A Special Interview with David Kekich

DM: Dr. Joseph Mercola, DO  
DK: David Kekich

Introduction:

DM: Welcome everyone. This is Dr. Mercola. Today, I’m here with David Kekich who is a very interesting individual. I met him a few years ago. He’s really one of the major influences in helping facilitate and coordinate the efforts on life extension as we’ll talk about. Really, he is a very well connected individual.

He has an interesting history which we’ll go into now. He started actually in the late 70s. He founded a very large life insurance company that actually raised over 3.3 billion dollars of premiums. But then about 33 years ago, his life took a sudden turn. He actually had a spinal cord injury that paralyzed him from the waste down. His life changed quite dramatically as he was searching for some solutions for that injury.

He eventually determined that that wasn’t going to be possible. He came to an epiphany that perhaps even an even more important pursuit would be to address one of the major causes which is that people die. I mean no one gets out of this life alive. He’s been pursuing some really exciting strategies that really not only increased the length of our life but the quality of our life.

Into that end, he has developed a few companies that we’ll talk about. One of them is Max Life which focuses on scientific conferences. They put together the Manhattan Beach Project which I participated in the year before last. It had some of the top biologists and anti-aging across the world. It was really a great pleasure to be able to interact with them.

We’re just delighted to have the opportunity to talk to him. Welcome Dave.

DK: Thank you Dr. Mercola and welcome to you.

DM: We got a few items we want to talk about. Probably one of the first ones is that you are fond of saying that the age of 100 is going to be the new 50. I’m wondering if you can expand on that.

DK: That’s a pretty enticing prospect. It actually is the future. That’s the direction that we’re going in right now. What we’re talking about is actually looking and feeling and acting like you’re 50 years old when you’re 100 years old. That’s the future of what we’re doing. In fact, we’re getting very close to making that happen.

Instead of deteriorating with age and going into a slow steady decline, we’re seeing the day where actually we’re going to be getting better with age and not just our bodies but our minds. Our minds and bodies will continue to grow and evolve and eventually, we’ll be talking about full rejuvenation – body and mind rejuvenation.
We see aging as a condition which instead of destroys you eventually, we see it as something that’s going to be curable.

DM: Yes it is very exciting. I might even modify the 50 because in our contemporary society, in most countries at least, at 50 years old many people are pretty well crippled up with chronic degenerative diseases by that time. So when you say 50, we’re talking about someone who is really healthy at 50 that essentially has the function and the capacity of someone who is 25 or 30 years old.

DK: Exactly. I look at 50 as a starting point. We want to get there first but we certainly don’t want to stop there.

DM: I’m 56 now but I feel that I function at a higher level than most 20 years olds.

DK: I saw you last weekend and you look great. You look terrific. I’ve known you for several years now as you said. I even used you as an example in my newsletters. You’re one of the few people I know who really walk the talk.

DM: It’s kind of sad to see that because there are two components to this information. One is to first learn it and understand it but then the more important component is to apply it because it’s really useless information if it’s just abstract and not applied.

DK: Like any information, right.

DM: Absolutely. To that end, at least to the first end of understanding and identifying with the information as you put together the Manhattan Beach Project. It was at that project – I think it was the second or maybe the third one that you had that I first learned of telomeres. I wasn’t really aware of the importance of those with respect to aging. I learned of it there.

Can you describe to our audience what the purpose of Manhattan Beach Project is?

DK: Yeah, I would be happy to, in fact, I would love to. In June of 2000, we had our first project, our first conference – when I say ‘we’ it’s the Maximum Life Foundation. We held in Manhattan Beach, California where we assembled about a dozen of the top researchers in the world in various disciplines of aging research.

The purpose of that conference was to put together a scientific roadmap on how to actually reverse the human aging process, not just to make 100 the new 50 but to reverse aging. That was almost 11 years ago.

Since then we have held three other conferences. We’ve had brainstorm sessions. We’ve had all kinds of interaction among the researchers and the scientists and the thought leaders in this industry or in the sector during that decade. We’ve got thousands and thousands of hours of collaboration. Finally, in our last conference which was when you participated in, that was in November of 2009, we had disclosed our scientific roadmap on how to reverse aging.
We went a step further. We needed to implement this whole program, this whole plan. In order to do that, we need to obviously raise money to pay for the research – that’s the key issue – and manage the research.

On the third day of that conference, we had the scientists there as well. But we also had business people; very creative thought leaders in finance and the entertainment industry, and in business in general, business management, venture capital. We came up with a plan on how to raise the money to do this.

We put together a very spectacular board of directors, an amazing scientific advisory board, a business advisory board and a great management team and formed a company. We’re on our way to raising, over the next few years, 100 million dollars or so. It’s going to be invested in these companies in the technologies that we’ve been nurturing for almost 12 years.

You can find information, in fact, that whole conference was caught on videotape, Life Extension Foundation (indiscernible 7:06) the cost of it was about $60,000. They made a huge investment in just getting the word out. You can go to www.ManhattanBeachProject.com. The reason we call it the Manhattan Beach Project is we founded it in Manhattan Beach.

In 2000, I said, we need to do a Manhattan Project type effort, a focused effort marshaling all of our resources behind this project. One of the researchers stood up and said – his name was George Ruff – he said, let’s call it the Manhattan Beach Project. So that name stuck. We’re initiating that now. We’re just now starting to go with that program.

**DM:** Can you describe to our audience the reason why the researchers need this funding. Typically, my understanding is that the traditional sources of funding such as the National Institutes of Health or certainly the drug companies are not going to be making these types of investments.

**DK:** Well they are not. There are a number of reasons why they’re not doing it. First of all aging is not recognized as a disease so the FDA won’t approve any drugs for example so there is no profit in it. Also, these are longer term propositions.

The typical investment community is very short sighted in this country and typically around the world too but especially in the United States. Public companies are looking toward for profits for the next quarter. They all want to make sure their forecasts are being met. They want to keep the price of their stock up.

Japan, for example, is a little different. They think ahead in hundreds of years. They make plans hundreds of years ahead of time. We’re short-termers here in this country in the investment regard. This is a longer term project obviously. We’re not going to be reverse aging tomorrow or the next quarter or the next year.

Because of those couple of reasons, the investment community likes to see a conservative low-hanging fruit, quick returns on their investment. We’re looking for something a little bit different. We’re looking for something that’s going to marry what we feel there is going to be or
could be an excellent return especially long term return. But it’s going to take longer to develop and nourish.

**DM:** It’s interesting because most of the people listening to this recording literally can benefit from it. We’ll talk in the specifics of how this is going occur. There are going to be outcomes of this research that will essentially allow technologies and innovations that can be applied that will have radical improvements and benefits.

