

MERYL: Welcome back everyone at your Rebel Nutritionist here. And today I have the true pleasure of having one of our clients. David Stout, here with us doing our podcast in the true spirit of celebrating men's health.

A month this month, we are going to continue with what I'm sure will be an engaging conversation between David and I, because he always has so much insightful and useful information to share little bit about David. He is a 67 year old Fort Lauderdale resident for 30 plus years.

Although if you looked at him, you'd never know of his age, he is an active runner. Well, I think he used to be a runner. You are still running, not running, swimming and swimming and biking and just dedicated to really living as healthy a life as he can. And the reason, and he's been working with us for. How many years, a year, a little over a year, year and a half going on two years.

And really the reason he started working with us was because he had done so much reading and he is truly an avid reader, but was getting mixed messages. **Wasn't sure what was right for him. And so he started asking questions and found that he wasn't getting the answers that he really needed for his own individual health.**

And so that's when we started working with him. So he did his genomics and we're going to talk a little bit about that. But before we started David and I were talking and he shared a little bit actually something that I did not know back in 2016, he never shared this with us in his history, shame on you.

We needed that. But in any case David welcome and, and share with us a little bit about what your journey has been and kind of what woke you up a little bit in terms of some of that journey in 2016, and then we'll take it from there.

DAVID: Well, thank you, Meryl. Thank you for inviting me to talk about my story.

And as I started to explain to you where my story started, I sort of put it back to 2016 when I was under a lot of stress and my life, but also I started to feel one day at work, sort of **a pain in my chest and in my arms**. And I'm sitting at my desk going, like, what just happened and sort of pushed it off as like, okay, well, I'm old.

But I made a mental note about two days later, I felt that same pain in my back and my chest and radiating down my arms bilaterally. And I sat up and I was laying down in bed to rest. And I sat up immediately and tried to ignore the symptom, knowing that when you feel these things, you're supposed to respond and call an ambulance because this may be a heart attack.

MERYL: Right.

DAVID: And so I decided I'd better not ignore this and go to the hospital. And I took myself to Holy Cross Hospital **thinking that I was having a heart attack** and was admitted as such you know, spent the night there. During the night there were sort of mixed messages. Through the exams and the tests that have been performed, maybe something happened.

Maybe I need a procedure, but other indications chemically indicated that I did not have a heart attack. I mean, wait for the morning for a full scan of my heart and then talk to the emergency room doctors again. So after the cat scan, I spoke with the emergency room doctor who happened to be a swimming buddy of mine, Dr. Bill Quarry. And he asked me, what, what are you doing here? And I told him, I wasn't feeling well. So here I am. And you know, a couple hours later we're speaking. **And apparently my heart was in good shape.** And that wasn't the issue that was causing my chest pains and arm pains. And I explained to him that I hadn't been swimming.

I was off my program. Wasn't getting well, I hadn't been swimming regularly. And he explained to me that health issues don't really result in being off plan for a few weeks or a few months. It's more of a long-term process. But the best thing that I could do was to get back into the pool and to get back on track.

And then he **recommended me to an internal medicine doctor to look at my gut. And at that point endoscopy was done and I was determined that I had ulcers** and that was due to a very, very high concentration of H pylori which was basically the only dominant bacteria in my gut, according to those reports.

Well, good. Well, great. It's not a heart attack, but what caused this? And then the treatment for that is massive amounts of antibiotics.

MERYL: Right. And so what happened after that?

DAVID Well things settled down. I wasn't aware of the importance of the gut and the gut bacteria and the microbiome at that point, but I just decided to get back into the pool and start meeting, right. The way that I thought would be, right. Which my diet has always been relatively healthy along with the trends in the information that's out there to the general public, you know?

So that sort of was the event in my life that I was 62 at the time. So That was the event. My life is sort of, it was pretty important to start having me ask the questions and read more and **understand more about my body and staying healthy as an aging male.**

MERYL: Right. And so the interesting thing was though, that you said, and you've said to us when we, when we are in conversation, that you always thought you were relatively healthy, right?

