

Episode 142 Transcript

00;00;00;02 - 00;00;18;00

Dr. Neil Paulvin

Biological age is a kind of a was a specific term is now kind of be kind of come like almost a very like amorphous turn in some regards. That people are kind of used like they use organic. Now we're getting there and it's definitely useful, but some people use it as gospel and it probably is not gospel yet.

00;00;18;01 - 00;00;18;27

Dr. Neil Paulvin

I wish it was.

00;00;18;28 - 00;00;44;06

Dr. Jaclyn Smeaton

Welcome to the DUTCH podcast, where we dive deep into the science of hormones, wellness, and personalized health care. I'm Doctor Jaclyn Smeaton, chief medical officer at DUTCH. Join us every Tuesday as we bring you expert insights, cutting edge research, and practical tips to help you take control of your health from the inside out. Whether you're a health care professional or simply looking to optimize your own well-being, we've got you covered.

00;00;44;08 - 00;01;05;23

Dr. Jaclyn Smeaton

The contents of this podcast are for educational and informational purposes only. This information is not to be interpreted or mistaken for medical advice. Consult your health care provider for medical advice. Diagnosis. Entry. Hello and welcome to this week's episode of the DUTCH Podcast. I'm really excited to have our guest on today to talk about the trends that are happening in what we're calling longevity medicine.

00;01;05;23 - 00;01;27;22

Dr. Jaclyn Smeaton

So you see functional medicine, doctors out there, naturopathy doctors, integrative medicine. And now we have longevity medicine. Now the whole target of longevity medicine is to increase your health span, to increase the amount of years that you're living life at your best. And this is a place where we see a lot of cutting edge Testing and cutting edge therapies come into the market and be made available to patients.

00;01;27;24 - 00;02;00;06

Dr. Jaclyn Smeaton

Now, today's guest is been in this space for a long time, really specializing in peptides. One aspect of longevity medicine. Doctor Neil Paulvin D.O., is a board certified integrative and functional medicine physician who specializes in longevity, also performance optimization and regenerative therapies. He's got over 20 years of clinical experience, and he blends his traditional medicine with advanced approaches like peptide therapy, hormone optimization, osteopathic manipulation, and personalized lifestyle protocols.

00;02;00;08 - 00;02;19;14

Dr. Jaclyn Smeaton

Today's episode is really unique because we get to dive into a lot of the aspects of this, including what types of Tests are being used and how does he utilize these tools, including tech and wearables and all the data patients bring in around that. With traditional labs and some of these advanced assessments to really design targeted protocols for her patients.

00;02;19;22 - 00;02;33;23

Dr. Jaclyn Smeaton

Let's go ahead and get started. Well, Doctor Paulvin I'm really excited to talk with you today because you've been doing a lot of work in an area that's really kind of new in the longevity medicine and functional medicine group, which is peptides in your practice. Now you're in Manhattan.

00;02;33;25 - 00;02;38;29

Dr. Neil Paulvin

Yep. Manhattan, brick and mortar and to everybody else via telemedicine.

00;02;39;01 - 00;02;56;02

Dr. Jaclyn Smeaton

Great to talk to them. Yeah, we're glad to have you. Before we get into the meat and bones of the discussion today, I love if you can share a little bit about your background, like what led you in the context of what we're going to talk about today with peptides? What led you down this path to kind of this area of medicine?

00;02;56;05 - 00;03;15;15

Dr. Neil Paulvin

Sure. It's kind of I think a lot of the same people who are in there, like the integrative, functional, whatever we're calling it now, space. I had headaches in med school and

early in my career, tried a lot of the Jewish stuff. Nothing really worked that much. I also had a lot of patients, either the sports medicine or like the Lyme chronic illness phase, where a lot of just stuff wasn't working.

00;03;15;16 - 00;03;33;25

Dr. Neil Paulvin

I was back in the old good old days, would do things like PRP, acupuncture, some of the older stuff, and then peptides kind of came on board about ten, 12 years ago. At least the spec of them initially were like, wow, this stuff really works. I just kind of went down the rabbit hole with them and they're like, this works.

00;03;33;25 - 00;03;47;25

Dr. Neil Paulvin

And this works. And we're like, okay, it's kind of a cool new toy to have in your in your toolkit. And now they've just kind of exploded that almost everybody knows talks about them. Says they're an expert at this point. So it's it's a really cool time for peptides.

00;03;47;28 - 00;04;06;21

Dr. Jaclyn Smeaton

It definitely is. I mean, I think now with GLP one's on the market as a, like a branded pharmaceutical, that's a peptide. And that's certainly increase the knowledge of the fact that these exist and that they can be just so dramatically impactful. But really peptides have become such a big part of longevity care. You know, you have this personal experience.

00;04;06;21 - 00;04;16;04

Dr. Jaclyn Smeaton

But when you look at how your patients respond to peptide therapy in general, like tell me a little bit about the level of impact that they have in your practice.

00;04;16;06 - 00;04;34;08

Dr. Neil Paulvin

I mean, the impact has been great in the sense of two pieces. A they just they work. I mean, they, they work and they usually work pretty fast. Patients love that. Patients love something that they can feel. That's what they have. Time will ask initially is how do I know if it's working. So a lot of cases, they'll feel it pretty quickly, their brain or energy or inflammation wise.

00;04;34;08 - 00;04;52;06

Dr. Neil Paulvin

So they know that it's working. But even like the other cool part of it is the fact that we see patients who've seen 22 different doctors and have had all these different issues, that it nothing helped. And then this peptide, either by itself or in conjunction with other things, has helped them out of a a long period of issues.

00;04;52;06 - 00;04;55;07

Dr. Neil Paulvin

Medical issues is is really fulfilling.

00;04;55;09 - 00;05;02;08

Dr. Jaclyn Smeaton

Yeah, that's pretty amazing at how you've been using peptides in practice for like almost the whole ten years.

00;05;02;11 - 00;05;05;11

Dr. Neil Paulvin

Yeah. Eight, nine years I think of right now, give or take is unbelievable.

00;05;05;11 - 00;05;12;01

Dr. Jaclyn Smeaton

The availability of peptides must has, must have changed dramatically from like now to when you first started.

00;05;12;04 - 00;05;33;16

Dr. Neil Paulvin

It's gone up and down and different. I mean, back then, right in the beginning there was a couple we were probably right before Covid. That's where the peak was because everything was available and there was not a lot of legal mumbo jumbo out there. Is or is now and confusing patients. And now you almost need a dictionary to try to figure out all the different types of peptides and where they're coming from.

00;05;33;18 - 00;05;46;05

Dr. Neil Paulvin

And now it's kind of I literally have to have like a, a spreadsheet of who has what, what's available. Which state do you live in? So that's still there. It's just now much more convoluted.