I’m really excited about this research. It’s one of the reasons I really value our relationship so you can keep me updated on the latest on this area.

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**DK:** Thank you. There are some real exciting things happening. We all know that. You were privy to seeing some of those things when you participated in the conference in 2009.

**DM:** I think the typical person listening here maybe of the belief that aging is irreversible. That seems to be the belief of most of the scientific community. I’m wondering if you would agree with that and if you do, who is saying the contrary that we can do something here?

**DK:** This is very controversial. We all know that. We’re conditioned, and rightfully so, to think aging is a normal part of life. We go through the life cycle. We get born. We mature. We start to age. We start to go into decline and we eventually die from it. That’s the way it’s been forever.

Ponce de Leon didn’t like that but he died from aging and thousands or millions or even billions of people who had this dream of maybe not immortality but extended youth and restored youth. They just didn’t see it happening. It wasn’t in the cards because technology didn’t catch up to their dreams.

Finally, today – even though this is very controversial and most people don’t understand this including a lot of researchers, including a lot of gerontologists – but more and more are coming on board.

We’ve got some world leading gerontologists now who are saying yes this is possible. In fact, it’s not only possible it’s inevitable. We just don’t know when or they don’t know when. We have an idea because we’ve got some very definite timelines and ideas.

We’ve got stem cell, we got nanotechnology, we got artificial intelligence, and thought leaders all rallying around this concept of age reversal and extended youth. They believe it’s going to be a reality. We’ve got people like Ray Kurzweil. I don’t think you’ve ever interviewed Ray. Have you Dr. Mercola?

**DM:** No. We have tried to but for some reason we’ve just never been able to.
DK: And Aubrey de Grey, you interviewed him. I saw that interview, excellent interview. One of the world’s leading gerontologist certainly the most vocal. They’re all talking about indefinite open-ended youth some day.

We’ve got people like Michael Rose, an evolutionary biologist who spent 33 years – started to try to prove that aging cannot be stopped. He was set out to prove that. He was the only researcher in 2000 that took the contrary end position. Recently, he came out with a book. While he was trying to prove it cannot be stopped, he concluded that yes it can and will be stopped. So that’s a complete turnaround.

We have people like Bill Andrews. You met Bill Andrews of Sierra Sciences, CEO. He and a long string of others, all prominent scientists are saying yes this is going to happen.

It’s kind of interesting that the people that are really grasping this whole concept are the technologists. Typically, the younger generations who have grown up with these technologies and these rapid changes, they see the possibilities.

The older generations who are the ones that really need the benefit from this; they are the ones that are less (indiscernible 13:28) grasp the reality of this happening in their lifetimes because they’re not hands on with technology like the younger generations are. But they are the ones that really need it. They are the ones that are at critical crossroads in their lives where they’re either going to decline or they’re going to maintain or even reverse their aging to some degree.

There are some people that are saying it’s possible and more and more are coming out and jumping on the bandwagon everyday.

DM: That’s good. Interestingly, I had an opportunity to actually visit the Fountain of Youth that Ponce de Leon stumbled upon and that’s actually in Saint Augustine, Florida which I believe is the oldest community in the United States.

The reality of course it wasn’t a fountain of youth but these technologies and the advancement of science is and some of the items that you mentioned are really going to be the true fountain of youth that we can really quite extend the life span.

It’s interesting, I wonder if you can comment on the fact that the average lifespan in the United States is approaching 80 and in some countries in the world it is over 80. But a hundred years ago, we had quite different life expectancies. They are probably closer to 30 or 40. So in a span of 100 years we have more than doubled the lifespan.

DK: It’s actually a little older than that but it was 47 at the beginning of the 19th century. It’s just a little bit over a hundred years ago. People being born today, like you said, are expected to live to almost 80 years old.

DM: Unfortunately, as far as we know – outside of some Biblical stories – it appears that the ultimate lifespan of 120 really hasn’t been broken, it’s just the average lifespan has been improved.
**DK:** That’s exactly right. We’re looking to push on both, the average lifespan and the maximum lifespan. We have a two-pronged approach Dr. Mercola. One approach is to develop the technologies that are going to lengthen the maximum lifespan.

But on the other hand, we want to keep alive and healthy as long enough to take advantage of these technologies. We’re doing everything in our power as are you to keep people healthy and active and vital until these technologies are developed. I can’t overstress the importance of the necessity of taking care of yourselves right now.

You talked about having the knowledge and using the knowledge, people get some great knowledge out of your website and your newsletters. Actually, I just encourage everybody to put those to practice, don’t just read them, I mean, incorporate those into your lives.

**DM:** These technologies that are coming out are going to be great but the reality is especially if you’re over 40 or 50 year old and you’re listening to this right now, they may not be available for 10, 20, 30, 40, 50 years potentially. There is just no doubt in my mind and I think yours also that at some point, these technologies will exist. It’s inevitable. It’s not a matter of if; it’s a matter of when.

**DK:** Exactly.

**DM:** The challenge is to keep your body as healthy and long as possible so that when they are developed that you can utilize them because if you’re crippled up…ultimately, if you’re dead then you’re not going to be able to incorporate them and if you’re seriously degenerated with arthritis or diabetes or heart disease or cancer. These are not going to be miracles that are going to turn it around. Some might, I don’t know, some of them. The best hope is that we’re going to basically continue where we’re at.

I guess some of the exciting aspects of this too is that they will actually be able to turn back the aging clock. You could actually grow younger which is just an extraordinary concept. That’s the true fountain of youth.

**DK:** That’s an exciting prospect isn’t it? Some of the diseases you mentioned most of them are not a hundred percent for the most part avoidable and preventable.

**DM:** It’s just shocking to me. Type 2 diabetes, it’s almost a hundred percent treatable and let alone avoidable. But even more common causes of death such as cancer. If you apply the principles that we’re teaching you can virtually eliminate the risk of cancer. Just with some simple things as vitamin D, you can cut it down by 50%.

But when you start adding these other measures, there is a synergy that essentially rapidly escalates you up this plateau of almost invincibility to some of these diseases like cancer. You have to have some whacked exposures but if you’re leading a healthy lifestyle, you’ll never get cancer from my viewpoint.
DK: Heart disease is a symptom of our Western lifestyle, our modern diet.

DM: The two most common causes death are cancer and heart disease. You can essentially eliminate it with what we know now. There is nothing that has to be discovered or invented. We know how to take care of that. It’s a hundred percent known. The drug companies don’t want to let you know that because they don’t benefit if you know it. But the truth is, it’s known.

DK: Yeah, they can’t patent protein shakes.

DM: Or organic vegetables. That’s the thing.

I guess people hearing this who are seeking to extend their lifespan they may be concerned about the quality of life. As you’re going to have all these people wound up in nursing homes and we won’t enough revenue to take care of it. How do you address those concerns?