And then here you go here in lies. The, okay. Now I was just **diagnosed with H pylori, which is a significant stomach infection**. Believe it or not. So many people are walking around with undiagnosed H pylori. And this is why we're probably seeing an increased incidence in all kinds of gastric cancers, because H pylori has a direct correlation to H pylori in gastric cancers. So I think the tie in here, like you said, is, okay, well, I was eating fairly healthy, but **I really didn't know individually what I should be doing**. What was my own individual biochemistry, what was going on under the hood? And I feel like this is where there's a, such a disconnect between conventional medicine and the kind of work that we do, because they're looking to diagnose you with a, with a condition, a disease, whatever it is, and then say, okay, well, here's the treatment, it's usually a pill or something like that, but, **nobody's saying, well, why did I get this in the first place?**

How did I get this in the first place? And if I thought I was seemingly healthy now that just upended everything. And so we're going to dive into that a little bit more, but I just want to take a step back and really **reiterate how prevention is so important and paying attention to those body signals**.

And I think. Yeah, we've talked, I think. And as we've been covering this, this month, this whole topic, there's this running theme from the experts that we've been talking to. And even from someone like yourself who is saying, **men just don't pay attention**, right. Until sometimes it's too late.

Thank goodness it wasn't too late for you. And thank goodness. It wasn't a heart attack. Right. But here you are having symptoms a few days in a row and just dismiss them. And I always say, **symptoms are your body's whisper. Don't wait for the roar** because ultimately the roar comes. And so I think that's just so important, you know?

And, and you mentioned, you said a lot of men, I don't know if your friends or whatever, don't pay attention to this. Do you want to speak to that?

DAVID: Well, I, I tried to ignore it, but I also think of my uncle too. The story of his life was that he was a very hard charging lawyer in Indianapolis, and he wasn't feeling well one day.

And by the end of the day, he goes to the hospital well he was having heart. He had a heart attack earlier that day and he finally got to the hospital, but you know, it would've been better if he had paid attention to the initial symptoms of not feeling well. And had gone immediately, that's the story of mine.

They didn't believe that he was still hard-headed enough to keep working that day and dedicated to his job. But yeah, **I tried to ignore it**, but then other training I had and first aid and rescue made me think, what would somebody tell me, somebody, tell me, do you want us to call 911?

MERYL: Right. And I think that, yeah, I think oftentimes men are dismissive

DAVID: of yeah. And no one wants the bad news. Right. And You know, another thing that in my mind is my father. At age 62, passed away from a heart attack. Now it wasn't related to blocked arteries.

He had a congenital issue from a birth defect, but he also was a hard living man and did drink and did smoke at one time and was a very bigger than life person. And so there was wear and tear throughout his life on not, but what got him was a weak heart valve that he was being monitored by doctors, but you know time ran out.

So my wake-up call was at the same age and I know I didn't have the same congenital problem, but at the same age, you're wondering, do I make it past 62 at that point in the nighttime as I've

went to holy cross. So and that's just what. I would most likely if I saw someone in my distress recommend that, but for me, when I felt that myself,

MERYL: well, I think there's, there's often that, oh, **it happens to other people and not me.**

And that is very much the mentality. And I talk to people because then there's a conversation of, oh, well, younger guys don't think they need to do anything because, oh, it only happens to old people. Right. But, or older people, and nothing could be further from the truth, the incidents of cardiovascular illness, the age keeps creeping down.

As a matter of fact, I just read a crazy statistic that indicated that **about 56% of men, over the age of 20 there's more than half of the men over the age of 20, have some kind of metabolic condition**, whether it's hypertension, high blood pressure prediabetes and diabetes or cardiovascular disease. And that is staggering.

So we've gotta be paying attention to this and, and the men out there have to be paying attention to this. So let's talk a little bit about your journey here in terms of, because the conversation really started with you when we were talking, like, let's take a deep dive into what is your blueprint, right?

Your, your genomics, because you came in with some very specific goals and let's talk about those.

DAVID: Well, life went on after that. And I ended up retiring about two years later. My time came and the job remains stressful and I decided just to unplug. And at that point in 2018, I just decided to focus on my health because the stress had impacted me in other ways too.

I just wasn't as healthy as I should be physically and mentally. And I could see that. I was fortunate enough to be able to, and get my time back to myself and to take care of myself. And so. I did start reading books about diet and health that were available.

And I listened to infomercials, and saw things on PBS from all the doctors and medical professionals that present these ideas. And some of them are new ideas. Right. And so. I come to I'm finally watching one long infomercial and getting to the point 40 minutes later by like, okay, I'll read this book.

And I remember going like, oh, this is crazy. These new ideas are crazy. It's different from what? I had thought, and I read the book again, and then **I decided, let me just try these things. What do I have to lose?** You know, and, and then in five to 10 years, when the next book comes out, that's the new idea.

