

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

The body possesses an extraordinary ability to heal itself and our guest today is committed to harnessing that potential. He's a physician, public speaker, expert in naturopathic medicine and the CEO of one of North America's leading biological medical centers. His mission is to help others attain peak performance and rejuvenate their health. This is the Story of Bioregulatory Medicine with Dr. Jeff Drobot. Dr. Drobot. So good to have you on. We were just talking before how we've been dancing around each other in this circle of what is biological medicine, but I've never actually heard your story of how you got into biological medicine. Everyone has their own unique way of that. Can you start there?

Dr. Jeoff Drobot ([00:00:42](#)):

Sure. you know, kind of serendipitously, I guess when I did my background in exercise physiology, University of Calgary, and then graduated of the science degree and that, and then went down, you know, I was looking at different medical systems and knew that I at that time wanted to work with athletic performance. So that really, in socialized medicine in Canada wasn't, I guess, wasn't attractive. I mean, there was not, not much you could do with it in socialization. So then, you know, one of, a couple of my professors and my mom, who was a nursing holistic nursing professor said, Hey, go down to go down to naturopathic school and see what it's like in Portland. And once I was there, you, you got to learn medicine. So you saw medicine and then you had some supplementation, diet herbal stuff. But Portland was like a carnival of seminars and speakers that would come through there because we had a big school.

Dr. Jeoff Drobot ([00:01:36](#)):

And the Pacific Northwest was always an adopter of everything strange and weird as far as medicine went. So probably in my second year, that was a million years ago, maybe 28 years ago, there was some, some European, some German guys that came through and they said, Hey, you know, we're talking about like what we do over in Germany. And I was into, you know, bioelectric medicine and Vega machines and bioresonance therapy. And then my librarian happened to be German. And I was like, Hey, where were those guys from? And he's like, oh, they were from Germany. And I, before we had, you know, tons of podcasts and stuff, we had CDs and tape courses, <laugh>, <laugh>. And so I said, Hey, why don't we spend the library's budget and bring a whole bunch of stuff in on European biological medicine?

Dr. Jeoff Drobot ([00:02:24](#)):

So that's, you know, by my second or third year, I think I had listened to every cassette tape from Thomas Rau and Conrad Wir. There was just a ton of them that were speaking on sanum remedies and pleomorphic and dark field microscopy and all the stuff that, you know, was very innovative and interesting at the time and kind of fit my performance model. And then I said, you know, screw this. I'm going get my backpack on. I gotta go see these things. Mm-Hmm, <affirmative>. So that was at the time where you just kind of showed up at a clinic's front door and then they would let you in because you were like someone that wanted to learn from North America. That was really attractive. And from there, you know, I really started looking at the tech and adopting the tech and bringing it one piece back at a time.

Dr. Jeoff Drobot ([00:03:08](#)):

Once I graduated, I went to a innovative clinic in Kelowna BC with the Dr. Wag staff who was doing all kinds of sanum remedies and Vega testing. And he was probably one of the only ones in Canada doing it. So he spent a year there and said, I'm going back home to Calgary where it snows a lot. And I brought all that stuff there, built this big clinic in Canada that did a lot of biological medicine stuff and then said, I'm done with the snow. And then moved all that down to Arizona. So it really was like an a yearning for per human performance started with. And then you realize like, yeah, there's no difference between performance and health. People that are sick are trying to get to normal and people that are normal trying to get to performance, and then people that are with performance are trying to get to longevity. So it, you

know, just kind of went this way in biological medicine just because it was probably, I still think one of the most complicated forms of medicine. And you and I were laughing 'cause you're like, how do you explain this type of karate? And you're like, what? It's <laugh>. It's a bunch of other karate's thrown into this new karate and everybody that can explain it like has an accent. And they're like, you don't get it. And everybody's like, no, I I can, I don't get it.

Caspar ([00:04:25](#)):

<Laugh> Yeah, it's, it's explaining physics, right? It's like if you could do it, you're almost raw. And those that think that they could explain it or just so far ahead of everyone else that it's just, it's, it's not gonna come

Dr. Jeoff Drobot ([00:04:36](#)):

Off. I mean, act feel like it is a very, yeah, it's a very tactile medicine form of medicine. Like, you've gotta be there, you've gotta do things. It's not, it doesn't translate virtually, you know, it's not like a one prescription thing. It's like instead of like, north Americans are used to taking things and Europeans are used to doing things, right? You gotta do things to the body way more in a, like a physical therapy, kind of like, you can't talk somebody through physical therapy or take a tylenol. That's not physical therapy. You know, physical therapy is what do you do to the body to make the body respond? And that's, you know, biological medicine is more, you can take stuff, but you also have to do things and things have to happen to the body and the body has to respond and then you get something done.

Dr. Jeoff Drobot ([00:05:19](#)):

And so that always resonated with me because you can't take like a bigger bicep where you gotta do things and you gotta use physiology and biology and you gotta go ahead and implement things and that's the way you get it. So North Americans are getting there, you know, you see like back when it wasn't cool, you know, I was considered some weird guy that was shining lights on people and like putting <laugh> and now it's like I go on Instagram and everybody's got a red light on their face shining something through and you're like, ha, I told you so. Right. I told you it was gonna happen and you guys said it was crazy. So I think it's evolving.

Caspar ([00:05:53](#)):

Oh, it absolutely is. And like you say, you've been around this 25 years, I've, I've watched it since I was a little kid of all where my father was so woo woo and getting out of the kind of hospital setting right, where none of this would ever be applied in the eighties and nineties. And also traveling the world and seeing what was out there and applying it and, and getting some skepticism from his colleagues and everyone else of, what are you doing? This isn't medicine, right? Why, why is it, why, why do you think it is that, you know, we, we are so close with Europe. I mean, so mu much of our ancestry comes from Europe. Most of us still associate as some kind of European background. Your Italian, your Spain, this and that. Why is it that we've kind of neglected this, this massive kind of approach to medicine that started there? Is it because of the powers that let being conventional medicine put profits first? Or is it just that we want convenience in our approach to healthcare?

Dr. Jeoff Drobot ([00:06:48](#)):

I think when we, you know, when you go back and you kind of look at the history of medicine and you see like, hey, homeopathy, like homeopathy and, and pharmaceuticals, like they were running a pretty, a pretty good race. And you, because they were both taking things. I mean, we have to remember this was European again, still, like you still go to Europe, of course, you know, and you show up in the doctor's office is in their house and take your clothes off. I mean, that was your doctor, right? That was your guy, right? Like your farmer that sold you the milk, that was the other guy down the street and then this guy

was your guy. And so in North America, we just, I think like we just got used to like seeing somebody one time, right? Like you just saw somebody and you went there and you gave 'em some vaccinations and then that ended up being medicine.

Dr. Jeoff Drobot ([00:07:31](#)):

You know, somebody was sick, they went to you, right? And in Europe and other places, like the doctor came to the person, right? And we used to have house calls. I mean we did all this stuff. Like people were like, well that's so foreign to us. I'm like, what are you talking about? Now I remember going to my family doctor and that was my guy, right? That was my family doctor, right? Dr. Powell, I still remember the guy. And so he was my guy. And so he knew my health history, like he was responsible for me and he understood that. And then we kind of got into probably a little bit too much of like just a transactional form of medicine, right? Where if I go and I just, if I'm sick, I get an antibiotic. And like we got into the habit in North America of no news is good news, right?

Dr. Jeoff Drobot ([00:08:18](#)):

If you don't hear anything from your doctor, then you're healthy. And now of course that doesn't translate. Like people are like, well how did I get stage four this if like last year I was healthy. And so we're, I think again, like I'm a, I'm an internal optimist. I think Europe, of course in communism, you know, the, the doctor doesn't get paid if their patients are sick, right? Which is really like, that's your job. If your people are sick, it means the government is paying money for these people and you didn't do your job. And so I think like we, we need, we're getting back, you know, you see concierge medicine again, which all medicine here used to be concierge because you only had your family doctor, right? So I think we're getting, you're seeing that full circle go around where everybody hates medicine now, <laugh> because of other things that have happened in the past five years.

Dr. Jeoff Drobot ([00:09:07](#)):

Nobody trusts medicine. And so everybody's learning again, which is what they should have done. And they're, they're starting to pick, you know, individuals and say, treat me like my mechanic treats my car. They know my car. They open up my hood, they say, Dr. Drobot in like six months, you're gonna need your fuel pump repaired. And I'm like, I don't know what that is. And they're like, just show up in six months. If you wanna save money, show up in six months. And I'm like, wow, I don't wanna pay for this crap right now, but I'll go another six months. So there was this, like, there's a reporting process and you can see it, I guess now. And you see it whoop bands, Oura rings like every, like Google, like Apple watches, people are starting to track their own stuff. So they're starting to be their own doctor, which is interesting, you know, but at least their health is becoming more of a, more of an active concept than medicine, which still looked at as a you don't need us until you need us. So no news is good news. An Apple a day will keep a doctor away. And you're like, eh. So yeah, we're getting back to a more active approach like other places in the world probably take.

Caspar ([00:10:15](#)):

How do you feel about that? The idea of all these trackers, all this information, all this, you could take tests at home now lab tests, you could do genetic testing, you could wear your Oura ring, you could get HRV, you could, you do all of this. And I see, and I've seen it in our own center where people come in with a binder of information, right? Right. And they're just so skilled. They've done, they've jumped down so many rabbit holes heard about, oh, oh, I know about that. I know about the newest stem cells and peptides and exosomes. Like they know everything, but somehow they're not healthy. Right? So it's like, you know, how, how do you feel when someone comes to you with that much information kind of, you know, and telling you they know everything.