DK: Those are really good concerns. A lot of people equate longevity with living for a long time and (indiscernible 19:28) having extended lives in nursing homes and sitting in wheelchairs. That’s the exact opposite of what we’re opposing.

What happens now is people typically will live and start to decline but then they live a pretty normal life and then their life quality starts to drop off gradually and they go into a slow state of decline. Oftentimes, more often than not this period decline, deterioration, pain and suffering which leads to death lasts about 15 years.

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What we’re proposing as a shorter term goal – we’re doing this and you can do this, people can do this with what you teach them – is to square that mortality curve. Instead of slowly declining and suffering over many, many years, you would live a healthy lifespan and then square it where you would typically just die comfortably with very little suffering, very quickly, very comfortably.

We’re not satisfied with that in the long term but we can certainly do that in a short term and let people live a lot longer and then we would have them, when they do die if they die from aging, it would be a much less painful probably painless more comfortable way to go and clearly reduce the medical care costs. And it would keep people productive longer.

DM: Yeah, so that they can contribute. Because one of the other issues is it becomes a resource challenge. If we’ve got people who are typically dying off at 80 and living to 150 or 200 or even longer – especially now with 7 billion people on the planet and the doubling rate of the world population increasing sort of exponentially – this becomes somewhat of a challenge. How to provide enough food, clean water and energy for the population. How do you respond to that?

DK: That’s a really good question. That comes up a lot and it’s a legitimate concern. Actually, if you look under the covers that disappears. First of all, the population is not exploding like most
people think it is. It is an undeveloped countries but in developed countries – countries are much more rapidly becoming developed.

In Asia, for example, the poverty level went down from something like 90% just 10 years ago to about 50% right now. Thanks to technology. Thanks to telecommunications and things like that. That’s the trend. As people become more affluent, better educated they have less and less children.

In this country, we are actually seeing a population decline except for immigration. If you factor out immigration, we have a population decline. Europe, for the most part, has a population decline. Some countries like Russia are having a serious problem because their population is declining, it’s not growing.

We need growth, not runaway growth but we need growth. Japan they’re having that same problem. China put a limit on the number of children. But mostly developed countries are not increasing their population.

But what’s really interesting several years ago or many years ago, Julian Simon the famous economist, showed that we really have enough resources. Forgetting about future technologies, just factoring all that out, we have enough resources on this planet to feed, house and clothe twice as many people as we have living today.

It’s not so much a resource problem. It’s a political problem and it’s a distribution problem. We’ve got plenty of resources right now. We’re not in the panic mode. There are pockets of areas in the world where they are because they’re not getting these resources delivered to them.

DM: I’ll just continue to play devil’s advocate. Some people would say, why would I want live forever? Wouldn’t I get bored out my mind? I happen not to be one of those people because I like to get at least two, three, four, or five life times because I got way too many projects that I’ll ever finish. But some people feel that way. How would you address it?

DK: We’re not really talking about living forever. A lot of people confuse what we’re doing with immortality. A lot of people talk about immortality. We’re talking about aging. It’s not in the cards to live forever at least not now. Forever is a really long time.

DM: It used to be a scary concept to me when I was a five year old. It just frightened the heck out of me.

DK: But what we are talking about is an extension of medicine. Medicine has always been here to extend lives. What’s happening is a revolutionary-looking concept. It looks like a revolutionary concept because we’re going to be able to keep people alive, healthy, active, and youthful in definitely one of these days. That is just a natural evolution of medicine. It’s just the way it’s going.

What’s revolutionary about it is the acceleration. Let me talk a little bit about acceleration and tell you why we’re going to be able to prevent aging, reverse aging, and cure aging in spite of the
fact we haven’t been able to cure cancer yet. We’ve spend hundreds of billions of dollars on cancer, and decades and decades of research.

The reason we’re not able to do that is - it’s a little known law called the Law of Accelerating Returns first identified by Ray Kurzweil. That is basically a description of exponential growth as opposed to linear growth. For example, if you take a one dollar bill and you double it, or say you add a dollar to it every year. At the end of two years, you’re going to have $2 and at the end of four years $4 and at the end of 10 years $10.

But if you double that dollar every year, at the end of two years you’re going to have $2 just like with linear growth. It looks just the same. After the end of three years, you’re going to have $4 instead of $3. It looks very similar.

We are in an exponential growth mode right now. We’re just getting into that exponential curve with knowledge and progress in research. People don’t recognize this generally because it looks like linear growth. It looks like what we’ve been used to all of our lives throughout the history of mankind. But we’re advancing in an accelerated rate.

Some proof of this is just the computers that we’re using right now, the technology we’re using. Whoever even heard of cellphones 30 years ago or 20 years ago? Hardly anybody hasn’t and now, we have around 4 billion of them in the world.

If you grow exponentially for 10 years and if you double every year, instead of having $10 at the end of 10 years you’re going to have over a thousand dollars. At the end of 25 years, instead of $25 you’re going to have over a billion dollars – one billion compared to 25.

Let me tell why that is significant. The technologies that are driving the research that we’re talking about that we need to extend lives and cure cancer are doubling every single year. The rate of progress is doubling and the computational power which is driving these things. That means if you take the tools that we’re using today, these mind boggling incredibly complex tools which I don’t even come close to understanding.

Can you imagine in 10 years having tools that are a thousand times more powerful and 25 years having tools that are a billion times more powerful. The impact they’ll have on research is just mind blowing. It’s mind boggling. How can these things not happen? How can these things not be cured? This might sound like theory or hypothesis even but it’s not. It’s real time.

The human genome project I think started in 1989 that was when they were going to map the human genome. We are all familiar with that. We have the blueprint of life right now. There were many people including many prominent scientists who like any other technology said this is impossible. It’s a tight dream don’t do it. It’s going to go way over budget. It will never happen in our life times. But they planned on mapping the human genome in 15 years.

At that time they had one-ten thousandth of the human genome mapped. They had a budget of 3 billion dollars. There were so many naysayers probably more naysayers that there were people that were working on this project and supported it but the project got funded.
Seven and a half years into the project, halfway through, they had 1% of the human genome mapped. Now, this really gave fuel to the critics. They came in and said, you guys are crazy. What are you doing? You’ve been working on this for 7-1/2 years. You’re only 1% there. It’s never going to happen in our lifetime. Drop the project. It’s going to go way over budget.

The researchers knew something they didn’t know. They understood the law of accelerating returns. The researchers knew they went from one-millionth of the genome being mapped to 1% which was a hundred times increase in 7-1/2 years.

They knew that if they continued this rate of progress, and they figured they would, that within the next 7-1/2 years they would have a hundred times that 1% and that would give them the human genome completely mapped. In fact, that’s exactly what happened. In fact it happened in 14 years, one year ahead of schedule and just a little bit under budget. That’s a perfect example.

