

THE MODEL HEALTH SHOW

EPISODE 726

Track These Biomarkers for Sexual Health & Longevity

With Guest Dr. Florence Comite

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SHAWN STEVENSON: Welcome to The Model Health Show. This is fitness and nutrition expert, Shawn Stevenson, and I'm so grateful for you tuning into me today. Is it possible to change the way that we're aging? Is aging itself a disease as many scientists are calling it, or is the way that we're aging activating or creating the conditions for diseases to manifest? We're gonna talk about the interplay between our biological age and our chronological age today with somebody who is a true pioneer and change agent in this space of what we call anti-aging medicine. But even more specifically, she will tell you that it's called precision medicine because it's based on YOU and your unique biomarkers. And the question is, what are some of those biomarkers that we need to pay attention to when we're talking about aging healthfully and dramatically decreasing our risk for chronic diseases and for the development of things like obesity as well. Well, we're gonna go through these five major biomarkers for you to pay attention to and some huge insights on a few of these that we can start to put in play for ourselves right now.

SHAWN STEVENSON: Now, one of the things that our special guest actually was wearing when she came in, and again, she's been in this field for several decades, leading the charge in understanding human biology and precision medicine. And she's somebody that has a traditional education coming from institutions like Yale, but many years in clinical practice, and again, for us knowing what's coming, what is the future of precision medicine. And one of the things that she had on today was a continuous glucose monitor. Why would somebody of her caliber and her education and her experience be wearing a continuous glucose monitor? Well, our blood sugar is something that we can track in real time that provides us personalized data on how various things are impacting us. How various foods influence us versus the next person, also how things like our sleep quality, how stress can impact our blood glucose. And this is giving us personalized data so that we can make adjustments and utilize resources that fit us. So instead of having all of this guess work, we can get a real powerful biometric in real time. Well, the continuous glucose monitor that she was using, and little did she know that I'm a huge fan of them, is one of the glucose monitors that's provided by Levels.

SHAWN STEVENSON: Levels shows you in real time how food affects health through continuous glucose monitors, and on top of that, Levels provides you access to the incredible Levels app that pairs with your CGM, your continuous glucose monitor to give you your own personalized data again, in a real-time. And right now, Levels is providing listeners of The Model Health Show with a special offer when you go to levels.link/model. That's L-E-V-E-L-S-L-I-N-K/model. Go there right now, and when you get their annual membership, they're going to give you two months for free. Alright? You're gonna get two free months

when you go to levels.link/model. And truly, Levels is in a league of their own. They have hundreds of thousands of data points from Levels users, really helping us to identify what are some of the common culprits that can be screwing up our blood sugar and aging us faster. And having that access to that data, we can start to make healthier decisions based on the data of our peers, but most importantly, getting access to understanding our own data. So check them out, again, head over to levels.link/model.

SHAWN STEVENSON: When you get their annual membership, you're gonna get two months for free, levels.link/model. Now, let's get to The Model Health Show review of the week. And this one is not coming from Apple Podcast, this is coming from YouTube. So if you're not subscribed to the YouTube channel, please pop over to The Model Health Show on YouTube and subscribe so that you don't miss any of the exclusive content that we have there. And of course, it's a visual experience. So you get to see some of the studies as we go along and hang out in the studio with myself when doing solo episodes, and of course with our incredible world class guests as well. And so, let's get to the YouTube review of the week.

YOUTUBE REVIEW: Another YouTube review by [IamCoachCourt](#). As someone who comes from the same mud as you, Shawn, St. Louis, it's incredibly inspiring to watch how you clawed your way out of that environment. I'm not as successful as you, but my family dynamics were similar. Thank you for standing in your purpose.

SHAWN STEVENSON: Amazing, thank you so much for sharing that review over on YouTube, for sharing that comment, and thank you for seeing me and acknowledging me. And I just wanna thank you again for... We come from the same environment, so just to reiterate how anything is possible, and we have so much power to effect change, not only in our own lives, but in the lives of so many other people. And on that note, let's get to our special guest and topic of the day. Our guest today is Dr. Florence Comite, and she's a graduate of Yale School of Medicine, where she was a faculty member for 25 years with a triple appointment in endocrinology and reproductive endocrinology. She trained at the National Institutes of Health, the NIH as well, and actually founded Women's Health at Yale. She's a clinician scientist and an innovator in the field of precision medicine. Let's dive into this conversation with the one and only, Dr. Florence Comite. Dr. Comite, welcome to The Model Health Show. It's good to see you.

DR. FLORENCE COMITE: Delighted to be here.

SHAWN STEVENSON: Alright, so you've a vast education in endocrinology and reproductive endocrinology. Can you talk to us first and foremost about how our sex drive can be indicative of our health.

DR. FLORENCE COMITE: Great question, there's a lot that can be indicative of health. So sex drive is about a healthy system, particularly the way the brain interacts with the ovaries or the testes in men and in women. And as we age, there is a fall in those hormones, so hormonal optimization helps our sex drive. And what men see, which is actually interesting as they hit their 30s and beyond is while sexual desire can drop, sexual erections and maintaining erections is all variable. So you can see men with any one of those three kind of falling, declining, but not all of them sometimes. And it's really the power of the mind that also can drive sexual desire because a lot of the hormones begin to be triggered from the hypothalamus and pituitary in the brain. So sex drive is an important factor of being alive and functioning well.

SHAWN STEVENSON: Amazing. Alright, so since you brought up erections, let's talk about it a little bit more. So is there any outward information about an erection that could give us some insight into our health and even possibly our testosterone.

DR. FLORENCE COMITE: That's a great question because, yes. It starts to dissipate as men get older, but one of the signs of health is having an erection in the morning when you wake up. Now sometimes it's 'cause you have to go to the bathroom, you have to pee, but for most men, it's a sign of their ability to function. It declines with age, which begins in the 30s because that's when our hormones begin declining. Testosterone falls by 1-3% a year in men and women in the 30s, and that affects sexual function. But interestingly enough, in my studies in thousands of men and women, the major complaint is energy. Sex drive is not always... I think there's a force, mind body force that drives sex drive in a way. I need to say it that way. But energy tends to follow first, that's what I noticed when people would talk about their health.

SHAWN STEVENSON: Fascinating. So I'm so glad that you brought up the part of the mind in this whole equation because I think we get so focused on just the physical aspect. And we're gonna talk about all these pieces, but I wanna dig in a little bit more because this is something that you already mentioned that we see gradually as we age, but you've also, in your work have shown very clearly that there are some people that can be older than what their driver's license might say, and some people can be younger than what their driver's license might say. And I'm not talking about getting a fake ID, but what does that mean for everybody?

