Pulse Centers & Pulse Equine Virtual Town Hall: Paradigm Shi...

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SPEAKERS

Dr. Lisa Fortin, Grace Booth, Greg Johnson

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Greg Johnson 00:23

Well, good afternoon and good morning to everybody that's joining us here again for this our fourth virtual town hall with Pulse Centers and Pulse Equine. On behalf of our founders polling test the web, we again, thank you very, very much for investing your time to spend with us and try to stay current and try to focus on working on your business. And I think we've got a very terrific agenda for you today. The star of the show being Of course, Dr. Lisa Fortin, who's an MD and owner of Reyouvenate in the fine state of Michigan, and I'll talk about that Dr. Fortin and a little bit more. But really, you couldn't think of a better subject matter for her to be covering at this particular point. The nation now is a good six weeks into a progressive focused on this pandemic that we've all been dealing with and adjusting to. And I think the notion of paradigm shift is a perfectly appropriate topic for us to be covering. Let me let me continue to advance through the conversation in the slides we've got here so I can walk you through. One of the things we've heard terrific feedback from everybody about that has reached out to us that is, shared their feedback at least has been, you've appreciated us sharing a little bit about how we're approaching our response to the COVID situation as a business. What are we doing here at Pulse Centers and Pulse Equine? What are the themes that we're talking about with our employees? How are we trying to focus on the business and allow me a couple of minutes before we turn the the show over to Dr. Fortin and to tell you a little bit more about how we're

approaching things here. And if we move to the next slide, I can tell you that one of the things that we try to keep in mind is this notion that you've heard about for several weeks. And for those of you that are new to our, our town hall series, we've been talking about this notion is that from crisis comes character, from challenge comes confidence. You know business is challenging. These are challenging times and, you know, people that are involved in a business and it's challenging and they, they're successful. You know, they get some confidence from that. Now, the reality is that when you're working in a period of crisis, from crisis comes character. And the thing that we've tried to talk about is not being perfect. We've tried to talk about as leaders here at Pulse Centers and Pulse Equine, whether it's in our sales organization, whether it's the people that are answering the phones, whether it no matter who it is within our ranks, we want to ensure that the activities the way that we're approaching the business ensures that we are on the right side of the crisis scale. We believe that there are people, companies, politicians, entities, governments that are going to be evaluated when this is all done this year. And they're going to be evaluated on which side they were on the scale of, of character. And I think everyone can understand that, basically. And that's something that governs the way that we've approached the business, the way we've approached difficult decisions for our business. And I wanted to leave with that for a moment. Let me share with you a few other messages that I also discussed with our manager meeting on Friday morning. Earlier today, there were a number of themes that we talked about, and they may have some relevance to you as well. So Grace, why don't we move a little bit further down the presentation, if you wouldn't mind? So look, last week, we talked about this notion of asymptomatic. We've been talking for weeks about the fact that, you know, this, this pandemic is unlike any other national crisis in that it is a rolling admission of crisis. There wasn't one dramatic act that really gets galvanized the country together. And as a result, and because of the nature of this being a virus, it has created some incredible challenges. We still are seeing people who want this to be done. They understandably don't want to deal with this anymore. They don't want to deal with having to be in self quarantine. They don't want to have the normalcy that they're in now they want to have their old world back, their old lifestyle back. And yet we continue to see this taking place here in Georgia right now. We're facing our own place in the spotlight for this crisis. This week alone, we've seen Georgia become the state with the highest day over day increases of new cases. Do I think all of a sudden we've seen new people getting sick? No, this is an asymptomatic virus. We haven't had a lot of people tested. And we've been operating with an assumption that a lot of folks here in Georgia, unfortunately, were carrying the virus and it's just now coming into the visible numbers that are being tracked. And so we are very, very vigilant right now. And we are certainly imploring for our own employees, not just as a professional culture and work culture, but we're really trying to advocate to everybody to the best of your ability: stay vigilant, I know this has been five or six weeks of the disruption of your normal thinking. And we have to stay vigilant, frankly, for us being

largely headquartered here in the state of Georgia. This is our window now where we really need to be paying attention. So if I move ahead a little bit, I also want to share with you some other things that are areas that we continue to talk about. Once again, I challenge the people that are listening to me this morning or this afternoon, to go ahead and find in a local media, to find prominently displayed in your your news feeds that you get on your phone and your social media news feeds. I challenge you to see the green number as prominently displayed as the red number. They are both important. And yet this one continues to get less airtime. We continue to focus on it. It is encouraging and it does give legitimate, legitimate reason for people in this call, especially those of you that are looking to get back to normal, those of you that are running businesses that are under incredible strain right now just like everybody else, that there is a time where we are going to get back to normal. So take solace in this number, as much as you must pay attention to the other numbers that I was referring to, in our own heightened state of vigilance here as a company because of the state in which we reside right now. So let me also talk to you about a couple of other things if I can move forward. Paradigm. You know, when I was talking to Dr. Fortin, a couple of weeks ago, and identifying her, we were trying to editorialize, you know, who are the people that we wanted to put into these town hall series right. You're investing your time, you have a lot of other things that you can do. There are 14,750, webinars and so forth that you could choose to participate in. Why are you going to choose ours? And we need to make sure that we try and have a diversity of speakers and a diversity of expertise. And I said, "What would you like to talk about Dr. Fortin?", and she likes to, she said, "I'd like to talk about this notion of paradigm shifts." And a paradigm shift is a typical, or the definition of a paradigm, I should say, is a typical example or pattern of something, a model. And when you have a paradigm shift, it means a massive disruption of that particular model. Well, I want to tell you, one of the things that I spoke to the leadership team about this morning here was what we've been going through. If I go to the next slide, next Friday, it will be April 17th. Three months ago, on January 17th, we held our second annual company meeting, and we gathered all of the people, the people that manufacture your technology, the people that sew it together, the people that do the technology builds, the folks that are in our finance and accounting teams, our sales organization, our marketing staff, and everybody and we went to one of those, you know those newfangled posh theaters with the nice big chairs. And the Webbs were there. And Paul had his family there. And we were using as an opportunity to celebrate together what was a historic 2019. And we also laid out to the entire company, you know, what our plans were for 2020 and beyond. We talked about things of great vision. And we talked about what was possible and what could be the innovations we could provide for our customers. Where can we staff differently? Who could we hire to help support the business? And it was a rightfully ambitious and exciting agenda. And it seems like not three months ago, it seems like three years ago, and as I reminded the team, and as I will remind all of you that have your own businesses, or all of you that have

