laugh>, you know? And so for me personally, I feel as though what you guys have provided and is an additional layer of information diagnostics that just go beyond what I think conventional medicine is ready to even understand, or <laugh> or process. So in regards to bioresonance and, and so forth. But yeah, so, you know, that's kind of my journey. You know, I, I went to residency at University of Maryland, completed my training there, and you know, I'm faculty at George Washington

University where I teach for the integrative medicine master's degree. And basically the, the courses that I teach are essentially the fellowship through the A4M, the American Academy for Anti-Aging Medicine.

Dr. Anil Bajnath (00:07:50):

And you know, I created my, my private practice centered around one of the classes that I teach the omics of medicine INTM 6205, and looking at how we could connect the molecular dots from genome to phenome and looking at all the different factors, including your exposome and environment, and, you know, even utilization of transcriptomics and looking at DNA, you know, expression and how it's influencing kind of, you know, protein synthesis and signaling, metabolomics, and looking at the microbiome and all of these different signals and inputs that are having a trip. You good? Yeah. Oh, okay. Sorry, my computer just froze, but Okay. Oh, no worries. No worries. We'll cut that. Yeah, cut. All right. Sorry. All of a sudden, the computer just started doing something. All right. So we'll clap in. But looking at all these different molecular signals and inputs that are influencing, you know, the patho phenotype of an individual, right?

Dr. Anil Bajnath (00:08:57):

So you know, with that being said, that's what I do here in my private practice is, you know, I genotype everybody. I'm looking at all the different, you know, kind of di conventional diagnostic tests that are accepted, you know, amongst my peers and community. And that's where I think, you know, the bulk of my private practice here are physicians because they understand what I'm trying to do. I mean, I have old school docs from Hopkins that are like, you know, <laugh> just, just overzealous once we have these conversations about longevity and health optimization and how we're looking at, you know, unpacking this information and using it to create and curate customized roadmap towards longevity. And that led me to, you know, write my book The Longevity Equation, right. Which is gonna be hopefully out here soon. You know, this is a pre-print release. I'm still making some edits to it. But you know, it's one of those things that it, in my mind, it's never gonna be done. There's always new research and information that I'm trying to infuse in there, and need to get over that hump of trying to perfect it <laugh>. You're a

Caspar (00:10:01):

Perfectionist like me. I get it. <Laugh>.

Dr. Anil Bajnath (00:10:04):

Well, you're the man. You know, Caspar, I'm telling you, you're, you're, I, I just love everything that you're doing, and honestly, I'm just, just, just really appreciative for your friendship over the years and your guidance from your father and you and, and your network, you know, from, you know, Dr. Salomon and Beth McDougall and, you know Dr. Vickers and all Ian Morrison and all these guys that are a part of this, this close knit kind of network here. Yeah.

Caspar (00:10:29):

I really appreciate that, Anil. You really do have this extraordinary journey, and I've, I've always admired it. There, there are very few. I've, I've, you know, I've traveled the world. I've met so many different doctors. There are very few young doctors and practitioners out there that I find aren't just truth seekers like you. Meaning going out, always exploring what's new, being open-minded, like you said, I think Ashley Salomon is one, Cuba Brill young, you know, brilliant guy yourself, or in that, that are always never stopping at one thing and saying, that's it. We found the key to everything, right? Because you find those, and then you just find they just go down that one route. It's this one little molecule. And that's the key to everything I do. No, you guys are open, but then you're also artists within that you are taking what you learn and applying that within your own ways that are truly a craft. And you've gotten to this point

where you've gotten to something, you've labeled precision medicine. So can you tell us how you are able to take all these different tools, solutions, ideas, and come up with this precision medicine approach?

Dr. Anil Bajnath ([00:11:37](#)):

You know, and I think a lot of this stems with you know, just the organizational construct of, of how things are, are kind of grouped together here. And, you know, by definition, the NIH defines precision medicine as the interface of lifestyle, environment, and biology. And to me, that just sounds like really good medicine, precision, integrative, functional, whatever you want to call it, right? And having that molecular background and teaching the omics really kind of led me down this road of like thinking along these lines of, of we could measure this stuff. And, you know, theoretically you can't manage what you don't measure. And furthermore, you know, there's I was at a University of Pennsylvania at a multi conference in Precision medicine a few months ago, last year sometime. And I went up to the director and, you know, after witnessing all these amazing MD, PhD researchers presenting on their, you know, amazing science and, and whatever they're doing.

Dr. Anil Bajnath ([00:12:39](#)):

And I said, Hey, this is wonderful. But, you know, this is still isolated in silos, even though it's precision. It's precision, you know, that's segregated. You know, that it, with the intention of trying to find the magic bullet for a drug, right? And I'm like, that's cool, right? But there's other clinical applications that we could have using this precision medicine landscape and, and, and format that could be used to personalize healthcare. So I told the director at UPenn, this is what I do in my practice. And they're like, what? You could do all this testing, right? And and I said, yeah, and, you know, believe it or not, Medicare pays for some of them, you know? Mm-Hmm. And so we were, you know, they were really impressed by that. And I came home and I was like, all right, you know, I'm teaching this class and, or all these classes and, you know, you all these major academic institutions are having their centers for precision medicine, University of Pittsburgh, Stanford, Mayo all these prestigious you know, kind of centers of excellence, but everybody, they're not talking, it's still that same rigamoro framework of allopathic pill for ill reductionistic kind of processing that's, you know, with the goal of let's find that magic bullet, and they're missing the, the, the big picture of all of this.

Dr. Anil Bajnath ([00:13:53](#)):

So for me, I, I came back and, you know, I started the American Board of Precision Medicine. We're a 501c3 and we're in our infancy. And you know, we've recruited some of the amazing faculty from around the country at major academic institutions that is providing content and training for us. And we're with the goal and intention of graduating our first cohort here, hopefully within the next six to 12 months of precision medicine physicians that are able to use this framework of understanding and drive innovation. Because the reality is, when you go to your doctor and my insurance doesn't pay for this test <laugh>, it's, right? That first of all, like the whole CBC, CMP and all that other stuff is hospital-based medicine that is only gonna determine, determine if you're gonna live or die, right? Right. There's so much more information, and we need to push innovation from the medical laboratory side of things so that we could adopt this multi kind of diagnostic approach.

