

Dr. Jill

Your Functional Medicine Expert®
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Podcast:

[#101: Dr. Jill interviews Dr. Frank Lipman on The Future of Medicine](#)

Text:

Dr. Jill 0:13

Well, hello everyone! Thank you for joining us again for another edition of Dr. Jill live. I have got a real special guest this evening, and I'm super excited to hear all the new things in biotechnology and wearables, and really, in the future of medicine. We have a leading expert today, Dr. Frank Lipman, founder of Eleven Eleven Wellness Center and Chief Medical Officer at The Well, both in New York City. He's a New York Times bestselling author, having written several books on health, including Better Sleep, Better You, The New Rules of Aging Well, How to Be Well, and The New Health Rules. He is recognized as a pioneer in integrative and functional medicine—what you call "good medicine," which I couldn't agree more with. Dr. Lipman, welcome, and it's such a delight to connect again with you here and to hear what's new in your world.

Dr. Frank Lipman 1:03

Great! It's lovely to see you again. We haven't seen each other for a while.

Dr. Jill 1:06

Yes, and I know it's always fun when we do connect, hearing what's going on in your world. I'd love to just start with your most recent book and tell us just a little bit about that, and then we'll go into some of the wearables and stuff. But I want to first highlight the fact that you are a New York Times bestselling author and have written a lot on these topics.

Dr. Frank Lipman 1:25

Right. Well, my latest one is on sleep, which is all right. But the one before that was more interesting; it was on aging well. As we get older—I'm now 67 and I have a grandson—you start thinking about what you can do to stay healthy. It was just interesting as I got more and more into the research for that book, how interesting it was to find things that I wasn't doing or wasn't telling my patients—simple practices. I

thought that was really interesting, so I really like that book because what I talk about in that book is now becoming very popular. The book on sleep is just a book on sleep. I mean, there's nothing new in it.

Dr. Jill 2:16

Some of the people that are listening are like, "Oh, what does he have to say?" So with aging, what would be the top three tips? I'm like you. When I read some of these things—we live it, right? We like to show up and try to practice what we preach. I know I have found so many things through my own life and experiences that work, and then I get to share them with patients or ask colleagues if they're doing them. What would be your top three tips on aging well or living life vibrantly as long as we can?

Dr. Frank Lipman 2:44

Well, I think understanding the concept of hormesis is important—the idea that little stressors are actually good for the body. What doesn't kill you makes you stronger, is what they used to say. So these little stressors like high-intensity interval training where you push your body for little periods, or fasting where you're actually stressing your body by not eating, or temperature extremes [such as] doing a sauna but jumping from a sauna into a cold plunge—these little stresses on the body have really powerful effects on the aging mechanism. They work with our longevity genes.

Dr. Frank Lipman 3:27

There are so many little things one can do [such as] fasting, for instance. I only eat two meals a day now. I used to always think breakfast was such an important meal. Now I do so much better, as do so many of my patients. I have a cup of black coffee in the morning, and I eat it probably at twelve or one o'clock. I don't even feel hungry. I end up eating less, which is particularly good for aging, and this mechanism of hormesis kicks into my body, which triggers these longevity genes. So I think fasting is really helpful. Eating less is really helpful. Obviously, eating as little sugar as possible is really helpful, and then exercise [is also]. The standard things we talked about are all really helpful for aging. Sleeping is important. And then I started researching a lot of supplements that can be helpful too. So there are lots of things that I've picked up researching that book, which you sort of know, but you don't realize how much research there is on all these little habits.

Dr. Jill 4:48

I'm in the middle of writing my first book, so I totally understand how that goes. I love that you [mentioned] the caloric restriction. In my mind and in the research, that's probably one of the best mechanisms. There are multiple ways, whether it's to eat less... And sugar has such an inflammatory effect like you said. I had cancer at 25, so I

know well the effects of sugar on inflammation and cancer, and I realized that was one of those pieces of the puzzle years ago. So, [you mentioned] caloric restriction. And then sleep is its own book and its own hack for aging, isn't it? I feel like that's one of the kryptonite things in people's lives is lack of sleep or sleep issues. In fact, if I have someone in front of me and they don't sleep well, it's literally the first thing I want to address.