Dr. Jeoff Drobot (00:10:56):

I mean, I appreciate the fact that you have one body. It's unique. We can all say the blah blah blah stuff. You should learn about how you operate, right? Like you should learn genetics and you should try to figure out like, but all the at home stuff of course came just because industry made it easy to do. But information like I can get all that information on my taxes. Like should I like for my corporate? Like should I do them myself? No, but you should know it. Like, I'm not saying anything's bad, but again, when you come in with a suitcase full of your own data and people are like, this is my data, and I'm like, do you understand the limitations of your tech? Right? Even your blood work, it's like one time you tested it, you did your hormone tests, these are my hormones.

Dr. Jeoff Drobot (00:11:42):

I'm like, no, those are your hormones on Tuesday morning at eight o'clock <laugh>. Like that was your like, I'm sorry that you kind of thought this was it. And your Oura ring is not tracking 20. Like there's no battery that will do that. So they're bringing in bits of data, which I think are dangerous because they say, this is me. And I'm like, ooh, you know, information is only as good as it's whole, right? You have to be able to know these things and have experience. So I don't think like wearables are interesting. I think they're funny, you know, I think they get people involved in their health, but yeah, I always say like, when did the wearable is wearing you, you're not wearing the wearable anymore. You came to me and said, I haven't had a good day. Look my readiness scores.

Dr. Jeoff Drobot (00:12:27):

And I'm like, well, how do you feel? I feel okay, well then you're, you're having a good day. Like how do you, like when did the wearable tell you what day you're having? And so they, when they come in with the suitcase and their data, I'm like, you're unfortunately, like medicine was an art for a reason and you're doing the science portion of it and you're making yourself sick, right? Because you're now, like, anytime you look at it and you say, well, I can't go to the zoo today 'cause it's gonna rain. I'm like, look outside, it's not raining. Like you can go to the zoo for three hours. Like why would you cancel the whole day? So I think it's interesting, I think it's a new form of health information, but health information isn't medicine and it can't like really dictate like what you're going to do.

Dr. Jeoff Drobot (00:13:14):

It's only a snapshot in time and it's retrospective, right? Like don't ever look at it like going to be something that you want to build a foundation on because you can be a citizen scientist and be really good and, and you're probably smarter than some of the doctors you've met, right? By the time you learn about health and physiology, but you don't have experience. And so I think it's in the next five years, it'll become utterly entertaining, right? Right. Because companies are jumping on this, right? Like, I love it. You're just basically a cyborg tracking every minute of your day. And then like, it gets to be interesting because all you do is track yourself, right? Yeah. Like just put a GPS doctor on your ankle if you wanna do that and, and you'd be a captive. So I, I think it's gonna be interesting. And medicine of course doesn't like it, right? Because

Caspar (00:14:07):

<Crosstalk> Yeah. I mean, medicine doesn't like it. I see some people embracing it. Like you see the centers that give out the Oura rings now and help with the tracking and are part of it. I, I've always taken a stance, I know my father and others kind of agree with this, that it's sort of takes you away from your intuitive self. You're, you're relying on a technology that was created by man and is obviously has some faults in it itself and isn't as accurate to tell you how you feel, right. Rather than your own intuitive sense that, you know, some people believe in that intuitive conscious eating of I know what I need for my body,

I know what supplement, I know what to do. Correct. We're getting away from that more and more where we have no intuition, literally look at data points and influencers for to tell us what to do.

Dr. Jeoff Drobot ([00:14:52](#)):

And then we, then we have the pinnacle that everybody chases, which is the blue zone. And you're like, yes, none of those cats are having any of this stuff. Like what? Like how did these guys live free and smoke and drink and just put their backpacks on and they wake up with a smile on their face and you guys have five sensors on and somehow you're

Caspar ([00:15:14](#)):

Ian, like hundred year old man is not wearing his Oura ring. Is that what you're saying?

Dr. Jeoff Drobot ([00:15:18](#)):

<Laugh>? You're gonna, you're gonna get to that guy. You're just gonna outsmart that guy by tracking and knowing like, oh, if I'm not having a good day, I'm shutting this machine down for the day. And it's like, wow. Right. That's a lot of strain and stress. And we always forget, like Pavlov's dog, like this has been trained before. Everybody knows this. Like, you can set your alarm at six o'clock in the morning for 14 days and then you'll probably wake up at 5:59, right? Like, you can set things expectations outta your nervous system. And so when you're going and looking at something and you're creating a focus on something, like you are creating a stress response. Not to mention like if we all were to be honest and say, is it good to have something electrical like tapping us every single day, constantly sensing every single day upsetting us every single day looking for information?

Dr. Jeoff Drobot ([00:16:12](#)):

And I bet it won't be long before we're like, yeah, like nervous systems don't like that. Yeah. Right? And they're like, well, it's a small field. And I'm like, yeah, nervous systems don't like that, right? Like, you can go to Europe and you still see people tying copper wires to the, to their bed posts and putting it in the dirt and grounding themselves and, and they're like, the, the less electrical interference because your nervous system's all electrical that you have, probably the better it is. So those things were meant to be used for one time. Like when I, when I went to Berlin and like, they were doing one time testing even on athletes, right? Like they didn't strap the people up all the time because the form factor wasn't there. Like, you're not supposed to constantly peck at your body for information to be like somebody walking behind you all day saying, how do you feel? How do you feel? How do you feel? And sooner or later you'd be like, f off <laugh>, right? Like you are like, I don't want, I feel annoyed. That

Caspar ([00:17:08](#)):

Information. Yeah. <laugh>,

Dr. Jeoff Drobot ([00:17:10](#)):

Like we have big fields, you know, we're 80% of communication is non-verbal for a reason. Like we're trying to feel the environment and if we're safe, we're safe. And if something keeps pecking at us, it's it's probably not a great idea. So like I don't have a problem with people wearing wearables. I have a problem with people wearing wear, especially at night, overnight, like checking your nervous system all night, ping, ping, ping, ping. Like the blackberry that you used to have with the red light and just like bang, bang, bang pretty soon, you know? It doesn't take long. We're humans like creatures of habit. We get, you know, we, we look for that stimulus and that stimulus and that stimulus and there's just no parasympathetic ability to just be, right. Yeah. And that's, it's, it's interesting right now and it's probably gonna be, we're not probably gonna find much to it in the future.

Caspar ([00:18:01](#)):

I was gonna say we're already inundated with information from that, you know, black mirror, we carry everywhere and check all the time that constantly is telling us what's going on with the world, whether we're validated by likes, all these things, what's going on with people all over that you don't know that you're following. So we're, we're already inundated with information that is overwhelming our autonomic nervous systems keeping us in a sympathetic state. That's not good. That that basically drives us away from a balanced state and then causes disease. So adding more is not necessarily a good thing. Now the question then for everyone out there looking at all these parameters and buying more and more things to value their data of health and thinking their healthier because of it would be, okay, what should we be looking at? Especially if we're trying, if we're in a somewhat diseased or symptomatic state and trying to find out the whys

Dr. Jeoff Drobot ([00:18:57](#)):

Right. Bring this back to biological medicine. Yeah. Right. Like when you show up, which is always people look like, well what, what is it? And I said, you know, if you're looking, if you're looking for normal, looking at just biology and physiology and you're really trying to figure out which organ system is causing a problem, right? Because it's not like you can have IBS and it has nothing to do with your small intestine, right? It has everything to do with your nervous system that's affecting your small intestine. Which is why I say it's like a, it's like a bunch of karate's thrown into one. If you actually show up to a place and instead of doing one point test and you show up to a place and they track you with realtime HRV and realtime EEGs and thermography and these kind of things, and you get to see like, I'm looking at the lymphatic system nervous system and I got this hormone test and I'm doing these things, but I'm also looking at them at a clinic in real time.

Dr. Jeoff Drobot ([00:19:58](#)):

Yes. I think then some of that information that you take home may be worthwhile. But you know, when to a person, when people show up here and they bring me that binder, I validate that they've done the work, but I rarely will look at it because I want to use, you know, with biological medicine, like you're looking at these big systems like the autonomic nervous system and the lymphatic system. You're piecing all these things together and then those little breadcrumbs that may be dropped by some of your stuff, I'm not gonna say aren't valid, but it's more important. Like this biological medicine is one-on-one. You know that, right? Like, it's not something where you're like, okay, well our readiness score is good, so let's do the workout of the day and see what happens. It's like you're really like, it's like veterinary medicine. Every animal is different.

Dr. Jeoff Drobot ([00:20:49](#)):

And I know that's like kind of a funny thing for people. Like, oh yeah, everybody's unique. And it's like, no, no, no. Like you really, if you wanna get, especially performance, 'cause I see a bunch of pro athletes, if you wanna do that, you're working in this top 5%. You really need to have the tools to do the other assessments so that you can see like what organ system like needs that support and then get the tracking away from the other ones because you're really only focusing on making one stronger. So the other movements or the other organ systems are stronger. And I think that's, you know, unfortunately everybody's getting out of clinic medicine, right? Right, right. Because everybody can do this, right? Why would you have, like, why would you have brick and mortar when you can do telehealth? And it's like, well I do telehealth and I send you home with your whoop band and oura ring and I'm shipping you your blood tests and you're doing your micronutrient profiles.