00;05;46;07 - 00;05;52;20

Dr. Jaclyn Smeaton

Yeah. We can talk a little about that later because it's like really related to the compounding pharmacy laws and things like that. Is that right.

00;05;52;22 - 00;05;56;06

Dr. Neil Paulvin

That the government FDA all it's all involved. Yes.

00;05;56;06 - 00;06;14;11

Dr. Jaclyn Smeaton

It's everybody's got their funding. Yeah. Well can you start by just like stepping back a little bit to talk about what is a peptide kind. But this class of molecules, I think people kind of know they learned it in biology class. But let's kind of start at the beginning of it really what they are and how they're different from other things on the market.

00;06;14;13 - 00;06;30;25

Dr. Neil Paulvin

Sure. I mean, peptides are small groups of amino acids in terms of the peptides that we're talking about. They could be anything from like 2 to 3 amino acids long to in the high 80s or 90s, depending on which ones we're talking about. They also are going to work on different facets. They could work on an enzyme.

00;06;30;25 - 00;07;02;10

Dr. Neil Paulvin

They could work on an organ system. They could work on, a like inflammation specific inflammation markers or cytokines or chemicals in the body. So they work differently. Each peptide works differently. It's not a specific mechanism for each one. I mean, some. So that's what makes them variable. And they also come in a lot of different formulations creams, nose sprays, injections, I.V., powders, all these different types of formulations which makes them very flexible in how we use them.

00;07;02;13 - 00;07;17;17

Dr. Neil Paulvin

And they have a lot of they can pretty much help a lot of different conditions either way, whether the primary treatment in some cases I like inflammation or sport injury versus other issues where they may just be an add on, so that they do a lot of, flexibility in how we use them.

00;07;17;20 - 00;07;21;12

Dr. Jaclyn Smeaton

What were the first peptides to hit the market?

00;07;21;15 - 00;07;44;01

Dr. Neil Paulvin

I mean, the first ones were BBC 157, which is kind of the gateway peptide for most people. The gateway. That's funny. You know, that's one everybody knows as least side effects and does the most. So it's kind of like a, an easy entree there. Well, I mean, technically, I think the first ones were technically the bio regulators, which came over from like the Eastern Europe, region.

00;07;44;01 - 00;08;09;19

Dr. Neil Paulvin

They've been using the 70s or 80s since, unfortunately, Chernobyl and a lot of other things. And supposedly the military there use them. They weren't very widely available here. So people were bringing them over or getting them on the black market back then. But, the ones we're using, more come in the US, the getting was BBC timers down for one, a pill on which is anti-aging works on telomeres.

00;08;09;22 - 00;08;20;23

Dr. Neil Paulvin

Peptides are the most common ones initially. And some of the growth hormone peptides, things like some around an iPad. Marilyn. We're kind of the first entree there. And now things have just kind of morphed from there.

00;08;20;25 - 00;08;35;29

Dr. Jaclyn Smeaton

That there's a lot available now, like a whole menu of different peptides available at this point. And and where do GLP ones fit in, or were those something that were used through compounding pharmacies prior to them being adopted by the pharmaceutical companies. Kind of promoted.

00;08;35;29 - 00;08;37;12

Dr. Neil Paulvin

More not before.

00;08;37;14 - 00;08;38;22

Dr. Jaclyn Smeaton

Okay.

00;08;38;25 - 00;09;06;15

Dr. Neil Paulvin

They were because of the popularity. Now it's been the opposite. Back then there was no until right until right when they came out, they were kind of either deployed just using the brand. Unless you were getting off off, off, off label. Now we're seeing the opposite, where somehow and again, I don't speak to one way or the other in terms of specifics, like with Reddit, True Tire, which is a GLP triple, jump one is coming out hopefully next year.

00;09;06;17 - 00;09;25;05

Dr. Neil Paulvin

A lot of some pharmacies claim to have it. And then some of the other new ones like the for the, for component one also is out there and theories some pharmacies have. So now they're coming out in advance. But before nobody knew what they were, how powerful they were going to be in terms of market, in terms of benefits.

00;09;25;10 - 00;09;28;17

Dr. Neil Paulvin

So it really didn't work that way as the brand came out first.

00;09;28;19 - 00;09;43;05

Dr. Jaclyn Smeaton

Okay. Now when you're figuring out like how which peptides to use with patients, can you talk a little bit about your assessment process and how you make a decision of whether to use them, which ones to use, and how it kind of fits into an overall protocol?

00;09;43;07 - 00;09;59;16

Dr. Neil Paulvin

Yeah, definitely. I mean, I really I ask three questions, really, everybody who's new to peptides or even new to the practice, it's number one. Have you're injected yourself before because I've had patients who I treat and then I'm prescribing injectable peptide and I see them 2 or 3 months later and I'm like, well, I didn't do because I'm scared of injections.

00;09;59;16 - 00;10;15;16

Dr. Neil Paulvin

I couldn't do it every day. So understanding again that they're on board with doing it every day. If they're not, then we try to recommend other formulations. The second question is going to be how many do you want to be doing it one time? Because some people there's there's people out there who are doing seven, eight, ten and a day.

00;10;15;19 - 00;10;35;17

Dr. Neil Paulvin

I don't recommend starting that way, but there are. And the third is, is what are your main goals? By doing peptides, some will say it's just inflammation. That's one specific thing. Other people come in and they want it three or 4 or 5 things in their program. So it's it's understanding those where they're coming from. And unfortunately budget play a little bit into this as well.

00;10;35;19 - 00;10;53;07

Dr. Neil Paulvin

Peptides are some peptides are more expensive than others. And then I can to explain my experience for about kind of how long I have to use them for, and then I can use my I've been doing them for so long, I can kind of figure out which two I use. Are anybody no more on three peptides at one time initially.

00;10;53;09 - 00;11;10;05

Dr. Neil Paulvin

And what's great about peptides, some of them at least, is that like I mean, like BBC, which I mentioned a lot already, is that if they have three or 4 or 5 uses, like BP is great for brain and inflammation and gut health, which usually is going to help most people who are interested in doing peptides. So it's a good starting point.

00;11;10;05 - 00;11;27;20

Dr. Neil Paulvin

There are some peptides that are very specific, like a hair peptide that all you're using it for. So that may kind of keep in your back pocket. So it's kind of a puzzle where you're trying to give the patients the biggest bang for the buck with the least amount of peptides, absolutely. The least amount of injections at one time.