And off, I went onto this journey of reading menus, looking at supplements trying to do this. And I actually, as I modified some of my behavior and set up my kitchen and set up the time that's needed to do these things **after three to six months, these things take time. I think I felt better. I know I felt better.**

Right. And so, but it also, then you read another book, they didn't recommend the same thing. They're all colleagues in the world of functional medicine. And you can pick any name out there. See, and so I also had a dear friend who had nutritional training and sports medicine training, and a lot of this was very contrary to education, 15 and 25 years ago.

And this is God, this is crazy. What are you doing? I know about this you're, you're going the wrong way. And so **he suggested, I speak to a nutritionist, a certified nutritionist**, and I'm out here in Davie a lot. And lo and behold, there's this great Brandwein center. It's nutritional wellness center here.

So not that much. Why don't you go speak to Marilyn and that's how this started. And I, I'm going to say, listen at the beginning of 2019, I don't remember exactly the time.

Right, right. Yeah. I mean, I could go back and look, but yeah, but so and, and I remember our first conversation very clearly.

And do you mind if I name drop, I mean, in terms of what you were doing, right. I don't mind. I mean, so, so David came in and he was following the protocol. And for those of you that know me and I look, I respect all of the functional doctors out there and he's no different, but I always feel like he's yelling at you.

You know? So he's just angry and yelling because he wants to get his point across. And the idea here is not to discount any of his advice or, or to bash what he talks about. I think there is merit in, in many of these things you can talk about Gundry, you talk about Mercola, you talk about Highman.

I mean, these are curl mater, Bredesen, These are the big hitters out there. Right? So heavy hitters and. You know, the interesting thing is if you break it down, they're all. And we are all saying the same thing, **eat real food**. And I think Michael Poland's said it best love him.

Love him, love him. Right. **Eat food, not too much, mostly plants**. It doesn't mean you should be completely vegan. It just means eat mostly plants because that's where we get our fiber, whatever we can get into all of that. But the idea is that **we need to eat real food, unprocessed food and, and lead a healthy lifestyle**.

Right. And so, however, the, the intricacies of that and the subtleties of that become very, very specific when we start to really take a deep dive into your own blueprint, right? So these books are printed for the masses because that's who you have to appeal to. I'll never forget. I had asked a famous physician, and I'm not going to name her by name because I really don't want to throw her under the bus.

I was at a conference, a well-known physician in the functional world. And I said to her, why are there meal plans in the back of every one of these books? And why are they so generic? And they all claim the same thing and whatever. And you know, her answer to me was, well, the publisher insists on having that because that's what sells books.

And it was like, wow, that was eye opening. So, so there again, it's, the information is so important and it's valuable to so many people in a generic kind of way, but there isn't you know, **there is not a one size fits all approach for everybody**, right? There is no one size fits all. It's what is going on.

And the more we can look into your genetics and really look under the hood and get your biochemical blueprint. The more we can help you. And so why don't you speak to that a little bit, because, because you came in and you were very, I think part of the issue that you were having is that it was so extreme.

You were kind of going to the extreme,

DAVID: well, yeah, there's good things about these books. And I picked one and but I read Dr. Gundry and I read Mercola and there's another doctor in New York, Verde. Anyway, then the same, I, the one thing that comes up was intestinal health and leaky gut and there's other practices.

So that was **the main theme is your gut health**, your gut health. And there's a little different approaches about. Menus and food choices, but not much differences. So **having a book put me on a plan and I just decided to follow it**. I didn't, it's interesting to know why they put the menus in there because these are new, new menus, but it does give a blueprint, blueprint for someone to get started because you need a plan to say you adopt different practices and you try these things.

And in any of the books, in the steps that I've looked in, borrowed recipes from they're all delicious. So, but then the question came like, so. Does it work to him. Do I need to exclude lectins? Because now you're taking away my tomatoes and one of my favorite food, my last meal, if it never came to that point with the French bread, with butter and a black cup of coffee and gave me a side of tomatoes, tomato, basil, and vinegarette on it.

Okay. But now is that going to harm me sensitive, which I guess is lectin and, and then if there's lectins in tomatoes or whatever, **is that harming me or can I get past this or can I improve my internal health?** Do I have to exclude these things? Right. So it's, it can be a little bit of a sacrifice, but you can substitute a lot of things.

So so that was the question is and I do remember sitting here with Kirsten, wonderful coach. I have asking this questions like. Which makes sense. And then which sense, **which makes sense for me.** And we went on to talk not only about my, I didn't tell you about the 2016 story, but you know, then you know, health issues that I've seen in our family.