Dr. Jeoff Drobot ([00:21:42](#)):

And I'm like, all right. Like, that's good. But again, like you only saw one moment of one time, like you didn't actually get the person, you didn't, you didn't do the, the battery of in-house testing. And I still think like there's few clinics like yours that have that in-house response where you're looking at like, this is a performance facility, right? You are in disease, you need to get into performance and in order to do that, you check yourself in, right? You, you cannot do that. You can do any medicine, any lots of forms of medicine. Telehealth. What? Oh, Casper, you got a cough? Okay, here you go. Like, try this out. I'm gonna ship this to Walgreens. And it's like, that's called practicing medicine. That is a true practice of medicine, right? I'm gonna practice on you. When you're doing things in-house and you have a facility, like the practice portion of it becomes very minimal because you're actually doing things to the mammal, which is us, and you're seeing how they respond and then you get a much better effect when you're not like just practicing.

Dr. Jeoff Drobot ([00:22:53](#)):

And I think that's why people got their wearables and that's how it became like the com the lab companies, everybody's sending stuff in, you know, everybody's doing 10 times health. Like this is how it's gonna do and if something's high, I'll just make it, i'll, I'll decrease it. And if I can't eat eggs, that's great. And my vitamin C was low, so I'll put it high. And essentially, you know, you end up with this functional medicine model, which is like, just move the number, right? If it's high, move it down. Like, and it's like, I get it. And people can do that at home, right? You just end up with your own custom supplement path, but it still doesn't translate into performance. You're just moving numbers. That's called health accounting to me. And so there's practice of medicine, health accounting, which everybody's doing at home. And then there's like, okay, what is perfor? Like biological medicine is performance based medicine, right? You're trying to take somebody with something and you're trying to get the most out of biology and physiology. But in order to do that, you have to have a lot of tools to do the assessment. And you have to have like fancy tools to do treatments. It's not just about taking things.

Caspar ([00:23:58](#)):

Yeah. I think that's, that's always been my biggest knock with telehealth and that movement for convenience. But that convenience comes at a cost. And that cost is, you're not gonna have the tools, you're not gonna have the expertise in-house, as you said, to truly address things in a quick manner. I think we right, we could probably agree that, that if it's not a complex chronic disease lifestyle changes over a period of years and, and doing the right thing, you know, with the right person and trying to personalize off of those, you know, downstream numbers that you're getting and data could work could, but it's going to take probably years, number one. And number two, it's gonna be a lot of ups and downs and trial and error. And this is, you know, in, in a lifetime, you know, how many years do you really have, you know, that are left for you? And do you want to be tr doing that trial and error without real help or without real tools in that toolkit that can catalyze on that,

Dr. Jeoff Drobot ([00:24:54](#)):

Right? You can, you can go, you and I can go to a gym, right? We would pick something, we would pick something like we would go and learn whatever we wanna do. A normal person gets a gym membership, they head to the gym, everything's available to them, they start doing their own workout plan. And I'm gonna be pro, there's no way that you're gonna smoke somebody else that's got a trainer and is doing training. Like if you say I'm gonna go do this mud race, and I'll be like, all right, well that's a pretty generic thing and that person is doing sports specific training and you're, you have all the same tools, like you can do your blood tests, you got all these things, but the like the person that's actually looking at the person and picking out where their weaknesses are and str and capitalizing on the exercise, it's like you're not gonna beat that.

Dr. Jeoff Drobot ([00:25:47](#)):

And I think like you and I could both say you're gonna get more fit, right? If you take lifestyle and you're on Instagram and you're looking at some of this stuff and you're like, hey, you know, if you do like 15 minutes of deep breathing and stretching and you go for a walk and you get out in the sunshine, you could take any mammal. My cat could do that and I bet I'm gonna get a better cat in a month, but my cat's not guaranteed to live longer doing that. Right. My cat's not gonna be faster and stronger. And when you're talking illness, like you've gotta not be normal. You've gotta be better than normal to bring that back to a new set point. If you're just me and you in a blue zone, yeah, we can just eat some sardines, walk around like get some sun.

Dr. Jeoff Drobot ([00:26:35](#)):

Like I don't, I don't think there's gonna be much like the biological like tax is not gonna be high. Like if you are my CEOs or my pro athletes, like the biological burn rate on that physiology is immense. And we could say that the normal person walking around them, right? With genetically modified foods and all the terrors that are in our environment, like you're not just, you're not just passively like health. Even when I started used to be a passive thing. If you didn't smoke and you didn't eat cheeseburgers and you walked, well, you're pretty good. And now it's like, no, no, no, health is not passive anymore. It's active and longevity. Like I say, you either practice longevity or pay for longevity and you gotta do both, right? Nowadays because the environment is such a burden on you. And we all know this from doing biological age testing and everything else.

Dr. Jeoff Drobot ([00:27:28](#)):

That's like, look, we're, we're just breaking down faster plus we're trying to do more, plus we've got digitalization. So like we're interrupting our sleep and our nervous systems hate all this dog whistles going on. So you've gotta like, you've gotta do more specialized stuff if you really were interested in it. And I think that's, you know, biological medicine was before its time where it was complex and it took into all these accounts. And so people are now graduating into that where they understand the complexity, I guess, of physiology. 'cause They've got these everything on, they're getting all this data, but it's like, yeah, but you're, you're not the, you're not gonna put that together. Like, you know, the few people that have experience in North America to put that together. And I think that's, that's gonna be the differentiator, right? Yeah. Yeah. It's, you got chronic disease that everybody's got nowadays 'cause 30 year olds have it and then you got longevity, which everybody wants to live to 150. So you got these two and those two take a high degree of specialization and you have to have tons of treatment tools and yeah. The rest of it is a practice.

Caspar ([00:28:37](#)):

Yes. And that, that's where I believe biological medicine, it, it is the solution to the problem we're seeing. The problem is, okay, 60% of us are chronically ill, we are only managing their disease as they slowly wither away and putting 'em on more and more medications. That is not a solution. Right? That is absolutely we're trending management direction. Management

Dr. Jeoff Drobot ([00:28:59](#)):

Management, right?

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

It's management, it's sick care management, not healthcare. Right? and then you do have your, your others, the biohackers, the others that really wanna optimize, live longer, live healthier. That is also the solution. And my father always said he wanted to get into, and he, he really learned a lot about biological



medicine for the act of prevention and optimization. It just so happened not many people are there and everyone was really sick and he had to go there, peel back the layers of the onion with his tool case and start to address the whys and underlying dysfunctions that led to that. In your practice, what, what is that kind of seeing? Do you have more of these optimizers of health or more of the chronically diseased?

Dr. Jeoff Drobot ([00:29:45](#)):

I mean in my pr like people say like, what is your practice? And, and it always, you gotta remember again, like your father, I came from trying to find medicine to treat high performers. Yeah. And then you realize like the same medicine and tools and treatments that you treated high performers with, you just treated chronic disease with and they got to normal. Yes. And then normal got so none of it, it was different. You just had so many tools that you could like, treat any person and where that person was in the spectrum. Like you could ma but you could solve, you wouldn't manage a problem, you'd solve a problem. Right? Right. Like, it was like, people say, oh, I hate medicine. It's like, have you ever seen like a knee replacement? Like it really solves a problem. We don't have many things in medicine that like solve problems and, and then you gotta do the rehab after.

Dr. Jeoff Drobot ([00:30:37](#)):

But to like, to your point, it's like there wasn't management. Like you, you got to longevity and performance and everybody now wants to be there. So half of my practice ends up to be people that are sick and don't want to be sick and autoimmune diseases, you know, and, and we'll say chronic disease like it used to 20 years ago it used to be older people and now like infertility, like dementia, Alzheimer's, all of these things that were like long, like I said, burn rates and you have to work quickly. So we have, everybody is the same person. They're just in a different trajectory of where their health is. Right. And they all have a health story, which is all like, everybody has a history. So I see a lot more people 50 and over really being proactive now with their health and saying, medicine, I don't want to be in medicine.

Dr. Jeoff Drobot ([00:31:36](#)):

Right? I don't want to be part of the medical system because if I'm part of the medical system, it means something didn't go right. Right? Like if the IRS is calling you <laugh>, something didn't happen right? Right. Like, you can understand that. Like you do not want that phone call. So you have to be proactive and you have to do all this stuff and people understand it for their finances and they just don't understand it. Like to be active in your health and to seek out longevity. Like biological medicine's, just longevity medicine. Mm-Hmm. <affirmative>, right? You're trying to make a liver like do a lot more than the liver that you got and then the liver will repair and you're trying to facilitate new cells and better cells and then new cells and better cells do better things. And that's all it was, was it was performance and longevity medicine.

Dr. Jeoff Drobot ([00:32:19](#)):

So I I think, and you're probably seeing it too, you got a lot more people that are sick and a lot more people that are sick that are really educated. Mm-Hmm. <Affirmative> and then their education, which they didn't wanna get a degree in their illness, but now they got one, right? Because the internet made you get a degree in your illness leads you down this huge winding path where finally you check yourself in to a form of medicine. And it doesn't mean it like supersedes some other form of medicine, but you, you end up like at the spot where everybody is now looking for longevity because health and disease is right in your face. Right? Right. Like, you know, somebody with infertility at 25, you know, five of your friends, right? You're 50 and like, you know, somebody or five of your friends that are early age dementia and it's scary, right?