your own lives that you would like to get back to normal: We here at Pulse Centers and Pulse Equine, we'll come back to exactly that business we talked about on the 17th of January, we'll be revisited. It didn't disappear. But it has been put on this forced pause. And we've been doing our best to take our own advice to work not just in the business, but to work on the business. And let me share with you what's going on in my head. Let me let me talk to you what I'm thinking about that it is important, despite all of the other challenge, personally, that I'm going through with my own family having proximate exposure to code that nobody has it yet, but my own parents are in close proximity to COVID-19 in their retirement community. This is touching all of this and I realize that, but my responsibility also is to think about the future. As I shared with the team earlier this morning. I also think about things like the following slide. I think about what is the future of this company look like? I think about what our future headquarters looks like. I think about where we'll be, and this was really a commission that we put together to say what does the world headquarters of Pulse Centers look like in 2030. We're coming into, you know, a new decade. And we wanted to start thinking about, you know, look how far we've come over the last 10 years. 10 years ago, Paul and Tessa was still largely running the business themselves. They were just starting to add people to the first circle of employees that came into the company. And look how far we've come. Why is it impossible for us to think about that? I think about the people that are listening to me right now and how many people you influence with our technology? Why wouldn't we think in that same way. And I'm not telling you when you should be thinking like that. But I am telling you, there will come a time when we will get back to thinking about all the things that we were thinking about six weeks ago. So let's move forward. I hope that was helpful to give you some perspective of how we're focusing. Once again, this is gonna be a quick slide, but I want to remind you at all times, what we're trying to do in these town halls, is to feed you with equal parts the heart of the healer and the mind of a business owner. It's this ethos that we think comprises the best of our technology owners and so when I talk to you next about our next, go to our next slide and our presenter, I want to talk to you and introduce a little bit in greater detail our next speaker. And this is this is a real privilege for me, I've gotten to know Dr. Fortin, and over the last year or so after we met in person, ironically, a year ago, we were in Southern California at the Upgrade Labs conference, and it was there that I first met her and her husband in that setting. We've got to know each other in and in progressive ways over the course of the last year or so. And it's interesting many of you on this call represent the very first generation of technology owners at Pulse Centers and Pulse Equine. On the human side, well, it was chiropractic, chiropractic, the literally the the progressive chiropractors on this call this business, no pun intended, was built off of your backs. And over the over the over time, we've seen progressively, whether it was Chiropractic and the support that we've had from our equine community in equine therapy in equine that space, those were the two pillars from which everything else was built upon. But over the last couple of years, we've seen more and

more pieces of our pie, so to speak, evolve. And the fastest growing segment of our pie on the human side is traditional MDs, physicians, classically trained Western medicine physicians who found their way, whether it was because they wanted a concierge practice, where they grew. They grew despondent with the insurance model and the constraints to their income it could have. I choose not to know what the purposes really were, but there were pioneers in medicine. There were pioneers in traditional medicine, and Dr. Fortin for sure is a pioneer in our culture. In 2007. she and her husband purchased their first XL Pro, or I should say not 2007, but several years ago, purchased their first technology from us and started using our technology directly into her practice. Dr. Fortin did find a progression into medicine like many other people, but ultimately, she felt there was a paradigm shift that she was going to be a part of her background and her. Her accomplishments are impressive. What I find in talking with her more so than anything else that I really have enjoyed getting to know is this notion that she has been always looking for the best opportunities for customers. After an initial misguided entry into biotechnology, thinking she was going to be the next CSI star in the world, she quickly pivoted towards traditional medicine. And it wasn't that long after that she found her way into a more holistic view of how she wanted to treat her patients. So without further ado, and joining us live from her home in northern Michigan, would you please welcome Dr. Lisa Fortin. Lisa, welcome to the call. And thank you very much for joining us.

D Dr. Lisa Fortin 14:14

Thank you, Greg. I'm excited to be here.

G Greg Johnson 14:16

I am, too. I'm super excited. You know, tell us if you don't mind jumping in a little bit. I gave you a little bit of an introduction. But maybe you could tell us a little bit more about kind of your pathway to to medicine and a little bit more into your pivot into this more holistic approach to it, if you wouldn't mind. Thank you.

D Dr. Lisa Fortin 14:34

Yeah. So I guess my approach is the delayed approach into medicine. And like you alluded to, I initially began my intention of a career in biotechnology. I had a desire to work in a crime lab. And after visiting physically, a crime lab decided, well, this isn't quite what I expected and not not so much for me for the rest of my life. Quickly pivoted into research and, you know, ended up doing a year of neuroses neurosurgery research, or what we call bench research. And had a fascinating time doing that. But again, felt, you know, taking lab notes and being just at the bench was limiting to my overall ability and

want to have a big effect in this world. So, that is when, I always had a love of science obviously, pivoted to medicine, where I felt that more of my personal skills could be used to have a larger impact. And you know, the holistic that did stem all the way from when I was a child. My mother was diagnosed with Lupus when I was in middle school, and had a really rocky road for a long time going the traditional way with a rheumatologist. And yeah, she wasn't getting better, it was actually feeling much worse on the medication she was put on, and one day just said she, you know, she had enough she was not going to continue with the medications that seem to be making things worse. And so, you know, my father and her scrambled for another answer searching for another answer, and came upon an herbalist and you know, she did about a month of the herbal regimen and health remarkably better. And what really stuck with me was when she returned to her rheumatologist, the rheumatologist basically told her well if you're going to go that route, I can't support you and you really can't be a patient of mine. And this really stuck with me. I thought that a physician was there to help with the health of their clients, no matter what you know, and and if they found relief in other avenues, why couldn't they support that? And so I think oh,

G **Greg Johnson** 16:52
my God, yeah, what can they support and why? I mean, knowing you the little I did, if you found that with one of your patients, you would have been like, tell me more. How did this happen?