DR. FLORENCE COMITE: It means that there are several ages, one age is chronological age. The candles you blow out, the birth date you were born. The other age is far more important, is your biological age. And we've done some very deep work looking at what happens to your DNA and aging when you go from each decade of life to the next. And people can hold on to being younger, not forever 'cause getting older generally means we're declining. That's a fact

of life that we can reverse though. We can keep our health for the rest of our life with some very simple, initial approaches. And just winding it back to the mind body, my approach really looks at each human as a system, as a unique system. And as we talked about before, I have an identical twin. And so I knew that things began even in utero, we differentiate. Even once the egg and sperm split and we go to different parts of the uterus, we're born in unique ways, and so we're not exactly alike. We look so much alike that people mix us up. But there are lots of things that are different about us. So the mind and body is one to me, the spirit's in there too.

SHAWN STEVENSON: We've got to talk about this because again, you have first-hand experience of being an identical twin, and here you are saying that we're not the same. But unfortunately, the public sees that as you guys are literally identical is the word.

DR. FLORENCE COMITE: Yes.

SHAWN STEVENSON: It's tied to it and not looking at the differences, so let's talk about that a little bit.

DR. FLORENCE COMITE: Sure. Well, I think what needs to be understood is that we're gifted with genes, half of our genes come from our mother. And I'm talking about G-E-N-E-S, not blue jeans.

SHAWN STEVENSON: Not Jordash.

DR. FLORENCE COMITE: And half is from the father. But what happens uniquely in each of us is the choices we make and the way our genes turn on and off with switches, something called epigenetics can make expression of genes variable from one person to the next. And that's what I saw over 20 years ago and led me to start studying why people are different. I don't think genes at the time were well developed enough, so I started with metabolism, hormones, lifestyle, and I think of it as each person having their own health story. Not a chief complaint where you go in... To me when you have a chief complaint, your disease is well under way 'cause it's been cooking for 20, 30 years. You can see diabetes in little children, you can see heart disease. In fact, we know that young men who came back from Vietnam had stenosis already in their arteries when they came back and underwent an autopsy 'cause they were gone. And that's what led us to study the changes that happen very young in life. And now that we're living a longer life, keeping that all together is critical.

SHAWN STEVENSON: So that advanced cardiac issue, is that from stress as a big component?

DR. FLORENCE COMITE: Stress is a factor, but genetics is probably the underlying driver. But the way you live your life can change the way your genes express. So one of the aspects that you'll see in my book, *Keep It Up*, is that your genes don't have to be your destiny. And I think a lot of folks think they just are gonna turn into their mother or father, and it isn't inevitable. If you take control in simple ways, so you can also enjoy life, 'cause I believe in that very strongly, you wanna live life to the fullest till you're 120 or more. Dance at your great-great-grand children's wedding and go skiing or snowboarding, if that's your choice, travel and feel good till the very last moment. And that's not the life most people are living now.

SHAWN STEVENSON: Yes. Yes. Of course, one of the things we talk about is the combination of lifespan and health span. In our culture, for years, we see that we're living longer, we've had this advanced age. But recently, that has reversed, of course, as you know, but it's not just about how long you live, it's the quality of those years. And for many people in our society today, we're not necessarily living longer, we're dying longer. We're just kind of extending suffering.

DR. FLORENCE COMITE: That's well said. You're exactly right. And if you just look at the statistics, four in 10 Americans as they age, get at least two chronic diseases. The very popular diseases like diabetes, Alzheimer's, lung cancer, kidney disease, heart disease, stroke, six in 10 have at least one. But in my way of looking at through my lens, you are brewing those diseases under the surface at the cellular level for decades. You don't just show up one day with diabetes or a heart attack, there's been changes that evolve over the decades that can be stopped anywhere along that path and reversed. And that's what we do.

SHAWN STEVENSON: Now, I've got a special connection with the identical twins and the health outcomes. I'm from St. Louis and some researchers there have this huge data set looking at identical twins and seeing this first hand, I've been studying this for years, and I'm so excited to talk to you about this. But for example, two, again, identical twins being in the same environment, same behaviors essentially, but one child ending up with obesity and one not. And one of the things that the research has identified was differences in their microbiome, for example, and seeing a higher ratio of Firmicutes in one twin and then seeing a higher incidents of insulin resistance and whatever the case might be. So even the genes of the bacteria potentially playing a role here as well. So not to mention, you already shared something so profound, which is, we might share the same genes, but these epigenetic controllers are gonna influence how things are getting expressed. Is that correct?

DR. FLORENCE COMITE: Exactly. No, you said that well. I'll use my twin and I as an example. Grew up in the same home, we were fed similar food, but even as a child, I liked liver, my sister didn't, my mother didn't, so she didn't have to eat liver. Whereas I didn't like lamb at the

time and my sister loved it, so I negotiated my own deal. If she doesn't have to eat liver, I don't have to eat lamb. So why? Why do we have different taste buds? I love sushi and sashimi. I can live on it, my sister doesn't like fish. She's an amazing gardener, I'm not. And when you speak about the microbiome, it's one part of our whole system. In fact, if you look at the data, 99% of us is not human genes, there are other genes that we've incorporated. There are others like bugs, beyond bacteria and viruses, even and funguses, and they're everywhere in our body. They're even in our eyes, in our brain. We don't quite know yet exactly how they influence disease, but there's a lot of work going on to say, can we change the nature of disease, whether it's diabetes or heart disease, or neurological decline by changing the microbiome, both in the GI tract, and on the skin, and elsewhere.

SHAWN STEVENSON: Thank you for sharing that. Because I think we tend to get a little bit of tunnel vision and get latched on to the things that we do know in science, there's so much that we don't know. So you just mentioned we've identified bacteria and viruses and archaea, there's so much as far as microbes that we don't know, we have no idea about. And it's cool that we're learning this stuff, but what you're doing right now is you're helping us to stack conditions and help us to kinda control the controllables a little bit better. And so this is an exciting time because we're also looking at what we can do to age more healthfully. And so, if you could, can you share some of the biomarkers that we all can maybe start to look for that can give us an indication about how well we're aging?

DR. FLORENCE COMITE: Absolutely. And just to wrap up on microbiome to a little degree, the microbiome that lives in our gut is responsible for absorbing nutrients. When somebody has a condition called celiac, which can be genetic, it can mess up their immune system and their microbiome system is affected. You can get osteoporosis, for example, 'cause you don't absorb the right kind of nutrients you need to sustain bone. So when we look at biomarkers, and this work I started over 20 years ago now, there are certain biomarkers that I've seen over the last couple of decades that are absolutely... Their relationship, what they are, absolutely dictate what's going on at a deeper level. And those are five important biomarkers, although we draw a lot more. Right now, we're looking at using these five to be able to help people make good decisions about extending their health span to match their lifespan, and that is a critical aspect. Because we're living longer lives, like a lot of folks are now living beyond 100, but actually you said it, well, we're actually dying longer. And that's no fun, and it's a burden on the individual, the family, our country. It'll be a burden on our children and grandchildren 'cause they'll have to support the aging humans.