00;11;27;20 - 00;11;44;06

Dr. Neil Paulvin

It's going to give them the results they want the fasTest. But, so it's kind of taking their information, taking their lab work and then kind of building that initial plan. And one thing I'll just throw in here and we'll go through it more is peptides are not something

you take in perpetuity usually doing a cycle which is 2 or 3 months.

00;11;44;09 - 00;12;01;17

Dr. Neil Paulvin

So what I'll tell some people is like jogging. So we do A and B peptide for two months. Then we do C and D peptide for two months. If I'm not hitting their goals in the first batch, I can hit their goals in the second or even the third batch. So they kind of understand the process. It's not like, okay, there's no peptides at the wall and see what works.

00;12;01;20 - 00;12;07;01

Dr. Jaclyn Smeaton

Why is that? Is that they get kind of a saturation effect or they stop working over time.

00;12;07;03 - 00;12;20;25

Dr. Neil Paulvin

Because of saturation. We're trying to limit some side effects as well. The main reasons that we do it, and then also we're just trying to limit the injections and practicality of you doing it.

00;12;20;27 - 00;12;32;18

Dr. Jaclyn Smeaton

That makes a lot of sense. Now let's talk about BPC 157. You mentioned that a couple of times. I always thought that one was primarily for like joint pain. But it really is a great stimulant for healing. Is that right? You talk a bit more about that.

00;12;32;20 - 00;12;54;26

Dr. Neil Paulvin

Yeah. Yeah. It's a great it's an anti-inflammatory. It opens up blood vessels to get the healing factors in there. It does limit the inflammatory cytokines in the body. It also, may improve muscle healing as well by getting the cells there to help heal the muscle. So that's the the main reason that people use it. The reason we mainly use it is for gut health.

00;12;54;29 - 00;13;16;27

Dr. Neil Paulvin

That's where it's derived, is derived from stomach acid. So it helps to heal the gut. We use it for anything from stomach ulcers to patients who have inflammatory bowel disease, like Crohn's or you see, so we've seen a benefit with that as well. And then

we've seen it improve the skin. And that's using for skin and hair and a lot of, brain health as well.

00;13;16;27 - 00;13;22;29

Dr. Neil Paulvin

So a lot of different ways that we can use it, with really good success.

00;13;23;02 - 00;13;39;03

Dr. Jaclyn Smeaton

That's great. Now, I'd love to step it back. I think we're probably going to end up talking about peptides again. But really, can you talk a little bit about your approach to your practice, like what is a longevity practice? What are the main focuses of the patients who come in to see you?

00;13;39;05 - 00;13;58;22

Dr. Neil Paulvin

Sure. I mean, it's really a combination of three things. It's a combination of a like I said before, find out what their goals are and how they want to get from A to B. There's people who only want to do tech. There's some people who more just diet, exercise based and treat their lab biomarkers. And other people want to do the whole thing.

00;13;58;22 - 00;14;30;20

Dr. Neil Paulvin

But our goal is to do really to be the translator, the tour guide, especially being in a major city like Manhattan where you can kind of do editing, is available to the patients that come see us here, either through us or again, we recommend that the best of who does where we're specifically, we're recommending and combining their goals and their whatever their medical history is with their lab Testing to combine that with, the best technology that's out there that can be hyperbaric red light, things like that, peptides and supplements.

00;14;30;22 - 00;14;57;06

Dr. Neil Paulvin

The most are more advanced, like biomarker Testing, things like, clearly, or a full body MRI, whatever the patients are looking for. And what we can do is develop a plan for them, to optimally prevent illness or to and also have them optimize their. What we called in that term now is healthspan, where it's not about how long you live, it's how well the quality of life you live while you're alive, because it's great for 97.

00;14;57;06 - 00;15;20;07

Dr. Neil Paulvin

But if you're in a hotel in a room all day, not able to do anything, is that is great? As being a little bit younger, but also be able to ride a bike with your great grandkids at 87 years old. So that's what we're trying to do. Be the best for as long as you can be. And then so is and kind of taking all the different tools that we have now to prevent, optimize and then treat whatever illness or issues that we're seeing.

00;15;20;07 - 00;15;25;25

Dr. Neil Paulvin

So it's all through those together. And developing a plan for a patient.

00;15;25;27 - 00;15;44;15

Dr. Jaclyn Smeaton

Yeah. I love the concept of healthspan and the way that's come forward. And we've always called it quality of life. But the healthspan really that idea that really the years it's making your years count. Right. And I think about I know like generationally, I feel like we've been aging more slowly. A big piece of that's probably the reduction in smoking.

00;15;44;17 - 00;16;09;09

Dr. Jaclyn Smeaton

Right. Because that has such a big effect on aging process just nationwide. But I think about my parents who are in their 70s and like they golf three days a week and they're all live in their life. And like my grandparents for not doing those things at 70. So there's obviously, you know, there's a change that's happening generally, you know, that I think is really interesting, that kind of focus on the quality of life, focus on years of good health.

00;16;09;11 - 00;16;28;27

Dr. Neil Paulvin

Oh, damn. Things have dramatically changed. People are not I mean, and at least around here, and I think all over the country people are now the club is may not be that they're going to go out and drink till 3:00 in the morning. They are going to have, a nonalcoholic cocktail. They're going to be in the sun until 9:00 at night, and then they're going to go to sleep and check their RV.

00;16;28;29 - 00;16;52;29

Dr. Neil Paulvin

They're still having companionship and hang out with their friends. They're just not smoking and drinking, and they're they're caring about what their sleep is, people. It's kind of the paradigm is flipped where it was. We're just doing whatever the doctor told you to. Now it's people kind of being their own health proxy, being the leader in their own health, because, and then they're going at five different people to achieve that, which I think is actually, in most cases, a good thing.

00;16;53;01 - 00;17;04;06

Dr. Jaclyn Smeaton

Yeah. Are you seeing changes generationally, like in your clients? Are younger people coming in to be thinking about longevity in health span compared to when you first started in practice?

00;17;04;09 - 00;17;22;28

Dr. Neil Paulvin

Yeah. Oh yeah. I mean, it's definitely people are starting in their 20s and really into it because they want they have a hopefully a pretty clean slate and they want to optimize it. I mean, the, the, the spectrum of how aggressive they are, varies a lot. I mean, a lot of it depends on a lot of different things.

00;17;22;28 - 00;17;41;02

Dr. Neil Paulvin

A lot of people in the tech space or in the entrepreneur space are a little more aggressive than some other people. But, I mean, just the fact that they are bound to time they're monitoring their data and asking what, the best supplement is or the best tech that actually works. And they're looking at data, which nobody didn't really happen in the past, I think.

00;17;41;03 - 00;17;57;21

Dr. Neil Paulvin

I mean, they're leading it, in some ways because they're not only practicing it, but then they're promoting it either on in social media or blogs or they're starting startups, and it's kind of exponentially growing from there. So they're definitely the the adding fire to the adding oil to the fire here.