D **Dr. Lisa Fortin** 17:01
Exactly.

G **Greg Johnson** 17:02
What did you see? What did you do? What was going on with that? But let's go to the next slide. And I want you to get to start talking about this notion of paradigm shift. Right? You wouldn't keep that up. We let our speakers think about what the title is for what they'd like to discuss, but talking about this notion of paradigm shift and why you thought that would make for a good topic for today.

D **Dr. Lisa Fortin** 17:23
Okay, yeah, I think if we advance to the next slide, what I want to do with the paradigm shift is that I had two paradigm shifts. In reality, I had first my own health problems, which led to my own discoveries and paradigm shifts. And then I applied that to a paradigm

shift and how I wanted to deliver health care. So if we go to the next slide, has to get a little bit into my history just so that you can understand what what my story was. So, I started again, in biotechnology. I have always been a very determined person and really applied, and did my best in whatever I did so graduated biotechnology Cuma Sum Laude, went on to do that neurosurgery research and became a published researcher within a short one year window, continued on to get my Doctor of Medicine from Wayne State University. Completed a five year radiology, residency, radiology to me, one of the most fascinating fields of medicine. I think, going back to my crime lab days really allowed me to be a detective of the human body and, and true essence get an X ray view into the body and see how remarkable our bodies are. How well we are able to adapt and how well we can recut, repair and regenerate after insult or injury. So, you know, did the did five year residency and was chief resident went on to complete my training at Harvard Abdominal Imaging and Intervention, worked for about six years in radiology and became the chief of radiology at the hospital I worked at, but along the way, and the slides will have to sort of be advanced with me but, life happened as well. So in 2004, I was married. And then during the residency, we had three of our children during residency and I had we had our first child...

G **Greg Johnson** 19:20
Total underachiever, what a slacker, you are my goodness.

D **Dr. Lisa Fortin** 19:26
Before the child just before becoming a partner, so but this all plays in that, as you can imagine, in my life, there was mounting stress, mounting chronic fatigue. I felt like I haven't slept through the night in about eight years at this time. And really a lack of self care procedures so I wasn't taking time to care for myself. I was just getting through and caring for my family at this point. If it goes to the next slide, you can see how this really did put a toll on my my health. So things started to fall apart. In my own life, I had these very odd rashes on my face, which would come and go.

G **Greg Johnson** 20:08
Wow.

D **Dr. Lisa Fortin** 20:09
...and being the typical physician I was, there was really a question of what's going on. I went through all the traditional training that I knew, you know, I was it a topic or allergic

dermatitis, was I allergic to the surgical masks I was wearing all the time, it seemed to be very perioral and very nasal and distribution around my mouth around my nose. And so kind of went through and was really left only with questions at the end of it. And so I needed to step back and not look at this. You know, what it what do I know black and white, but try to put a new lens or a new way of looking at the problem. And if we go to the next slide, you know, it's a whole new way of looking at the glass, not the glass half, empty, but whole new way and so finally, you know, through a lot of what I attribute to what they call functional medicine, doing a deeper dive looking for a root cause I found out that I did the facial rashes were originating from food allergies, I had about four pages of food allergies. I was allergic to a lot and I had no idea about this. And then I thought, well, how in the world do I have so many allergies. And because I was allergic, there was one clue to every type of meat, chicken and fish and beef, lamb, pork. This is very odd to have allergies to meat. So there's one kind of underlying factor which probably was in my case, and I'm pretty certain it was is to have gut permeability issues or leaky gut. And what that can lead to is incompletely digested food particles or what they call macromolecules getting into the bloodstream. These are not typically in, they're typically broken down further so the body sees as foreign starts making some antibodies against them, and through what they call molecular mimicry or disappearing, very similar to something that you already have in your own body started attacking my own body.

G **Greg Johnson** 22:06

You know, what's, what's interesting about this is, if I may I just want to point out for everybody, you know, you're most everybody that is on this call are fairly progressive. They now have heard of the notion of leaky gut. Listen, when this was happening, you know, nobody was talking about what leaky gut, you know what I mean, you were in a real phase of discovery that, you know, it's commonplace now, for us in the wellness industry, to know a little bit about some of these things. But, you know, like so many other people, you know, Paul founded the company because of his own self discovery around how PEMF could help him, right? So there's a common thread that so many of the people that are listening to a resonates but I just want to remind everybody, we're looking at leaky gut, leaky gut, this was a while ago, and at the time you're, you're a you're a physician, and you have access to so much and you know, you, you, you, you still were facing no answers. And the notion of having leaky gut. Oh my goodness, nobody was talking about that then.

D **Dr. Lisa Fortin** 23:07

Exactly. And how embarrassing as a physician to not figure out what's going on with your own health.