DR. FLORENCE COMITE: And so the biomarkers that I find the most useful are... Include looking at carbohydrate function, so fasting sugar, fasting insulin, which is almost never mentioned. Hemoglobin A1c, which is an average of how your glucose behaves over the past three months. Free testosterone, not total but free 'cause total is bound up in the body in lots

of proteins and isn't available to act. And the last one we look at is something called cholesterol risk ratio. Which takes the cholesterol pattern, lipid pattern, total cholesterol, the LDL, the HDL, the bad, the good as people like to call them. And looks at the ratio, and that ratio is also indicative of how you will age and what we could do to change that.

SHAWN STEVENSON: Alright, let's start at the end with the cholesterol. You said very intentionally, I know, what people like to say as good and bad cholesterol. Why did you say it like that?

DR. FLORENCE COMITE: Because that's just not enough. That's the surface condition, and we can't always tell what's going on under the surface, so it's very important to know how those molecules break down. You can have a pretty high good cholesterol, "HDL." But if you don't have alpha 1 and alpha 2 in the HDL, then you're not protecting yourself. You can also look great for most of your life as a woman, for example, and then you hit menopause and perimenopausal and all bets are off. Because your bad cholesterol can start climbing 'cause it's intimately tied to estrogen.

DR. FLORENCE COMITE: So, we look beneath the surface at the genetics of your cholesterol, other markers like Lp [a], which is a genetic marker you inherit, and even if your cholesterol looks beautiful on the outside, the values I mentioned. If you have Lp [a] you're at much higher risk. And something has to be done about that. So, those dig even deeper into somebody's system.

SHAWN STEVENSON: Amazing. So, even with the "bad cholesterol" it's playing a role in the body, and...

DR. FLORENCE COMITE: Definitely.

SHAWN STEVENSON: Looking at it in isolation, I think might be a mistake.

DR. FLORENCE COMITE: Everything in isolation is a mistake, that's the way conventional medicine is practiced. And I speak with experience because I'm trained very classically at Yale, I was in several departments, all relating to growth development and hormones and endocrinology. Pediatrics, I started my work in pediatrics at the NIH where I did research looking at rapid development, something called precocious puberty, slow growth, a constitutional delay. And that went on to women's health which I started at Yale in the '90s, and then men's health. 'Cause I had such good luck with women, their significant others started coming to me if they had a partner, and now we just see everybody.

DR. FLORENCE COMITE: And so.... Looking at the way the body changes influences what happens with cholesterol over time. And that's data you can get in your children now and you can change the course of their future health trajectory. Meaning, how will they feel, how would they live life instead of waiting for disease to emerge and then jumping all over it. That's what conventional medicine is, it's a fix-it kind of society instead of proactively stopping emerging disease.

SHAWN STEVENSON: Yeah, yeah. Which seems very logical. But also you mentioned how... And I don't think we think about this a lot when we see the manifestation of a thing, it's often times a year, sometimes decades in the making. We see just the cardiac event, we see the diagnosis of diabetes, we see the diagnosis of dementia, whatever the case might be. But there are certain things happening years in advance, and if we can identify those things, hopefully we can stave off or you can prevent those things from happening later on.

DR. FLORENCE COMITE: Said well, yes. And that can even pertain to like three children in one family. They can all be different and be on different tracks from the genes they inherited, the choices they make starting as little children, even if they all live in the same home. If one works out and the other one really doesn't. We've seen more men and women who never put on muscle as teenagers, and this is probably genetic. They were known as geeks, they were the last one chosen to be on the baseball team or soccer or football, and so they were treated. And most of them didn't work out and didn't try to protect their body, 'cause it wasn't really well-known, even today it isn't. And as they age, they've lost the ability to put on muscle easily, where that's something that's not a difficult thing to do for most men and women in their 20s to 30. At 30 and beyond, it begins to change, 'cause their bodies begin to evolve.

SHAWN STEVENSON: You know, something that I recently have been talking about is intramuscular fat and having a higher amount of that and making it more difficult to actually gain muscle. So that's what we're talking about with somebody who might be skinny fat, for example. Growing up and not really using your muscles, and then it does actually unfortunately get harder later on down the line. But it's not imposs... The great thing about your work is that it's not impossible to make these improvements or make some improvement, but let's start now. The sooner you start, the easier it's gonna be later on.

DR. FLORENCE COMITE: Again, you've captured exactly the way we think and that every person we see because it's about that unique person, we call it the N-of-1. Most research in conventional medicine is based on population research, and I'm happy to share the papers with you that speak to this. And now, there's been a shout out to do N-of-1 research. In fact, NIH has a program called JoinAllofUs.org. I don't know if you've heard of it. It's a great program. Anyone can sign up, they're looking for diversity, and you can get free testing

everything including your genome. And then learn what that means, 'cause they know there's diversity, so they're looking for a million lives.

DR. FLORENCE COMITE: I signed up the minute Obama announced it in 2015. Because I knew this was the beginning of understanding that we can't base on regression to the mean or averages. Because right now the way we treat people tends to be one-size-fits-all. But I believe very strongly and it started with being a twin, that it has to be unique to that individual, which is N-of-1. And you have to capture the data for that one human being to help them make decisions and give them the wisdom. Not just the knowledge, but interpreting that knowledge by connecting the dots. Integrating it with the way you live life. Do you sleep? How well? Do you work out? Do you not? When you work out, do you do high intensity interval training? Do you do resistance? All of that is critically important.

SHAWN STEVENSON: Yeah, well, thank you for sharing that. Another thing, this should be common sense integrated into medicine now. There is... To have a blanket treatment for anything without paying attention to the person can be dangerous, let alone ineffective. And so, I'm a big proponent of finding out about yourself and also working with a practitioner that can help to cater things to you because you're unique. We're so unique, we're so different, and there are similarities. There are some certain tenets that hold true, and you've even shared some of these biomarkers we can pay attention to, but your numbers are gonna be different from other people, and all the other co-factors. Nothing... You're not gonna find a puzzle that's the same as somebody else's.

DR. FLORENCE COMITE: I can give you a couple of stories, and I can look at your labs and tell you what's going on and what we think of biomarkers, because it's evident to us. But you're absolutely right, and for example, when we started Groq Health, which is an app that we intend to scale to everyone. Because everyone should own the knowledge and then the wisdom to make changes so they can direct their whole life and have the force, and the health span to live a life in great shape. Whether it's till 120 or 150.