And so my concern about what I have inherited and worry about what lies ahead for me and wanting to have longevity and **wanting to be happy and healthy and happy as I age.** So that's why I came in here. Right? What's the story, someone that just knows about food and to study that and consent. We know this and I was just, I was so surprised.

I mean, I shouldn't be like that. You interact with all these professionals, not only know them, their work and read their books and look at the podcast and. TV shows and listen to their podcasts, but speak and interact. And so we went off on I, **I opted to do a full range of lab work from blood to stool work, to see where my body is and then to do the genomic testing.**

And it's was a little concerning. Like what are you going to find out? Right. Well,

MERYL: and that's well, yeah, that's what everybody always says is, oh wait, do I want to know? You know, but my answer and I'm going to let you respond to that in just a second. I need to address that because we hear this over and over.

Well, I don't want to know, we interviewed Jay Feldman, not that long ago. And he had a risk of Alzheimer's in his family and you know, he's like, well, I don't know if I want to know. And I said, here's the thing **when you test, it's not like we are saying, we are predicting, you're going to get it.**

We're not diagnosing you with these conditions. **We are saying, what is the potential. Genetic expression of this,** right? Which means, **is there potential down the road and what can you do about it?** This is not the, oh yes, we have potential down the road. I'm sorry. Send you out into the open world, without any information, without any tools and strategies to prevent it, we have the tools and the strategies is how much do you want to work towards putting it in and really mitigating and offsetting back that predisposition and that likelihood of expressing that.

So I think it's so important that people know that getting this information can really be life since. In so many ways that **we can really work towards offsetting the trajectory and the course of where they may end up going with these diseases and** lead not just a long life, but a healthy and productive life.

So so, so yeah. What do you want to say to that? Well,

DAVID: I, I, I do know some of my family there is Parkinson's and maybe Alzheimer's in our family. So, and I did take care of my grandfather towards the end, and it's hard to see a very you know powerful, very intelligent man, be a different person.

So then, and I not only share his DNA, but I shared his looks, it scares a lot of my family members because I see the pictures and resemblance. So am I going to follow. Decline because it was, it was emotionally. And, but so, but I, I then the, the thing then that I've learned a little bit of reading I've done is that your DNA is who you are now.

We are all unique, but it's not like this is what the fates have put on your life. Exactly. And this is what's going to be your outcome. So I went into it with like, well, let's see if I have any of these markers. Let's see what else might genetic profile show towards you know, related to diet towards **what may be better for me to approach or what areas do I need to look at it, how my body actually operates itself and handling food and nutrients and supplements** and whatever I am putting into my body.

And then I've recently been learning that you know, **you can have these traits or these markers but it doesn't necessarily mean that you're going to succumb to these diseases** and that you can take stuff, some diet and lifestyle to mitigate or moderate or not have these genes processes turn on so that it starts the biological, biochemical pathways that would then eventually lead to these diseases.

MERYL: Right. And that's why I love talking to you because you get right. And, and not that you need to get it to come to us. But this was such a great part of the conversation that it's like, it's the light switch, right? How do we, that light switch doesn't even have to get turned on.

How do we keep that light switch in the off position? And that is so, so important for people to hear again it's the select few that really recognize prevention is so, so, so important here. And that there are things that you can do to offset those, those expression of those genes and that looking at your biochem, right?

Looking at your nutrients, looking at your gut. Now, we were able to take all of that information, which was the one size fits all. Now we were really making it, we were making it about that. Now of one, you are now your own experiment and you can see what works and doesn't work. And we've made you a vitamin formula and we can see the improvements, but more importantly, you feel,

DAVID: Yes, I, **I personally feel the improvements** and, and then the other feedback I get is from people say, I've asked me, what are you doing?

Or you look right. And then I go I, I, not, those compliments are sometimes hard to receive and I go look in the mirror and I said, there's like a 67 year old right here, but you looked pretty good for your 67, but you know, it's just one of those things. And all the things that I've been doing as best as I can, I'm not perfect.

That's one thing that it's, it's no, one's perfect. And it's, it's, you can't be perfect doing this. I've learned. So I, I don't know if I'm better than 80%, but all I do is try and I've adopted some good practices and I'm regular on the supplements. **When I get off plan, I do feel the difference.** If I eat something that's sort of not on my normal diet, my body's shifted and changed.

It also desires the so-called better foods and the type of menus that I prepare mostly at home.