G Greg Johnson 23:12

Well, I was gonna ask you about that. I mean, I'm sure that was torture, psychologically. Right? It's like, how do I treat my patients if I can't, if I can't even get myself right? I'm sure that was maddening to you. You know,

D Dr. Lisa Fortin 23:22

it was it was but you know, I, I was able to really turn my health around, I did an elimination diet for six months started reintroducing food, I started to use PEMF technology and photobiomodulation more often on myself. All of this really came to a head in 2016, 2017 was when I was getting a handle on all of this. I started to do a little bit of meditation, which I'm still you know, improving myself upon, but a lot more self care and really looking at what am I putting into my body and how is this affecting my body And so, once I was on the road to recovery, I really wanted to see what sort of damage am I doing to my or have I done to myself and all of this with my chronic stress and fatigue and all of that? You know, in addition to the facial rashes, I forgot to mention also I had left sciatica, so inflammation, I had brain fog. It's just this chronic level of fatigue, which I attributed to being a mother of four young children in a pretty difficult position, you know, career. So I, if you want to go to the next slide, I did take a look at my biological age. So there's a pretty neat test called Teloyears which measures the telomeres are the little caps on the end of your DNA. And the length of the cap is associated with longevity. So the shorter they are, you know, each time your cell replicates or turn, divides, those caps get shorter and shorter. And when you're in times of stress and your cells are really working hard, they're going to do more of these divisions. So while at the time of measuring I was 38 years old, and as you can see here, striking over two decades older than myself biologically, and I ranked in the very first percentile, the worst of the worst in my biological age, or how healthy are you?

G Greg Johnson 25:26

So you do this test? I mean, you knew you weren't feeling well, but you were not expecting this. I got to think, right? I mean, this was not the number you were thinking?

D Dr. Lisa Fortin 25:34

No. Honestly, even at this point, I expected to be in the green. That's how I felt about how my health was going. And if you were to look at me at this point, I had recovered from the facial rashes I was fairly in shape. I seemed like I was handling it all. The things I you know, things were going well. So needless to say, this is a huge red flag for me. I know that

health begins at the cellular level. Although somebody does appear healthy on the outside, as in my case, I knew I was slowly been in, in essence killing myself on the inside. And this was a huge red flag for me. And so, the funny thing was, you know, even my thought that you alluded to where did I expect this to be? I would just think I have pretty good genetics, you know, I, I'm managing pretty good. I'm fairly in shape for all the stress that I've been through, which brought me more kind of to deep dive into the study of what they call epigenetics, if we go to the next slide. And so, epigenetics is the study of how does the environment affect your gene? And when people say, oh, you just have good genetics, I kind of put up a picture of my family tree here. In my family, we have obesity, diabetes, heart disease, cancer, stroke, autoimmunity. Pretty well, I think we've we've got everything running in my genes...

G **Greg Johnson** 27:06
Sounds like a typical family reunion nowadays to be honest with you, oh my goodness.

D **Dr. Lisa Fortin** 27:10
There you go

G **Greg Johnson** 27:11
You're not alone there. Let me put it that way.

D **Dr. Lisa Fortin** 27:15
Unfortunately, The impowering thing to know about this epigenetics is that you have a lot of power to carry the gene, but that does not mean that you have to turn that gene on. Through our environment, we have a lot of control of which genes we turn on or off in a way. And I like to say that my DNA doesn't stand for, you know, the deoxy nucleotides, the nucleic acids, but rather do not assume just because I'm carrying these genes, don't assume or yourself included everybody listening, you know, don't assume that you're destined to the fate of the genes that you're carrying.

G **Greg Johnson** 27:17
No, I know. That's a that's a really important message, and we'll get into that a little bit more. So, while this is getting good, I know what's coming up for people. So let's keep going here. This is very interesting.

D

Dr. Lisa Fortin 28:03

Okay. So that was my paradigm shift, you know, was dealing with my own health doing deep dive, figuring out that medicine has so much more to offer than I was even trained and, and sort of stepping into these newer avenues of medicine which are emerging. And so how could I then apply that to what I was doing in my own healthcare delivery. So if we go to the next slide, I, everybody is made of billions of cells and trillions of bacteria. But the most important thing is realizing that that basic unit of life, that cell on the right side of the screen there, this is such an amazing little thing. So it is already pre programmed to repair, to regenerate, to fight off infection, to take care of waste, and replicate and make new cells. So you know, it's fascinating that that little cell Which were made up billions and trillions of is, is already programmed to carry out its functions in a normal way. Nothing we have to code, we don't have to tell it to do this. But what we do have to do is control the signals we're telling or the environment, we're, we're putting those cells in and telling them how to function. So my, my theory became, and my theory on medicine, and really what drives, you know, the underlying thoughts of the clinic that I run is, if we can keep the cell half healthy and functioning optimally, the cells make up tissues which make up organs. And if we can go to the next slide, then we can have improved cellular health and our tissues, our organs, our systems, and our being can there be optimally functioning. So everything that we look at, at that clinic is really down to that cellular level. If I'm addressing somebody who has osteoarthritis of the knee, I'm going to say, "How can I improve the health of those novio cells lining the the knee joint? How can I improve the circulation to get the cells more nutrients and the waste products removed? How can I improve the chondrocytes or the cartilage forming cells in this environment?" And then really near and dear to me, obviously, with my Teloyears age of 59, way back when, if we go to the next slide, there's been a lot of work in the last decade about what causes people to age and Cell did a really good study and found that there are are they published and so I'm sorry, but found that there are nine factors of aging. And I won't bore you with the specifics of each of these factors, but the most important thing to take from this slide is that each of these factors of age or aging are originating at the cellular level. So if we look at any of them, you know, altered intercellular communication, how is the cell inside you know, talking to itself inside?Genomic instability. How is radiation causing DNA strand breaks telomere attrition in the red there? That's what, that's what happened to me. I exhausted my telomeres much quicker than they should have been at this step. So but each of these things being at the cellular level, is another thing that just supports the theory of let's, let's really improve cellular health here and see, see what happens.

G

Greg Johnson 31:28

So, Dr. Fortin, let me ask you this question. Let me ask you this question. So you have this, you know, personal paradigm shift. Now you've decided to have a more profession,

professional paradigm shift. I'm sure everybody in your old MD community was super excited about what you were doing and very supportive, correct? No.