DR. FLORENCE COMITE: And so, if you look at some of these numbers, like five numbers, the five biomarkers I mentioned, the very first couple of folks that we looked at, I didn't know anything about them. I was testing a virtual system because I believe we need to service people virtually. There are not enough clinicians and doctors to take care of everybody, particularly in a sick society that we have. And one of the first people I looked at his biomarkers were, and he was only 33. His biomarkers were indicative of a man in his 50s. And I looked, 'cause we collect a little bit, it takes about 10 minutes on the app to fill in questions about your personal history, your family history. How you live life with you exercise, what's your energy like, what's your sex life like? In men and women.

DR. FLORENCE COMITE: And I looked at this and I saw that he wrote that his father had heart attacks and strokes. Had no idea if his father was alive or not, and he had been diagnosed for 10 years with high cholesterol and high blood pressure. And the physicians he was seeing, smart guy, told him, "We'll keep an eye on it." 'Cause they thought he was too young to do anything about it, not correct. And I went to him because I had the opportunity since it was a beta and we were just starting. And I said, "So how is your father?"

DR. FLORENCE COMITE: He told me his father died at 60. And his numbers were indicative of early death, and there's a whole profile of folks like him. Even in the first 100 people, there were about 10% of them had these findings. And they had a certain background, so we can look at that and say, you start paying attention at 20, 25, and if you have a child, let's start from the beginning. Not even wait till they're 20 or 25 to protect their health. And so, we are now able to profile people in a good way to be able to give them the tools they need to make those changes. Within a couple of months, he's a new man. He's ripped, he feels much better. He had just gotten married, his libido was low, he was putting on weight around the middle, and he was an athlete. He rides on a scooter to work every day in New York. And so, it's really a wonderful thing to feel like you've given people a gift of good health and they can own it. And that's what we're doing.

SHAWN STEVENSON: Amazing, amazing. Another one of those biomarkers, you specifically said, free testosterone.

DR. FLORENCE COMITE: I did.

SHAWN STEVENSON: Can you talk about why free testosterone?

DR. FLORENCE COMITE: I certainly can. So, most hormones in the body are bound up in proteins. There is another protein you may hear of called sex steroid-binding globulin. And it can vary dramatically. In women on birth control pills, it can be sky high. And what happens is it binds a lot of the hormones to stick to testosterone, it causes the testosterone to become inactive. 'Cause once it's bound it's not free to act at receptors, whether it's muscle, brain, testosterone contributes to memory and cognition. The heart, think of the heart, it's a muscle. Bone, that's why men have thicker bones for a little bit longer, about 10 years longer than women.

DR. FLORENCE COMITE: Women get loss of bone and early fractures of their wrists called Colles fractures. Men get them about 10 years later, so in we women, it starts in our late 40s and 50s. We go on to hip fractures, then spine collapse, so we shrink. We have kyphosis, you've seen people walk around with walkers and they're bent like a U, they can't straighten up. In men, they catch up pretty readily. 25% of men and women through aging will have

severe osteoporosis. Again, completely reversible. You can actually stop it, there are great drugs.

DR. FLORENCE COMITE: So, I'm somebody who believes in supplements and medication, I think of them on the same spectrum. I think of medication as a drug that a company put a lot of money into, so they charge a lot for it. But there are supplements that act just like medication. And sometimes they're better than prescription medication. And so, if you look at ways you could stop that change, what we try to do is free up more testosterone by having the body make more of its own using peptides. Which is the field of my work. My research was focused largely on peptides, even in little children.

SHAWN STEVENSON: Okay, can you talk a little bit about that? What are peptides.

DR. FLORENCE COMITE: So, peptides are simple hormones that can act in the body the way our naturally secreting messengers from endocrine glands. Whether it's the brain, the hypothalamus, the area of the brain called the arcuate nucleus, secretes hormones and stimulates in peptides. Which are just pure proteins, they are not steroids. So, and they stimulate another part of the brain called the pituitary, which you might know of as the third eye. But really isn't the controlling agent, the controlling agent is the hypothalamus at a higher point. Have you heard of the arcuate nucleus of the hypothalamus?

SHAWN STEVENSON: Of course, yeah.

DR. FLORENCE COMITE: So, food desire, sexual function. And so, we use a peptide actually in men to stimulate their own natural secretion of testosterone. Because in my research and this I published in 2013, it's actually referenced in the book. In 260 men, what we found out is when their testosterone drops, the brain just ignores it. Instead of that negative feedback loop where the body should recognize that you have too little testosterone. And it does in your 20s and in your teens, and all of a sudden it ramps up testosterone from stimulating the brain and brain says, there is not enough circulating, you need more. And it doesn't... It stops doing that effectively in men beginning in their 30s. And then every decade of life, men fall out into what we call andropause.

DR. FLORENCE COMITE: And they go through a change just like women, but we women hit a wall mostly in our 40s. At 50, most women are in menopause where men can go on every decade of life, and some of them still can make their own testosterone, not as effectively. So, we want that free testosterone because you could have a very high total testosterone, but a very low free testosterone, and it's bound up if there are certain agents you make in the liver that sequester it. If you have too much body fat, not muscle. So that's a very important piece.

DR. FLORENCE COMITE: At some point, men need testosterone and we use it, and that's a steroid hormone. But there's a time factor, and each male again is unique. I've seen men who can be on the PEP tag we use, which is called Human chorionic gonadotropin, for decades, we've had men into their 80s. And then other men by the time they're 40, 45, they need testosterone, they can't make their own. And there's all sorts of data that we look at to determine that and how a man responds.

SHAWN STEVENSON: Wow, wow. Again, just paying attention to the person.

DR. FLORENCE COMITE: Exactly.

SHAWN STEVENSON: What a concept.

DR. FLORENCE COMITE: Yeah. [laughter] N-of-1 where that unique person needs to know what he or she needs to do to keep their health for life. That health span should match your lifespan.

SHAWN STEVENSON: Yeah. Alright, so if you could, you mentioned birth control in that tying with testosterone. I don't think a lot of people think about something like that. What are some of the things that might be knocking our testosterone down unknowingly? Is birth control one of those things?

DR. FLORENCE COMITE: In women, it's essential. So, this isn't well known. Because testosterone isn't approved formally for women, we can use it as physicians if we show that there's not enough testosterone. In fact, it reminds me of a recent case of a woman who just had a second baby a couple of years ago, and took a look at her numbers. And all her hormones were very low. And her sex steroid-binding globulin was very high, it was over 200. And we like to see that more like in their 30s or 40s. She didn't tell us yet because she's in the Groq app and it takes time to accumulate that information, we don't wanna bombard people with questions. It takes 10 or 15 minutes to sign in and afterward you get more questions as we go on to prescribe.