Dr. Anil Bajnath ([00:14:48](#)):

Right? And for me personally, you know, most people will say, well, you know, what about the, the promise of genetics? Right? You know, is that, is that still there? Is this still gonna hold, you know, true for, you know, being so deterministic in regards to health and health outcomes? And I'm gonna say no. You know, I, I, I really do believe that, you know, 20% of your, your health information is gonna be kind of custom or, or derived from your, your book of life, your genetic blueprint. But the other, you know, 80 to 90% is gonna be based on the environmental signals and inputs influencing epigenetic gene

expression, right? So it's one, you know, there's forgot the researcher that said this, but it's a, a generic term that's thrown around, but, you know, genetics is loading the gun, but the environment's pulling the trigger, right?

Dr. Anil Bajnath ([00:15:33](#)):

Every, you know, that's common phrase within precision medicine. And I think that how I leverage genomics, for example, is not in this context of determinism, genetic determinism, but more so empowerment and of how we use this information to further identify potential patterns of, you know predisposition and vulnerability or weaknesses, right? And oftentimes you could see certain things that track, right? Whether it's dyslipidemia and identifying a cluster of genes that influences hyper cholesterol or LP(a) or ABO-B, and all these different genes that influence kind of, okay, your environmental susceptibility to dietetic kind of factors, right? So you see that there's a lot of talk about ABO-E, right? In regards to, you know Alzheimer's and, and those genetic predispositions. I, so for me personally, I use this information for empowerment, not to stress anybody. And I, I use it in the context of what's called polygenic risk force, looking at a cluster of genes that influence a, a specific, you know, phenotype and kind of uncode that you know, a little bit further at looking at kind of some of the nuances of what, you know, how those genes influence some key regulatory biochemical pathways and maybe even some disease dysfunction.

Dr. Anil Bajnath ([00:16:49](#)):

So, with that being said, you know, I, I love looking at genomics and unpacking that. And for a lot of my patients, once we go through this, I'm basically explaining them the, to themselves. I'm like, Hey, you know, do you experience this and that and the other? And they're like, oh my gosh. You know, of course, you know, from rotator cuff issues, tendon issues to neurological issues, and certain, you know, kind of behavioral things that are identified due to some of these genetic pre kind of imprinting, you know? So it's very interesting. And I, I like to have fun with it, so,

Caspar ([00:17:22](#)):

Oh, no, it's, it's super interesting and it is great that you are connecting all these molecular dots, and when you look at those dots, the data points that you're looking at, right? Because a lot of people, I think when they think about dots, they're thinking about, oh, what lab tests are you running? And what dots are those? But it goes beyond just the, let's say, functional labs. And in the normal labs, you're looking at genomic, proteomic, metabolomic data, and, and that's where it gets really interesting, but also somewhat confusing to the layman. That's like, where, where is, what is that right <laugh>, what is that? Yeah, my triglyceride reading like that I'm used to just seeing and all this and that, it's, it's further molecular dots. Can you talk about the differences maybe just in those three? I mean, I've heard those terms, I know how some are using, I'd love to know how you are using those data points in connecting the dots.

Dr. Anil Bajnath ([00:18:14](#)):

Yeah, happy to. So, you know, essentially we, we just went over genetics, right? And genomics and varying levels of clinical application. One thing I did neglect that's leading the charge of precision medicine as pharmacogenomics and looking at, you know, who's gonna respond to what drug based on what and how and dosing and so forth. And that has to deal with like cytochrome P450s in the liver and the rate of metabolism. Some people are fast metabolizers, slow metabolizers, and that influences, you know, your receptivity to intervention or that, that has those metabolic kind of pathways. But speaking forward, you know, going back to the central dogma, biology, which is DNA into RNA, RNA into protein, essentially DNA codes for genes and genes code for proteins, right? And then proteins are, you know, these structures in the body that give rise to structure and function, and then all of a sudden you

have proteins that give rise to enzymes, and enzymes give rise to metabolism, and metabolism gives rise to physiological function.

Dr. Anil Bajnath (00:19:10):

So it's building off on that narrative where, you know, there's various levels of proteomic signaling based on you know, just, just the signals and inputs that we're feeding our body. So, for example, if you eat a standard American diet and it's just loaded in like high fat processed oils and all the bad stuff, right? Or, you know, glyphosphate or all these other environmental toxicants that we're exposed to what's gonna happen, you're gonna drive up these, these inflammatory signals like nuclear factor-kappa beta, right? And you're gonna have, you know, all these other inflammatory signals that are upregulated on a transcriptomic level that's coding for these proteins that are pro-inflammatory, right? So, you know I do believe from a proteomic standpoint that, you know, and I've, I've spoken to some of the top researchers around the world on this from a proteomic standpoint, you can measure all these fricking proteins in the world.

Dr. Anil Bajnath (00:20:01):

So you're, you know, <laugh>, you could just measure so much, right? Right. Hundreds, thousands proteins. So what, that's great. Tell me, what's the end? What am I gonna do about that? Right? Because at the end of the day, there's gonna be, I think four key kind of phenotypes associated with perturbations within the homeodynamic regulation, and that's gonna be inflammation, oxidation, ischemia, and immune dysregulation, right? That's what I see clinically all friggng day, right? Mm-Hmm. <Affirmative> is oxidation, inflammation, ischemia, and immune dysregulation. And if there's another kind of proteomic deviation, I would love to hear about it and unpack that further. But for me, that's what I see clinically day in and day out. So proteins, we can measure all sorts of different proteomics within the system. And that's going a little bit deeper, and you can even do this with Lab Corp and Quest by doing, going into the lipidology and looking at LPA, and LP-PLA2, APO-B, you know, fraction size and all that fun stuff.