Dr. Frank Lipman 5:28

Yes. We always talked about the three pillars of health: exercise, stress reduction, and diet, and we sort of left out sleep. Once again, the more research you do when you write a book, [the more] you realize the problems associated with a lack of sleep or not sleeping well are enormous. What's really interesting is that I always believed, and most people believe, that as you get older you need less sleep. Yes, you tend to sleep less because it's harder, but it's just as important—if not more important—to really take sleep more seriously when you get older. For instance, I wake up at five o'clock every morning; that's what I do. But I don't go to sleep at twelve o'clock. I'll go to sleep at nine o'clock. So I think you've got to adjust accordingly, and I think sleep is a really important hack. Now we can measure it to a certain extent.

Dr. Jill 6:33

You held up the Oura ring there.

Dr. Frank Lipman 6:35

Yes, that's this new thing that I've gotten into. You said I'm an expert—I'm not an expert on self-measurement. It's all that biohacking world that we're now starting to incorporate into medicine. I'm definitely not the expert; the younger guys are. I'm part of a startup where all these young guys with incredibly smart doctors serve together and know so much about these wearables and tech and [things like] that. So I just find it interesting that we can now incorporate it into the way we practice.

Dr. Frank Lipman 7:15

I started off as a Western doctor, and I got into Chinese medicine in the mid-80s when I came here. That was an inflection point for me and, I think, for the culture, realizing that there was this combination of, "how do you combine Western and Eastern medicine?" Then Jeff Bland came out with this whole functional medicine concept, which was an inflection point.

Dr. Frank Lipman 7:42

I think we had another inflection point where a few years ago we started incorporating genetics into the way we practice, which I think is extremely important—getting someone's blueprint. Because your blueprint is different from my blueprint. How I respond to the world or how the world is going to affect my genes is going to be different from yours. So I think incorporating sophisticated nutrigenomics or nutrologenics—whatever you want to call it—into our practice of functional medicine has been a game changer for my practice where I can measure all these SNPs and see how these SNPs work together and see how someone lives their life according to their SNPs. And I'll give you an example of myself. And now we have this layer of wearables on top of it, so you've got someone's blueprint, you've got all the epigenetic lifestyle changes that we recommend, and now people can actually monitor their progress. We can do this plus all the biomarkers. So it's a very very exciting time in medicine.

Dr. Jill 8:49

I love your title or talk, "The Future of Medicine Is Now," because I feel the same way. In fact, if anything, we almost have too much data. Although, can you really have too much?

Dr. Frank Lipman 8:58

Well, that's an important point, yes. I think people can get overwhelmed, so it's how you use all that data that is very important. That's where our role is so important. [Determining]: What is important? And what's the data to use?—etcetera, etcetera. So yes, I think that's an important point.

Dr. Jill 9:16

Obviously, we both have our Oura rings and we love that. I think a lot of patients do, or they have other wearable devices like heart rate variability, sleep [etc.]. What are some of the top things that you find for biomarkers that are helpful? And there are a lot we can talk about. But what would be the key ones that you might ask a patient about or look at with them?

Dr. Frank Lipman 9:35

Well, I do extensive blood testing. So I do an advanced lipid panel—the same as you probably. We're looking at so many markers for inflammation and for metabolism or metabolic health that we weren't doing a number of years ago and now we're doing all the time. For instance, the regular cholesterol test that most doctors do is completely useless.

Dr. Jill 10:07

Absolutely, yes! Total cholesterol—it's good and bad together; you can't really make any inferences.

Dr. Frank Lipman 10:13

Yes, and people go to a doctor when they have high cholesterol and [then] they get put on a statin, which is crazy. So now we have—whether it's the Cleveland heart panel or the Boston heart panel—so many more markers that can actually help us. Whether it's apolipoprotein B, lipoprotein (a), TMAO, or ADMA, there are so many markers in a panel now that are very helpful. You can measure insulin resistance and metabolic health. There are so many different markers that can help pinpoint someone's treatment. If you want to take heart health further, we used to have a calcium score, which is just a measurement of heart block. Now you can do basically an angiogram, you can do a Cleerly test which measures soft block. There are so many tests that one can do now to really help people get to another level.