D Dr. Lisa Fortin 31:48
Yes.

G Greg Johnson 31:50
No, I mean, I mean, You know, I'm sure you thought, you know, they knew you. I'm sure there were examples of people that knew you, you know, saw what you were dealing with saw what you were trying to do, and Still, you come up with a lot of resistance from people that would otherwise have been, quote, in your cohort have still not figured out that there's more than one ways to, ways to approach getting to this, this puzzle that everyone's trying to figure out. And I know that I know that as a challenge you had to overcome, you know?

D Dr. Lisa Fortin 31:51
No. Yeah, I think a lot of the resistance lies in the unknown. It's just, I was forced, fortunately, to dive into this and really try to understand it at this level. Well, you know, I like in the training an MD to become an MD, much like drinking from a firehose, you're just bombarded with information. And there's not really time to further investigate what they term alternative therapies, you know, we were taught, what we're taught, and what always, you know, probably stems from my own my own experience with my mother's illness, right. Why can't we take the best of the West and the best of the East and the best of the whole world medicine, see what works and put that together in our in our formulated programs?

G Greg Johnson 33:09
Yeah, I think we're getting closer. I honestly do. And we were talking this morning about this too, I think, for all of you that do own businesses where you're serving your communities in a variety of different ways. I think that this pandemic, once we deal with the implications as humans as individuals and our families, and wherever it impacts us more, more directly. The byproduct of all of this is that it's going to accelerate the fact that people are going to be more open minded, Dr. Fortin to your messaging. People are going to be more open minded to our messaging. People are going to be more open minded in general, and I think if there is a silver lining as Tapp Francke was talking about last week in our town hall, maybe that's the silver lining, right, maybe more people will get forced to

concede that they must take a deeper look at that they weren't willing to look at before. But Sorry to interrupt you. I know you want to go to the next slide here and keep going.

D **Dr. Lisa Fortin** 34:05

Great point. Right. So looking back, is there hope? Yes. About one year ago, I retested my telomere age, which they no longer give you a direct biological age, but a range. And you can see I improved quite a bit from my improvable, improvable levels there. And about about seven years within myself, and, you know, personally, I expect to continuely be decreasing my biological age with each year that I'm becoming older, so it can be done.

G **Greg Johnson** 34:41

Too bad they didn't give you a range on that first test?It might have been a bit a little bit less sobering. But, but that's a lot of progress though. When you think about how long you were probably dealing with, you know, the build up, and the deterioration for you to make this kind of progress. I think it's impressive. I mean you must be encouraged by that...

D **Dr. Lisa Fortin** 35:02

And I hope it's encouraging for everybody because the number one excuse that I feel like is I don't have the time. And if anybody doesn't have the time, I think that that would be I would be included in that segment. So, it should be encouraging, that it doesn't take a whole lot of time to improve your health, it takes a lot of good choices to improve your health.

G **Greg Johnson** 35:21

Terrific. Okay.

D **Dr. Lisa Fortin** 35:24

So, you know, 2017 was the year that if we go to the next slide, you know, we started the clinic, ReYouvenate, and the name came from the ability of the bodies or ability of our body to rejuvenate, but the focus really being on you that you are the one in control here. So we've done really neat things to the clinic now. It's a non pharmaceutical, non surgical clinic. And so we've offered people searching for ways of non pharmaceutical pain management, especially In light of the opioid epidemic, other ways of gauging, you know, their pain management. And what the clinic does is combined regenerative medicine with advanced medical technologies to see what I believe is kind of the best outcomes that I

can offer my clients.

G **Greg Johnson** 36:17

Yeah, this might be a good, this might be a yeah, let's go to the next slide. But while we're doing that, let me also say this is a good reminder to say for the folks that are out there listening and engaged right now, if you'd like to ask a question, you can type your question into the queue. And at the end, we'll make sure that Dr. Fortin has a chance to answer it. So clearly, you're seeing that she has a tremendous amount of subject matter expertise. I think you've already figured out why we wanted to run this town hall by now, I hope. But I think for some of you that are also dealing with very complicated situations with folks that are in your businesses, or in your own personal life, you know, you have somebody here speaking to you that can can talk not just in the abstract, but from really direct personal experience, not just with a family member, but which often motivates folks to have a paradigm shift. But in your case, very, very specific things. So yeah, tell me a little bit more about this word cloud. It's pretty cool.

D **Dr. Lisa Fortin** 37:15

Yeah, this is just, you know, things that popped in my head about what what is rejuvenating about what to be addressed? And what sort of technologies do we use to help people to improve their health? Our mission is to price to provide these tools necessary for people to repair, regenerate, thrive, and then fuel their own mission. So, you know, I, I did want to touch a bit on PEMF in general.

G **Greg Johnson** 37:40

Well, that's been good. I'm glad you..

D **Dr. Lisa Fortin** 37:41

You can go to the next slide

G **Greg Johnson** 37:42

Well, I'm actually I'm actually quite glad that you are but you know, everybody, I'd like to, I'd like to really set this up if I can for a moment. But Dr. Fortin, and I think one of the things that makes you also such an interesting guest is that as a physician, as an MD, and as somebody who's had these paradigm shifts These are really, you know, I'm paraphrasing a little bit, but you shared with me that discovering PEMF. And then

actually, then finding your way to our technology was a big piece of the puzzle for you. And I think you're going to share with our audience today, some very specific ways that you are working with patients in your clinic using our PEMF technology. And I know everybody will be very, very interested in that because it's a different slice of expertise that we're going to hear from so please tell us more.