00;17;57;23 - 00;18;17;01

Dr. Jaclyn Smeaton

Yeah, it's fascinating because even the providers who are interested in this, like I'm thinking about conferences I attend that focus on longevity medicine. You know, it

used to be that when I would go, it was predominantly older doctors. It's like no one thought about aging until they were aging. Right. But now when you go, it's like all ages and stages of medicine.

00;18;17;01 - 00;18;28;14

Dr. Jaclyn Smeaton

And it's so interesting. I love hearing that patients are coming in younger to take care of it. Right. It is a clean slate and it's so much easier to maintain than to try to roll back or make reversals of a disease process.

00;18;28;16 - 00;18;42;02

Dr. Neil Paulvin

Yeah, I mean that my cheesy analogy, like some of the horses out of the barn and you're not going to put it back in, so then you can only kind of clean things up a little bit. But when you can kind of just prevent things from happening, it makes things a lot easier and it's going to work a lot better.

00;18;42;04 - 00;19;16;06

DUTCH Podcast

We'll be right back with more. Join us this March at DUTCH Fest in Dallas, Texas, where you become the hormone expert. If you're a registered DUTCH provider, this is your invitation to three days of advanced hormone education, clinical insights, and hands on case study based learning from March 12 to 14. Learn directly from founder Mark Neumann, doctor Jacqueline Smeaton and Doctor Carrie Jones as you dive into focus sessions, discover real clinical applications and explore practical Testing strategies you can use immediately.

00;19;16;09 - 00;19;36;15

DUTCH Podcast

The goal of DUTCH Fest is to learn how to interpret the DUTCH Test with speed, confidence and clarity. Spots are limited. Registered DUTCH providers secure your ticket now to your provider portal or by visiting DUTCHfest.com. Welcome back to the DUTCH podcast.

00;19;36;17 - 00;19;53;27

Dr. Jaclyn Smeaton

Can you talk a little bit about like when we talk about aging, obviously people have a lot of components that affect the way the rate that they age, but chronologically we all have this numerical age. But this idea of biological aging and the fact that we can

impact that. Can you speak a little bit to that?

00;19;54;00 - 00;20;22;20

Dr. Neil Paulvin

Sure. I mean, that's become biological. Age is a kind of a was a specific term is now kind of be kind of come like almost a very like amorphous turn in some regards that people are kind of used like they use organic now where it's just everything's a biological agent, even though it really is not, so a biological age kind of came to me, comes to me now is the based on hundreds of different Tests that are out there.

00;20;22;20 - 00;20;44;25

Dr. Neil Paulvin

There's hundreds of them out there. Now, they're saying that this is based on your your epigenetics, your genetics, some of your blood Testing. They can say that even though your chronological on the calendar of 50, your biology says your 20, your biology says that you're 80. We kind of it with these were amazingly in vogue about 3 to 4 years ago.

00;20;44;29 - 00;21;05;14

Dr. Neil Paulvin

We we've now taken a step back. We use them more as guidance. Because a lot of times we know that data is not perfectly accurate, it's not perfectly reproducible is it's still a good guide if you're 50 and your biological age Test and you do to and it comes back that you're 80, then again, there's something there's definitely some issues that need to be addressed.

00;21;05;16 - 00;21;32;07

Dr. Neil Paulvin

Or vice versa. You can definitely use a trend name, but we're not using it as gospel anymore. We're kind of using that as piece of the whole puzzle. We're down again looking at biomarker Testing and specific MRI and things like that. But people we are looking at whoever can come up with that perfect formula with AI and all the data that we have that can say, okay, we take column A and column B and com C and put in this formula, and this is how healthy we are.

00;21;32;09 - 00;21;56;02

Dr. Neil Paulvin

It's definitely helpful, but right now we just don't have the perfect formulation for it. So again we I again used to be kind of higher on the list of how in terms of treating

patients. Now we just use it as a piece of the puzzle where again, if it's trending, I still check it. And most of my patients, we've now developed even to where we can get the organ age so I can tell which a little more accurate or I can tell it.

00;21;56;02 - 00;22;19;11

Dr. Neil Paulvin

Okay, your heart is 30, which is great, but your brain is 72. Let's do a deeper dive into your brain health. And that, for me at least, is provided much more specific treatment plan. So we're we're getting there and it's definitely useful. But some people use it as gospel and it probably is not gospel yet. I wish it was because it made things a lot easier, but it's definitely a piece of the puzzle.

00;22;19;13 - 00;22;35;12

Dr. Jaclyn Smeaton

Yeah, the organ age measurement is interesting. That was just featured in a nature article a couple of months ago that was really fascinating. The levels of analysis that are able to be done now, I mean, it is early, right? That was, I think, a prospective study, but it was just it's very interesting.

00;22;35;14 - 00;22;58;00

Dr. Neil Paulvin

There's a couple different ones that are out there. There's some are using epigenetics, some are using protein levels. And there's a lot again, we're still in the kind of the early phase of it. We're hoping in the next 2 or 3 years for really have some more really ready to go formulations, but that will be much, I think, easier to use because you your age may be high, but mostly because your heart is it has issues, your brain has issues.

00;22;58;00 - 00;23;04;17

Dr. Neil Paulvin

It may not be a whole body scope, or it may be so we can go area by area. Make it a lot more usable.

00;23;04;20 - 00;23;14;25

Dr. Jaclyn Smeaton

Now, can you talk a little bit about some of the biological processes that are underlying aging? Like what are you seeing with aging that we're trying to address with all these therapies.

00;23;14;27 - 00;23;38;09

Dr. Neil Paulvin

That could take a lecture by itself, but now, there's a lot of different things. The main things that we're looking at, most people have heard of inflammation or inflammation, which is how inflammation, because of every facet of the body is affected by inflammation. We're trying to control inflammation by lifestyle, improve sleep, exercise, peptides, hyperbaric therapy. All those things are working to limit inflammation.

00;23;38;12 - 00;24;01;14

Dr. Neil Paulvin

That's one of the big ones that everybody can work on and is usable. One that's become more popular as we're speaking is about what's called mitochondrial dysfunction, mitochondria, the energy or the the electrical part, the electrical wiring of our bodies. And when the from toxins or stress or lack of nutrients, the they don't work as well.

00;24;01;14 - 00;24;20;14

Dr. Neil Paulvin

And that most mitochondria damage has been linked to most of the major illnesses out there. Now we're finding out the kind of gone viral while we're speaking is the use of the newer LED lights and things like that actually really damage our mitochondrial health, which can lead to poor vision, poor heart health and so on. So that's another fast.