Dr. Jill 11:13

Yes. The old school thought was that we hit 60 and we start to decline. I think that one of the things we see in the US, especially compared to other societies that maybe take their diet and nutrition a little more seriously, is this massive decline after the age of 60. But the idea is that we perform vibrantly into our 90s, maybe, and then just fall dead one day of a heart attack, peacefully.

Dr. Frank Lipman 11:36

Exactly. That's where I want to be. I have a two-year-old grandson and he makes me push him around in these little [things]—it's a lot of hard work and exercise. I want to continue doing that. So absolutely.

Dr. Jill 11:54

Obviously, in these labs, we have so much access to genetics. Do you have any favorite genetic labs that you use?

Dr. Frank Lipman 11:36

Yes, I use 3X4 Genetics. I dabbled with a couple of them before and I found them to be by far the best. Now, I'm biased as well; I'm going to be on their advisory board. But I use them all the time now. Almost all my patients get a 3X4 Genetics test because I find it so helpful. Not that the other tests don't do it, but [I'll give] an example of how helpful genetic testing is. I'll give you my example. We'll use a common gene. Most of them will measure this gene, the APOE E3/E4 gene, which is now called the Alzheimer gene. I first became pre-diabetic many years ago, eating what I thought was a healthy vegetarian or pescetarian diet. I realized I was pre-diabetic. Then I started eating more paleo and tons of saturated fat. And yes, I lost weight and felt great, and my numbers corrected—not my cholesterol [though]. But when I did my genetic test, I found out I

had APOE E3/E4. Someone like me with that genetic variant shouldn't be eating too much saturated fat. So although I don't think saturated fat is a problem for everyone, if you have that gene SNP, you've got to be careful because part of the SNP affects how these fats are metabolized. So I changed my diet again to eat less saturated fat. There are so many things in these genetic tests that you can pick up that will tell you if you're predisposed to certain things.

Dr. Frank Lipman 13:52

So that's just one example of how you can actually shift people's diets by the way they exercise, how quickly they recover or if they're prone to injury, and what types of exercise are good for them. So, I think there are so many things you can pick up in these genetic tests which are very targeted for the particular person.

Dr. Jill 14:13

I love those examples because if you're listening, APOE E3/E4 is a really big deal, and [people with] the [E]4 can have upwards of 50% to 90% risk of Alzheimer's. So it's really important to know because that particular person especially should not be on high saturated fats [because] they actually grab onto the fats and store them in the heart and the brain and are at a higher risk for those lipid issues and inflammation. So I love that. And like you said, I found the same thing with some of my genetics. I do so much better on muscle weight training programs than on a super high course like a long run. I was raising my cortisol way too much. I tend to do that naturally, and I did a lot better when I really pulled back and did more walking, hiking, and then some weight training. I don't really do [much] running anymore at all. I know that I was doing the wrong thing for my body. Function is a foundation, but personalized is where it's at.

Dr. Frank Lipman 15:02

Exactly. Yes, I think functional medicine is great, but if you really want to personalize it, you need to do genetic testing. I think the future is going to be continuous blood glucose monitoring, if you want, sleep monitoring, [etc.]. There's just going to be more and more self-monitoring that one can do.

Dr. Jill 15:22

And really, like you said, what we're doing is empowering the patient because they have the data. I'll ask patients all the time: How's your REM? How many hours or minutes of REM are you getting versus deep [sleep]? What time of the night do you go to bed? All those details. And heart rate variability, [which is] a whole other thing we could talk about. For myself, I've done tons of biohacking interventions. My PEMF mat [is an example].

Dr. Frank Lipman 15:45

I love my PEMF mat, yes.

Dr. Jill 15:46

You do! I love, love, love it. What I would see all of a sudden [was that] my deep sleep doubled. It was something I intervened with, and I'm like, "Okay, this really works, at least for me."

Dr. Frank Lipman 15:57

Exactly. Yes, I think that's very empowering because you don't have to wait three months, six months, or a year to get your blood [work] done or whatever it is. You can actually monitor it yourself. So I think we're getting to that, another inflection point where people can really take more control over their health.