Dr. Jeoff Drobot ([00:33:12](#)):

So everybody like is starting to see uh oh. Like if I don't, if I'm not active with this, then it's not inevitable that you're gonna live to 90 <laugh>. Like you're going to have a problem if you just decide to drive this thing the way it's driven and you'll have a good time in life, but you won't want to be in medicine. So like finding a way to do performance-based biological medicine is the, is your only way to only way besides living, like you said in Sardinia and just having a good time. Like if you wanna be, if you wanna be in this place, then you better be doing stuff because your body isn't, isn't able to, to facilitate your lifestyle anymore.

Caspar ([00:33:54](#)):

Yeah. It's the unfortunate truth that people have shifted over to trying to understand something they didn't in the past because it's a necessity, right? Because they're seeing it all around. And you're right, we're seeing younger and younger people come in with things that, you know, normally wouldn't happen until they were over 50, 60 or 70. And these, these are people that understand for the rest of their life, they may be impacted unless they take a different approach. 'cause The approach they went through was, here, take this pill, you have this for the rest of your life. Incurable disease, sorry. But these pills will make you feel good, at least for the time being. And they don't want that. And they, they do want children and a happy life, so they must seek something new. And so I think out of a necessity, you are, you are going to see more and more people turning to this. The, the question is do do enough people have the ability to understand it and embrace it. E because here's the thing, you get people I'm sure that come to you and you know, you offer 'em solutions and they still are stuck in the old paradigm and just can't see why or find this to be too expensive. Things like that. You know, how how do you go about trying to explain this type of approach to people that have the skepticism and, and don't yet want to leave, probably the paradigm they've grown up with.

Dr. Jeoff Drobot ([00:35:15](#)):

I mean it's thank goodness, you know, like when you're, when there's very few of you around, most of your practice is referral, right? Yes. So that message is already like, go see this guy. What does he do? Don't worry about it, <laugh>. It's like turn, turn your me like this is a problem. You know, turn your problem. Like you're, you're too into the problem. Yeah. Right? Like, you're making yourself sick. We know this, like probably the best example of this is infertility. You know, if you have, you track your ovulatory cycles all the time, you stress yourself out, you look at your IVF, like you're doing it like you are never gonna get pregnant, right? Because you are, you're in order to get pregnant, you need to be in a relaxed state to even ovulate. And so that's not gonna happen if you consist, we know this focus on it.

Dr. Jeoff Drobot ([00:36:07](#)):

You focus on it, you focus on it. So there's very few like people, anymore doctors that say, turn your condition over to me and turn yourself off. Right? Because you are causing a problem, right? We knew this in psychology. Like, you are making yourself sick, right? Like, why are you making yourself sick? Why? Like, if I hire a plumber, I make a phone call, I want to be done with it, right? Like that's it. I don't wanna know everything that every trades person hates that you're looking over their shoulder, you're telling them how to do plumbing and they're like, I need you to get outta here. Right? And that I feel so good when you turn a problem over. And I think there are few, very few people now that you can turn your health over with any. And I think that's the problem with trust.

Dr. Jeoff Drobot ([00:36:57](#)):

You turn your disease over, but you, you don't really turn your health management over like my portfolio. I want to turn this over to your clinic desk and I want you to handle this. And all you gotta do is just tell me what I'm supposed to do. Like my financial advisor tells me what to do and he says, stay out of it. Don't go ahead and monkey around. Don't move this around. Like, and there's like humans like need that.

We have enough things to worry about where you need to turn over your health condition to somebody with some expertise and tools and then get out of the way, right? Like you doing things. My athletes, they don't wanna know like what they're supposed to, they want to know how they're, and then I train them and we do these things and then they're just gonna go do their craft.

Dr. Jeoff Drobot ([00:37:41](#)):

Like they can, they need to do it in the most relaxed way. We all know this. If you do your thing in the most relaxed way, you'll get the best result. So I think like these clinics that we have, which are very few, and again, more and more in medicine is getting into telehealth and out of it, but there's very few people that have a hundred patients that they really manage their longevity. Mm-Hmm. <Affirmative>, right? And our stuff is results, right? Like people come here and they walk away and their business cards and they go and they say, what did you do? And they're like, I didn't do anything. They did. I just followed what I was supposed to do, which is what medicine was supposed to be. I wasn't going home. And then my doctor gives me something, I go home, I search on Dr.

Dr. Jeoff Drobot ([00:38:22](#)):

Google, I find out all the ways that's gonna kill me. I go back to my doctor and say nope. And then I'm in like two divorced parents. I'm in a fight, right? And then I'm like, you know what, screw you. I'm gonna go to Whole Foods and I'm gonna take 15 herbs that are gonna do the same thing. And so again, it's just all bi and then nothing ends up, unfortunately nothing ends up happening. And we end up like, without this something like longevity and performance that's being tracked, that you're really like building biology, you're really building something. Other than that it's practice trial and error management. So I think more and more people are getting enough health information that hopefully they're so noisy that they're like, oh geez, like you're bringing your accountant this suitcase of receipts and that's what I look at that lab reports at.

Dr. Jeoff Drobot ([00:39:13](#)):

You bring 'em all there and you're like, man, I'm done with this hobby, right? I cannot make, I cannot track this. And they'll, you'll, you'll think you can for a while and then you'll realize like the next test isn't quite like you thought it would be. And then pretty soon you're like, I need to pay somebody to do this. So the expense part of it is always interesting 'cause I'm like, what if you were paid for every hour that you were on the internet searching your health condition, right? Like, what if you were paid a fair wage? Like what if somebody said, I'm gonna take that away from you. Like, what would that be worth? And they'd be priceless. And you'd be like, well why are we talking about this thousand do? Like why do you wanna do this? Then you're, you're trying to do it yourself, costing yourself more money If your disease is a hobby for you, fill your boots.

Dr. Jeoff Drobot ([00:40:00](#)):

Right? And some people it is, it's like some people, like they want, like, some people like that's their identity. But if it isn't or if you wanna live for a long period of time and not have something to worry about, hire somebody. Yeah. And hire them every year and be happy. Like that's your financial advisor that you are at 80 gonna look back at your portfolio and be like, freedom. Right? We always talk about financial freedom and it's like, well you paid somebody every year to attain that. Don't worry about the price because you'll be very happy when you're 70 and don't have to worry about the things that other 70 year olds. And you'll say, 'cause I have 'em every single day that say that was priceless. And it's like, yeah. I mean it is, it's your greatest investment so you better make it or else you're gonna be looking at it some kind of a different future that you're not gonna like.

Caspar ([00:40:55](#)):

Yeah. I I feel like a big part if anyone's listening, whether biological medicine is right for you or not. Like number one, you have to ask yourself, do, do you really want to get those results? And do you not base yourself in that identity? You're right. I see so many patients that just live in the forums as a Lyme patient, as an MS patient. Yeah. And just go back and forth of the pity party in some ways. Not to say that's, you know, the bad thing someone, sometimes that's part of the journey as well. But if you stay in that, you're not really looking to get rid of that identity that is a part of you. And you know that that's something you hang on to until you are ready. And then you could jump into this type of medicine that acts on removing that identity and coming back to your healthy state.

Caspar ([00:41:41](#)):

But a big second portion of that is understanding that there must be trust and there must be some faith in the process. You're handing over the keys in some ways too to the doctor. And that's different a lot of times. You know that, that when you go into something new, it's very hard to give trust when you've already been betrayed time and time again by the conventional side of things. You've gotten worse. It's been years. And then you end up in this, what is this European biological stuff? Oh, it sounds good. I heard someone got results there, but I don't trust anybody anymore. You know, how do you, how do you change that around?

Dr. Jeoff Drobot ([00:42:16](#)):

Right? Like, 'cause you said like medicine doctors and lawyers used to be the most noble professions and now everybody hates doctors and lawyers, right? Yeah. So it's like you're always battling, it's hard when you sit and it, it always is like when you go into and, and I have great empathy, right? When you go across from a medical professional now and you're trying to lay out your health story in 10 minutes and they're on their computer. Yeah. And you're like, wait a minute, in 10 minutes you're not gonna be able to match the amount of information I got from my computer. And it's like, look, it's just his research or her research against your research and their attention span against your, like, you're all in on this and they're in for 10 minutes and I don't blame that. And you look around and you're like, like how are you guys gonna solve this problem if you just send me to Walgreens?

Dr. Jeoff Drobot ([00:43:10](#)):

Like, like where's your, like if I go to the mechanic and he shows up with one wrench, I'm like, eh, like how you, how you gonna fix that with a wrench? But if I walk in to, you know, when we say this by, there's nobody that comes to clinics like yours and mine that walks in and says like, oh, I seen all this stuff before. It's like, no, no, no, no. The process is different. The treatments are different. So now you can relax 'cause you're in a different place. So when we're talking, like people say, well, well you do medicine. I'm like, yeah, I, I guess I'm a like, I'm a doctor so we do medicine, but it's not the medicine that you think Mm-Hmm. So drop that at the front door, right? Because you hate medicine but you only hate it 'cause you're frustrated with it.

Dr. Jeoff Drobot ([00:43:51](#)):

If you were in a rollover car accident, you would love medicine <laugh>, because I'm telling you that would save your life. So like we have to temper our expectation to say the wrong, they don't have the tools to fix what's what your problem is. So you should be frustrated with this. But understand that when you walk into somewhere and you see like this whole thing is different. So like you can be different too as a patient and then don't live in the forms. Like, we're not trying to be in the forms. Like, are you a Lyme doctor? I'm like, no, I never wanted to be a Lyme doctor. Yeah. Right. Do you treat Lyme disease? No. I treat people. Yeah. People like have problems. Like, so yeah, we, we end up getting people out of forms, but it's, it's a very comprehensive therapy. And it's comprehensive because it works, right?