Dr. Anil Bajnath (00:21:00):

From that perspective, you could look at homocysteine and, you know, as a indirect reflection of the MTHFR gene and how that influences, you know, folic acid utilization. You could look at you know there's a, what is it? The, the beta-amyloid 42/40 ratio in regards to accumulation of some of these misfolded proteins in the system, right? So there're different levels of proteomics that you could go into, right? To get a better appreciation of what's going on and translating this information from genome to phenome. So that's the proteomic kind of dynamics that, that I do clinically. And then in regards to metabolomics, well, you know, again, proteins give rise to enzymes. Enzymes give rise to metabolism. Metabolism gives rise to function. So the metabolomics of this is now looking at, you know, deeper kind of complexes of where we could identify any perturbations within the system or the cellular function and physiology due to maybe toxicity or deficiencies, right?

Dr. Anil Bajnath (00:22:01):

So identifying any of these potential toxicants that interfere with, you know, these enzymes that are involved with like, you know, metabolism and function, cellular respiration, whatever it is, we could identify that, right? And I actually have tracked it both on a transcriptomic level, right? And a metabolomic level. And they're telling us the same thing. And it goes back to, you know, basically saying, Hey, there are these various factors in our environment that influence our, our ability to have normal function, right? So in my one of my practices through the university I work with you know, Dr. Andrew Haman, who's the director at A4M, really big researcher in the field of chronic inflammatory response syndrome, CIRS. And in our practice, we use a test called GENIE. And GENIE is a transcriptomic test.

And you know, so if you were to imagine your DNA being the instruments to your own personal symphony orchestra, you know, the transcriptome is measuring the melody coming off that gene, right?

Dr. Anil Bajnath ([00:22:59](#)):

So are certain instruments playing too loud and upregulated, or certain instruments playing too low and downregulated, right? And what we end up ultimately seeing is this molecular signature that's very consistent with, you know various levels of environmental stressors, whether it's infection, lyme disease, co-infection, chronic viral issues. We see the molecular signature of cell danger response based on the research of Dr. Robert Naviaux. And essentially when your cells perceive danger, it responds by conserving energy and downregulates your mitochondrial large and small subunits and translocase, and ATP synthase. And that's why you feel like, right? <Laugh>, because you know, those genes are, or your cells are perceiving stress, it's downregulating, it's taking on this defense defensive posturing, and that's, it's conserving energy, right? Because of that threat in the environment, right? Yeah. We also do research around the FKBP5 gene, which is associated with PTSD, and we see that in a lot of individuals.

Dr. Anil Bajnath ([00:23:57](#)):

So it's very interesting looking at things from that transcriptomic level. And then, you know, if you do a metabolomic testing right, you're able to see a very similar pattern in mitochondrial dysfunction due to CDR, cell danger response, or biotoxin related illness or infection, or, you know, your immune system can't keep up with a pace of immunological surveillance because it's so inundated with noise, you know, coming in from all the different environmental threats, whatever that might be. Right. You know environmentally. So there, it, there's just so many different factors there that we're able to kind of pinpoint, you know that influences your phenotype. And when I had a call with the NIH the other day, the director of exposomics, and I told him what we're doing with the American board, he was like, holy, this is incredible. You know, like, we wanna support you. Yeah. And because is the future of medicine. Well,

Caspar ([00:24:56](#)):

It's, it's so many more dots and data points that answer the question, why do I feel like that we're just missing a lot within conventional medicine of guessing and just putting a diagnosis to it without understanding the why, and you don't stop at just those data points, I mean, you're looking at dark field microscopy, I see that in the background. You're looking at various ways to start to understand "the why" I feel like shit. And when you get that answer, treatments becomes very precise and personalized. Mm-Hmm. <affirmative>, and we talked about this before, these, this idea, and you've had it for a while, I love it. You, you look at it through a through a three Q perspective. And, and could you touch on that just a little bit? Because I really feel it's the most comp, comprehensive way of looking at a patient on what medicine should be doing.

Dr. Anil Bajnath ([00:25:47](#)):

Well, and, and I gotta thank you for this too, for opening up the horizon of, of, you know, for me to kind of come up with this narrative of, you know, Q3 medicine. And you know, it stands for quantitative, qualitative, and quantumtative. I know quantumtative is not a word. I made it up, but whatever. You know, no

Caspar ([00:26:03](#)):

One cares. It sounds good, <laugh> it sounds good, right?

Dr. Anil Bajnath ([00:26:06](#)):

It fits the narrative. Right? So, long story short, I feel as though that we could, you know, quantify things through blood in regards to a CBC, right? And get some parameters of how big or small your red blood cell is and how many white blood cells you have and do a diff and all that other fun stuff. But it means very little to the patient that's trying to optimize their health, right? Versus, you know, maybe what you could see behind me, you know, a drop of blood. I don't, you know, that has, you know, you could see some of these little cells with little spikes on it, right? And, you know, that could be indicative of increased membrane, lipid peroxidation and free radical damage and, and everything else. And that's a qualitative reflection of, you know, the blood. And this is a lost art, you know, looking at blood under the microscope.

Dr. Anil Bajnath ([00:26:48](#)):

You know, historically when doctors would go to the hospital and make their rounds, they would actually have to go to the lab, prepare their own slides, do a diff and do their own counts historically, and look under the microscope of the blood and find the acanthocytes, echinocytes, poikilocytes, whatever it is. And they would be able to use that clinically to say, Hey, there's a little bit of, you know, stress in the liver or kidneys and free radical damage and so forth. That's no longer a part of the narrative in, in medicine and healthcare. And then on the quantum side, and this is where again, you know, I think that we are, you know, in a safe space here, you know, and I don't think that, you know, a lot of allopath's have really embraced this level of processing and this departure from Newtonian physics that we all have to go through in order to get to med school as we gotta, you know, learn how quickly that rock is gonna roll down the hill at what pace and trajectory and all that other fun stuff.