Dr. Jill 16:18

Yes. So what would you say as far as supplements? There are hundreds and hundreds of things we could recommend. Do you have the top three to five things that you would not want to be without? Or that you and patients feel are some of the—besides maybe [vitamin] D [which] is a critical one—

Dr. Frank Lipman 16:31

I mean, the standard magnesium, [vitamin] D, fish oil, or whatever. But once again, it depends on your genetics. I see a lot of people with a genetic variant where they have a deletion of an important enzyme in the liver, the *gstm1* deletion, so anyone with that, including myself, needs to be on sulforaphane. I use sulforaphane a lot. I'm a huge fan of berberine for lowering sugar or anti-aging. I take NMN and recommend it a lot. I'm sure you've talked about NMN or NR—nicotinamide is the big one—but I actually like the NMN.

Dr. Jill 17:17

I think NMR or NR is still owned by one company, ChromaDex, which makes Tru Niagen, which is a great product. But NMN is just as good, I think. Would you say [that's the case]?

Dr. Frank Lipman 17:29

Yes, I like it. There's a Swiss company that's now come in—Elevant—I use their brand. I should actually hook you up with them; it's really fantastic. I mean, it was started by this crazy French millionaire who saw his father helped out [by NMN], so he got so

passionate about it. He's doing all this research—he's got a lot of research. I should hook you up.

Dr. Jill 17:57

I will follow up with an email afterward.

Dr. Frank Lipman 17:59

Yes. I use NMN, I use berberine, I use sulforaphane, and coenzyme Q10. I take supplements according to my genetics. I have terrible genes, so I take CoQ10. I take alpha-lipoic acid. I'm starting to use more and more specialized pro-resolving mediators.

Dr. Jill 18:25

Yes. I love them. These are SPMs for those of you listening. I'm a huge fan.

Dr. Frank Lipman 18:29

Yes. SPMs. There are anti-inflammatories; I'm starting to use them more and more and more myself. I think everything's being taken to the next level, so it's very exciting.

Dr. Jill 18:42

Now it's interesting that you mentioned SPMs because what I found with the pandemic is a massive increase in mast cell activation triggered by this virus and other infections. Those SPMs are anti-prostaglandin, which is really good when you have a mast cell issue or chronic pain inflammation. And again, we're seeing more and more cases. I don't know about you, but long COVID is going to become more and more of an issue [I think].

Dr. Frank Lipman 19:03

For long COVID, I use SPMs all the time. Quercetin was the other one I didn't mention. For long COVID, I use quercetin, SPMs, and NMN all the time. Those are part of the treatment. I mean, the whole histamine issue is very interesting. The genetics come in there as well because with the genetic testing you can actually tell if they're not breaking down the foods properly or if they're not [being] metabolized [properly]. The different genes will tell you where the histamine problem is. Most people think histamine is just this allergic response, but histamine overload or histamine response presents as inflammation in many ways. So that's been a real eye-opener with the genetic testing—this whole histamine concept and understanding mast cells and what that actually means.

Dr. Jill 20:00

It really is and I feel like we're at such a juncture in our culture and in the state of our world because our toxic load is so much greater than it used to be. I feel like the pandemic was the perfect storm. We had this very aggressive and virulent virus, but we also had a weakened state of the immune system for most of the world, so I think we were more susceptible than we would have been 50 or 40 years ago. And then the mast cells are just our primordial cells that kind of protect us from the environment. They're doing their job, but there are more things because there are more toxins, there are more infections.

Dr. Jill 20:31

I don't know about you, but I think mast cell activation types of syndromes have massively increased in the number of people we see them present in because of this toxic load. Any thoughts on toxicity? Because we talked about how we can add in all these great tools, this great exercise of personalized medicine, but sometimes it's actually [about] eliminating things. I feel like starting there too can be a real game changer. What kinds of things are you seeing with the toxic load in your patients? Any thoughts on that?