Dr. Jeoff Drobot (00:44:39):

If something's simple, then you break your arm, put a cast on it, it's pretty simple. You have some chronic disease. Nothing about that is simple. And if you want longevity, nothing about that is simple. So go to a specialist or an expert, but the expert has to have tools, right? In order to get results, you have to have things to get the best results. And I think medicine's, and it's getting out of that again, like it's, it's losing all its stuff. And, and they'll, there's a, on the benefit side of it, there's a bunch of people that are getting more educated. So it's gonna meet somehow, right? It's gonna be, it's gonna be kind of a catharsis of like, where can I, I, I need to submit to this and just find somewhere and some places where I can go that just do this for me.

Caspar (00:45:28):

Let's talk about the tools for a little bit. 'cause I always, you know, love to hear how other practices and especially in the biological world are utilizing the tools or what they're seeing in, in the trends. Because over time things change. I think we could agree that more and more people are exposed to more toxins than ever. So they need more detoxification. We're exposed to many emotional thing. We might need that as well. If you were to take the 80/20 principle here, Pareto principle and say, all right, you know, 20% of these tools I'm using in about 80% of the population, what would that be? What would those tools be that you're seeing at least?

Dr. Jeoff Drobot (00:46:04):

I mean I still like lymphatic treatments and you know, we do a lot of nervous system stuff. Mm-Hmm. <affirmative>. So like, like full brain TMS like neuro stems, like frequency therapies to settle down nervous systems. Mm-Hmm. <Affirmative> and like you said, the detoxification stuff. Mm-Hmm. Like, I'm always interested in complicated things, right? Like, so I'm interested in making cells do better things and doing hypoxic training and hyperbarics like doing all the spectrum of stuff. But if you just had a clinic that you did like these days that you did lots of central nervous system treatments, like you could see a miraculous amount of things get better. And if you have a clinic that just does lymphatic treatments for detoxification and visceral, like you can see, especially digestive stuff and autoimmune stuff, you can see a lot of things. Now we have VSELs and all these other fancy EBO2 and blood filtering.

Dr. Jeoff Drobot (00:47:00):

Like we have all these fancy things. But as the world gets more complicated, if you can get the blood filtered and the lymphatic system cleaned up and you can reset nervous systems and light brain pathways up and you can do some like fantastic things. And I think everything is evolving, but you need, like unfortunately for these conditions, you need, you need fancy treatments because they have to be like, you know, that there's, it's not easy anymore, right? The people, like people want results fast and everything is like so deep that you need to have, like, you need to have a lot of therapies. And people always like question when I say like, you can't just take supplements. Supplements are not therapies or supplements. Like you need therapies, supplements help, hormones help, peptides help. But you need to, before you plant those seeds, like people are like, oh, you're gonna gimme some hormones.

Dr. Jeoff Drobot (00:47:58):

I'm like, yeah, after I like, make sure that we plant this so the hormones work. Like why do a treatment if the treatment's not gonna work? And so like a lot of this, these things are like, you need to clean, like change the oil first before you're gonna drive the car faster. People are like, well why do I need to do that? It's like, 'cause it's physiology <laugh>, like how, well, how do you expect not to do it? Right? Like, so I think cell therapy is a really interesting because, you know, like stem cells, exosomes, VSELs, like these things 'cause cells like they need help now. Like they didn't used to. They used to like, you clean the

environment before and the cell could kind of do mitochondria could kind of do things. Yeah. And now like all those cells need like extra help, extra resources like young cells do young things.

Dr. Jeoff Drobot (00:48:46):

Like there's a lot of, everybody needs a lot of ability to regenerate, to catch up, you know, to where the environment where they've lost these years and all these mitochondria need extra oxygen and hypoxic training to recycle the old ones. So it's fascinating now because you need to actually, like, these are like race cars now where you need to do things to the race car and then the car drives beautifully. But like the treatment modalities end up to be definitely more extensive than they used to be. But I mean, the results, the more things that come on the market that you adopt, like once you have a base, they become fantastic. Like the results are fantastic. I'm a patient myself here. Mm-Hmm. <Affirmative>, you know, so like I'm doing stuff all the time and like you get to feel that result. And I think that's like, people buy into that when they get to see a big change.

Caspar (00:49:39):

It's one of the coolest things about European biological medicine. It's so dynamic and it is constantly changing, evolving as we learn and more things are coming out each year. And so I love going to Baden-Baden. It's like you, you go there for medicine week, right? You're just like, oh, there's a new something here. It's like, oh, this guy updated this machine to do this better and get more lymphatic. And it's like, and and it really is interesting. I, I am puzzled that not, not so many Americans do show up. Of course Dr. Rau, yourself, others are, are working to, to change that and I hope more adopt it. But you know, you mentioned those, those use of of cells things that we've already have in a stem cells, VSELs, PRP, you know, platelets. It still seems a little bit, I would say not disjointed, but still new. So you have people that are just doing, let's say a VSEL therapy, which is very small, embryonic like cell. It has different names even. Sure. I've talked to different people that don't agree. Sure. And some, you know Yeah. It's off

Dr. Jeoff Drobot (00:50:37):

By

Caspar (00:50:37):

Everybody. It's all in your bloodstream, right? It's all already there. Already there. Do you see, like in your own usage, in your own experience, do you, do you see it kind of all coming together though that, because a lot of people say stem cells without platelets to act as kind of, you know, hey, over here, you know, they, they need that calling and the information from it and VSELs are a part of that also. Do you just see it kind of going into a singular rather than this specialized, like I do only PRP, they do only VSELs and we only do activation of these types of platelets.

Dr. Jeoff Drobot (00:51:13):

It's always, it's, it's always funny to see the politics in alternative medicine <laugh>, right? Where people are like, let's, and again, then you go to Europe and they're like, well you just don't do that like that, right? You set, like they always talked about the terrain. You set the terrain and then you do the therapy because then the thing works better. And so again, you're seeing like North Americans specialize in stem cells and it's like, oh, I got this specialized stem cell and you're like, shut up. Right? Like, what are you talk like this, that is not going to work. If you put something in the body and you don't activate the body to make that thing work. And so like, I, I don't get like that's romantic to believe some of those things. Like we're a VSELs specialist. So you show up for an hour, you do VSELs and you walk away and your autoimmune disease is gone or your stem cells are gone.

Dr. Jeoff Drobot (00:52:03):

I'm like, nah, that's not the way it works. Right? Like everything needs to be activated, everything needs to be cleaned up before you put stuff in there in order for it to work. Now can it, yeah, by in a test tube it works, but the test tube, like it's pretty clean. Like there's no, like, there's no complexity to that stuff. And like if you go to Baden Baden, because it's always funny, people hear are like, whoa, the biohacking, like we're going to this biohacking. And then, you know, like, you know where that came from. Like, have you ever heard of Baden-Baden Medicine Week? And you go there and that place is like a circus. Mm-Hmm. <Affirmative>, this biohacking thing here that we have is fun, but over there it's medicine. So like they, they look at this stuff like that's a joke, right? They're like red light there.

Dr. Jeoff Drobot ([00:52:50](#)):

Like you're like, we were doing that 35 years ago when I was like 25 years ago. There was 10 booths there and these guys like live it. So we have to just understand we're very new here. Yeah. Right. Compared to Baden-Baden. Like those guys, like they, they don't do that for fun on Instagram. Like they do research and they, they, they have whole societies, medical things that study this. So you're using 1% of what Europe already had. And so when you take therapies like that and say I have a red light clinic, you know, still people are like scratching their heads saying, yeah, but that's like one 10% of the therapy. Right? Then you add the cells then, but you do the detox. Like you'll always see the cornerstone as they calm nervous systems down and do detoxification. And people like always miss that step because they don't wanna do it.

Dr. Jeoff Drobot ([00:53:47](#)):

'Cause It takes work and it takes tools, right? They want to take stuff again. So instead of a medication, I'm gonna take a dose of stem cells. That's it. That's how I'm gonna get out of it. It's like you missed it, right? Like you missed the whole thing. Like you didn't change the oil filters, you just put new oil in. You said this is best oil now my car's gonna run. And it's like you, you're missing the work part still. Like you've gotta do the preparation because the therapy isn't important. The response to therapy is, so it's still, I'd say 50% there where we're, we're still in North America trying to capitalize on being the best at PRP and you're like, well a monkey could put that in there. Right? Like, I don't know, like what's the best stem cell or what's the best, like I've got the best red light therapy. And again, when you go to the people that do this, they're like, what the hell are you talking about? Yeah. Right. Like, and so maybe you and I are

Caspar ([00:54:43](#)):

Very different when their Yeah. Approach and what they think of these things as a, as a solo type of approach to things.

Dr. Jeoff Drobot ([00:54:48](#)):

You know, it's hard again because like you have seen it, right? So it's hard when you've seen something to explain it and it's complex to somebody that hasn't seen it where you're like, yeah, well that's one therapy, but they never did it as a monotherapy. Yes. Right. They always did it in a program and that's why it worked so well. And we took it unfortunately we said, forget the other ingredients, this was the one that made the difference. And it's like, yeah, but that's not how it was supposed to be done. You just stripped out the other parts of it. And when you've been in it for as long as we have, like it's really like funny because you see it just sitting there by your, by itself and it's like seeing four tires and somebody saying that's a car and you're like, it's four tires.