Dr. Anil Bajnath ([00:27:39](#)):

But it's missing that quantum leap in healthcare, which I feel as though, you know, some of the things that, that you do with Innovative Medicine really explores a little bit deeper and, and, and with more precision. So, and I think right now that's quantum association, I think is gonna take into account the field that we do not have a tangible way of always being able to kind of measure and identify. Yeah. And I know there've been studies around, you know, measuring subatomic particles and being able, the mirroring behind that and the string theory and, and all that other stuff, but applying that to medicines, a whole nother creates leap. Right?

Caspar ([00:28:15](#)):

It's, it's totally yeah. That really is a true quantum leap of just changing your whole mindset to get there. And that's difficult. I know that for my father and others, it was, oh yeah, you're training one way. You gotta completely kind of not disregard. Again, that's where people I think get it wrong, Anil, is they think they need to disregard what they've learned and, you know, relearn everything. No, you're adding on to it. And that's why the 3Q like that, that made sense. It's not either or, it's not. And people think this way. I know this, like some practitioners, like energy medicine is the future. I agree. But it's not like physical medicine is suddenly gone. Like we have to forget about it. And if the broken leg will suddenly we'll put it into a pemp machine and overnight it'll be better. You still gotta set it, go through the physicality of it.

Caspar ([00:29:03](#)):

Yeah. So it's not neither or, and that's why I love what you are doing and, and your approach is, is it is comprehensive, it is collaborative, and it is bringing things together. But we live in a world that is so specialized, right? Medicine is going down further specialties, and it's not just the conventional side. I won't just, you know, single them out because it is the alternative, the integrative side. It's the ability of a practitioner to only study one little facet of something that is considered alternative and say, this is my solution to help the patient when we know that's the same thing as, you know, going to a specialist that

only does certain surgeries and you may not require that surgery. They're gonna want to do that surgery on you anyway.

Dr. Anil Bajnath ([00:29:47](#)):

And, and, and that's what's happening right now in precision medicine. Everybody's going through their little silos of segregation and staying in their, their lanes and, and missing the big picture of, you know, the interconnectedness and the network analysis that's associated with all the different, you know, kind of signals and inputs or zeitgebers or, you know, you know, these, these different environmental cues that are influencing our gene expression through clock genes and, and how that's, you know influencing our circadian rhythms and, and, and biology as a whole. And you know, that, that refers back to the Nobel Prize a few years ago for I think five researchers, American researchers that really unpacked, you know, these clock genes and how they're heavily influenced by these different environmental signals and cues. So I think that, you know, when it comes down to it, yeah, medicine could continue to go down the hyper specialization road, and I think it's needed, right?

Dr. Anil Bajnath ([00:30:40](#)):

Because God forbid, you know, there's, there's an issue, whatever that issue might be, you want that specialist <laugh> Mm-Hmm. <Affirmative>, you want that, right? But the thing is, we all need to play nicely in the sandbox and embrace one another and, and, and be open to the emerging kind of concepts philosophically of this ever evolving landscape of, of medicine, right. Philosophically. And you know, I do think that there's, there's a lot of factors to it, but the, you know, when it comes down to it, I'm not anti-specialists, right? Because God forbid somebody has like a stroke, right? I was just on a call with a vascular surgeon not too long ago. Mm-Hmm. <Affirmative>. And we were talking about some of the things that I've identified and, and I've seen on a molecular level that is accelerating vascular dementia, right? Mm-Hmm. And I said, Hey, we are looking at the genes that are associated with coagulation and, you know tubulin formation, and this is, you know, could be further quantified through NeuroQuant imaging that we're seeing these patterns of nuclear atrophy within specific regions of the brain associated with levels of infection and, you know, illness.

Dr. Anil Bajnath ([00:31:45](#)):

And, you know, and then there's a vascular component to it. And we had a amazing talk about his experience. You, you know, being a vascular neurologist and, you know, his levels of clinical application. And it, it's just like, it's amazing. So everybody has their role within, within healthcare, right? And it's just being able to, to speak and share the same language, right? And that's where I think precision medicine does come into play, where, you know, in medical school, we're still taught, you know, genetics, we're still taught, you know, there, there's RNA and you know, there's proteins and metabolism, but we're not taught how to leverage this information in the personalization of healthcare. It's still this one size fits all kind of narrative of like, oh, pill for ill do this. If you got that. And it's removing all the other compounding variables, influencing, you know, the, the, the, the phenotypical expression. You know who

Caspar ([00:32:38](#)):

This person is. Yeah. And you make a good point that we don't need to suddenly get rid of specialties and everyone just go into trying to learn everything there is in the medical spectrum. That's not realistic. And I agree that's not even beneficial. It is about changing the mindset within the specialties that it isn't a pill for the ill, that we aren't just managing disease, but that we're working together in our specialties to provide solutions that actually bring about healing and actually bringing about the optimization of our body, mind, and spirit. And that alone will guide specialties to becoming more aware of what those solutions may be within their specialized way of thinking, right? Yeah. So I, I think the answer isn't about changing the system. It's about changing the way the system thinks about what healing is. If you believe healing is the

you know, the, the, the subsiding of symptoms only, well then we have a very different, different definition of what healing is because the disease persists.

Caspar ([00:33:42](#)):

The symptoms are just kind of pushed away. It's painting over the, the leak in the wall instead of addressing the leak on the pipe behind it. And that's where things need to change. That's, I know where you've been, you know looking at for a while. Now as someone that is, you know, a person that, that's absorbing always from different angles and speaking to so many different people. I gotta ask you, what is exciting to you right now in the medical field and healing? What are you looking at to bring on at the Institute for Human Optimization? That's exciting you.

Dr. Anil Bajnath ([00:34:15](#)):

<Laugh>, that's a great question, and thank you. I, I, I, look, I'm really excited about the field of regenerative medicine. Mm. I really think that you know, if we are doing things to basically optimize our longevity, right? And going through and identifying these different hallmarks of aging that are, you know, are kind of our greatest threats to accelerated biological aging, and we're identifying these kind of patterns and routines, and we're able to optimize it, and then to push the envelope a little bit further to improve performance and help with, you know regenerative capacity, that's really exciting for me. I believe you had doctor a, a, a physician on here recently from Florida that's doing the VSELs the very small embryonic like stem cells,

Caspar ([00:34:59](#)):

Dr. Sienna Steckel. Yes.