D Dr. Lisa Fortin 38:30

Okay. So, to begin, PEMF, I had we had used in our own personal life and portable PEMF units for about a decade before we went the clinical route. And with my experience at home, and you know, with just helping our friends and family with injuries, predominantly at that time, we knew that the PEMF technology helps something special and it truly had an effect. My husband and I guess you can call us biohackers though I don't love that term. But we love to see what does advanced medical technologies have to offer and you know, kind of weed out which ones have a true biological effect and which ones you can't really notice that much. And PEMF has been something that's really helped us in our own health along the way. And so when we built the clinic, we really wanted to bring anything that we had experienced at home that had the greatest effect, get a clinical grade system that way and bring this to our clients. So these pictures are from when we first opened the clinic in 2017. We did a full day of 20 minute free PEMF sessions, just try to open it up to the community, let people feel the technology and see what it's all about. And these were just two people we did before and after a range of motion photos actually. And even though I knew PEMF was very powerful. This still surprised me. You know that in 20 minutes, you could get such an improvement and range of motion from these people have shoulder mobility issues. So that's kind of at the very beginning of clinical already surprising me more and more. And then if we go to the next slide, this is kind of one of my favorite client cases. This is Sarah. She's when she came to us at 22 year olds, he was before her accident, an avid soccer player. She actually suffered her first seizure and hit a tree and shattered her tibial plateau. She had a fracture dislocation of her ankle, which was an open fracture with a large, you know, laceration. And when she came to us she was suffering from a chronic right lower extremity pain. She was able to be on her feet, maybe five hours a day. She said to us, the first thing that would pop in her head in the morning was always "How am I going to get to my day?" because the pain was so intense. It would go down to her leg and up into her side. She was actually scheduled for her fourth surgery when we met, she had first external fixator than internal hardware place. And because he was in Michigan, anytime that Sarah went outside in the winter, when it was cold, that hardware would actually freeze inside of her leg and her whole leg would turn gray.

G Greg Johnson 41:17
Oh God.

D Dr. Lisa Fortin 41:17
But she had the hardware removed. Yeah, she's been her quite a bit had to have all that hardware removed and she was scheduled before surgery was going to be [several inaudible words] adhesions or cleaning up of the scar tissue. Because she had no range of motion in her ankle, which really limited her ability to run, to squat, to do if I know it's hard to imagine if you don't, because we all have good range of motion in our ankles but very difficult to do a lot of normal functions. And the worst of it was that she was up up to 21 medications at one time she was on she had pain medications, the multiple sleeping aids, anxieties, depression, she had all the you know medications and so this poor mind at 22 years old was really inundated with a lot of medications to deal with. So Sarah did about 10 PEMF sessions, we did two cold laser therapies on her leg and we manually broke up the scar tissue in her ankle quite a bit. And about a week after her sessions with us, she sent me a text and she was in tears, her and her physical therapist because after three long years of physical therapy, she had enough range of motion in her ankle to be able to perform a squat and be discharged to home physical therapy. And since this time, she's, she's jumped on a trampoline, she can run. She's done a couple hiking trips. She's actually an amazing singer, songwriter and an artist and really has bloomed into that feeling much more liberated in life to do what she wants to do. The most amazing thing was that...

G Greg Johnson 42:57
You told me she was you know, literally, you know, depressed, almost suicidal, she was, you know, really, really struck understandably unbelievably struggling. And you know her, her involvement with you is obviously then led to quite an intervention. And I can see why you would share this particular story with us another a lot, but this one is, this one is amazing.

D Dr. Lisa Fortin 43:19
Yes, the most amazing thing about it in my mind is that currently she's on no medications, she has completely been able to get off of her medications and the time that we've spent with her. So it's life changing for her. And I think, you know, the way using this advanced medical technology is combining them with regenerative medicine and really focusing on cellular health is it can be life changing for many who are searching for relief.

G Greg Johnson 43:45

There's no question and needless to say, I think we're proud of the fact that our technology was at the epicenter of kind of how you approach her with this pick you how you approach your your patients in this particular case. So we're, we're proud that we could be a part of that And then the meaningful way. So wow, thank you very, very much. And yeah, just looking at the photo is just hard to wrap around. And you, you shared with me some video that we didn't, we didn't want to try and risk putting in here of kind of her story. And it's it's, it's sobering to say the least it's very, very humbling. It's amazing.

D Dr. Lisa Fortin 44:20

Mm hmm. And the amazing thing is that hers isn't the only story. I feel that this technology and you know, other ways of interacting with the cell are really life changing for people and most of my clients have been to, you know, three or more physicians in their search for relief in a way. And yet sometimes it just takes that looking outside of the box. How can we address this in a different way because what you're trying not working, thinking to get them over the hump.

G Greg Johnson 44:54

Yep, my gosh. Well, let's continue because it covers more ground.

D Dr. Lisa Fortin 45:01

Yeah, so go to the next slide. So, in light of the current situation I just wanted to touch a PEMF has many, many benefits. But the immune benefits of the PEMF are they are in studied. They're able to activate one of the white blood cell types of macrophages and increase the binding and endocytosis which is just a fancy word for taking the particle into the macrophage or the white blood cell of particulate cargo such as bacterial or viral debris, up to 56%. And this is observed even eight to 24 hours after their a PMEMFsession. So, long lasting. Most important when you get into the virus in a second here, they are able PEMF is shown to down regulate inflammatory cytokines that you can see with systemic inflammation and at least increase one anti inflammatory cytokines. emf is not cytotoxic or not damaging to the cell and there was no obvious increase in these reactive oxygen species generation. This is all important in the light, in light of how does a viral infection and what what seems to be going on with COVID right now, so please keep this in mind as we go on. And the last thing I did want to mention, though, for those practitioners that have portable Pulse rental units, that this time, I have had such an increase in my requests for this portable Pulse rental unit. People don't want to be coming out or going to the clinic, but they do want to help with their overall resilience. And the

TMS is one way that I incorporate it's a huge part of what I can do for people who are at least local to the clinic. And you know, if you have this portable Pulse rental unit as well it's a great way to help people at a distance.