Dr. Jeoff Drobot ([00:55:39](#)):

Right. And they're the nicest tires in the world. Yeah. But you're not gonna sell that. You're not gonna sell that to somebody that's seen the system that it works. Believe that that small part of it made that system work. 'cause You're like, yeah, like there's a lot smarter people than you and I that will say that it didn't.

And those are the people that like spent their life doing it. So I tend to believe those people, right? And they, when you do it, like those people do it, which is harder, takes more money and more equipment, takes more information. Your doctor's gotta learn all these different systems. You gotta bring in all these therapies. But to see the results side by side by somebody just doing the monotherapy, I mean put a thousand doses of VSELS into somebody. There's no guarantee that that worked. Although we romanticized that it can. Right? But

Caspar ([00:56:29](#)):

We, we romantic seen it, we romanticize and perhaps there is placebo involved. We know that the marketing of this and the saying everyone loves stem cells, like stem cells have been around for decades, right. They were the promise of of of giving back, you know, the ability to walk from neurological injuries and all these things that it would just cure everything. And it's been, not much has really come of it. Some advancements here and there of course, but it obviously hasn't brought us back to a healthy state of a society where people are just on stem cells and regenerating themselves.

Dr. Jeoff Drobot ([00:57:02](#)):

Right. And people have spent a lot of money showing up one time a year and getting a dose of stem cells. But again, like if you don't do the stuff before you plant the stem cells Yeah. How do you expect, like they're not, they're not just going to do that. Like they're going to tell we, we take stem cells for example. We used to say, well stem cells are going there and they're just gonna replace other cells and they're gonna grow a new whatever it is. And it's like, no, we know all these things work by cell signaling. Mm-Hmm. <affirmative>. So like they have to talk to your cells, like young cells do young things and they'll teach old cells to do young things, but only if like the environment and the message can get there. And so now we're seeing like, whoa, geez, that wasn't what we thought it was.

Dr. Jeoff Drobot ([00:57:45](#)):

Which is always an evolution. So you have to have cells that listen to other cells in order to like get this ability to make some different tissue. And I think like we don't do that as, as North Americans. We just say, well we're gonna put this part in here and it's gonna work. It's like peptides are the same stupid conversation for me. <Laugh>. Like you put a peptide in there and people are like, I put growth hormone and it's like growth hormone works for 20 minutes. Right? It only works by telling other cells to do other things. Like I don't know what you saw on YouTube, but like it itself, like these peptides are telling others things to do things, but that doesn't mean the other things have to listen to it. Like you've gotta make the other things, you gotta prepare the other things to listen to it.

Dr. Jeoff Drobot ([00:58:29](#)):

And that's always gonna be the European ideas of you've gotta set the table before you go ahead and serve the food. 'cause No one's gonna enjoy the food if the table isn't set. So we probably won't get back to that in medicine. Right. We probably will not do the hard work and have medical facilities with the ability to have the tools to do that prep work so the fancier stuff can do it because nobody, everybody wants to do the fancy thing. Yeah. Nobody actually wants to do the whole thing and that's okay. Right. Because the whole thing takes a lot of effort and a lot of equipment and patient buy-in and who wants that? We'll just keep practicing medicine doing fancy things.

Caspar ([00:59:16](#)):

Well that's the really interesting thing is that medicine as a whole, including a lot of alternative, holistic, integrated way you want functional medicine is still has this mentality of searching for the holy grail. It's what's that one thing that's going to cause the cure re result in the most amount of people gaining their health or feeling good again. And it's really reductionist standpoint that European biological medicine



doctors again kind of, you know, just giggle at and say, okay, keep looking. Right? We we've been there. Yeah. We have all these tools and we continue to add and try and, you know, evolve because medicine is always evolving as all sciences are as we learn more. But it's still, we have this ability to say, ah, it's the hyperbaric chamber. Just open up a bunch of clinics across the country with just that rightio and cryo we solve so much cryo, right? Cryo, that's it. Right?

Dr. Jeoff Drobot ([01:00:10](#)):

Red light beds. Like you see it, you see it like just do some myers cocktails, get the red light, put your NormaTec boots on. Done. And people don't understand, like when they hear like us talk about European biological medicine, they expect to go to Europe and like they're gonna see every, like, you're gonna see centers all over the Oh no, no, no. Like that's not, it's because people say, well all got all this stuff in Europe. And it's like, no, there's probably like four or five because it is a comprehensive form. There used to be more, but there's people that are trained in it, but they don't have centers. So like the public is always misconstrued to believe like these are like normal medical centers over there. And it's like, no, no, no, no, no. Like these are spent, like there's very few places in the world that have centers that can do this stuff.

Dr. Jeoff Drobot ([01:01:01](#)):

And it would be great if there was more, but there just isn't. And when you go to like Baden-Baden medicine week, you see like there's not really, because it's hard, there's not a lot of centers that will have a lot of this technology in there. But it started in Europe and it's still propelled in Europe because they do this on this laser and they spend their time and they medically look at this and then there's clinics that adopt it. But when we're looking at biohacking, which is just biological medicine, right? But it's in its most reductionist form. Yeah. Right. It's one treatment tool. Like all that research and everything was done there, but there's not a comprehensive center. Like people are lucky in North America to have a place like your dad's 'cause they don't understand like you have to be European and slightly crazy to even like wanna have adopted all that stuff. 'cause It's takes lots and lots of research and lots and lots of tools and finances to get a center that has the ability to treat stuff like that. So it's not like they grow on trees over there either. It's, it's a very yeah. Like specialized form.

Caspar ([01:02:10](#)):

It, it takes true artistry as my father would say. He wrote the book. True. The art of medicine is isn't art and you're not gonna find artists everywhere. Yourself, your unique artist. Even in throughout Europe you have some that like Rau or ones that came over Klink or others. These are artists that you, you can't just replicate. They're not technicians that you just hear follow this standard operating procedure of learning this and you'll be good and let's go on this is how you do an injection. This No, it is a skill. It is a craft. Yeah. And and and to

Dr. Jeoff Drobot ([01:02:40](#)):

My point, who's gonna take over after your father who's taking over over

Caspar ([01:02:44](#)):

After your father? Yeah. I know. These are, these are things we're training for for years, right. And trying to find needles in haystacks. And it's very difficult and no one will ever, you know, there won't be another artist such as there won't be another one of yourself, but hopefully there is a artist that has similar tendencies and skill and passion to truly you know, practice the art form. And that, that's, that's the hard part because if you're looking to do that from a, a, a, a, a selection pool of medical doctors that are indoctrinated in some way going through medical school to not believe any of this, it becomes very difficult. Right. And I remember, I'll give you a quick story about like how people react to this. 'cause

Again, a lot of people think, oh, European biological medicine, there must be so many of these doctors around.

Caspar ([01:03:30](#)):

We were asked to go to India to a healthcare company, one of the largest healthcare institutions and talk about this approach because they realize with so many people getting westernized diseases, they need to do something else or else their healthcare will just collapse under all the pressure of so many diabetes, hypertension, everything happening there. So Correct. We went there to talk and, and there was an introduction to my father and like all he's doing and everything. And like before even the end, like a cardiologist like raised his hand and he is like, who is this God that knows all these things? Like we are like told to specialize in one thing, you just named like a hundred different things. Like this is ridiculous. Right? And it was almost like infuriating like response to like, why would we learn all of this? Yeah. And it was, it was, you know, it just shows the state of medicine is like, pick one thing and dive down into it and that's it. Whereas if you look at the spectrum of medicine, what European biological medicine does and all those tools, it's not just different tools. It's not just learning EBOO versus you know, an ozone machine versus UVBI. It's learning the background of energy medicine, the background of, you know, Kissinger's work and understanding cell matrix and all these things. It's, it's so much, you really gotta be a dedicated artist to do this <laugh>.

Dr. Jeoff Drobot ([01:04:49](#)):

I mean you have to have years of like, for you even personally to know those names. Like, think about how like you, you interview a lot of guests, right? And you'll see a lot of people that again have like, they're very good at one thing and you're like, you're bringing up like a lot of these other, other dynamics that you know are important and the doctor's like, I never heard of that before. And it's very strange because you'll be like, well Kissinger, like the cell, like the ground cell ground matrix. And like, it's one of the tenants of like, this is physiology. Like forget medicine, that was physiology. Like you just read this book, it's a, it's a fricking textbook, right? It's a medical textbook. You can buy the textbook and people are like, ah, yeah, I just kind of do this thing and I'm just gonna, and so like, I have a bunch of doctors as patients.

Dr. Jeoff Drobot ([01:05:47](#)):

None of them, even though they get treated want to do this because they say it's too complex. And I'm always like encouraging 'cause it's very fun, right? Mm-Hmm, <affirmative> it's very rewarding. It's very interesting. You get to practice with different things. Like I would never want to just have a script pad, you know, to their point. Like I wouldn't wanna just be like liberator next lior. Like I'd go crazy. So you have to have an appetite for it. And you just have to understand, just like with any craft, it's gonna take years. But I don't, there's probably not any doctors 'cause I've been to a like age and they'd say, go, can you replicate what you do? And it's like, no, no. Right. Like you, you have to have some chefs that at least wanna learn how to cook some of this. Like you can't just have, this is not line like line cooking where you just come off the line.