Dr. Anil Bajnath ([00:35:00](#)):

Yeah, Dr. Steckel. And you know, I, I have, you know, I'm doing VSELs in my practice Mm-Hmm. <Affirmative>. And, you know, some of the anecdotal kind of outcomes have been really favorable. And it so, you know, I'm in the process right now of I like to like, go and do conferences. I'm a conference junkie, as you may know, <laugh>.

Caspar ([00:35:19](#)):

I know

Dr. Anil Bajnath ([00:35:20](#)):

<Laugh>, I'm all about going to the conferences. And this year I'm gonna, I'm, I'm double booked for the IFM in Super Functional Medicine and the National Lipid Association. So I'm gonna be doing two conferences at once, but good news is they're right next door to each other. Bellagio and Caesar's Palace in Vegas. So I'm actually going for my board certification in Lipidology this year, because I just feel as though lipidology is just one of our greatest opportunities for longevity. Because when you really start unpacking what the biggest threats to our health is, it's gonna be cardiometabolic in nature, right? Mm-Hmm. <Affirmative>. So heart disease, right. Being the number one killer in the US. Yeah. And for me personally, you know, I'm a bad Indian, right? I should be eating chickpeas and curry, right? But I feel better with meat, right? O, blood type. So, you know, I have my own personal struggles with you know, dyslipidemia and high cholesterol.

Dr. Anil Bajnath ([00:36:06](#)):

And I, I've tried going vegan, it sucked my, you know, bench press went down a hundred and something pounds, and I just felt like shit. So can't do that. So <laugh> you know, I have SLC01B1 polymorphism,

which makes me statin intolerant, so I can't do a statin drug. But so again, looking at how do we connect these molecular dots, I'm still trying to unpack this with myself, and I'm doing some lipid exchange therapy with like plaqueX now to help with my own kind of struggles with atherosclerosis. So lipidology is really, you know, I think something that's near and dear to my personal heart, and I've, you know, trying to figure out and kind of, you know, optimize myself with this, you know, without going, setting myself back. You know, so, so that's one thing.

Dr. Anil Bajnath ([00:36:49](#)):

And then the other thing is stem cells as a whole Mm-Hmm. You know, I'm I'm halfway finished with my board certification stem cell medicine as a, you know, a stem cell physician. And I, I think right now, that's really exciting for me because, you know, with the Institute for Human Optimization, it's not about treating medication, right? Or treating patients and their illness. It's about how do we optimize oneself and engage in purposeful and meaningful behaviors to, you know, just maximize our health potential. And, you know, I'm sitting in my office here right now, on the other side of this wall is my Jujitsu school, right? Mm-Hmm. <Affirmative>. So me personally, I just want to be in an environment where I'm pushing myself, you know, physically and mentally and everything else. And I just like to, you know, be able to train and optimize those that are around me.

Dr. Anil Bajnath ([00:37:35](#)):

And like-minded, I'm, you know, we were just talking offline about some of the technologies that we're bringing in. You know, we got the Vasper system and we're doing Ewok. We're, you know, I have a biocharger and we're doing all sorts of, you know, hyperbaric oxygen therapy and all these different technologies here. And, you know, my intention is not to invite the world in <laugh> to be very selective with who I'm working with, so that, you know, I could optimize my community, you know and those who, you know, support me as I support them, you know? So those are, you know, those are kind of the exciting things right now is looking at how do we push the envelope in health and performance. And for me personally, I'm just trying to keep up with the, the college wrestler, you know, the college wrestler.

Dr. Anil Bajnath ([00:38:16](#)):

I'm, I'm, I'm 40 now, you know, you know, going against these young bucks is, is, is very challenging, and it, it sucks. I just try to stay alive, <laugh>, you know, when I'm grappling these guys. So, you know, for me, that's my longevity motivation. And a part of my equation is just being able to, you know, keep up with the training and you know, just have access to the tools and resources, explore these regenerative modalities, look at you know, pushing this narrative of precision medicine. Because like I said, a lot of my patients are physicians, and they're the ones that understand this translational process of connecting the molecular dots and how we can leverage this information for empowerment and refinement and enhancement of overall wellbeing.

Caspar ([00:38:58](#)):

Yeah. I'm, I'm sure it's very advantageous after a long day of treating patients to hit the, the BJJ spot up and tap a few younger bucks and <laugh> get in some training, which, which of course is part of the optimization, doing things that you love, that you're passionate about, that, you know, keep you moving, keep you in, in this state where you aren't stagnated. Now, you know, one of the things I know you talked about, we wanna get your opinion on recently you had a talk with peptides. How do you feel about peptides?

Dr. Anil Bajnath ([00:39:30](#)):

Yeah. I, I love peptides. I think there's a lot of therapeutic potential there. And I know that the FDA just kind of reregulated that and I understand where the FDA is coming from, honestly, you know, this is

where a bounce perspective is gonna be like, look, there's all these people that aren't doctors, right? That are out there saying, Hey, we're gonna cure your covid. And when they said that, what, what was pulled Thymosin alpha one gone, thymosin Beta 4 gone. Why? Because it was being touted as a cure for treating an issue, right? Yeah. I think the language around peptides is what got it in trouble in the first place, right? You cannot say, Hey, I'm gonna use this peptide to treat this ailment. You could say, Hey, it's gonna support this physiology in this chemistry. So that's what led it to, I think being kind of pulled.

Dr. Anil Bajnath ([00:40:16](#)):

And, you know, and I, under, I also understand where the FDA is coming from because look, you know, you got all these clinics popping up, and I know some of the doctors that are just throwing people on peptides left and right, willy-nilly, no discretion, no surveillance, you know, they're doing all these growth hormone analogs and so forth and, and whatnot. And I, I think that's a little, you know, reckless in my opinion. So I, however, it's not to say they're not beneficial. I love 'em. You know, I love, you know, CJC Ipamorelin, I love the BPC-157, you know, the TB-500 and everything in between, you know, and all the other fancier more obscure peptides. I think they, you know, for my patients, when I was able to use them a little bit more readily that the results were remarkable, but I was doing it responsibly, I think trying to at least, right?