G **Greg Johnson** 46:52

Yeah, I'm not sure if you tuned in last week. Tapp Francke spent a good bit of time and she actually cultivated a model where you know, it was all actually quite by accident, but she's got tremendous success using our technology with largely a clinic focused Lyme, and folks suffering from Lyme, and, and started with one, and then she thought she was gonna use it for herself at home and then it kept on getting rented out. And she got 2,3,4, 5 and five that are fully committed. And I didn't even shame on me. I didn't know as we were prepping in the green room, the virtual Green Room, right before we went live today. I didn't I didn't know you had the I had the X and you volunteered that. So I'm just glad that you're able to continue to be relevant and provide meaningful support to the patients in your clinic. So that's, that's, that's terrific. I know we were going to pivot a little bit here into some some other areas that you wanted to talk about. And we probably have about 10 or 15 minutes or so. So just wanted to give you that as a frame of reference, but let's continue with the presentation. I don't know about you, but I'm taking over the rest of the folks. But I'm taking notes. And I've certainly learned a lot of things that I'll try to infuse in the way that I speak to people myself. So I really appreciate your perspective, Dr. Fortin, and the fact that I'm hoping that everybody has really gotten an insight of that, you're not only speaking about something, you're speaking about something that you've had to deal with and overcome yourself to a large extent, which I think is just amazing. So let's take it let's let's do that. Let's take a closer look at COVID-19 from a physician's perspective and how you're observing this. So thank you.

D **Dr. Lisa Fortin** 48:32

Okay. I'm going to try to make this very understandable. But the things that I'm speaking about are important for how it is presenting clinically. So just bear with me for two slides here. And then we'll get into the clinical more, more fun stuff because...

G **Greg Johnson** 48:45

Yeah, yeah, your, you're a physician, you're a physician you make, it's gonna be very difficult for you to do that. But go ahead, but go ahead.

D Dr. Lisa Fortin 48:53

I'll do my best. Go to the next slide.

G Greg Johnson 48:57

By the way, no, and by the way, we're joking a little bit Here, but this is this is important. Sometimes it is complicated. Sometimes you can't, you can't make it simple. Sometimes we're dealing with something that is complex. And it does require a level of complexity in how you break it down. And we have yet to have a doctor, come on board from a MD perspective, and add this perspective. And I know I know, that's what we we've been looking forward to as well. So thank you, thank you.

D Dr. Lisa Fortin 49:27

You're welcome. And this is sort of a cartoon of the virus being with the red and green balls up there, and then a cell of a bunch of cells with receptors those little lines and to show how the receptor fits into part of the virus. So on this, let's pretend this is COVID-19. This is just a nonspecific virus here. If it goes to the next slide, you'll see that the COVID-19 has these little spiky proteins all around it. And those, we're looking at the SARS CoV right now. But similar for COVID, and use S proteins, which are the spike proteins fit into the certain receptors on the cell membrane called the h2 receptor, they're in the middle. And that facilitates that kind of a locking key that allows entry of the virus into the cell that so after this step, if go to the next slide, the virus will enter into the cell, and then it sort of hijacks or takes over the cellular replication mechanism of that host cell, and redirects the replication to just turn to replicate more viral particles. So rather than the cell doing what it's normally programmed to do, it takes over that programming and says, nope, we're just going to use all your resources to make more viruses pretty well into the cell filled with viral particles and explodes and then send out a lot of more viruses to go find the nearest cell with more of these h2 receptors and in fact that so So, if we look at the tissues with the highest density of these h2 receptors, it's the lungs, specifically the type 2 pneumocytes. It's intestine and heart muscle. And we know that if we look at how is this virus affecting people, most of this is a long pneumonia progressing to pneumonia or acute respiratory distress syndrome. Some people get some GI upset, upset, and then some people are dying of Myocarditis, or, you know, infection or inflammation of the heart muscle. So if we go to the next slide, once the cell is infected by a virus, this is sort of the cytokine storm. And in the cytokine storm, this is where things turn bad in this viral infection. So the body is going to start having some responses to this virus, viral infection. The first thing that's going to happen is let's just talk about pulmonary, the lungs right But the lining of those little air sacs that we have in the lungs are endothelial cells. So these cells start to dysfunction. They are, that are sorry, the endothelial cells are that the lining

of the lung sacs, and also the blood vessels. And these start to break down in their barrier, they get increased permeability or they become leaky. And then more white blood cells are going to be recruited to the area, white blood cells are fighting immune system cells, and the white blood cells and affiliate cells are going to start signaling to the body through these cytokines, they're called. This sets up an inflammatory response. And it's not only happening all the time locally in the lung, which it is quite a bit, but these cytokines can circulate all throughout the body. And right that's called systemic circulation. When it's circulation and becoming systemic, you start to get systemic effects. So you can get low blood pressure or hypertension, your white blood cell count is going to increase because your body's going to manufacture more and more of those white blood cells to fight the infection. And eventually, as this loop keeps going, we get into damage of the lungs, you're going to start to recruit fibrocytes, you're going to get some more later stage immune system fighting. And I don't have to go through all the details of this. But the most important thing about it is that once the infection is set up, sometimes it gets into this signaling loop, which just produces a massive amount of inflammation. So if we go to the next slide, because I'm a board certified radiologist, I of course, have imaging and this is what the lungs look like. So what we want them to look like, is more of that middle panel on the right, that the one that long, sort of to the right of the screen, where it's mostly black with a little bit of blood vessels coming through there, but you can see that both sides of this lung have these white patches all throughout. And those are the air sacs typically filling up with something, it could be white blood cells, it could be hemorrhage or bleeding. So they are just fluid. So these patchy airspace disease is what the lungs look like. If we go to the next slide and to mine the time here, you can see that if you look under the microscope at that patchy area of whiteness in the lungs, those air sacs should be clear. So all of the cells that are in the middle of those kind of circular things you can draw with your finger. These are all abnormal, besides a combination of white blood cells mostly, and neutrophils and then you can see that the thin of a it's pretty thin the lining of each of those specs, and as we progress to B, C, and D you're getting some scars tissue lying down and sticking of those septa in between the air sacs, you can imagine, this is the problem with for later progress is that people are getting scarring in their lungs. And these are less dispensable or they're not as elastic as they used to be to fill up with air, but more rigid and a byproduct. So as you can imagine, also that there's...