Right now, we can map the human genome in one month for $50,000. We’re headed for $10,000 genome over the next couple of years. Pretty soon, we’ll be down to a thousand and then a hundred dollars. We’ll be mapping these things in not months, or weeks or days but in minutes.

That’s the kind of technology that’s driving this research and that’s one of the reasons we’re going to be able to cure aging in spite of the fact we haven’t been able to cure cancer and heart disease.

DM: You called it the Law of Accelerated Returns but also, I think other people ascribe it as Moore’s Law which is the founder of Intel, the big computer chip computer company. It’s not only the computing power doubles every 18 months or maybe even a year now but the other factor and part of the equation that you alluded to but didn’t mention specifically is that the cost goes down by 50%.

DK: That’s another point. As I mentioned, the human genome project it cost 3 billion dollars and now it costs $50,000. Look at the technologies we have now.

When I graduated from college in 1965, we had mainframe computers that took a whole building or most of a building. It filled up huge giant air conditioned rooms. The computer you have in your cellphone right now is about a thousand times more powerful than that mainframe computer, a million times smaller and a millions times cheaper. That’s exactly the point you were trying to make Joe.

DM: The computer chip in your cellphone is a lot more powerful than any computer that went up on the initial space programs. It’s just profoundly more powerful.

DK: We’re talking about cellphones. If you compare those mainframe computers with the supercomputers of today, you’re talking about billions of times more powerful.
DM: It’s just really exciting because we can leverage this improvement in technology and the cost of technology of doing that to some really noble goals. Definitely one of the best that I could think of is this aging process which you’re committed to.

I guess typically life is a challenge for many people especially with the economy now and the manipulation that occurs by many largely influential corporations and individuals. A lot of people are just glad when they’re over with it and on to the next dimension.

What is your justification as to why would anyone want to live longer considering what’s going on today?

DK: We’ve always had problems and challenges that we had to face. It doesn’t matter when we lived. Imagine if you were alive a hundred thousand years ago, I mean, you’re faced everyday with the challenge of going out and finding or killing enough food to feed yourself and your family or you face starvation. Talk about challenges and stress. It’s almost unimaginable.

We have our stresses now with technology but technology also makes things a lot easier. A hundred thousand years ago, when you went out to hunt something you could end up being the hunted. There is real stress if you go out into the wild, you’re being chased just like you’re chasing.

We’re going to continue to have stressful situations and challenges in the future. I actually look forward to them. A little stress actually is what makes you grow. You stress the muscle and the muscle grows. Your stretch you mind and it grows. I just don’t see anything changing other than the type of challenges we’re having.

DM: Stress is important. Many people believe that they would want a stress-free life but as you alluded to – Hans Selye, I think was one of the main thinkers on this, when he did his research with stress, is that you do need stress to stay healthy. Exercise is a type of stress. We all know what happens if you don’t exercise.

DK: What it does is it stresses your muscles and your muscles grow and it also relieves the stress in your mind. We want to get away from the chronic stress.

Just think if we were able to live longer. You know, we’re living in an infinite universe, the universe with infinite possibilities and infinite adventures. I really look forward to the day when we can take advantage of some of these adventures that we can’t even imagine today.

There is one more thing, don’t forget the technologies that we’re developing. There are neural implants, neural stimulation things like that. Those would be ways to con our emotions. We had people with behavior modification specializations for many, many years treating depression and overly-stressed people.

An extension of that is going to be a better way to treat emotions. I think we’re going to be able to alter our negative emotions at some point and in the near future, actually in the pretty near future.
**DM:** That is exciting. Again, on a devil’s advocate frame and perspective, some people might counter that it’s against nature to tamper with life spans. That we have this sort of God given mandate to terminate our existence 120 maximum and you really can’t exceed that limit. How would you counter that argument or concern?

**DK:** I hear that quite a bit but is it against nature? Yeah. Ever since man invented the wheel, we’ve been doing something counter to nature. The technology we’re using today for this conference or for this interview, I mean, talk about interfering with nature. This isn’t natural. What’s natural is going out and foraging even without tools looking for food, grubbing for food, trying to wrestle an animal to death to eat it. That’s nature survival of the fittest. We’ve gone way beyond.

One-hundred twenty, is that really the limit that we’ve had historically? If you look at the Biblical stories, did man ever really live for 700 or 800 or 900 years?

God gave us a brain and He gave us a way to figure out solutions to problems. I think if God didn’t really want us to – if you’re religious, we got a lot of people saying, God doesn’t want this to happen or that happen – if He really didn’t want us to make this progress why would He have given us the ability to cure diseases, to make life more comfortable, to live longer. Why would He want to see us suffering and die unnecessarily?

I think that this kind of technology just could bring us closer to God and never maybe quite reaching your understanding. Is it interfering with nature? Absolutely. Everything we do interferes with nature. That’s what makes us human instead of an animal.

**DM:** From a biological perspective there would be another argument that the – I guess it’s natural for us to live to our ability to reproduce which of course for most ends about 50 but for men it can extend beyond that but for women certainly about 50 is the age. We’ve got a pretty significant cushion beyond that for the most part, 120. Many people rapidly die off after that reproductive age. Is there any biological way to address that concern?

**DK:** Typically genetic engineering, genomics, addressing the problem that way, nanotechnology and nano-medicine, there are ways to repair your cells at a molecular level. If you can repair your cells at a molecular level, then that’s the holy grail of life extension.

Artificial general intelligence speeding up – that’s where machines can think and reason as well as human beings. Can you imagine having the capability of a PhD equivalent? We’ve seen the game show Jeopardy. We saw Watson beating everybody on the game show, beating the champions. That’s just a glimpse of what’s going to be happening with artificial intelligence.

Now, imagine you’re taking a Watson and making that computer a thousand times smarter, a thousand times more interactive and giving it an equivalent of a PhD in gerontology and then backing it up and making hundreds or thousands of them and using those as lab assistants who they never get tired, have perfect total recall, they can work together, they can work with humans as a lab assistants.
Imagine if you would unleash these artificial intelligence on the problems that are facing mankind today including aging and especially in my field is aging but it could be almost anything; food production, environmental cleanup, averting or mitigating disasters like we saw in Japan.

Artificial intelligence would have many, many ways to be able to address those problems and much faster and much more efficiently. That’s another reason besides the Law of Accelerating Returns that we will be able to see some huge advances in our lifetime.

DM: How would you address the concern that some people have that we should be spending these resources on feeding the hungry rather than keeping people alive longer?

DK: Again, I don’t see that as a choice. Obviously, we want to feed the hungry and the best way to feed the hungry is through technology, the same technologies in many cases that are going to let us live longer.