00;24;20;16 - 00;24;22;19

Dr. Jaclyn Smeaton

That's interesting. I hadn't heard that.

00;24;22;22 - 00;24;41;28

Dr. Neil Paulvin

Yeah. No. Yeah. It's been it's kind of been on the underground for a while. And now it's kind of been on a lot of the bigger podcast. And I saw a couple of articles of journal, studies have come out recently showing that it's really important to kind of go back to the older lighting, be out again, be outside in the sun, which is the free.

00;24;41;28 - 00;24;46;20

Dr. Neil Paulvin

One of the best things you could do with your health is morning, sun and morning

exercise.

00;24;46;23 - 00;24;55;27

Dr. Jaclyn Smeaton

Wasn't the infrared light originally promoted for mitochondrial health? It was meant to be like stimulating, healing and helping with improving mitochondrial function.

00;24;55;29 - 00;25;13;23

Dr. Neil Paulvin

It's part it's one of the benefits it does. Yeah, it does that because inflammation provides the body more energy. So that's why you get that best from the sun. And also in the right lighting indoors. And now people are not doing that through the different red light panels and techniques that are out there.

00;25;13;25 - 00;25;18;19

Dr. Jaclyn Smeaton

Well why didn't you say that? Did you say red light is causing damage to mitochondria?

00;25;18;22 - 00;25;20;26

Dr. Neil Paulvin

No, no. The lack like lack of a.

00;25;20;26 - 00;25;40;17

Dr. Jaclyn Smeaton

Lack of red light. Yeah, okay. I was aware of. Yeah, yeah. So like going like LED lighting for example, has been found to have negative harmful impacts which we've all gone to LED because of its energy efficiency. Like it's kind of just standard. Now no one uses the incandescent bulbs or figuring out that that's having a negative health impact.

00;25;40;22 - 00;25;42;10

Dr. Neil Paulvin

Exactly, exactly. Yes.

00;25;42;13 - 00;25;55;23

Dr. Jaclyn Smeaton

Yeah. It's really interesting. Super interesting data. What are some of the early shifts you see in individuals that make you think we really need to address, like, the speed

with which they're aging? What are the things people are coming into the,

00;25;55;26 - 00;26;15;18

Dr. Neil Paulvin

Trying to bunch I'm finding 2 or 3. I mean, the main things that we're seeing are early signs of I guess it's 3 or 4. They're kind of overlapping. Is it early information? If you have a 24 year old coming in and their whole body hurts, or they, they can barely go to the gym and do a normal a really non vigorous SAT.

00;26;15;18 - 00;26;36;13

Dr. Neil Paulvin

And they're having inflammation and just can't functionally do it. It's definitely inflammation. We're definitely seeing a lot of signs, lab work and symptom wise for a patient having much more immune issues that's coming just based on what they're presenting with and with their lab work is showing. And then the other one that was the two other ones we're seeing is insulin is, brain function.

00;26;36;15 - 00;27;05;29

Dr. Neil Paulvin

And people are very attuned because of a lot of different things in terms of how well the brain is working memory and, and just overall daily work. That's a combination of the, the, which we call it like the cow lifestyle, plus a lot of news now about Alzheimer's and how you can affect it and so on. And the last piece, which of course is probably one of the better things that's growing, is fertility in men and women, where quote unquote, healthy men and women can't conceive.

00;27;06;02 - 00;27;23;25

Dr. Neil Paulvin

And we're just finding talks and issues or, again, mitochondrial damage or their immune system is off or their inflammation is through the roof, or they're nutrient deficiency. So those are kind of the main kind of bellwethers that we're kind of seeing that we need to, get going, start treating some stuff.

00;27;23;28 - 00;27;44;04

Dr. Jaclyn Smeaton

Yeah. My whole practice clinically was fertility when I was in, you know, for 20 years working on that specialty. And it's really interesting how you have this rising number of unexplained infertility. And there's actually been interesting data that's come out in men the last five years or so that it is really like this canary in the coal mine for

mortality and chronic disease.

00;27;44;04 - 00;27;53;08

Dr. Jaclyn Smeaton

And it makes me think about utilil like, I think maybe sperm analysis could be a healthy way to take a look at where a man is at when he's in his 30s to determine.

00;27;53;10 - 00;27;58;13

Dr. Neil Paulvin

It's very soon. It's it's here, not ready for prime time, but it's coming very soon.

00;27;58;15 - 00;28;16;01

Dr. Jaclyn Smeaton

Yeah. There's a lot of cool data coming out around that with certain kinds of cancers and cardiovascular disease and everything. And, and it makes a lot of sense because it's really those tissues, Testes and ovaries have the highest concentration of mitochondria in the body. So when that starts to come in inflammation is going up. Mitochondrial function comes down.

00;28;16;03 - 00;28;18;03

Dr. Jaclyn Smeaton

We see a big impact there first.

00;28;18;05 - 00;28;20;18

Dr. Neil Paulvin

Exactly. Summed it up perfectly. Yeah.

00;28;20;21 - 00;28;45;01

Dr. Jaclyn Smeaton

Yeah. So a lot of people assume that aging is something that we can't influence. But you do this in your practice all the time, you know? So can you start by talking a little bit about how you combine, like, lab data, wearables and tech and per person symptoms that they come in to report to you? How do you help people kind of digest all that?

00;28;45;01 - 00;28;59;18

Dr. Jaclyn Smeaton

Because it can be a lot like I think people get it. I mean, I have an I'm an oil rig user. We all have something that we love that we're tracking with, but it can be a lot of work

to be looking at all of these different inputs. How do you help patients kind of sort through all that?

00;28;59;20 - 00;29;16;01

Dr. Neil Paulvin

It goes back to kind of what the analogy I made initially, like I'm a tour, I'm a tour guide or like the little like transcripts on the bottom of a TV screen or something is, yeah, I have I can this is that might sound cocky or whatever. I can kind of look at data now and kind of put the pieces together very quickly and assess it.

00;29;16;01 - 00;29;23;29

Dr. Neil Paulvin

But I also, again, I kind of break it into I afternoons for a lot of cheesy kind of analogies. I use analogies.

00;29;23;29 - 00;29;24;23

Dr. Jaclyn Smeaton

Everyone understands.

00;29;24;23 - 00;29;44;09

Dr. Neil Paulvin

Them. Yeah. I mean, I pretty much tell people I have a kind of usually try to break it, say buckets. I tend to say you have or elephants in the room and I just say, okay, these are year 2 or 3, you know, 6 or 7 buckets going on inflammation, mitochondrial, whatever, gut health, whatever. And then say the biggest elf in the room is this.