Dr. Anil Bajnath ([00:41:00](#)):

And not getting somebody on a stack that they're gonna be on forever, you know? And it's like knowing how to cycle on and off it, use it responsibly and, and kind of in a method that it's not gonna get you, you or your patient in trouble clinically. You know? And I think there's a lot of recklessness out there, and I, you know, I know there's a SEEDS Institute, and I'm friends with Jim Lavelle, and we've had conversations around the regulatory landscape about peptides, and it's just like right now, they're like, oh, there's no research. Well, there is research. It's overseas Russia and, and Europe and everything else that's been using this, you know, without, you know, negative adverse outcomes, you know, for the most part for a very long while. But that's, that's a whole nother conversation. But I'm very pro-peptide, but used and regulated to a, a, a certain level of integrity because, you know, you're getting who knows where you're sourcing this stuff from, and you could be getting like veterinary grade peptides that have a high amount of endotoxin or LPS that could lead to negative health outcomes, right?

Dr. Anil Bajnath ([00:42:00](#)):

So there needs to be some regulation of this stuff, you know, that to protect the, you know, the public as a whole. So, yeah,

Caspar ([00:42:07](#)):

I mean, you bring up a really good point. I'm gonna shock some people that I truly believe, like ev FDA regulation. I think we both have our thoughts on the FDA and kind of what they do as a whole. But FDA regulation is needed. You know, I, I do find that a lot of integrative medicine has become a little bit too wild west, and you're seeing just IV popups where they're ghost doctors, basically, meaning no one's truly there, and it's just a nurse that just prescribes whatever you want. And that is the way to approach healing. And it's not. And I think it, it, it basically puts a target anyway on people that are doing good things and being artistic with it. And then things like peptides, exosomes, it's a wild west, it's a new thing. But like, it, it reminds me of like in finance and crypto and everything, you need regulation.

Caspar ([00:42:56](#)):

Like when regulation comes, it weeds out the bad characters, the sbf's and like all these people trying to, you know, Ponzi scheme, everyone. And, and that's what we need in medicine, especially I think on a whole, it's not just to say integrative. If it's anything new, we need those type of regulatory capacities.

And that's where some people get a little bit upset. But I truly do think, you know, in no other field should we put, you know, safety, quality and, and all these things restrictions at its highest. But we can't just take 'em away, like you said, then you're gonna have Russia and Europe doing amazing things and innovative things. Just because there's access, it doesn't mean that, that there aren't restrictions, right? Yeah.

Dr. Anil Bajnath (00:43:37):

Yeah. No, I, and I agree. And look, you know, I have you know, a handful of patients that work at the FDA and they'll be the first one to tell you we don't know how, why this is happening <laugh>, right? You know, key opinion and decision makers, you know, within the FDA you know, my practices here in Maryland just outside of DC so, you know, I, I have a good amount of, you know, government you know, kind of patients that, that have, you know, found me through the grapevine. And you know, they're interestingly enough, the ones that are pushing the envelope that want to explore some of these other off-label kind of things. So, you know, I I, I don't wanna say too much, but I do think that yes you know, from a public safety standpoint that the FDA does have, its, you know, needs to kind of come in here and make sure that there is some level of, you know, standardization.

Dr. Anil Bajnath (00:44:24):

Same thing, what they did with the DSHEA Act, you know, dietary supplement health education act, right? That regulated the nutraceutical industry. Because if not, you're gonna get a bunch of you know, these these, these guys pushing a bunch of, you know? And you see it all day. You see it all day. And I'm even seeing it within the community, and it kind of upsets me, honestly, where they're like, oh, I went to this other provider and they have me on this warrior stack and I feel amazing. And it's like, you're probably gonna crash if you come off of that. And that's not normal. Super physiological. And did they test you for any cancer? Did you do a grail? Did you do a full body MRI? Did you do anything beforehand? No. So just like hormones, you know, there's all these hormone practices that pop up and, you know, that are owned and operated by business people.

Dr. Anil Bajnath (00:45:14):

And these, they throw away the ethics behind everything. And I can tell you right now in my area, there's a clinic that's gone nationwide, and they ba it owned by a bunch of business people, and they practice the questionably on the ethical side. And you know, and, and with that being said, it's just one of those things that I don't, for me, I'd rather deal with ethics, quality over quantity, and make sure that we're doing really good medicine before just trying to sell you something. You know? That's it. So there, there is a lot of snake oil, you know, unfortunately in this industry. And there's a lot of. And for the consumer, they're just seeing what somebody on Instagram is saying, right? They're like, oh, oh, this post by this influencer on Instagram, it must be good. No, that person is a. You should not listen to them. And they're probably disseminating more nonsense than <laugh> anything else. And you know, I'm not saying doctors always have the answer, but you know, there's a lot of disinformation out there that's kind of being disseminated that's just not good. Right. And I think you see that I have a, trying to have a really balanced perspective on things, you know? Absolutely. And I, I just don't get behind all the, the hype, right? So I hope that answered.

Caspar (00:46:33):

Well, I, I, I think we both agree that there is no silver bullet. You can be absolutely excited about new things that come out. You can experience things and say, this helped me. I, I think then, but there is this idea that this is the answer to everything that ails you is no different than what conventional medicine has been espousing for so long. But obviously is not 'cause we're sicker than ever. I think we have to take a logical standpoint that each of us are so uniquely different, and there are wonderful solutions out there, but we have to use and, and kind of lean on the education, the knowledge base, the wisdom, the artistry of

practitioners such as yourself to help us to understand and weed through all the that is out there. 'Cause If you're using Instagram, I'll just say, if you're using Instagram as your main medical, like, you know, perspective, and this is me knocking on myself 'cause I get it all the time, Anil, it's wild.