DR. FLORENCE COMITE: And I sent back a message to her in the app and said, "Are you taking birth control?" And she said, "How did you know?" Because her testosterone was negligible, it was less than one. And in women, we have far less testosterone than men, we have... We'd like to look at a free testosterone, but at least 6. And she wasn't even registering, it was under one. And her estradiol was also completely suppressed. So, birth control in young women in their 20s and 30s, there are some good aspects of it, but the negative is it suppresses testosterone. It's actually a great diagnostic test for diabetes, because you can have a woman who keeps herself in great shape, who eats well and works out and sleeps well. And yet, she

doesn't know why she's putting on weight and it isn't the estrogen or the hormone, it's the sex steroid-binding globulin, that's tying up all her hormones. And that's why free hormones is so necessary.

DR. FLORENCE COMITE: So, a lot of times, we're seeing the projected future of diabetes and heart disease and stroke. Because we get the family history, which is like a mini genetic test. It's even better than genetics 'cause it's what diseases express in your family. And so, we look at all those various aspects as we dig deeper. So, the Comite Center does it in a bespoke way. But my dream has always been going back to starting this work. If I could prove that we reverse disease after identifying it, detecting it, you don't go down the path of being a diabetic or having a heart attack or getting Alzheimer's. Then I felt that this should be owned by everybody. It was too good to keep it just for people where they could afford it, and that is a difficult thing to do in medicine.

SHAWN STEVENSON: Wow. Just so fascinating that we have to... When it comes to something like testosterone that input, we're paying a lot more attention, there's more rules around that. But birth control is getting passed out like candy, essentially. Like if you've got skin issues, a lot of people are getting some prescribed birth control pills. I had no idea that, that...

DR. FLORENCE COMITE: All you need to do is ask your doctor, this is a go-to, because I know you're listeners love you, they trust you. So, I know by being here, they're gonna hear this. Ask your OB-GYN, obstetrics, gynecologist or your internists to measure free testosterone and sex steroid-binding globulin. And if it's lower, if your free testosterone is lower than 6, it's likely your sex steroid-binding globulin is too high. And you need to be given a cream, there's also other ways to take it but I like creams for women. You just put it behind your knee or in the fossa of your elbow. It it'll absorb nicely, it doesn't increase hair growth, it actually makes you feel stronger, you put on muscle and you lose fat. So it's a no-brainer, and there's no downside to it.

DR. FLORENCE COMITE: We don't like to say that 100%, but testosterone also spares cancer cells. Testosterone and progesterone, which women make when they ovulate. And we now know helps people who have fatigue and can't sleep. Progesterone is a good way to think about it. In men, their testosterone should be at... Free testosterone should be about 180 to 250. And again, because every male is different, you clearly have muscles, you've clearly worked out.

SHAWN STEVENSON: Stop it.

DR. FLORENCE COMITE: You are an athlete.

SHAWN STEVENSON: Stop it.

DR. FLORENCE COMITE: I can see it. But some men have a build that's more what we think of as ectomorph, they're lean and thin, and they're runners or they're soccer players or they're tennis players, and that's fine. That's who they are. You don't wanna overburden them with muscle 'cause too much muscle is hard for the heart sometimes. So we have men who've had heart attacks at a pretty young age. We wanna balance. We've had... My trainer, one of the first people I treated in New York, beginning in 2008, Livingston, great guy. He came to me one morning and he said, "I... Doc, I've been, I've been getting to NYU several times 'cause I keep passing out on the golf course. I think I'm... They think I'm dehydrated and I don't know why." And I... He's basically from Jamaica. So my first question was, 'cause the story is so important about a human being. You have to connect to the human. You have to find out how they've lived and what their family's like. And I said, "So who in your family," knowing it's rampant in Jamaica, "has diabetes?"

DR. FLORENCE COMITE: And the answer was everyone. But because he kept himself in such good shape and he was very muscle bound, he was actually gorgeous. His picture was in Penn Station when they were advertising this gym that he was at hanging up huge, like the length of that wall there. And now he looks completely different because he does TRX, he does different kind of training and he's made his body change. So he's protected his heart because when he came in and he wasn't even 50 yet, he had had a silent heart attack because underlying what he was dealing with was diabetes. And nobody made the diagnosis. 'Cause a lot of times when you have diabetes, you don't feel pain in the same way as other people do. It's quiet.

SHAWN STEVENSON: Fascinating, fascinating stuff. We've got a quick break coming up. We'll be right back.

SHAWN STEVENSON: Hippocrates is often considered to be the father of modern medicine. Have you ever wondered what was in his treatment protocols. Well, one of his storied favorite treatment protocols involve something that the ancient Greeks, Romans, and Egyptians were all well aware of. And it was the healing properties of propolis. Today our modern technology is proving the efficacy of this miraculous superfood. A study published in the peer-reviewed journal, Antiviral Chemistry and Chemotherapy, revealed that propolis has significant antiviral effects, specifically reducing viral lung infections. Propolis is one of the few substances ever discovered to be effective in the treatment of a variety of viruses, including herpes viruses. A recent study published in Phytotherapy Research found that topical propolis applied three times a day, accelerated the healing of cold sores faster than no treatment. The researchers found that the topical propolis not only reduce the amount of herpes virus present in a person's body, but it also protected the body against future cold soar outbreaks.

SHAWN STEVENSON: That is absolutely miraculous. Now this leans into what Hippocrates was noted to use it for, which was the healing of wounds, accelerated healing, the healing of sores. And whether it's a viral lung infection or an infection that is interacting with our nervous system like a herpes virus, There's something really remarkable about propolis. And this is one of the storied compounds that are coming from the world of bees. And humans for thousands of years have had a deep relationship with bees. That is today this relationship has been fractured and the populations of bees are dropping rapidly. A big reason behind this is the use of pesticides. And this is why sustainable beekeeping is so important to invest in, to help to lift up these populations of bees. Because our livelihood truly does depend on bees in many ways. The propolis immune spray that I utilize multiple times a week is from Beekeepers Naturals.

SHAWN STEVENSON: And they're committed to third party testing for 70 plus pesticide residues to ensure that we're doing truly sustainable beekeeping and creating a wonderful environment for bees to thrive in. Also, they're making sure that pervasive offenders like DDT are not in your bee products. Heavy metals like arsenic and lead and bacteria like e-coli, all of these things are commonly found in bee products. These are definitely things you don't want coming along with your superfoods in your medicine cabinet. Go to beekeepersnaturals.com/model. You're gonna get 20% off their incredible propolis immune spray. Their superfood honey and their nootropic that I absolutely love called Brain Fuel that utilizes royal jelly. Again, make sure to check them out. They're making propolis incredibly accessible and affordable. Head over there, check 'em out. [Beekeepersnaturals.com/model](https://beekeepersnaturals.com/model). That's B-E-E-K-E-E-P-E-R-S [naturals.com/model](https://beekeepersnaturals.com/model) for 20% off. And now back to the show.