Dr. Jeoff Drobot ([01:06:41](#)):

It's like it's not fast food. Like it's never gonna be like, this is like, this is a very, like, this is a fine dining restaurant who wants it and nobody wants it except the public. The public wants it. Yes. But then they don't, they're like, well why are you that much money? And then this is this much money. And I'm like, well, hmm. Like you should see this and if you could see how many miles I've put on my passport to go and look at stuff and how much you've invested, and I'm trying to give that back in a product that will be unmatched and you can go down there and just get your PRP like, but I don't want to just do PRP because I don't think it's gonna work just like that. It might, but I don't think VSELS are gonna work just like that.

Dr. Jeoff Drobot (01:07:26):

Right. I I have hard chamber hyperbarics. You're not just gonna show up there and get in them. Right. It's just like, it doesn't work like that. Why? Because like, I couldn't produce that plate for you and have you eat it because I know that it's not as good as it could be. And I think that's kind of the downfall of the artist is that you're looking at it saying, I could just, I would be rich if I just wanted to open up a bunch of different Ebo two and hyperbaric clinics. Like I could do it, but you wouldn't be satisfied with the product only because you seem like that's not the product. And I think that's, that's hard. 'cause The public should wanna invest in that restaurant. Like, because you see that that restaurant's gonna sell out. You can't get a reservation in that restaurant.

Dr. Jeoff Drobot (01:08:17):

And I think that's changing. And I think like maybe your, your father, like you guys and I, and we're in the, where we used to be this small guy, like now we're becoming highly desirable because there's people that are willing to say, I need to pay for this 'cause I don't wanna manage it anymore and I need to get a result. And you're like, look, in order to get a result, you need to do different things. Like Thomas says, to treat to get different treat or to get, get a different result, you need to treat differently. And that's just like, it comes around to that, like everything that was complicated. Now disease is complicated, longevity's complicated. You need to have like a fine dining restaurant that's gonna cook that meal. And more importantly, like you need to have a ton of ability to do a bunch of different things. And that is very rare now in medicine. And your local cryo lab is just not gonna be able to match it because it takes direction.

Caspar (01:09:15):

Yeah. And and that's the one thing I will say that I I'm not liking with the attention that's going to a lot of this is the pop-up IV lounges that there's no doctor. You just come in, it's like Burger King. It's like, oh, I'll have some NAD and a little glutathione. Let's go and just hook me up and I'll be outta here and it'll cost really cheap and we don't know where the ingredients come from or whether this is actually gonna do anything for me or maybe exacerbate something in me. Who knows? And, and so do you feel that we're at a stage in this kind of industry that's, you know, anything outside of conventional, I'll say because people are still lumping kind of acupuncture, chiropractic all of this together. I don't think it is. Right. But at least it's outside of the conventional realm of kind of

Dr. Jeoff Drobot (01:09:59):

<Crosstalk> Alternative Alternative. Yeah. Right. Other, other we'll say,

Caspar (01:10:03):

And and you'll see a lot of VCs are coming into this and private equities coming into it and trying to basically franchise it. Like you said, take the artistry out of it. Do you think we're gonna have to go through some growing pains, like all kind of industries do and, and get, you know, get rid of some of that and kind of go up and down because it's gonna be a lot. You're gonna have people that say it didn't work and, and that's work not true. It's just you didn't do it right. And I've seen this, a lot of patients come here, they don't know too much. They would give 'em a program treatment completely personalized. They see the cost and they go, I'm gonna try getting this stuff elsewhere. Doing it myself, getting my own ozone machines and energy and red lights. Yeah. Like good luck. I got it. I mean, <laugh>, I got it. Yeah. And, and, and then you have like, all right, I'll go to another center down the block that's doing it for less but doesn't have the ability to mix and match or understand the personalization, this and that. But do you feel that we're, we're just gonna have to deal with that and just focus on our own results as the artist within the field before that kind of, you know, crumbles apart and you rise to the top.

Dr. Jeoff Drobot (01:11:13):

Yeah. I say there's, there's a big difference between exposure and expertise and we're in the exposure piece of that where you, anybody, any physician can go get an ability to prescribe peptides. Right? Or go get their red light bat and they can, they can do it. And there's a, there's agroupon special on, on doing this and, and I'll call that the exposure phase. But it's people that really are into this sooner or later will come out into expertise. And the problem is, we're such crappy marketers, like biological medicine, such crap. Like, it's so crappy. I don't know. Like it's not sexy. I

Caspar ([01:11:56](#)):

Can't tell you it's not sexy. Listen, I come from a marketing and finance background. It's like, it's still hard to find ways to make it sexy 'cause people like, it's

Dr. Jeoff Drobot ([01:12:03](#)):

Not a good message.

Caspar ([01:12:04](#)):

Like all of this. And it's like, you know, root call, you could use all those words. People like you, this is what I was once told by a PR company. People like celery juice, right? Medical medium. Make it one thing they do and they love it. Yeah. So it's like, just do the one thing and it's like, but that's exactly opposite.

Dr. Jeoff Drobot ([01:12:23](#)):

What's your I hear it. Well gimme your elevator speech. And I'm like, that what? Like my elevator speech is the elevator Like what? To to your point like come on in, you know what the elevator speech is. Come into my clinic and tell me if you've seen anything that looks like that. Yeah. And if you have, you tell me how you're gonna distill it down into the marketing message, which is like one size fits all this is scalable. Like, oh, celery juice. And you're like, I don't do celery juice. Right? Like, you shouldn't either. Like if you think that was the pan, like it's not, it's not scalable because it's expensive because it's a specialty and so is your body. And I always laugh 'cause they're like, well why would anybody do it? And I'm like, ha, I'll tell, I'll show you why they will when they need it and I'll show you when they don't question what the expense is when they need it.

Dr. Jeoff Drobot ([01:13:17](#)):

And in marketing. Like there's no way you can do it. Like every, everybody that laughed at that like, oh, it's like I'm gonna serve you a steak and steakhouse are like, no, it's not just a steak. Mm-Hmm. <affirmative>. Right. Like I'm, it's very hard to translate that to people when they understand like, medicine is supposed to be cheap. Yep. Right. It looks cheap, it's easy. And it's like, well your longevity shouldn't be cheap because like, what do you want another 10 years? What is another 10 years would be what would another year be worth to you? Right. Right. And they always say priceless. And I'm like, well shut up then. Right? If it's priceless, then it, you should put a price on it now. And the price should be like whatever it needs to be. But I should put it in my, in my like billfold is like, I need to now invest in my health or I'll pay for it later.

Dr. Jeoff Drobot ([01:14:06](#)):

Right. They always say invest in it now or pay for it later. And people are like, you and I, if you come from that marketing background, man, it's frustrating 'cause people are like, we treat the root cause <laugh> and people are like, this isn't like, it makes us sound like we're some kind of like dirt medicine and like, no, no, no. We're like Buck Rogers. Like specialty. Like I don't wanna go to the grassroots either. I'm like, I'm with you Baba. Like they're like, give us this, this treats the whole person. It's like, oh

my goodness. Like I understand it, but we are not, like, even when I say naturopathic medicine makes me shudder a little bit. Mm-Hmm. <Affirmative> does. Everybody says, oh, you're an herbalist. And I'm like, oh. Oh yeah. Like, no. And I'm not saying anything's wrong with that. I'm saying like, like, look, we're like, this is a specialty beyond a specialty.

Dr. Jeoff Drobot ([01:15:00](#)):

And like you have to know cardiology and neurology and gastroenterology and like, you have to know all these things. And people like that are in those fields, which I have specialists. They're like, how did you, like how did you learn all that? And I'm like, well you have to spend time and then you have to connect all these things and then you gotta practice on tens of thousands of patients with innovative treatment tools. And then you get to see what works and then you keep, keep doing what works and it keeps working. And then like that's it. And what's the marketing message? It's fricking complicated and it's a specialty and like you're not gonna be able to stamp these all over the place. And I wish you could, right? Because if you saw it. But if anybody's listening to this and it's like you value your health, go see the difference of it.

Dr. Jeoff Drobot ([01:15:51](#)):

Yeah. And put your, like, put what you think it's worth away for a second and just watch what you're looking at. Right. Go into like your clinic and look at all the things and just say, wow. Like I don't understand that. So it's something different. And understand when it looks different you're probably gonna get a different result. And then think about how much that would be worth just to have your physiology be able to do something different so that you can play with your kids or earn more money or go on more, do more business or play for five more years professionally. I mean the people that I have, they don't question that because like, they get to see the result of it and it allows them to do like have at the end of the day a much better life. And it's like at the end of the, what is that worth?

Dr. Jeoff Drobot ([01:16:44](#)):

And so it's, I think we're getting like to come, the long answer is you're gonna get a ton of exposure and you're gonna fight yourself through that. Right. And you're gonna have people that say, well I do, like now I why would you get an A? Why would you do an IV here when you can do it in the comfort of your own home? Mm-Hmm. <Affirmative>. It's like, I don't, like five years ago that would've been called stupid <laugh>. Like, like even conventional medicine says that's stupid. We just now say it's convenient, but is it effective? Make a cold go away. I don't know. Like yeah. Right. I mean take a time when you have a hangover it makes your headache go away. But like that's not, you're doing very, like, you're doing fun things. Like you're not doing, you're not doing something that's gonna last.