Caspar ([00:47:28](#)):

Like, people DM me, don't know me, and will give me like their whole history and everything. What do I do? I'm like, go see a doctor, man, <laugh>. Like, don't, don't bite me on Instagram expecting me to give you a real answer that's gonna help you. Even with the knowledge, even if I had everything there, this would not be the platform. And this would not be like a one-on-one. You'd have to go in and really understand a person before answering any question. But unfortunately, we, we want that simplistic like AI chat, GPT, like, here's what's wrong, what do I do? And just out comes, an answer and a solution. And that's, that's unfortunate because I do think we're becoming to, like, we're getting to this point where we're putting convenience over everything else, and that's just not going to solve the problems we're dealing with as health as a whole, or even optimizing our health. If we do it, you know, in a shortcut way, we're not gonna get optimal results.

Dr. Anil Bajnath ([00:48:25](#)):

Oh, yeah. No. And, and it's highly personalized, man, right? Yeah. Yeah. And if you don't even start peeling back the layers, right. To even you know, and I think where the quantum association really has a, a huge effect is our third thoughts, words, actions, behaviors, right? Our thoughts. It starts with our thoughts and putting it out there, you know, like, it's just so weird because you kind of seen my evolution over the years, you know, and, you know, as a, as a broke medical student to a broke physician, <laugh>, you know, I'm kidding, you know, but just, just, just always investing into education for me, I'm, I'm so thirsty for, for knowledge. I always seek out that that kind of, you know, that that thought leader in the space and try to capture, you know, their, their keen insight, you know, just so that we could push this narrative forward.

Dr. Anil Bajnath ([00:49:14](#)):

I, I just really think that, you know, my key takeaway from all this is our thoughts, words, actions, and behaviors. And I think you gotta have fun with it too, and not be over critical. You know, I'm trying not to curse that much, right? <Laugh>, you know, and I, you know, for me it's, it's just, and we had a, a talk offline about this. You know, there's certain, you know, pa patients that we've, we've seen that come through our practices, our clinics and so forth that we've identified. And it's just like, dude, it's, it, it really has to deal with your thought process. Because, you know, I, I think I gave the example earlier where there are individuals that are super young, highly functional, completely operational, looks amazing, right? Like young and able bodied, right? But their, their mentality and their thought process is so hyper fixated on sickness and illness that it's almost like a learned behavior, right?

Dr. Anil Bajnath ([00:50:00](#)):

And then I've got like, guys that are really jacked up, right? That are really, really sick and genuinely like achetic, frail, weak and so forth. You could see it, but their attitude is so amazing, right? And they're like optimistic, overly optimistic, and they are thriving. Who do I have my money on to heal? The person with the right attitude, the attitude of excellence. And it's just amazing to see, you know, how I, you know, our thoughts and our words and our actions and our behaviors really shape the environment around us, right? And if there's anything, you know, that we could take away from any of the, the, the nonsense that I'm saying that is <laugh>, you know, essentially medicine is personalized. Have fun with it. Go into the quantified self, become your own kind of advocate, right? But not overly annoying where you're going to Reddit to learn everything about <laugh> your, your decisions in, in healthcare or Instagram.

Dr. Anil Bajnath (00:50:55):

And then, you know, I, I do think start connecting your own molecular dots with your quantified self. You know, looking at how we could use wearables and things of that nature to get data and insight with like, okay, I had a glass of wine last night and my sleep score went down, right? And then because of that, I, you know, woke up a little bit later and that set off a whole pattern of events and chains that maybe have compromised your, your maximized potential in productivity, right? So there are all these little things, these causes and effect relationships that influence our, you know, our behaviors and our actions throughout the day. And if we could get a better understanding and appreciation of, you know, all these different signals and inputs and how it's influencing the way we think, speak and feel, I think we could use this and leverage it for empowerment, you know, ultimately

Caspar (00:51:43):

Right? Beautifully said, my friend. Beautiful. I, I, I couldn't agree more. And I do think so much of it comes down. People are seeking solutions outside of themselves. You know, they're coming to you, they're coming to this center, they're coming to all the wonderful people we've mentioned throughout this podcast, doctors and saying, you know, heal me. And that's never how it happens. <Laugh>, a doctor does not heal. They, they, they assist you. They help you. They coach you, they, they, they are your biggest supporter at times, but they don't do the healing themselves. That needs to change. And it starts in your head, it starts in your mind, it starts with your thoughts, your attitude, everything. So for anyone listening, it's like that's where it all starts. Everything we talked about, the genetic testing, these amazing, you know, tools, everything we're excited about, none of that matters. And we know this, we've seen patients go through it, but have that terrible attitude, that terrible attitude. Every, nothing works on them suddenly.

Dr. Anil Bajnath (00:52:42):

Oh, yeah. That belief system. And then they're hypersensitive.

Caspar (00:52:45):

Yes. Sorry. Yes.

Dr. Anil Bajnath (00:52:46):

<Laugh>, they're hypersensitive. I, I, I can't even begin to tell you some of the things that I've seen. And it's just like, all right, man, how are you breathing air right now? How are you not reacting to air? I'm, you know, and it's just like one of those things that it's just like, and I'm not saying you're not ill, but I also think you're, the, the internal processing around your illness makes a huge, you know, influence on and on your receptivity to cure. Right? And again, what I tell people in my practice, I don't wanna become your doctor. There's a million doctors around me. I'm in a very rich academic area, you know, clinically and go, go talk to them. I wanna become your health intelligence partner, right? Mm-Hmm. <Affirmative>. And for me, I think understanding kind of, you know, how we leverage this information for empowerment is gonna be critical because, you know, despite me being a board certified family physician and all the additional training in anti-aging and functional medicine and all the things that I do, you know, I just wanna have fun with my practice <laugh>.