SHAWN STEVENSON: Alright, so just to circle back really quickly with the birth control piece. And again, I don't think we realize oftentimes, unfortunately this is something that is influencing not just an isolated hormone, but it's going to inherently affect what other hormones are doing. And yes, we can add another piece to the puzzle and also potentially find some other alternatives for your birth control too. And I don't also... You know, in this conversation about testosterone, this is just one of the things that we might not realize is influencing testosterone. And you mentioned another one just really briefly, which was sleep. So how does our sleep influence testosterone?

DR. FLORENCE COMITE: So sleep to me is paramount. When I started this work over 20 years ago, the order of interest I thought was going to be first exercise, then nutrition, then sleep. And I've completely flipped it. It's sleep, nutrition and exercise and then restorative practices like meditation where you can turn off cortisol, the stress hormone if you really meditate effectively. So the gene doesn't turn on. And they've done lots of studies, Harvard, University of Wisconsin to show that. And that's really important. Sleep is so vital that when you deprive

people of sleep and you even do it in a research setting which has been done, you speed up the clock or when you get jet lag. Or people who have are shift workers or flight attendants. They get diabetes much earlier. They have infertility. So testosterone and all the other hormones are critical because during sleep our body recharges, our immune system changes, our hormonal secretions change.

DR. FLORENCE COMITE: One of the things I like to advise people to do is not eat for two or three hours before they go to sleep because by doing that they're shutting down the system. They're actually changing the way hormones are released. And we see it all the time because we use continuous glucose monitors. I'm actually wearing one on my arm, I wear it all the time 'cause I am a geek, and I'm a geek who did exercise when I was young 'cause my father wouldn't... He was my inspiration. So he taught us everything from basketball to ice skating, when I was little. And so I'm lucky about that. And so I... The data speaks to us. In fact, we just got a message from one of our clients. We call them clients at the Comite Center because we don't want them to be sick patients.

DR. FLORENCE COMITE: Right? I wouldn't say that in an academic center 'cause I get my head handed to me. But... And if you try customers, that's a whole different level. And the question was, "I don't... My sugar's falling really low in the middle of the night. It's waking me up." And it turns out that this particular person who's very much engaged in his health, he was finishing his mealtime dinner at 7:00 PM going to sleep about five hours later and his body needs to eat. He's... We've also looked at his genetics and his telomeres and it turns out that he can't fast. It doesn't do anything for him on a positive note or a negative note. Now there are lots of us who can fast, I can fast for days and not feel it. But since each of us is unique, he needed to have a snack that had protein in it a couple of hours before going to bed.

DR. FLORENCE COMITE: And that won't interfere with what happens. There's so many other aspects of sleep. I don't know if you've ever interviewed Matthew Walker, but he has a lot of expertise around sleep. He's written quite a bit. But it's complex. Sleep is very complex and I think it's the most critical issue in America today that we don't get enough sleep. That we don't sleep effectively. So I believe very strongly in monitoring and I'm hoping to be able to make an Aura or a Whoops or a Garmin available and sleep is the predominant area because we overlook it yet we can really fix people if they can sleep. I even have a story about myself about that, but I don't wanna leave the topic of birth control pills for a second because there's some good in it. There's some data that shows that women on birth control pills and there are many versions of birth control.

DR. FLORENCE COMITE: So you're right, there are lots of alternatives. You don't have to do the pills. But if we just focus on the pills for now, which is mainly estrogen and progesterone

or progesterone alone, not testosterone. Right? A lot of people in medicine think women don't need testosterone when we need it very badly.

DR. FLORENCE COMITE: So there's always risk benefit. And the way I approach a human being trained at NIH and Yale and I had brilliant mentors is to think of the risk benefit. If by taking an aspirin you reduce your risk of a heart attack because you have slippery platelets, there might be a chance that you have a bleed. But if you take a small dose of aspirin like a baby aspirin or two, then you might mitigate against a bleed but protect your heart. So you can walk a fine line if you know the data about yourself below the surface.

SHAWN STEVENSON: Hmm. Yeah it's gotta be depending on you and your goals.

DR. FLORENCE COMITE: Exactly. And and that would make a difference in how you feel.

SHAWN STEVENSON: Yeah. You know this risk benefit analysis, if we can just use that simple thing because there's so much out here in the world, you know, we live in a very interesting time. There's a plethora of different foods, supplements, drugs, and we've gotta look at what is... And also understand there's no free lunch. You know, everything has a cost to it. And being able to balance, mitigate... Even with exercise, there's a point, as you already alluded to, where this can be a problem. You know, and so, but that doesn't mean that you don't do anything, right? So it's finding that right thing for you where you are right now. And that's probably gonna change too. So this is why it's great to know these biomarkers and you know, you mentioned sleep being that top tier thing for you that's pheno... Like I hope we all get that it... With your level of expertise for you to say that is so powerful.

DR. FLORENCE COMITE: I think it's powerful from anybody. But thank you for the compliment. I just had another client who was in yesterday has been longstanding interesting story. We diagnosed Lynch syndrome in him actually and his mother recently died at only 70 of breast cancer. And because of that in his 40s he now looks like he's 25. That's another benefit of what we do. So he's reversed aging dramatically and... But he was telling me that he's now making sure he's cold through the night. So there are products and I don't know if you mentioned them, that can keep certain people who need to sleep when it's cold because we probably, you know, that's how we evolved from caveman times. We... There was no heater to turn up at night. It probably doesn't do much people good to be very warm during the middle of the night and that there's been a lot of work on that that's ongoing.

DR. FLORENCE COMITE: And he was showing me on his Aura ring 'cause I know his data, he was the kind of person who would get no deep sleep. He could sleep for nine hours and he would get nine minutes of deep sleep. I could sleep for four hours and it's just about all deep sleep. So I'm lucky in some ways I give up REM. Everybody again has their own pattern but

you have to look for it. And I think there are great ways to do that. And so, if you can search for that and you have the wherewithal to do these kind of self evaluations being guided in some ways by the wisdom of your clinicians, a combination of people think of it on your team, that's the way to go because then you have specific direct, you know, guidelines for what the choices you make. You may choose to eat that chocolate bar even even if it's a milk chocolate bar and it's really sugar and that's fine. You can make that choice. Do you wanna live on chocolate every single day? Well I do but I try to do dark chocolate 'cause it's really good for you. It's very high in flavanols and it's good for my system selectively. But when someone likes milk chocolate or white chocolate, you're really just getting sugar. And so yeah you can have it but don't have it all the time. Make balanced choices.

SHAWN STEVENSON: Yeah. You're not Willy Wonka.

DR. FLORENCE COMITE: No.

SHAWN STEVENSON: So even with that, just to tie this all together, testosterone is obviously important for all of us.

DR. FLORENCE COMITE: Yes.

SHAWN STEVENSON: This shouldn't be this kind of dichotomous conversation anymore.