MERYL: So let's talk about that. That's so important that your body desires those foods. You, you definitely feel it when you go off and the cooking at home piece. Because I think people really, really need to hear that because there is a difference, even if you eat the same kind of food out versus what you prepare at home, there's a huge difference.

And it's not just about following a plan for a month and changing how you feel. It is the consistency. And I talk about that all the time, because I, people joke with me and I was going to do a video the

other day about being perfect. Like I am not perfect. I had that ice cream the other day. I was in a really crappy mood, but you know what?

I had ice cream, I had banana bread, I had my dinner and then I was sitting on the couch and my heart was racing. Cause my blood sugar was up and it was like a sucky feeling. Right. But, so, so speak to that because it really is about the

consistency.

DAVID: And that's one of the things in my life I noticed over the years.

If I'd go out on. To dinner, especially if it's later, the food is absolutely delicious. Okay. Great time. Have some wine have great meals, but even before I started to think about these things and what I'm putting into my body and how my body operates, I would feel bad for two days or so. Not just a hangover because it wasn't that much alcohol involved, but it was just, something's not agreeing with me.

And so I wasn't able to participate as well as I wanted to or people and people started thinking there's something wrong with you because but anyway, but so the whole thing about sort of lost the train of that question, but I, I find from, for me I like to cook I have some basic skills that I've taught myself over the time and, and having more control, just having a The ability to go shopping and then having a plan on what you're going to prepare is really important to do this successfully.

I think what, what I say, and I don't find it difficult to do. But it just takes consistency. And so, and I, there are, I know when I do go out now, I'm very careful reading the menus and I am able to find something acceptable right now. And there are times when I splurge just like everyone else was down the street at 2:00 AM on a taxi for a couple of margaritas and ribs.

And of course the next day I don't feel good. Right. So I go right back to you know, for lunch will be a large salad with cranes and extremes, a nice wild-caught salmon protein on it. And I met while my own salad dressings with olive oil. So the vinaigrette, or I can make a nice Caesar dressing with extra Virgin olive oil and all the good ingredients and clean ingredients.

MERYL: And that makes a difference

DAVID: body. Actually, my mouth feels good. And then I mentally, I feel good. So **it's sort of a good cycle for me to be into.**

MERYL: Absolutely. I don't know if that answers your question. I mean, it pretty much did you know, you kind of covered it full circle? I think the other thing is people don't realize the ingredients that they are using, right?

The oils and things like that. You wanted to say something that

DAVID: was what else? Because I don't as good as the food is. I don't know. What's in there. And I know that the salmon is not wild-caught. I know that the beef is not grass-finished, which has become important to me now that I've read the books and I've been in here talking to you here.

And I think the main thing, even if I'm eating something, that'd be healthy. I think it's the oils that may throw me off if there, and this is something that's coming into the. You know, the websites and the newsletters out there. Look at the high omega six oils. **Canola oil is one of those that are promoted as heart healthy, but it may not be as healthy as we think if you have too much of it** in there and you don't have your omega six and omega is balanced.

Yeah.

MERYL: Well, I'm not even that. I mean, it's a very, very highly processed oil. And it's funny. I used to talk about canola oil being terrible for you. I don't know, 15 years ago for those that know, I was like, no granola oil is terrible. These vegetable oils are terrible. And it's taken about that long for, for mainstream, you know nutrition let's say to come full circle and be like, yeah, **those oils are highly processed and the body doesn't recognize them.**

And it does all these terrible things to the gut. And we wonder why so many people are walking around with gut issues. Not knowing it. And you know, people think again, I think I've said this umpteen times on the podcast. I think I repeat myself every time I say it. When we talk about gut health, **you don't have to have constipation or diarrhea or IBS to have a gut issue.**

And there could be things like you did not know. Right. Then you had H pylori until it started manifesting differently. And you know, there's a lot of people walking around with gut issues because of the food they're eating. Yeah.

DAVID: Well, that goes back to when I came in here, as I had started my journey you know, Dr.

Gundry modified Mercola, other, other things, Dr. Highland, because you see these things and off you go. And so I have been taking in supplements and I've been taking probiotics and prebiotics. Right. So when we do this, Testing the stool testing, especially I think this, for that comes out, I'm thinking like I should be seeing all the bacteria that's on the label of my supplements.

Well, lo and behold, I'm dysbiotic is the word that I learned now. **I had more bad bacteria than good.** And the one that was the highest level of units that they measure this bacteria, and wasn't even on a supplement, it wasn't a bad one, but it was way off the scale, the good range, but it wasn't a balanced flora.