00;29;44;09 - 00;30;02;02

Dr. Neil Paulvin

And you have smaller elephants, or you could everything could kind of be the same. So pages kind of thing. What the problem is because their relative or their partner is because, hey, what's going on? And like Paul even said all this stuff, I have no idea what he said. And so yeah, I tend to try to break it down pieces and you add in a summary.

00;30;02;02 - 00;30;16;10

Dr. Neil Paulvin

Now I makes it a lot easier and you say, okay, here's here's kind of what I talked about information. This is what we're going to do. And then you try to put that together. And then again I try to break it down even smaller pieces okay. This is the tech stuff. This is

the pep. This is the lifestyle.

00;30;16;10 - 00;30;31;22

Dr. Neil Paulvin

This is the medications. And they can kind of and they may say let's do A, B and C first. Then we'll go from there. And then the wearables. You mentioned that that's kind of in some patients a way. Now again with the what we're able to do even remotely is we can kind of use that as one of their gauges.

00;30;31;22 - 00;30;53;12

Dr. Neil Paulvin

I mean, you can't do lab work every day. You can't do we don't want people jumping on the scale every once a week. But if I know that they're, again, their blood pressure once a week or that they're having these has some flexibility to it and their sleep scores are good, same other. And again we can do other things as well like do workout monitors and stuff like that at least is a guideline for some patients.

00;30;53;14 - 00;31;15;24

Dr. Neil Paulvin

Other patients, it's they might go they get to wound up about the day and tend not to do it that way. Then, because you don't want to obsess about it either. So also all this is about reading the patient, you know, the patients who want to do a deep dive and are ready for it. And, you know, the patient where you just kind of kind of dip their tone and not stress them out, overwhelm them because they're just it's just not going to be a good process.

00;31;15;26 - 00;31;40;26

Dr. Jaclyn Smeaton

Yeah. It's interesting because you definitely see some patients where just managing the tech is a stressor, right? Having to look at it or report it, whatever. And then for others, when you're looking at the data, you can obsess over it and it can become anxiety producing if you get, you know, a poor HRV, you know, hurry variability measurement or your sleep's really score, your sleep score is going down and you can't figure out why.

00;31;40;28 - 00;31;48;07

Dr. Jaclyn Smeaton

It can almost trigger stress as well. Although for some it can enable it for others, it can cause strain.

00;31;48;09 - 00;32;07;27

Dr. Neil Paulvin

And I don't know where I kind of what's kind of ironic is I'm in a couple groups along with longevity health docs, and we compare HIV. A lot of docs in the group have very low age RVs. They do everything under the sun to optimize their health, and because maybe just because of the amount of work they're doing or the stress, their reviews are low and we just we're, hey, we're doing everything.

00;32;07;27 - 00;32;26;18

Dr. Neil Paulvin

That's just the way we are. We know our labs are good, so we kind of you also can't use everybody's not gonna have the same perfect score that you see on social media. Oh my HIV is this or my sleep score is 99 every day. Do exactly what I'm doing. That just may not work for you. But if the whole you're the key thing for anything we're talking about is how are you feeling?

00;32;26;18 - 00;32;44;01

Dr. Neil Paulvin

How do you feel when you wake up in the morning? How is your sex drive? How is your brain working? Is your if the that's still the taste Test. No matter. I can look at every lab, every tech piece, everything else. If you feel all those things are working for you and your exercise workouts are good, you're probably have some pretty decent things going on.

00;32;44;01 - 00;32;46;17

Dr. Neil Paulvin

And that's that's the taste Test.

00;32;46;20 - 00;32;55;07

Dr. Jaclyn Smeaton

Do people trust that in themselves, in your experience where they're like, I'm feeling good, I must be doing better, or do people become dependent upon those outside inputs?

00;32;55;09 - 00;33;12;11

Dr. Neil Paulvin

It's it's 5050. I mean, there's people who say who are kind of who. Yeah, I'm feeling great. That's a good sign. Other people still just want all the information and try all the

shiny to have shiny new toy, goals. And that's fine to it. You know, as long as I kind of will say, look, this, we can do it.

00;33;12;11 - 00;33;31;06

Dr. Neil Paulvin

It may not be a home run or amazing for you, but they understand the, the, the return on investment of doing certain things. But again, as I said, you have to read your patient and see what their goals are and what they want. And luckily now you can provide the 80 year old who just wants to dip their toe in or the 35 year old CEO and they both can get what they want.

00;33;31;09 - 00;33;49;18

Dr. Jaclyn Smeaton

Yeah that's great. I had one client that I was in for actually a friend that I was helping that was in his 80s, and I was trying to get sleep issues and just trying to get him to use the aura ring and like, send the data and, you know, yeah, this isn't to help and everything, but it can be really challenging to capture that information and get insights around it.

00;33;49;18 - 00;34;06;15

Dr. Jaclyn Smeaton

But it can be a really empowering element of that as well for our health journey. So can you talk a little bit about the Testing? So I know you do a lot of standard blood work. Do you have favorite wearables or tech devices that you commonly recommend?

00;34;06;17 - 00;34;29;11

Dr. Neil Paulvin

Tech wise? There's 2 or 3. The ordering to me is still the standard that I they have the most usable, most repeatable. There are people who link to their sleep, who also I find is pretty reliable. There's something don't like their bed having all the data, but that's a whole nother conversation at least. Those are the main those I love.

00;34;29;13 - 00;34;54;06

Dr. Neil Paulvin

The, the the chest. My favorite. Not working. The little the chest bands that help you band your heart rate and your HIV where you're working out. There's different brands out there. Those are kind of my go tos. They tend to recommend to most patients on a daily basis. I tend to be more minimalistic than over tech on a lot of people and have

other people use it kind of on episodic.

00;34;54;09 - 00;35;09;22

Dr. Neil Paulvin

I love some of the new skills that are out there. In terms, I can give you some basic idea where your body masses and your weight, they're not perfect, but they're really good to kind of let pages know if what they're doing in the mess they may be on to something they're on are working. I think that's very helpful.

00;35;09;25 - 00;35;26;10

Dr. Neil Paulvin

I love the tech out there. That's not it's not one size fits all that can help patients can their sympathetic nervous system down or but their autonomic system imbalance. We're fine. That's a bigger issue for a lot of people. Until you fix that part, a lot of their chronic illness or they're not is not going to go away or they're not going to feel as good as they can.

00;35;26;13 - 00;35;43;04

Dr. Neil Paulvin

So I love that data. But not again. There's some people like The wrap. Some people can just go into a cold plan. So it's not like just put your ring on and that takes care of eight things. Those are the main things in terms of wearables I really like. I'll do cgms very episodically with patients. I'm not a fan of them as much as some people are.