DR. FLORENCE COMITE: In physiological amounts. Let me be clear. Over using testosterone to the tune of 10 or a hundred times what our body needs can be dangerous because you can overgrow muscle. So if you've seen, you know, people in a gym who do it on their own and they usually look fabulous and they're in great shape. They have a pop belly, sometimes their organs have overgrown 'cause many of them might use growth hormone, which I'm all for if you need it. But we use also other peptides like CJC-1295 and Ipamorelin that stimulate the same axis as growth hormone does. And it's synergistic, meaning it's working in sync. It's not a good thing. A lot of very, you know, deeply involved trainers die at a young age like by 50. It's not unusual. Their hearts can burst and what you're seeing in their potbelly sometimes is not fat.

DR. FLORENCE COMITE: It's overgrowth of organs like the liver and the spleen. So there's a balancing act that needs to be finely tuned. You should not do what your best friends are doing necessarily because you are not them. And equally it has to be defined for who you are. And that is difficult 'cause as I said, most advice that comes out is I've done this so you should all do it. This is the program you should follow. And it's very hard to do that because even doctors don't know this and they've gone to school for many years. You have to learn from the inside out what's going on in a human being.

SHAWN STEVENSON: Yeah. Oh my goodness. Again, it just seems so logical and if anything we could lean on finding ways to optimize our sleep, which I want to ask you about in a moment. And you mentioned it being essentially like a charging station when we go to sleep.

DR. FLORENCE COMITE: That's a great way to say it. Yeah.

SHAWN STEVENSON: And filling up, it's kinda like we're all Teslas walking around here and we're charging.

DR. FLORENCE COMITE: I have one that my husband calls calls the stressler 'cause he hates it. He has a BMW that he's always loved and I love the Tesla but...

SHAWN STEVENSON: This is an ad for one side and then a, you know. But this thing is we're kind of really kind of connecting to that charging station within ourselves.

DR. FLORENCE COMITE: Yeah, that's exactly... That's a great way to put, I might steal that line. I love it.

SHAWN STEVENSON: You know there was a study that was published in JAMA in 2011 and it was looking at young men and they had them come into the lab and they sleep deprived them for a week and they made them get just five hours of sleep. And this was again just a week long study and then they tracked their sex hormones and they found their testosterone dropped by about 15%. Just in one week. And that might not sound like a lot but the researchers equated that to suddenly being 20 years older. And again, this is what can happen in just a week. And for me it's just like how many times was I operating on somewhat that same amount of sleep when I was that age. Like I would literally some time... And not all the time but a few times I would leave the club and like the sun is out and then I'd go to work from there. You know, just like really abusing myself. And the thing is when we're younger we think we can "get away with it". But what we're doing...

DR. FLORENCE COMITE: Right. Burn the candle at both ends.

SHAWN STEVENSON: We're accelerating our aging process, we're accelerating the time to having some kind of disease onset because we're not following basic tenets of health like getting quality sleep. So you mentioned sleeping in a cool environment. Is there anything else? Because even earlier you mentioned how our mind is an influential part of our sexual function. What about with sleep? A lot of people, one of the reasons they have trouble sleeping is their mind is just... They go to bed and it's just like now it's time to remember all the sh*t that I need to do.

DR. FLORENCE COMITE: Right. Totally. Your example of how you burn the candles at both ends reminds me of a study from a couple of years ago where they said, well when men become fathers their testosterone automatically drops. So you have to be careful of everything you read. And that's the first thing I learned at Yale when I was on an intern on the... And studying as a medical student. One of my wise attendings said, you know, 'cause in those days we'd go to the library and read everything we could. You didn't really get it fed to you. And I'd stay up all night and read stuff, right? To be able to present and sound cogent in the morning. Like I really knew what I was talking about when I really didn't.

DR. FLORENCE COMITE: And I remember him saying, don't believe everything you read. So when you read research and you see it reported in the media, just for all your listeners who trust you do not believe it. They have to publish papers. So a lot of times there's overstatements and so you have to read the original paper to really understand what that means. And I know you're interested in that but I'll use myself as an example before I go to what are the kind of low hanging fruit for sleep. I mentioned in passing that I studied my... I study myself a lot 'cause clinical researchers, people that study people tend to try things on themselves first 'cause they want a deeper understanding. Right? You do it the same thing.

SHAWN STEVENSON: I've been a Guinea pig many, many times.

DR. FLORENCE COMITE: Me too. And so, there was a period of the last six months of 2021 when I was building at Palo Alto with my team. They're fantastic. We usually travel with about 10 of us and I decided to do plasmapheresis 'cause I have a lot of interest in young blood for old blood. But I don't like the notion of getting blood from other people. I think it's something that... Is there a way to clean our blood? So I did it for three months in a row and I was testing myself every month. In fact I lost a lot of iron because I was giving up a lot of blood. And within three months my biological age dropped by 15 years. 15 years. 'Cause I was measuring it with a particular test we do that looks at DNA. I've actually published in that during COVID, as well. So then I stopped sleeping 'cause I was developing the app and it was so important to me to do it that I... If I got four hours a night and I love to sleep, I can sleep eight or 10. I'm one of those people that can sleep. If I got four hours, that was a good night. 'Cause I would just work into the night. 'cause the daytime was too busy. Right?

DR. FLORENCE COMITE: My age not only went beyond 15. I still did it, I did the plasmapheresis, which exchanged whole blood and they cleaned the plasma and they gave me back my red blood cells and my age skyrocketed back up beyond my chronological age. So sleep is vital and what most people don't maybe understand is the behaviors they have at night. That's the simplest thing to do. So if you're watching TV, if you are reading an elect... If you're working on your computer, if you're on your phone and you're posting things on

Instagram and social media, stop all of that. Try to turn down the volume around you and quiet down. And read an old fashioned book or listen to quiet music or take a bath, a bath is an amazing agent for change and... Or even a shower but make it warm because it brings out serotonin. Now, there are certain foods you can also eat like turkey, warm turkey, hence everybody falls asleep after Thanksgiving dinner, right?

DR. FLORENCE COMITE: And anything that stimulates serotonin, warm milk, if you can tolerate it, I couldn't really, I would have to have high chocolate with a lot of milk and I did that, but baths work amazingly well and use things like Epsom salt. You can absorb the magnesium and if your magnesium runs low, that's one way of increasing magnesium in your body by taking a bath and putting Epsom salt. Which is fabulous to feel better because it relaxes the muscles, it reduces cramping, some people get that at night. And then we have other options. So if you are somebody who puts your health at risk because you cannot sleep and there's data for that, then there are certain agents both valerian root supplement type agents, Ashwagandha.

SHAWN STEVENSON: Ashwagandha.

DR. FLORENCE COMITE: Yes, is a fabulous way.

SHAWN STEVENSON: Kava Kava.

DR. FLORENCE COMITE: All of those.