What I really find ironic is some people saying, people should move aside and free those resources up for people that are starving while (indiscernible 40:39) are typically the best assets we have, the most fertile minds.

The elderly are the ones that have the most wisdom. They have the most experience. They have the best networks. They have the best ability to solve these problems. They have the best ability to work together and to teach the younger generations. We’re letting them deteriorate, we’re letting them decline and we’re losing them at a rate of 100,000 a day.

One that you’re familiar with Dr. Mercola is Robert Bradbury. He was one of the participants, one of the scientists at our conference in Manhattan Beach in 2009 and one of the leading thinkers in the world – hardly anybody ever heard of him.

He probably had wider breadth of knowledge in life extension and aging and a deeper knowledge than maybe anybody on this planet. One of the most innovative minds in the world and he suddenly died, unexpectedly died. He’s irreplaceable.

Here is an example of a person that was working on technologies that would give us clean energy; it would give us inexpensive pure food, in addition to letting us live longer. How many people like Robert do we lose just routinely. How many great scientific, business and social minds do we lose that are basically irreplaceable? We want to keep these people alive.

It’s not a choice. If we stopped all the aging research, we’re not going to suddenly have a lot of money left over for the starving. It actually works opposite. If we keep those people alive, we’re going to have much more money and much more technology available.
DM: Thank you for addressing many of the major objections to this line of thinking and areas of research. If you have listened until now then you’re probably excited about some of the specifics as to how you might be able to apply it. I’m wondering if you could enlighten us about some of the most promising research that’s now going on.

DK: There are some interesting things happening. In genomics, for example, we had a researcher who spent 33 years studying the evolutionary biology and how people adapt and how animals adapt. He engineered evolution with very short lived animals through multiple generations; hundreds or thousands of generations.

He has identified aging genes that are common to humans and has identified ways to trigger those genes to turn them on or turn them off to express the genes and hopefully let us live a lot longer. The company just came out with a supplement that I know you looked at. That was the Stem Cell 100.

That’s an amazing supplement that shows with lab animals living a whole lot longer. In humans, so far, you can’t measure lifespan in humans because we live too long anyway but we’ll be able to get a pretty good idea if it’s going to let us live longer.

We got this product on the market right now. It lowers the blood pressure. It lowers blood glucose levels. It increases HDL. It does a lot of amazing things. It gives more energy. This is just a tip of the iceberg on some of the genomics research that’s coming out.

We’re all familiar, at least most of us are, with caloric restriction. That’s eating less but keeping your food nutritious, keeping your intake nutritious. It’s the only proven way to extend the maximum lifespan in mammals.

We talked about not being able to extend the maximum lifespan in humans. Every indication is caloric restriction can extend maximum lifespan somewhat in humans certainly, extends the average lifespan and certainly makes us almost immune to a lot of the diseases we talked about.

The problem is restricting your calories by 30% from what we should be eating, or whatever we are eating. We should be eating on average depending on your size and activity level about maybe 2000 or 1800 calories a day. The average American you might understand Dr. Mercola eats well over 3000 calories a day.

So to take 1800 or 2000 and eat 30% less could get people in a very uncomfortable starvation mode. You get cold. Your sex drive wanes. You might live longer but it’s not a very…

DM: Not an enjoyable life.

DK: You’re hungry all the time. But some scientists now are coming out with some supplements and drugs that will trick your body into thinking you’re being calorically restricted. It gives you the benefits of caloric restriction without the downsides. It’s kind of like having your cake and eating it too. That’s one. We have…
DM: Before you go into another one, I just wanted to expand on that with the calorie restriction. I have never really been a major advocate of it because of the lack of compliance and just the general discomfort.

What I have recently encountered is sort of a novel tweak of that where one is doing intermittent fasting. Obviously, we fast when we’re sleeping so for most people that’s eight hours. You’re not typically eating right before you go to bed and many people don’t eat when they get up. To have a fast of maybe 12 hours or maybe even extending it to the 16 to 18 hour range so that you’re having lunch. You can go to 16-hour fast and then having lunch and dinner.

Typically, when you’re integrating exercise into this, you do the exercise before you eat so you’re fasting when you’re eating and then have your food afterwards to build up your muscle. Because during exercise you tear down your muscle and then the fuel you’re taking afterwards will help rebuild it in an optimal way. It may actually trigger just some of the same genes you just mentioned. I’m wondering if you encountered any studies on that or any experience.

DK: I haven’t encountered studies on that. I did encounter studies on fasting one day a week or two days a week. Yes, the results are basically the same as what you just described and you can get very similar results. Like fasting one day a week and eating normally the other days – not pigging out the other six days – eating normally and hopefully getting basically the same benefits.

DM: We’re seeing it from a teleological perspective. We weren’t designed to have access to calories 24/7. I mean it’s just pretty obvious that food was not always available and you would have to go through some times where you just didn’t have it.

It would seem if we’re seeking to emulate and copy what our ancestors were exposed to to optimize our lifespan that some form of intermittent fasting would be a useful strategy to optimize the genes that really enhance longevity.

DK: I agree a hundred percent.

DM: I interrupted you on some of the other innovations.

DK: Stem cells obviously are huge, tissue engineering, regenerative medicine. We’re at a point now where we’re growing bladders and implanting them in humans. We’ve been doing this for a number of years that are fully functional. Tracheas pretty soon we’ll be able to engineer.

In fact, the researchers have grown complete rat hearts which are beating hearts. It won’t be long before we’re going to have spare parts, replacement parts built from our own cells, our own adult stem cells. If you need a new heart, we almost have hearts on demand or lungs, or kidneys or livers or what have you.

That’s in our intermediate future being able to have replacement parts of your growth from your own cells.
DM: Which is really surprising because I don’t think most people realize it that’s right around
the corner.

DK: Yeah, we’re having it now.

DM: In fact, before I started medical school I was involved with kidney transplants and eye
transplants. The problem with the kidneys or any other solid organ transplant; livers, pancreases
or hearts, you have to put the patient on these very severe anti-rejection drugs which essentially
there is just no question, decrease your lifespan.

It’s kind of like some of these games. You don’t have a choice because you’re dying. You’re
going to be dead in a few weeks or months and you have to do something. But the price you pay
is that you absolutely decrease your maximum lifespan because you’re taking these drugs.

With these organ replacements that you described engineered from our own tissue cells there is
no drugs required because it’s your own tissue.

DK: Exactly, no rejection.

DM: That’s the key. The work around is it’s pretty darn natural.

[------ 50:00 ------]

DK: And stem cells are working on the cancer area to not just prevent but to eliminate cancer. Of
course we have lots of great researchers on Alzheimer’s. It doesn’t do us any good to live a long
time if we’re demented. About half the people who reach 85 right now get dementia. They get
Alzheimer’s. We have some interesting things with Alzheimer’s cure and treatment.