Dr. Frank Lipman 21:00

Yes. Just to also get back to mast cell activation, I think a lot of that has to do with what's going on in the microbiome and the toxicity created by an altered microbiome and then damage to the gut lining and the metabolites going through the gut wall and overloading the liver with toxins. The gut microbiome is the area that I usually start with most people. Whether you want to say, "We're doing a detox" or "They're toxic," whatever it is. I think starting with the microbiome will usually mean eliminating certain foods and putting them on some type of elimination diet, low histamine diet, a yeast-free diet—they're all sort of similar—putting them on some type of diet. And then actually using antimicrobials like berberine and oregano oil, which actually help clear up the histamine, so they're not only antimicrobial but they have histamine metabolizing effects. So when I first started using them, I always assumed they were antimicrobials and they were working really well because they're antimicrobials. They are antimicrobials, but they also have histamine metabolizing effects, which adds another layer to why they're so effective.

Dr. Jill 22:31

Yes, it's so crucial. I think what people don't realize is that when I say toxins, they're probably thinking of heavy metals and parabens and phthalates and mold and all the things in our environment—chemicals galore. But we also have endotoxins, which are from the inside out. So what you mentioned with the gut, if you have dysbiosis of fungal

metabolites or bacterial metabolites or other types of organisms, overgrowth of E. coli or klebsiella, these things absolutely contribute to the toxic load from the inside out. So that's where berberine and oregano and some of these great herbs will decrease that load as they decrease that population inside. And I love that you mentioned histamine.

Dr. Frank Lipman 23:07

Yes. Often, where I start off is working on these endotoxins because we talk about the toxicity of these toxins coming from the outside, which is definitely real. And yes, we do have a detoxification system that should theoretically take care of so many of these toxins, but we are overloaded. But it's these endotoxins, the toxins created in our gut, that are actually a huge problem. Talking about the gut, something like SIBO has become the diagnosis du jour in western medicine. They've realized that there's the problem of SIBO, not realizing that maybe there's a SIFO or a fungal overgrowth. So they give this rifaximin, which I'm not necessarily against, although it seems to have a temporary effect. People get better for a week or two or a month and then it comes back. They're ignoring the other bugs and in particular, the fungal SIFO, which will give you a mast cell effect. So everything seems to be working together, but it's interesting what's happening.

Dr. Jill 24:22

I mean, herbs are going to treat multiple organisms and the overgrowth, and they have such a gentle nature. I found that in some of those cases that would have a recurrence, patients could stay on them for quite a long time, like [with] berberine [for example]. I have people who are on that permanently.

Dr. Frank Lipman 24:38

Me too. I take berberine every day now, more for an anti-aging and blood sugar effect, but I take berberine when I remember to take it. Sometimes, some of these organisms develop biofilms around them. As far as I can see, rifaximin doesn't necessarily work on these biofilms where these mixed herbs actually have an effect on the biofilms as well. So they're actually not only safer but they're much better [in the] long term.

Dr. Jill 25:20

They are. They're more effective. I don't know if you know my history, but at 25, I had breast cancer and a year later had Crohn's disease. So I had to learn the gut because I had to heal from Crohn's. In our Western training—we're both medical doctors—I'm told that Crohn's is incurable. I consider myself cured. I have zero evidence for the past 20 years of Crohn's. It took going exactly where we're going to the microbiome and completely rebalancing that and calming the inflammatory response because in Crohn's it's another gene, nod2, and there are a few others. But it's just an abnormal

response to a normal microbiome. So I had an exaggerated response and that damaged my gut. But I'm considered cured of Crohn's. In our Western world, as far as our training [goes], that's considered almost impossible.

Dr. Frank Lipman 26:08

Right, yes. Actually, I often see Crohn's—I often see fungus or yeast in Crohn's. To me, when someone has Crohn's, it's yeast until proven otherwise. I mean, obviously, it's a little more complicated.

Dr. Jill 26:18

I love that you said that because there are so many doctors who don't [see it that way]. I completely agree. My own case was completely decreasing that fungal burden absolutely. And you think about the IBD panel we do on Labcorp, Quest, or any major lab, it's all anti-carbohydrate antibodies, it's anti-saccharomyces antibodies, and anti-monocyte antibodies. They're all yeast cell body parts. So basically [it's about] testing for the aggressiveness of Crohn's by checking for antibodies to fungal components, right?