SHAWN STEVENSON: Even Chamomile.

DR. FLORENCE COMITE: Exactly. Chamomile tea is a wonderful way. Then sometimes we escalate it if people are still having issues and we can use Trazodone, which is a very old-fashioned medication but we find it really works well for people who get up in the middle of the night and don't know why when they're light... They're light and they start ruminating, it prevents them from really arising. And some people, when I treat them over the years, even if we do many interventions, which we do, I can't take away their Trazodone. And so they just love it because they finally are sleeping, which is very frustrating for most people. And then there are versions of sleeping pills and peptides that we use. So peptides that mimic growth hormone like Ipamorelin which I mentioned or CJC-1295 can produce very deep sleep in most people. I actually use it with a combination of BCP 157, which we call prime body protection because I had a stem cell procedure on my knee. I overstretched and tore my ACL and my medial meniscus doing yoga of all things.

SHAWN STEVENSON: Interesting.

DR. FLORENCE COMITE: 'Cause I'm active and I...

SHAWN STEVENSON: Trying to relax and...

DR. FLORENCE COMITE: Trying to relax. [chuckle] First I did PT and then I searched and we use a lot of specific clinicians that I love. So there's a doctor who has a great skill at stem cells 'cause I did this a few years ago. And we treat people as they age you need to make more stem cells. So we have a protocol and he says... He tests a client stem cells before he does procedures. We have the highest level of stem cells so we have great outcomes in people who do stem cell procedures of their knee, their back, their hip, their Achilles. And the kind of tear I had was classic to do surgery, and I didn't wanna remove a cartilage because I believe in the future we'll regrow cartilage so that's what I did with stem cells.

SHAWN STEVENSON: Amazing.

DR. FLORENCE COMITE: Yeah.

SHAWN STEVENSON: Alright. You've mentioned so many incredible resources that people now have access to and they have access to you in many ways. Can you let people know how they can get more information, where they can get some insight on some personalized medicine for themselves and just to get more information from you overall?

DR. FLORENCE COMITE: So the Comite Center is a bespoke system so it's quite intense and expensive. And one of my dreams was to make this information available and to have it grow. So we've launched the Groq app, G-R-O-Q. I dunno if you know that word. I'm happy to define it.

SHAWN STEVENSON: Please do. Please do.

DR. FLORENCE COMITE: It come out of this science fiction literature. One of my favorite books as a child 'cause I always felt that I lived in the future was Robert Heinlein, who wrote a book called, Stranger in a Strange Land. I don't know if you've ever seen that book or you'd like to see it. I'm happy to send you a copy but that's where the word groq comes from. And it means understanding with empathy and intuition. And I feel that that's what we need to come back to. And the Comite Center has recreated the old-fashioned family doctor because we care about Groq clients and we know them well. We typically don't mark it in a way that's classical. It was all word of mouth. When people did well, they told everybody so that's how it grows. What I really think is gonna be reachable is the Groq app, G-R-O-Q, and you can sign up

on a wait list. We're not quite ready to open it up in a big way, we already have thousands of people on a wait list but it has to be... We have to be able to develop it even further.

DR. FLORENCE COMITE: It's very helpful and actually I met a man today, 'cause we were seeing clients and Groq people coming from two companies. So we're now working with two companies who are signing up the folks in their companies to use Groq and at a very... At a lower cost. It's still not inexpensive so my dream is to bring it down as much as we can and to have support through strategic partnerships in the future. But right now we're looking at growing the Groq app so it's available for everyone. So even just uploading some questions about how you live life, your family history, what your energy is, what your sex life is like, what your men's health and women's health, depending on where you come from and if you're non-binary that too. We can help guide you just from that information because the data that you have on yourself can tell us, can give us insight into how your body is functioning at the cellular level before symptoms actually emerge.

SHAWN STEVENSON: So where can we get access to the Groq app?

DR. FLORENCE COMITE: Right now you go to Groq Health G-R-O-Q health.com and you can register on the wait list. And ultimately, I'm hoping within the next year, we'll be able to open it up so people can join it and sign up to use the app in a regular way.

SHAWN STEVENSON: Awesome, awesome.

DR. FLORENCE COMITE: And also you can follow me if you want @ComiteCenter and @FlorenceComite.

SHAWN STEVENSON: Can you spell that?

DR. FLORENCE COMITE: My name?

SHAWN STEVENSON: The "Comite."

DR. FLORENCE COMITE: Comite. C-O, C like cat, O like Oklahoma, M like Mary, I like Isaac, T like Tom, E like echo.

SHAWN STEVENSON: Awesome, awesome. Follow her right now. And of course like we can't wait to get access to Groq, it's something special. And also you've got some different places where people can actually visit. Can you talk a little bit about that?

DR. FLORENCE COMITE: Sure, I'm happy to. Our main headquarters is in Manhattan on Central Park South. And again, they can also go to the website at Co... It's actually at Comite MD or www.comitemd.com and they can also see us in Palo Alto and Miami Beach.

SHAWN STEVENSON: Awesome, awesome. And your book, by the way, is available on Amazon...

DR. FLORENCE COMITE: On Amazon or Kindle. The name of my book is, "Keep It Up: The Power of Precision Medicine". And it started this path over... Now, it's over 10 years old. I wrote the book... Exactly it came out in October 2013. And it was the hardest thing I did and now I'm writing another book to be able to give people the wherewithal and tools to understand that they can take care of themselves with guidance and wisdom.

SHAWN STEVENSON: Awesome. And by the way so the title is a double entendre. If people don't know that, keep it up. [laughter] So this has been fantastic. Thank you so much for sharing your experience and your brilliance and... Yeah, wow, this is really amazing. Thank you so much and by the way, we'll put all of these resources in the show notes for people. So again, thank you so much for coming to hang out with us and making the trip out here from coast to coast. This has been really awesome.

DR. FLORENCE COMITE: I had a fantastic time and I'll look forward maybe to coming back or reversing it where we can talk and you can tell me all about what you've accomplished and how come you're such a trusted voice on... Podcast number one, I think in health.

SHAWN STEVENSON: And don't forget about the muscles.

DR. FLORENCE COMITE: And the muscles. Remember I mentioned that. Well you haven't given me enough about that. Send me your labs, I can tell you what's going on.

SHAWN STEVENSON: It's already done. Thank you so much. It's been awesome. Dr. Florence Comite everybody. Thank you so much for tuning into the show today. I hope you got a lot of value out of this. This is putting the power back into our hands and starting to look inwards to understand some of our biomarkers and creating conditions to where we can age more healthfully.

SHAWN STEVENSON: If you got a lot about you out of this, please share it out with your friends and family. Of course, you can share this out on social media. Tag me, I'm @Seanmodel on Instagram. And of course, you could send this directly from podcast app that you were listening on. We've got some epic world class guests, powerful master classes

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