And then ask me like, well, what am I what am I doing? And at that point I was in the restaurants a little bit, too much. It had to do with my social life and people when I was with them. And I realized that was an eye opener because you're following these steps that are recommended and there's going to make.

Live long and happy, but **what are the test results showing?** And these are straightforward and easy tests do very thorough, more thorough than you'll get at your primary care doctor.

MERYL: And I didn't tell him to say that

DAVID: it's true. And I was just looking at them yesterday, before this podcast to sort of review what we had done.

And you can read about it. You know, it's mentioned in the books too, that some of these tests you need to do and you won't get them. And then, you know, I was happy to do that, but it made me think more like, okay, so I'm doing this stuff. **I have some good inputs, but was my body assimilating them?**

Can my body handle this, I guess is the way I want to do it, or by inputting the supplements and this probiotics Is that assimilated into my pathways to make me a better healthier. Right.

MERYL: And yeah, exactly. I mean, again probiotics, unless like with every supplement out there there's the plus and the minus of **the double-edged sword, if you will the supplement industry,** right.

So meaning great that it's not FDA, FDA regulated, cause you don't need a prescription for it. Right. But not so great that it's not regulated because you know, you can go in your basement, make a supplement, slap a label on it and call it a probiotic, let's say. And so, and most consumers

are not aware of, again, something I talk about often is **most consumers are not aware of not only of the quality**, right.

And the purity, because that's so important where the supplement is coming from and is it free of lead and mercury and all these horrible things, but **what is the form of the nutrient** meaning? Can it be absorbed by the body. Right or is it just a cheap form of the nutrient? We see this with the B vitamins all the time.

When people like it, I take the vitamins and then I react to it. I'm like, that's cause you're taking a really crappy B vitamin. That's not assimilated well in your body are the same thing with a probiotic. People come in, I don't have stomach issues because I'm taking a probiotic. And as we know, that's not the case.

So I think we have to be very, **very careful. In the way that we use supplements**. And for some people it's no different than a, than the bandaid for a medication, right? **Supplements are meant to be supplemental to what you're doing in your diet** and where the disconnects are in your, in your, and the imbalances.

They're not meant to make up for a bad diet or bad habits or things like that. And that's where taking the deep dive cause you were on supplements and yet we did your nutrient profile and it wasn't all that

DAVID: great. No. And also what's the surprise. And then you know, going back to what you said about supplements is like I was paying a fair price for the supplements, whether it would be online or going to whole foods or to life extension looking for local quality names.

And I, and I was confident, well, these are high quality products. I think they mostly are, but someone asked me, well, **do you know where they source their ingredients?** Right. Do you

know who the manufacturer really is? And you can't get that information right. Unless you dive deeper or look at. And so I, I'm hoping that these things are relatively high quality.

But you just don't know. And then the bottom line is this. Are they helping you, right. Can your body handle it? And so then that's what was interesting about the genomic testing. We then had biological testing, you know from blood in the stool samples. And then we look at my genetic profile, right?

And so I am taking coenzyme B supplements. I am taking probiotics, I'm taking some Ds, I'm taking some multivitamins and you know, a lot of us take a lot of supplements sometimes and you just sort of laugh at yourself. Like how many pills are you taking this morning about you're on this program and you want to be healthy.

And so but **there's a lot of correlation in my chemical results that sort of coincided with my genomic testing**. Yeah. Which is really interesting. And so I think the one that I remember most clearly besides the bacteria issue was the vitamin Bs. And I guess that's in the methylation process, which I'm still trying to get a handle on, but even if I'm supplementing with these things, I was deficient in this very important nutrients and two of them one or two are good, but there's a whole Bs of these that you need called by various names that you may not even know are B vitamins and I'm trying to.

You may know my body better than I do. my test results. But and that's why I continued, we modified some things. I had some products at home which were good, and we kept taking those, but I started getting more specific products from you until **we developed a formula for David Stout, personal formula**, which covered a whole range of things.

The other thing that stood out in my case was **a cholesterol issue** now. And there's, I cannot pronounce this, but lipids anyways. It's a lipid, but mine was fine. And it's one of those things that could indicate you know, doctors and professionals looking at it could indicate the potential for increasing build up a cluster in your arteries, and potential blockages.

Now, apparently I may not have that from some of the scans that I've done, but that is. Extremely elevated as well as how my body handles lipids in my fast right now, that was a surprise, not necessarily a surprise to me, but I was thought that maybe by some of my lifestyle things I've been doing a better job on that.