Dr. Frank Lipman 26:48

Right.

Dr. Jill 26:49

I couldn't agree more. And again, I think doctors are starting; most of our colleagues are doing this. But it's amazing to me how long it's taken some camps to really understand how much the microbiome affects all diseases, especially autoimmunity.

Dr. Frank Lipman 27:03

Oh yes. I see so much. I'd say 90% of my patients now come in because they have some autoimmune problem or some gut problem. Most autoimmune problems I see—not every one, but most of them—start off with a gut problem. Most of those problems are in people or young kids who were given too many antibiotics as kids. I'm seeing so much of that: overuse of antibiotics, microbiome issues, eventually leading to autoimmune issues. That is probably one of the most common patterns I see in my practice.

Dr. Jill 27:46

Yes, absolutely. As I'm sure you do, even if the patient is 85 years old, I'll say: "Where were you born? What was your birth like? Were you vaginal or c-section? Breast or

bottle fed?"—because those things actually matter lifelong with the diversity of your microbiome.

Dr. Frank Lipman 28:01

Yes.

Dr. Jill 28:03

Profound. Wow! So we have already covered a lot. I was just thinking [about what I have] right next to me. I've got to show this because I've never shown this before. I happen to have it. This is my [packet of] pills.

Dr. Frank Lipman 28:13

I have the same thing. You're the first person I've seen that takes as many [pills] as me.

Dr. Jill 28:18

That's what I was going to say because patients all the time will say, "Dr. Jill, that's a lot!" And I always try to meet them where they're at, so if they can only take 10—but I always say: "Okay, just look what I take." This is twice a day sometimes.

Dr. Frank Lipman 28:31

I do that once a day. I can't do it [more than that]. I should show my wife. She can't believe someone else would take as many pills as I do.

Dr. Jill 28:36

I know. You should. Totally! That's funny. I can kind of take them as a handful too.

Dr. Frank Lipman 28:40

I'll take them all when I have my first meal after lunch or whatever it is.

Dr. Jill 28:47

What do you think is the biggest thing—first of all, before I say that question I just had another. You talked a little about your journey of [being] conventionally trained and then [with] Eastern medicine. Was there an 'aha!' moment? Because I love my conventional training, I think we've got some of the best education in the world. But I think it's like we have a bigger toolbox now, and I still feel like the best of both worlds is where the real truth lies. What was the moment when you found functional medicine? Was there a moment of epiphany for you? Or was it a gradual thing?

Dr. Frank Lipman 29:20

When I was still in South Africa I was exposed to traditional healers when I was working as a student and then as an intern in hospitals in South Africa. I was working at the biggest hospital in South Africa. It was during apartheid, so everything was separate. I was working at the biggest hospital in Africa at the time—I don't know if it still is. Maybe. When we couldn't help the patients, the family used to call in their traditional healer. I sometimes noticed that the patients got better. It didn't make any sense to me because I really believed in Western medicine. But that started opening up my mind. Then I got exposed to them again when I went to work in the bush—same thing. That piqued my interest more.

Dr. Frank Lipman 30:10

Then when I came to work in a private practice afterward, when I had just finished my training in Johannesburg, people were coming in and they had these common chronic symptoms: they were tired, they couldn't poop, and they had headaches. I couldn't help them with Western medicine, and they just happened to be the same patients. It was [the common] practice in Johannesburg at the time: they were seeing one [particular] acupuncturist; they were seeing homeopaths. They were coming to me, and I noticed that the homeopath and the acupuncturist were actually helping these patients [for conditions] that I couldn't help. That was my first awareness of all of this.