Caspar ([01:17:31](#)):

Convenience shouldn't be the the thing you focus on. Right. True healing is transformative. There is no, like you mentioned, there's no greater ROI than true healing and not just the healing you expect of like, oh my symptoms are gone. Like, all right, that's not real. Healing. Healing again, no. You know, really takes you to a different place. Gets rid of your, your then self managing, self-healing yourself. You feel better, you're more productive, you're a better person in society. All these things come from healing. Right. And that's where we should all be getting to. But a big part of that I, I know is kind of awareness of things and like you said, this is complicated. It's not easy to understand. I've found there are definitely books out there that have helped aside from yours, bioregulatory medicine, which is great one. You know, are there other ones you recommend to patients to build their awareness of what this can be? I know you could read forever My father's like, you know, there's like a thousand books. Okay. <laugh>. But there are starting points in some of those. Do you have any that you could share?

Dr. Jeoff Drobot (01:18:30):

I mean the books are always like, again, to go back and the books that I would say are always too complicated. Mm-Hmm. <Affirmative>, you know, in the sense that like you would have to learn, I think biology and physiology is interesting before you slap pathology on it. Right. And I think again, the hard thing is you don't really find an instruction manual to talk about biology and physiology as it pertains to like medicine and health performance. Like I always call the health performance. You don't find any books because they're so focused on talking about Lyme disease, right? They're talking about chronic fatigue. Like there's gotta be a book that just talks about like what your mitochondria do and the most inter like the most educational and then what? And it's, again, it's our job as crappy marketers to be able to like spend time doing that.

Dr. Jeoff Drobot (01:19:26):

Because if you don't do it, and I'm the blame, if you don't do it and you don't like lay out why it is different before it hits medicine, then you know the thro is you don't need to do it. Right? Like I've got, I've got patients beating down my door, like I don't have any time, but one day like somebody needs to say, forget the clinic part of it. Why do you guys treat biology this way? And then you can bring in treatments to explain how they affect biology. That that particular thing. And that doesn't exist. Which is really like sad. There's no instruction manual. 'cause There should have been on why do these treatments work because they affect that particular organ system. But like that's, that's a few novels. So like any book like diets are always hard because they're supposed to be seasonal and like people get into diets like religions, I'm vegan, I'm carnivore, and you're like, you're crazy.

Dr. Jeoff Drobot (01:20:20):

Like forget like nobody, nobody needs to make food that complicated. Right? Like you're, you're just going on something because it's what you wanna do like in the end. And, and it's like, you could feel better for a while, but the, the diet's supposed to be seasonal. Everything was supposed to flux everything. Like habits are supposed to be loading and unloading protein diets, like it was all supposed to work like that. And we still can't get into the artistry of flexibility of biology. We're still into like your carnivore 365. You're gonna get rid of everything by being vegan 365. And it's like, I mean me, like all, all those health things have become a religion for people and they're very stuck on it. And it's hard to like, again, get people off what they want to believe instead of like, you're not supposed to be an expert in that.

Dr. Jeoff Drobot (01:21:10):

Mm-Hmm. <Affirmative>. There's people that are trained. Brings me back to the plumbing. I'm sure I could go learn it, but like I don't go and see 15 houses a day to figure out that crap. Like pay for somebody and they're really good. So I don't know, it's education is a hard thing because we already had that conversation, right. With like over education is even the worst thing, right? Because you start to shop around and say like, oh I already am an expert in this so I'm just gonna go get my own ozone machine and do rectal ozone at home. And I'm like, why? Like, what are you doing? So it's, I wish people would just, education is great, awareness is great. Mm-Hmm <affirmative> but hand the keys over, right? If you really want a result, hand the keys over, like forget it. And that's that leap of faith.

Caspar (01:21:56):

Yeah. I I feel like patients have said this to me before, they're like, I understood like 60 to 80% of like stuff you, you guys are doing and everything. The other is just mystery. And I had to have that leap of faith 'cause I, I would never get there. I would never find out everything and learn every, like it's impossible. And if you're just of that skeptical mind, maybe that isn't for you, who knows? But you're never gonna get there. So I feel like we could talk for hours here, but I wanna respect your time. No, I appreciate it. You know, we, you are gonna have to come back on 'cause I still have a ton of questions for

you, but <laugh> no problem. Where can, where can people learn more about you get in touch with you, become a patient? Yeah,

Dr. Jeoff Drobot ([01:22:33](#)):

They can go to drdrobot.com or they can go to thebiomedcenter.com in Arizona. 480-614-5820. And I'm always like, I'll have conversations like this all day. Like there's again, very few of us that you need to like, spend quarterly to say like, okay, let's talk about cell therapies or let's talk about mitochondrial therapies, let's talk about oxygen therapies. But in order to do that, like people say, well will you come on to talk about like high dose ozone? And I'm always thinking like, why? Like, why? Like why do you just want to talk about that? Right? Well you have to, you have to talk about patient experiences and people love 'cause it gets see all pro athletes do that. It's like, yeah, well why does it, why does it have to be legitimized 'cause a pro athlete did it? Like why do you care if I work with the NFL?

Dr. Jeoff Drobot ([01:23:24](#)):

Like, but in these, you know, in these times like to your point, the leap of faith, like it has to be legitimized or something and people are like, again, I'm gonna take a leap of leap of faith with you. And I'm like, that sounds ridiculous, <laugh>. Like why wouldn't, again, you just show up, walk around and say, that looks legit, right? Like, that looks different than what I thought it was. And I'm like, there's no leap of faith there. You're taking a leap of faith by trying to do it by yourself. Right? Or pretending like something's gonna be different by something not looking different. Like people, I, I get that too, where people are like, I just had to like take this faith and I'm like, nothing here looks like it's like not meant to be here, right? It looks different because I'm trying to do something different. Like your faith is when you like just are gonna close your eyes and jump off the cliff. Like you're doing that at home in your forum, trying your nattokinase or whatever you're doing. <Laugh> like,

Dr. Jeoff Drobot ([01:24:24](#)):

I could talk about that for hours, but it's like when you show up to an expert's facility in whatever genre they are like you, like you said your artist, like, you know, you're in their gallery and then you just look at what they've done and you just respect that. Wow. Like that is that person's gallery. If you see that at Ikea, it probably looked the same as everything else that you're looking at. So yeah, I'm glad that you guys have your clinic. I'm glad that we have like three in North America <laugh>, but I hope that with the conversation, like as it becomes it is attractive as it becomes maybe more exposed, maybe more physicians will want to get into it. But certainly people that are listening go check these things out because you'll get a different sense of like what it took to put all that stuff there and then when it's there and it looks different, you'll get a different result.

Caspar ([01:25:23](#)):

Yeah. There can only be so many Michelin star fine dining, you know, places out there and there aren't too many in North America. Hopefully I am you know, a positive man myself. There will be more. But it's only through work like your own, my father's others that, that, that happens. So

Dr. Jeoff Drobot ([01:25:40](#)):

It probably doesn't resolve, like it probably doesn't, it doesn't reside in your, your dad and I it probably resides in you, right? Like, 'cause there's again, like you have to have people with marketing backgrounds and messaging like, that is not me. I'm happy to come on here every week. But as far as like me getting on a platform, like, I mean you're skilled in what you do, like your father and I like we do what we do. And that, that is not like it's aimed to be inside a clinic. It's not aimed to be a promoter outside and it needs pro like it needs promoters and differentiators and you know, kudos to you because you, in order to promote

it and differentiate it, you have to know what else is out there. And so if you didn't have the background, you had it probably all falls on people like your shoulders.

Dr. Jeoff Drobot ([01:26:24](#)):

And there's very few of you that actually have the ability to have talking points, not your father and I. People are like, do this. And it's like, no, no, no. Like we don't have that skill. Like you don't understand that the artist doesn't go out and promote his paintings like you come into his gallery. So kudos to you. 'cause there's probably only one of you that can actually talk about it in the North American after seeing it and seeing so many things and you're still open to talk to somebody that does monotherapy and say, I think that, that, I'm glad you think that's the greatest thing in the world and I wanna hear all your experiences, but it, because I'm always open to listen to somebody, it's just, I'm like, okay, like why wouldn't you do these 10 other things? But they'll be like, I don't need 'em. And I'm like, maybe you didn't, I don't know. So your dad and I may be the crazy ones, but you are the one to take it forward and say, ah, so if any VCs or investors, Caspar's the one to call and be like,

Caspar ([01:27:21](#)):

Oh, thank you. Although it's, it's, there you go.

Dr. Jeoff Drobot ([01:27:23](#)):

Crazy one you feel does,

Caspar ([01:27:24](#)):

Because we need the crazy ones. We need more of the crazy ones out there like you and do amazing work. Dr. Drobot, thank you so much for all that you do. I, I want to have you back on and I want to visit, I want to go out there and visit. We haven't seen each other's places yet. We've been in this world for a while now we gotta do that. So let's set that up as well.

Dr. Jeoff Drobot ([01:27:45](#)):

You bet.

Caspar ([01:27:46](#)):

So if you're listening, be sure to check up.

Dr. Jeoff Drobot ([01:27:48](#)):

Thanks for having me. Have a have

Caspar ([01:27:49](#)):

A great day. Thebiomedcenter.com. What were you gonna say?

Dr. Jeoff Drobot ([01:27:54](#)):

I said, have a great day. We'll do a home and home series. One day I'll come, let's do, I'm I'm down to Providence. Sometimes you gotta come over to Arizona, not now in August or in the summertime, but you come over here and like I said, it's a sharing of information. I'm always open to it because Love it. Then I wish there was four or five places, but another day, right? Another

Caspar ([01:28:14](#)):



Day we'll set it up. And until then, continue writing your own healing story. Thanks for tuning in.