00;35;43;04 - 00;35;52;27

Dr. Neil Paulvin

I just find the data is not as usable for everybody. And again, they tend to micromanage based on that. So I'm not as pro as other people are in terms of that.

00;35;53;00 - 00;35;59;17

Dr. Jaclyn Smeaton

All right. That's great. The stuff you're talking about with the sympathetic nervous system or those like vagus nerve stimulators.

00;35;59;20 - 00;36;20;19

Dr. Neil Paulvin

It runs up that I, there are some there's beginner stimulators now, some that just come out. They're like little ear rings, almost like acupuncture. Ear needles type of situation. There are one to go on your wrist. I don't feel me use brand names or not

on the podcast. Yeah, it's on the Apollo Neuro new comm, which we have for a lot of patients.

00;36;20;21 - 00;36;34;03

Dr. Neil Paulvin

And then there's the more that you can actually get. Injects into your vagus nerve of lidocaine that can act like a reset button for you. So it depends how deep down the rabbit hole you want to go and how much money you want to spend. But, they definitely work.

00;36;34;06 - 00;36;52;24

Dr. Jaclyn Smeaton

I want to talk a little bit more about stress. I think, like, especially in New York City, I live in Boston. I'm an East coaster to New York, has like a very intense vibe. Right? People are going, wow, it's very busy. It's very fast paced, juggling a lot. It's like the if you could brand executive stress, it would look like New York, you know what I mean?

00;36;52;24 - 00;37;03;12

Dr. Jaclyn Smeaton

Like, it's like that. You can really see that picture there. You must have a lot of patients that come into you that it can be really hard to change their lifestyle, to reduce stress.

00;37;03;14 - 00;37;21;08

Dr. Neil Paulvin

That isn't a yes. And if they're if they're open to it is not as hard as it used to be because there's a A it's it's cool to de-stress now before if you again it was all okay. You're working 100 I mean 100 hours a week if you're not it's like it's not you're like not working as hard as you should be now.

00;37;21;08 - 00;37;46;27

Dr. Neil Paulvin

I mean, a lot of the big employers have these have a sleep bed or have a meditation room. They have something at least to help their clients deal with the stress. I think it's not seen as a weakness anymore. So I think it's a little bit easier now because, so I think that's part of it. I think people are now understanding that stress can lead to medical issues again, lack of sleep, weight gain, hormone issues and so on and so forth.

00;37;47;00 - 00;38;10;02

Dr. Neil Paulvin

So again, like when I started out like even 5 or 7 years ago, was much harder than it is now. Because people are on board with it and they don't and they and they're open to working on it. And there's simple things they can do. I mean, they know with all the apps and the YouTube videos, they can do breathwork for ten minutes, they can do eMDR for ten minutes, they can do, they could do put their face in a bucket of ice for a minute and a half at the office.

00;38;10;02 - 00;38;24;27

Dr. Neil Paulvin

They can, do yoga again. They could do all those things very quickly. And they and like I said, now they'll feel it. And they also, whatever their wearable is, they may see their HIV go up or they may find that their brain is functioning better. So when the proof is in the pudding, they're going to do it.

00;38;25;04 - 00;38;49;21

Dr. Neil Paulvin

And again, there's a lot of different there's I mean you could do a hundred different things. There's a chef way of chair which is \$10,000 but amazing for pro athletes and military use it to calm down because of vibration and frequency technology, which is coming much more pop in that and is showing great benefit. So there's there's so many different tools between a free cold plunge and a \$10,000 chair that patients or CEOs can use to calm down their stress.

00;38;49;24 - 00;39;08;10

Dr. Neil Paulvin

I just think it's amazing. And also we will show them. And now you can do cortisol levels. You can do at home cortisol levels where we can show them wait two weeks of doing this and your cortisol levels came down and then they're like, oh okay. That makes my because cortisol is a symphony. And while the hormones are connected they say, oh my, my metastases one's going to get better.

00;39;08;10 - 00;39;17;12

Dr. Neil Paulvin

So between the fact that they know it's not a bad thing anymore and they kind of understand how their area is now kind of into this, it's a lot easier. It's fun.

00;39;17;16 - 00;39;31;01

Dr. Jaclyn Smeaton

Yeah. That's great. Well you mentioned hormones. Let's shift a little bit. We are the DUTCH podcast. We love to talk about hormones. Can you share a bit about how hormones come into play within your practice. From an assessment and management perspective?

00;39;31;04 - 00;39;51;10

Dr. Neil Paulvin

I mean, it's probably beside one of the more prominent things we talk about now. Again, same type of answer, first of all, the stigma and the understanding is, is the stigma is gone away and the understanding has gone through the roof. Again, 5 or 10 years ago when I was at other conferences, it was like, you don't want to do hormone replacement and this and that, and with a lot more of a battle and a lot of different ways.

00;39;51;10 - 00;40;12;24

Dr. Neil Paulvin

So now, male and female, I mean, we're talking about them all the time. My female patients, I, we're dealing with it from in their 30s if they're having and have a pre menopausal symptoms because now we're just worried about their maintain their cycle as long as possible into their 50s. We're also know the benefits of bone and bone health.

00;40;12;24 - 00;40;35;18

Dr. Neil Paulvin

And let me ask pros and brain how's limiting the risk of Alzheimer's and other negative neurodegenerative issues. And on their cholesterol on their heart health. So we're I'm hammering it at 30. And I mean, I'm saying if you have symptoms, even though the your regular doctor may say your levels are perfect, we may need to do something. Be it so be it lifestyle, be it supplements, be a prescription.

00;40;35;20 - 00;40;57;00

Dr. Neil Paulvin

I mean that you can get from A to B in a lot of different ways. And men men's comments the other way. Man I'm with every man. Lot of men come into wanting to be on Testosterone because they see their their buddy at the gym doing it in some cases, but they're still, getting back to the lack of the infertility epidemic that we're having and men as well, it's important to look at their sexual health and their hormone levels.

00;40;57;00 - 00;41;18;08

Dr. Neil Paulvin

And I be in New York. Unfortunately, I'll run toxin panels and and other panels on peers, my male peers in that regard. And they're like their levels are horrible B their inflammation or their toxin levels and their Testosterone. And they're like, what are you talking about? I don't know how this happened. So I mean, it's definitely become again, just oh for fertility.

00;41;18;08 - 00;41;26;08

Dr. Neil Paulvin

And then overall functioning. The benefits at the gym it's become very popular topic. And it should be.

00;41;26;10 - 00;41;46;04

Dr. Jaclyn Smeaton

Yeah I love that you mentioned the like some of those contributors like you have stress. You mentioned cortisol is a contributor to hormonal change. You've mentioned environmental toxins as a contributor to hormonal change. All these things really speak to the root cause. You know, that you may need to address in order to get things to be better for your Testosterone naturally come up, for example, for a man.