We have actually one supplement which hopefully will be on the market. We’re going to be
going into some trials as soon as we raise a little bit of money; using this formally to reverse the
symptoms of Alzheimer’s.

The inventor of this had treated about a hundred patients. Every one of them reversed their
symptoms. His mother was one of them. She had mid-stage Alzheimer’s. She reversed her
symptoms and she also reversed her hearing damage. She was wearing hearing aids and threw
them away. Apparently or possibly this might be even regenerating nerves. So it’s an incredible
stuff.

This is going to be a supplement. It’s not even a drug. Drug companies are not going to like this
and it’s going to be hard to market because you can’t make claims with a supplement but this is
what the research has shown and we’re going to be doing studies on this and it will be about a
year of study. Hopefully, this will be available pretty soon.

DM: You may want to look also at coconut oil because there has been some really exciting
research that shows that the medium chain triglycerides which are quite common in the coconut
oil has some very useful benefits for Alzheimer’s patients when taken (indiscernible 51:39)
**DK:** Interesting. That maybe part of this formulation. There are 61 ingredients in there.

**DM:** It’s really a food. You have to take large quantities. It’s like tablespoons of coconut oil which is 70% medium chain triglycerides but you can actually get medium chain triglycerides as an extract. They are more costly but then you have to take less of a volume. It’s a phenomenal fuel for the brain that really allows to bypass some of the biochemical pathways that seem to be contributing to the Alzheimer’s. It’s an interesting research.

These are exciting ones that are available now and will be shortly. I’m wondering if you could put a perspective on the timeframe that we might be able to anticipate these strategies being more widely available and commonly used so that if we’re healthy enough, if we have done our due diligence and we’ve done our homework, we can apply these healthy lifestyle strategies so that we are not suffering with chronic degenerative disease.

We’re not like a typical American who is taking 13 prescription drugs a year. We haven’t taken any for a decade or much longer then we may be able to – what do you think the timing is on this?

**DK:** That’s a magical question everybody wants to now. We have an opinion and our opinion is based on the input from our researchers. It’s based on whether or not we raise the money to invest in the technologies, based on the fact that the money is invested and managed properly.

But we think we’ll have the ability to demonstrate reversing aging in a human, assuming we raise the money and get it invested the right way. We have the right ways to do that. We believe we do anyway by 2029.

It doesn’t mean it’s going to be on the market by 2029 because we’re going to have regulatory hurdles to overcome and if the regulators start giving us some free rein or giving the industry some free rein then we have this available in this country and other industrialized countries. It will certainly be available somewhere.

But it will be unfortunate if it fell off the general market because of regulations. It’s going to be available maybe to some really wealthy people offshore just like some of the technologies or some of the treatments that are available but not in this country. We want to make this available to basically everybody and that will be – we talked about the decreasing cost of technology that will be the same thing with life extension technology.

**DM:** For many people that may sound like an eternity away. They may believe the world may not even be here in 2029. Literally, that’s only 18 years away. You referenced earlier the human genome project that was a 15-year project. This is many ways similar and you’re really talking about investments that really are a fraction of that project. That was the 3 billion, you are looking at a hundred million.
**DK**: Actually, it’s going to be more than a hundred million. I wish it were. It might not be 2029 Dr. Mercola it might be 2039. I would be surprised if it were 2049. I would be shocked if it takes that long. I’m really counting on 2029 or thereabouts.

The cost is shockingly low. It’s not a hundred million shockingly low. It may be 100 or 200 or 400 million dollars a year over the next 15 years. About 3 to 6 billion is what we think it’s going to cost to do this. But bear in mind there are individuals, lots of individuals in this world that could single-handedly fund this.

There are so many corporations that could do it and eventually, they will. As we start to progress and show applications of the technology and reversal of aging in animals and things like that, people will eventually come on board but we can’t afford delays. We really need to get this started right now.

**DM**: It’s just really sad. It sounds like a lot of money, 100 million or even 100 billion; a 100 million to raise but 100 billion a year for years. We have to look at what the Federal government right now is doing. They printed 20 trillions dollars out of thin air to basically subsidize the Wall Street bankers. Just literally a small fraction of that invested on this could have such profound benefits instead of…

**DK**: It’s sickening.

**DM**: That’s the best description I could think of. It’s sickening. It really is beyond nauseating.

**DK**: We spend 100 billion dollars every 16 days in the U.S. alone on a broken healthcare system. We’re spending a huge part of that on people that are elderly and dying suffering unnecessarily from aging over a prolonged period of time. We’re talking about 3 to 6 billion over 15 years and here we are spending 100 billion every 16 days. It just doesn’t make sense.

**DM**: I don’t want to get the viewers or listeners the wrong impression. We’re not opposed to taking care of the sick and elderly but the problem with most of those funds that are being used is they are being invested in these technologies that are essentially prolonging the life unnecessarily and needlessly using very expensive approaches that are just being wasted and giving really nothing more than a few days or weeks of extra lifespan and a miserable lifespan.

**DK**: It’s managing aging or trying to manage aging. Like you say, prolonging suffering instead of eliminating suffering and eliminating this slow decline. We want them to have more activity. We want them to be more vibrant later in life. We want to give them more life, more sex, more everything. We’re giving them less right now. We’re just prolonging suffering like you said.

**DM**: Still a lot of money and needless to say even though the Federal government could print it in a heartbeat and many corporations have the ability to fund this. Who do you think is going to be responsible for the funding of it initially?

**DK**: It’s got to be private individuals, private investors. That’s the only way to get it started. A hundred million you mentioned is really getting us to lay a strong groundwork. We’ll be able to
establish a super strong foundation under this industry. We’re going to count on wealthy individuals to come in and support it.

Once we have made certain demonstrable advances then everybody is going jump on the bandwagon just like they did for telecommunications, just like they did for all these hot new industries. But we’re talking about a trillion dollar industry is an understatement. It’s going to be probably a multi-trillion dollar industry. It’s already over 200 billion.

**DM:** I think this is a noble cause obviously because of the long term implications especially if you have long term thinking. But the challenge of course is we’re in an economy that is really significantly ill at this point.

Most people listening to this are in personal circumstances where they don’t really have a lot of extra capital or resources to invest in something like this. They are having a hard enough time just finding the money to pay their rent or their mortgage and prevent their home from being foreclosed or putting food on their table. Clearly this encouragement or recommendation is not for those individuals.

But for this small number of people who would be listening to this and it’s just probably a handful of people, maybe a little bit more but not much who really have acquired access to capital that they have investment leverage and opportunities.