Dr. Anil Bajnath (00:53:38):

Right. You know? Yeah. And that's the thing, like a lot of my patients here privately, I mean, we, we have fun unpacking Mm-Hmm. And exploring things and, and ex you know, having a healthy narrative and conversation around, you know, what I think, you know, detoxing really means, you know, like simple concept of detox, whatever it is, right? I know you've had you know, people from the Gershen Center on your podcast and Mm-Hmm. <Affirmative>, you know, the people from all these different amazing

companies on your podcast. And that's why I love you, Casper. You know, you've been like, you are, you know, a truth seeker. You are somebody that wants to push a narrative forward forward. And you, I I, I really think that when it comes down to it, you're one of my greatest teachers, you and your father, you know, and I, I can't thank you enough for, for everything that you do, because you're not afraid of having that conversation about like, how does this really work?

Dr. Anil Bajnath ([00:54:33](#)):

Why should we use this? How do we infuse this into a therapeutic regimen? Right? And I think that's really important to have a discussion, right? And not be, you know, polarized in our conversation around this. You know, especially kind of everything, the chain of events over the past couple of years and how polarized our country is with it, you know? And it's just like, you know, there is no right answer, man, because your answer is different than my answer, right? Yes. Everybody's truth's different, you know? Yes. And if you believe that this is gonna help you, it's gonna help you. If you question if this is gonna help you, maybe it's not gonna work. Who knows, right? That placebo, nocebo effect is, is really, really powerful, right? Yeah. And I, I just love the work that you're doing and you know, I've been following you for years and I'm just really excited to even have this conversation here with you today because you're just I think a, an innovator in the field in everything that you're doing.

Caspar ([00:55:27](#)):

Well, the feeling is mutual. I truly appreciate your words, and I, I love what you said there, you know, making medicine fun again, that should be the hat. Make medicine fun again, right? Because too many people, there is a level of jadedness within medicine. I think we spoke about this a lot. Like my father said, like, you know, used to be respectful. It used to be a collaboration. Now it seems adversarial at times, and that doesn't make it fun. You know, doctors get into this truly for passion of helping people, but if people don't want to be helped, it becomes very, very challenging. And then you have this, you know, it's not fun. Healing should be the whole process should be a fun and optimistic life giving one, right? Yeah. Not the other way around. So I really love that message, and I think we'll finish there or, or else this will turn into a Joe Rogan four-hour podcast. Next thing we know, <laugh> Dr. Anil, where can people learn more about you, connect with you, maybe make you their health intelligence partner?

Dr. Anil Bajnath ([00:56:26](#)):

<Laugh>. So you can find me on Instagram <laugh>, but no, I am on Instagram, you know, so @dranilbajnath. DrAnilBajnath, I don't do the posting, you know my wife does. But I'm gonna start getting more active. I'm trying to get on your level with podcasting and, and, and all this other fun stuff here. I'm just, don't,

Caspar ([00:56:44](#)):

Don't, it's too much. You got too much on your hands, man. <Laugh>.

Dr. Anil Bajnath ([00:56:48](#)):

And then you know, so also I'm with the Institute for Human Optimization. This is my private practice. This is my incubator for innovation where, you know, I kind of pull in all the technologies and leverage this to kind of, you know, censor it around a longevity forward practice. So that's ifho.org. I'm here in Maryland. I'm licensed in like almost every state except the ones. I'm kidding. <Laugh> kidding, right? So I've got licenses all over the country, see people all over the world. And I just like to have fun, you know, meeting people, hearing their story, their story. Precision medicine begins with your story, right? And how we leverage this for empowerment and just, you know, because you oftentimes, you know, for, for Innovative Medicine as well and your father's practice here you know, I do think that oftentimes we are the last stop on the train.

Dr. Anil Bajnath ([00:57:38](#)):

You know, a lot of people have been to, you know, 1,000,001 different providers. You know, I've had patients that have been to over 75 different doctors, had all sorts of different things, all sorts of diagnosis and has not been pointed in the right direction. And then when we start peeling back the layers, especially looking at the environmental piece, it's just like blaring in our face that, you know, again, we live in a toxic environment. I know you're, you know, you speak about the tap water and, and everything else. And I, I, I agree and echo your sentiment that the quality of water and the quality of air and the quality and environment really makes a difference in our ability to heal. And not to mention some of those other environmental factors that are detected using a lecher instrument for those, those craters underneath the world underneath the, the, the crust that create these distortive fields in, in, in the earth, right? There is a magnetism there, and you should not sleep there. Right?

Caspar ([00:58:32](#)):

Osteopathic stress. Yeah.

Dr. Anil Bajnath ([00:58:34](#)):

All those different geopathic stresses. Exactly. And its influence on our health is a part of the equation of connecting those molecular dots, right? Yeah. And so, so yeah, I'll, I'll talk your ear off all day, man. I'm just really happy to see you and get connected and everything else. But yeah, so I'm with the Institute for Human Optimization you know, president and founder of the American Board of Precision Medicine. Teaching at the university here at GW. We have a really amazing program in integrative medicine and master's degree certificate and well master's degree with certificates in you know, integrative and lifestyle medicine. So, but yeah, I'm easy to find, a little too easy sometimes, so, oh,

Caspar ([00:59:15](#)):

No, it's, in this day and age, everyone is, and if someone should be, it should be you, you know, so much. And I, I have to say this again, I know I've said it. I truly admire everything. I know this has been a kind of a bromance that we've been doing in, in this. Yeah, yeah. But I mean, it's, it's true. It's, it's rare, I feel like, in this world to find people that go after the truth that really put their all into it, stay passionate, keep pushing the envelope. And that's why I truly admire everything you're doing. And thank you so much for coming on. And I want to have you back, 'cause I know we could go on for hours and people would want to hear that. So let's, let's have you back on when you have a chance.

Dr. Anil Bajnath ([00:59:50](#)):

Yeah, let's do it. It's always a pleasure, my friend. Please tell your parents I said hi.

Caspar ([00:59:54](#)):

<Laugh>. Oh, I definitely will. Appreciate you so much, Anil. Be sure to visit, that's www.ifho.org for more information about Dr. Anil and his services. And until next time, continue writing your own healing story.