00;41;46;05 - 00;41;47;14

Dr. Jaclyn Smeaton

Absolutely.

00;41;47;17 - 00;41;48;05

Dr. Neil Paulvin

Yeah.

00;41;48;07 - 00;41;56;28

Dr. Jaclyn Smeaton

So can you share a little bit about, the Testing that you do for hormones? You use mostly serum. Do you mix and function the lab Tests?

00;41;57;01 - 00;42;20;21

Dr. Neil Paulvin

Good question. Try to think of it. I, as a mismatch. I mean, I do, I mean, I'll usually start with traditional serum blood Testing. I will do either urine or saliva, depending

on, on other things. You're Tested. The DUTCH Test is probably kind of my second line, along with the the toxin and oxidative stress are kind of like my second batch.

00;42;20;21 - 00;42;43;06

Dr. Neil Paulvin

Depending on combining symptoms and what their traditional labs are showing me. I love using more and more now, looking at the full month of somebody, specially a female's home where a female's hormones or I can kind of track make sure everything's lining up the way it's supposed to because as you know, if you do, well, no matter how I'm doing it, it's usually just a snapshot of somebody's health.

00;42;43;08 - 00;42;58;20

Dr. Neil Paulvin

And if I'm missing you, can't you mean you need the big picture sometimes to figure out what's going on? So I might do like that as well. So I do it all. I just really do. I've my patients sometimes look at me. They're like, you just told me 32 Tests I'm supposed to do. I can't do it all.

00;42;58;22 - 00;43;15;26

Dr. Neil Paulvin

So I get I tend to. They said keep it simple. Usually I'm using things that are covered and then also add 1 or 2 other Tests in an initial and then combine the problem with what I think is the best lab to do. Plus, I'm in New York a lot of time and unfortunately New York is not friendly with.

00;43;15;29 - 00;43;16;04

Dr. Jaclyn Smeaton

My.

00;43;16;04 - 00;43;17;23

Dr. Neil Paulvin

Alternative lab Testing.

00;43;17;25 - 00;43;18;09

Dr. Jaclyn Smeaton

Yeah, you're.

00;43;18;16 - 00;43;20;01

Dr. Neil Paulvin

To stay in the country.

00;43;20;03 - 00;43;29;10

Dr. Jaclyn Smeaton

Yeah, you're a bit more limited, that's for sure. For patients that you're doing that has done, what are the main things that would indicate to you that you should order that?

00;43;29;12 - 00;43;53;18

Dr. Neil Paulvin

A lot of things. I mean, it's again, the main thing is a woman who's either having abnormal annual cycles or no cycles, or having some type of issue with conceiving are probably the main two reasons that I'm using it, or having atypical menstrual pain, because I back in the day, I was doing a lot of like integrative pain which is like non injection, non steroid type pain things.

00;43;53;18 - 00;44;14;26

Dr. Neil Paulvin

And you know pain's kind of that. We used to be the donut hole for people at this point. That's the other one I tend to use it for the most I'm trying to think and then I again I use it just because again, you guys mix everything together. There's oxidative stress at all the levels or the causal, all that stuff, the awakening response all in in one Test.

00;44;14;26 - 00;44;26;15

Dr. Neil Paulvin

And then again back to the same thing we said the whole time is it's a core is off or the hormones are off. It's going to affect their, their their affect their female hormones. So it's have doing three have to do three Tests. They can do one Test.

00;44;26;17 - 00;44;40;28

Dr. Jaclyn Smeaton

Yeah. That's one thing that you mentioned earlier. The like the cortisol is a symphony like it that hormones all play in the symphony. I love that analogy because certainly you really have when you run a lot of down. I mean we look at thousands now thousands a week. So our team, the clinical team, we're looking at them all the time.

00;44;41;05 - 00;45;03;00

Dr. Jaclyn Smeaton

You start to see patterns that emerge between the traditional reproductive hormones

and cortisol or, or, tissue metabolite patterns that change as a sign of like kind of early disease change, like inflammation, for example. We see that like a certain enzymes tend to upregulate and we see certain patterns that are not necessarily one analyte, but starting to see that change that occurs.

00;45;03;00 - 00;45;07;11

Dr. Jaclyn Smeaton

It's super interesting to be able to look at that whole symphony together.

00;45;07;14 - 00;45;15;18

Dr. Neil Paulvin

And I love it for PCOS as well. I mean, that's something that's kind of, again, fall through the cracks. And it's definitely a helpful way to kind of look at the whole big picture.

00;45;15;21 - 00;45;26;10

Dr. Jaclyn Smeaton

Yeah. Great. So in conclusion with people that are looking for health optimization, like what makes them a great candidate for a practice like yours that focuses on longevity.

00;45;26;13 - 00;45;47;15

Dr. Neil Paulvin

I mean, anybody's a candidate. If you if you are willing to make changes again, you don't have to be. I don't be the Brian Johnson. When you devote millions of dollars to this, it could be a game to simple lifestyle changes. Like we've kind of gone through it during the podcast. Or it could be if you want to learn about once the peptides are technology or wearable.

00;45;47;15 - 00;46;04;28

Dr. Neil Paulvin

So anybody is a man. Anybody is welcome to do it. It works well for them. If they understand what their goals are and what is it involved in doing it. That's really where it comes down to. It's not just for the elite. It's not just for people who want to spend millions of dollars. Anybody should be working on improving their health.

00;46;04;28 - 00;46;07;16

Dr. Neil Paulvin

At this point, it's very easy to do.

00;46;07;18 - 00;46;18;16

Dr. Jaclyn Smeaton

Awesome. Well, it's been really great to have you, doctor ball, I really appreciate your time today. If people want to learn more about your practice, what are their best ways to connect with you or learn more?

00;46;18;18 - 00;46;31;18

Dr. Neil Paulvin

Yep, it's great being on. I mean, the easiest two ways. Either go to the website which is doctor spelled out, doctor Paulvin.com, or reach me either Doctor Neil Paulvin on YouTube or Dr. Paulvin on Instagram.

00;46;31;20 - 00;46;35;04

Dr. Jaclyn Smeaton

Awesome! Must be great to have you. Thank you so much for your time.

00;46;35;06 - 00;46;38;11

Dr. Neil Paulvin

It was fun. Thanks.

00;46;38;13

DUTCH Podcast

Thanks for joining us on the podcast. Join us every Tuesday for new conversations with leading functional health experts. If you like what you've heard, be sure to like, follow, and subscribe wherever you get your podcasts.