There are clearly some people who receive this newsletter who fit those circumstances. If those types of individuals wanted to direct their funds and resources to fund this how would you suggest they do that?

[----- 1:00:00 -----]

**DK:** We have some ideas. They could contact me and go to Maximum Life Foundation’s website ([www.MaxLife.org](http://www.MaxLife.org)). They could reach me that way and just click on it for more information. But you’re right, just a small handful of people. How would you like to be an early investor in a multi-trillion dollar industry?

**DM:** The recommendation isn’t necessarily to do that for a personal investment. It’s more of a philanthropic long term benefit to humanity investment than anything else.

**DK:** Exactly. Humanity and most people care about themselves more than they care about their neighbors which is understandable. It’s in our genes. But just the ability to live longer, to live healthier, to be more active, to have more vitality, to have youth restored someday, how do you put a price tag on that?

**DM:** It’s tough. You and I are totally understanding it and convinced that we have committed our lives essentially following this type of approach but that’s not what most people do in our culture.
It seems the more obvious and pragmatic approach would be to address people’s vanity because we know without any question, you just look at the numbers that there are large amounts of money being invested in cosmetic surgery, for a liposuction or breast augmentation and anti-wrinkling approaches.

Interestingly, some of these technologies that are being implemented will be able to have some cosmetic benefits initially. I wonder if you could highlight some of those that people might have a win-win at least short term that they can look out for and then by incorporating and using these things, they might be able to secondarily fund some of these other more important ventures.

**DK:** That’s a good question. Interestingly enough, there is one stem cell technology which would give us the ability to use patient’s young looking or young acting cells to repair their hearts or their kidneys or whatever or to replace them rather than the older cells.

The first application of that technology would probably be complete restoration of your skin. The reason for that is you’re not getting into the blood stream so there would probably be less regulation, if any regulation.

People care more about the way they look like you said and the way they feel. They’ll spend basically everything they have to improve their looks if they have a chance to get their breast augmented or if they have a chance to turn back the aging clock on their faces by 5, 10, 15, or 20 years.

Imagine what would happen if you can have the skin of 20- or 30-year-old person if you were 50, 60, or 70 years old? We could probably have that capability within about three years once this technology gets funded. I think that’s going to be less than 3 million dollars to do that.

**DM:** That’s exciting. I wonder if you could also review and highlight, from your perspective at least, some of the most potent anti-aging strategies that you recommend.

**DK:** I recommend seven steps. I have a book called *Life Extension Express*. I would like to make that available to all your listeners for free. You can get it at Amazon.com - Life Extension Express. If you go to MaxLife.org, you can download a free copy. That’s pretty long book. It’s a couple of hundred pages. If you don’t mind reading a downloadable copy, it’s there for you for free.

**DM:** I think that’s what the Kindles and iPads are for.

**DK:** I guess that’s a pretty good point. I have a Kindle. I never downloaded it. The seven steps are basically: diet and exercise, the two big ones. Diet is the bigger of the two I think. Exercise is a pretty close second. Sensible supplementation, the audience is probably not getting all the nutrition they need from their foods; the soil is depleted, most of the foods are processed, they’re just not good for you. Lifestyle habits like smoking. Obviously, obesity are big killers. I don’t need to go into all the details about that. They are huge killers.
If you’re not seeing an anti-aging specialist – Dr. Mercola, I know you sat on the anti-aging medical panel discussion at the conference. We have there tens of thousands of people specializing in anti-aging medicine. Of course, it’s a challenge to find the best ones.

But if you’re not seeing an anti-aging specialist who is trained to keep you – actually, they are more trained in preventive medicine. Your typical doctor is a mechanic. That’s what they’re trained to do, fix problems that go wrong. They’re not trained in how to keep problems from happening. Anti-aging specialists are actually do both especially if they are MDs.

You want to manage your stress. I have a chapter on every one of these steps. Manage your stress. There is another chapter on attitude. Attitude I think is hugely important because you have to have the right mindset to incorporate all the other six steps and to appreciate the potential of future technologies.

Also, the way you think governs the way you feel. Every single cell talks to one another. Every single taught you have listening to this interview affects yourself. It’s called epigenetics. Most of you genetic makeup is under your control, about 65 or 75 percent of it. You can influence yourself simply by strong positive thoughts or also negative thoughts.

What goes through your mind, how you talk to yourself, how you talk to other people, how they talk to you, that affects all your cells. That affects how well you function. It could cure disease. It could cause disease. Attitude is a hugely important – that chapter to me maybe one of the – except for the first section – the most important chapter. So those are the seven steps.

DM: If you could prioritize them, what’s the single most important thing that someone can do?

DK: I say diet.

DM: I would agree. Largely because you really want to optimize insulin levels. If you have insulin resistance or leptin resistance or both, you really are just destroying your ability to lead a long healthy life.

DK: Absolutely.

DM: There are a number of challenges that occur as people get older. They lose their bone density. They get osteoporosis and osteopenia. They also lose their muscle mass. They get sarcopenia. What are the strategies to keep in mind how people prevent this and keep them more mobile as they age?

DK: I think those seven steps Dr. Mercola especially diet and exercise are two real big ones. As we age, our attitude typically isn’t as good and understandably so because we’re ailing. We lose our mobility. We have pain. We lose our independence.

A lot of the ways to keep that from happening are at least to mitigate or even to reverse it or reverse a lot of it is diet and exercise.
Exercise is much more important in my opinion when you’re older than it is when you’re young. People get away with a lot when they’re young. They can get away with bad diet, they can sit around. They’re not going to get sick and die. You really need exercise more the older you get.

There are two basic kinds of exercise – three, if you want to count stretching – cardio and weight training or resistance training. You need both.

**DM:** I would like to revise that because that’s the general perception. My understanding is that the new version is that there is high intensity training which is different. You can use strength training that is high intensity but it’s unusual when people do that.

This high intensity where you’re warming up for a few minutes and then doing this really pushing going full out as hard as you can for like 30 seconds and then recovering for 90 and then repeating that cycle for a number times. We call that Peak 8 which has been shown to have dramatic improvements on human growth hormone.

That’s one of the things we go through now is the somatopause where our ability to produce growth hormone decreases with time. This high intensity training is predominantly useful for that and along with another form which is a Power Plate or acceleration training.

Power Plate being the founder that type of therapy but it’s also been shown to stimulate the super fast muscle fibers that cause your body to produce growth hormone or stimulate the production of it then you also build bone density, muscle mass and radically decrease the risk of injury. It seems to me an ideal complement to someone who is elderly.

I personally have my mother on the Power Plate and doing some strength training. It has made a dramatic improvement in her ability to keep mobile.

[----- 1:10:00 -----]

My mother has actually fallen down a set of stairs and broken her shoulder previously. She broke her hip before that. She was in desperate need of this type of intervention.