Dr. Frank Lipman 30:50

Then the second big 'aha!' for me was when I came to the States, I had to do a residency in New York to get a license in New York. So I happened to get a job [with a company that] sponsored me for a green card in the South Bronx. I started doing a residency there, and I hated the [way] medicine [is practiced] in America because you didn't have to take a good history like we did in South Africa or examine a patient. It was all about reading up about whatever the problem was and presenting it the next day. There was no patient-doctor relationship. During my residency, because I was disillusioned, I had heard about an acupuncture clinic that was attached to the hospital that was doing drug detox, so I went to check that out and fell in love with acupuncture. So, long story short, during my residency I was going to the acupuncture clinic after hours and I saw that the acupuncture Chinese medicine clinic was helping patients who had back pain, headaches, and couldn't poop. The same types of problems that we weren't helping in the hospital. We were helping acutely ill patients with heart attacks, pneumonia, and broken legs. So it was pretty obvious to me that the future of medicine would be some combination of these two because they were both good at what they were good at but not particularly good at what they weren't good at. It was so obvious that the future would be a combination. So that's how it happened.

Dr. Jill 32:22

I love that. I'm so glad that you told your story because, really, what I heard was this common theme. I think [what's common for] any of us who are in personalized precision functional medicine—whatever we want to call it; bringing these best of both worlds together—is the curiosity, right? There's this curiosity, like, "What else is possible?" Or just the observation—the power of observing things that maybe we weren't trained in or didn't know about in our conventional training. But we're like: "There's something there that's interesting. I'm getting curious about learning more." I've done that same thing. I'm sure you, in clinical practice—just like we're talking about biohacking as an option—are like, "Let's try this," as long as it's safe. Don't you sometimes see these things in your practice? [For example], they'll come back to me and say, "I'm better." I'm like: "Really? Tell me more."

Dr. Frank Lipman 33:05

That's what happens. That's how I got into biohacking—from my patients telling me that.

Dr. Jill 33:11

Wow, that's amazing. Well, I am so glad for your time today. I'm honored to talk to you and to have you here. What would you say you feel are some of the biggest changes or things that we've discovered in the last five to ten years—the most important things—that have affected your practice or your treating of patients?

Dr. Frank Lipman 33:44

I don't know what the five things [are off the top of my head]. I would say sleep. I mean, all the basic things we talk about. I have seen incredible changes in people's blood biomarkers with fasting. I think fasting is so powerful [which causes] changes that we see in people's blood fairly quickly. So I think fasting is probably one of them.

Dr. Jill 34:08

And sleep, like you said, we can't talk enough about it.

Dr. Frank Lipman 34:11

Yes, sleep. It's hard to pinpoint, but yes, obviously, sleep seems to make a big difference. What else can I say? I think that the genetic thing, to me, has been a game changer because you can really personalize someone's treatment. Not everyone wants to take 50 supplements a day like us, and you can really target someone's treatment. It's very powerful.

Dr. Jill 34:39

I do too. I think we actually simplify, like you said, some of these things now. I have a lot of genetic issues too, so that's part of it. I think you're right, you can actually target and simplify because not everybody needs as high a dose of [vitamin] D as I do.

Dr. Frank Lipman 34:52

Right, exactly.

Dr. Jill 34:54

Fantastic. It is an absolute pleasure talking to you, Dr. Lipman. Where can people find you if they want to know more or purchase your books?

Dr. Frank Lipman 35:02

Yes. Just go to drfranklipman.com. I'm also now Chief Medical Officer, or part of this startup. I'm just doing the part of the medical officer. It's called joinhearty.com. Join Hearty is a group that's actually doing genetic testing, blood biomarkers, and wearables. They've created an app. It's in beta testing now where you have an app where you can actually monitor all of this yourself—all in one place. And you own all your own data, which is really interesting.

Dr. Jill 35:49

That's rare now too because all the companies are selling it. Yes. So joinhearty.com.

Dr. Frank Lipman 35:53

It's a very cool company. We should speak to you because, at the moment, it's happening in New York [but] we're going to be spreading out. To me, that's the future of medicine. You can do it all from your own home. It's fantastic.

Dr. Jill 36:08

Gosh, I couldn't agree more. And what you're talking about is empowering our patients so that they can understand and own their data and make the decisions that are best for them. I think our world is changing. I mean, we're still a guide and often the tough cases come to see us, but the more we can get our patients to be in their own position—how cool is that? That's amazing. I love it. Well, thank you so much for your time. I greatly appreciate it.

Dr. Frank Lipman 36:30

Thank you, Jill, it was lovely chatting with you.