Interestingly, it just never occurred for me to encourage my mom to exercise but once she’s gotten into a strength training program doing weights now and bench presses. It’s really pretty phenomenal. She’s in pretty good shape in her mid-70s.

**DK:** Amazing. Elderly people can easily double their strength in a matter of a month or two if they haven’t been training at all. I wish I could use a Power Plate Dr. Mercola. I can’t because of the wheelchair.

I have been doing the Super 8 for a long time basically interval training, high intensity interval training. It’s so much better for you. It’s so much better for your cardio. It’s so much better for your weight control.
It’s so much better for everything than a long prolonged drawn out jogging. That can be counterproductive. If that’s what you need, if that’s what you want to do it’s better than nothing. I really suggest people to get involved in high intensity interval training.

**DM:** Interestingly, there have been some recent studies now that kind of support some of that that shows this long high endurance training or cardio aerobics could actually cause damage to the heart and chronic fibrosis.

**DK:** I used to think the opposite. I’m convinced that what you said is true now. And you save time. I used to go out and run for an hour. Before I got hurt, four days a week I did my hour runs. I did my two hour workouts on the gym the other three days.

Now, my routines are down to – my Super 8 is down to 20 minutes four days a week and sometimes three if I get lazy. I think you should take a day off anyway.

**DM:** Rest and recovery is every bit as important as the exercise.

**DK:** That’s when you grow. My resistance training varies from day to day but it’s much shorter than it used to be; way-way shorter and higher intensity.

**DM:** A lot of people still think that you need to do this chronic long term cardio and put hours to lose weight or maintain your weight. I had run for 42 years. I’ve always been thin my whole life.

**DK:** That’s right you were a runner too.

**DM:** Yeah for many, many years. I made that mistake. I actually started gaining weight while I was still running but I stopped running about two years ago. Actually, I have been able to lose over 15 lbs coming up on 20 lbs now without ever having run for the last two years just doing this high intensity training.

As you mentioned, I agree with this is that the exercise is a smaller component. It really is crucial. You can have the best exercise program in the world but if you’re eating improperly, you’re not going to lose weight. You’re not going to optimize your health.

The foods you choose are far more important than the exercise you’re doing if you had to do one or the other. Ideally, of course, we want you to do both.

Which of those strategies you think is most important or most powerfully effective for retaining brain function as you age? Are there any other tweaks that you would recommend?

**DK:** It’s a combination of the things we talked about. A lot of reading, problem solving, keeping active mentally, keeping up with the newer technologies of course you want to incorporate exercise and diet.
There is a new product that’s coming out I think it will be a panacea for a lot of people and a huge hope and improvement for 4-1/2 million people with Alzheimer’s. My dad was one of them. I know how horrible that is – 4-1/2 million people in this country alone.

I watched my dad go from this young looking, healthy, vibrant, youthful guy and over a period of a few years just deteriorated to the point where he didn’t even recognize me or know me or know anything.

**DM:** It’s really sad. You can have a great body and such but if your brain goes, what good is it all.

**DK:** It doesn’t do you any good at all.

**DM:** It’s kind of all wasted and you have lost the endgame.

**DK:** The best cure is prevention.

**DM:** Like almost anything. I think Ben Franklin was the guy who coined the term about an ounce of prevention is worth a pound of cure. He probably believes even more than that. Maybe even an order of magnitude.

What role do you think a personal physician should have in this process?

**DK:** It depends on who your physician is and what they are trained in doing. I think most of us are in wrong hands. Most physicians rush you through their office, it’s not their fault.

The way the medical system is set up now, they have to almost do a factory type assembly line approach to aging. They want to rush people in and out approach to health and medical treatment. They rush people in and out of their offices. The first question they ask is, who are you insured with, what’s your insurance card. They spend more time on your insurance than they do on you.

A good anti-aging doctor or aging specialist will sit down with you; will learn your history, will take extensive blood work, will measure your hormone levels. It’s just the difference between night and day. A lot of this is in your own hands. You should be your own physician but when you get sick, you’re foolish to be your own physician. You need to go to a doctor.

A good anti-aging physician will keep you from getting sick. They’ll possibly prescribe hormones for you, possibly not. Possibly keep you on the right diet track. They conversant with good exercise and supplementation and things like that. They are trained to do that. They are trained to keep you well.

I think doctors should be paid to keep you well and not get paid when you’re sick. I think that would be a better system. Don’t you think?
DM: Yes, the Chinese model. Any recommendations on how the listeners can make sure they are going to take advantage of not only the current but the future research?

DK: Stay healthy and stay alive. If you’re not with us when this happens, you’re going to be left behind.

DM: It’s interesting you mentioned that because you alluded to the person earlier who passed away just recently – he was 54 years old – of an unexpected stroke. Really, one of the leaders in the anti-aging information industry. Really, has a lot more to develop but personally, he wasn’t applying the things that we’re recommending. He was relying on these future technologies and thinking too far ahead. You got to pay attention to the here and now and do your due diligence otherwise, you’re going to die prematurely and you’ll never benefit from this.

DK: Exactly, not only the world has a lot of knowledge and a lot of potential technology that is going to take longer to develop now. But he lost his life and this was his passion. His head was in the future. He lived in the future.

Like you said, he wasn’t overweight but he didn’t exercise. He had some bad lifestyle habits that were just not really healthy. He wasn’t doing the things that we’re talking about on this interview. He’s not with us. It’s a horrible shame because he didn’t lose 20 or 30 years because that’s how long he may have lived. He would have been normal without life extension technologies.

He lost the possibility of having open-ended youth, indefinite youth. He understood that. That’s what’s so tragic about that. He was one of the people who really knew these technologies are going to be developed. He is not around and won’t be around to take advantage of them. That is very, very sad and very tragic.

DM: We’ve just touched the surface and there is obviously a lot more information. I’m reminded of when I started medical school in the very first week, we had introductions from the dean or some of the leading professors who were teaching us and letting us understand that we were certainly going to learn information the next four years.

But really what their more important role was to teach us how to learn because most of what we would learn within a few years after graduating would be outdated. So you really need the tools to keep current so that you understand what’s going on. You can apply this. What is your recommendation for people to keep up to date on this?

DK: I would keep them obviously following your newsletter and your website and go to MaxLife.org. That’s continuing to evolve. My book is on there that continues to evolve. It’s not a static book. I update it at least a couple of times a year. I go to MaxLife.org.

I have a newsletter as well. It’s a free newsletter if you want to sign up for it. We’ll keep you posted. We’ll keep you apprised of what’s going on.

DM: Thanks for all you do and for your contributions. It’s greatly appreciated.
DK: Thank you Dr. Mercola.