G Greg Johnson 55:24

No I just, it's just this is painting a deeper insight into some of these, you know, stories we're hearing about an immediate when we do we do question, you know, why? Why does it turn so quickly? And why is it so challenging for people to recover from that and you're getting it? You're getting it that with this notion of the scar tissue that remains so forth, so?

D Dr. Lisa Fortin 55:43

Exactly. And when those air sacs are completely filled with cells, obviously, there's poor air exchange, so you know, oxygen saturations are going to drop. If we go to the next slide, just as Greg had alluded to, some of these are rapidly progressing and this is from a radiology group I belong to. But on the left, you can see some patchy air space in these, but these are seven hours apart these chest x rays and on the right, it's hard to see unless you're trained, but this patient became intubated. There's a lot more patchy airspace disease already showing up an hour.

G Greg Johnson 56:17

Seven hours apart.

D Dr. Lisa Fortin 56:19

So it can be rapidly progressing. As we go to the next slide, then the study, some of the first studies from Johan were showing patients perish late from cardiac muscle damage. And we know that there's these two rececptors on them, the heart cells, and then there seems to be a dual peak of high mortality around day 10 from long and then around day 14 from the heart, the cardiac event. And then more recently, if we come to the next slide. This comes from Henry Ford hospital where I change Dr. Patel and Dr. Griffith are neuro radiologists and they, they describe the case here where there's not actually a viral infection in the patient's brain, but because of what is believed to be from the cytokine storm, there is changes in the brain and your you get breakdown of the blood brain barrier, which is normally protective of that. And then problems in kind of the medial temporal lobes and syllabic nuclei. And you get the last one you see there shows those dark specs are on susceptibility weighted imaging showing that there's hemorrhage or blood in the brain. And that's a lot of edema, the white parts with arrows a lot of edema in the brain. So lung, heart and brain, you know, we see are now having its toll from basically from a viral infection but a lot of it is from the cytokine storm of our body progressing in its reaction to the virus infection.

G Greg Johnson 57:51

So something we're hearing a little bit about, but not much, but perhaps many of the folks that you know, end up recovering from this are going to be facing you know, some challenges that they're going to need some additional help with that, that are unusual by most standards for disease, right? I mean, this is obviously creating challenges after the fact that they're going to recover, that, that that physicians are going to have to be

paying really close attention to and other folks in the wellness spectrum are going to have to really pay attention to.

D **Dr. Lisa Fortin** 58:22
Mm hmm. And I think also, that recent paper was from March 31st, about the brain imaging and that just realizing if people, you know, are seem to be doing well and then become drowsy or have altered mental status in any way that it's really important to get them in and get imaged and see what's going on in the brain as well.

G **Greg Johnson** 58:43
So say that, again, that may not be something most of our listeners are familiar with, but can you can you repeat that again, please?

D **Dr. Lisa Fortin** 58:51
Yeah, I think that the in light of the new imaging finding that they're seeing in the brain, and this paper was in radiology in March 31st 2020 is a very recent, we can see that if somebody is infected or you know, just at this time, because it seems to be quite ubiquitous. If somebody has altered mental status, it's very important to get them in and get a CT scan, probably progressing to an MRI, if they see anything on the CT scan, just to see is there, are there changes from this cytokine storm affecting the brain?

G **Greg Johnson** 59:25
Yeah. Wow. Wow, that is a that is a that is an unfortunate insight for sure. My goodness. All right. All right. Let's keep going. Oh, my goodness.

D **Dr. Lisa Fortin** 59:34
All right. And I think with respect to time, we can skip the next slide and head to the two down. And the last thing I wanted to say was that this this paper was quite interesting and they were doing molecular modeling in a way to the computer but showing that this COVID-19 seems to attack part of our hemoglobin which is, you know what carries oxygen around and they attack on the hemoglobin disassociate that, but then releases this iron molecule which is typically protected in the center of those four porphyrin rings. And when you release that iron molecule that is pretty much oxidizing, we know about rusting, you know, outside of the body. But the same thing oxidative damage can happen inside the body. So we get further damage from this release of iron, we get further oxygen saturation

drops, because the attack on the hemoglobin so, and I wanted to point these things out, because there are things that we can do that are very helpful. I don't want this to be doom and gloom, but understanding the pathophysiology of it allows us to say where are some targets that we can potentially target you know, and help with this. And because I'm not practicing in the hospital, my targets are going to be which are, you know, something that could be applied to everybody in a home situation in a clinical community setting, which is what I do. So if we continue on, in the last few minutes we have I just really wanted to touch on molecular hydrogen, which I think is fascinating and has a lot of potential in in the current state right now. So the next slide, remember we talked about how there seems to be a cytokine storm and reactive oxygen species are at the basis of that these reactive oxygen species happen in our body normally, but they also happen when under stress at a higher level and the reactive oxygen species, I try to explain like a pinball inside of the cell. They're very short acting, but anything that they seem to come in contact with or bounce into. They're very damaging to it because it can damage lipids or cellular membranes, it can damage proteins, they can damage DNA, and, you know, eventually lead to enough damage for cell death. So it's important to get these reactive oxygen species under control. They're sort of at the heart of that cytokine storm reaction problem as well. So molecular hydrogen targets, two of these which are most detrimental. That's the hydroxyl radical, the oh ah at the top right there and the peroxy nitrate at the bottom left. So, those two free radicals are the most damaging, and they really don't have a lot of positive changes in the body they don't. Like I said that we have normal oxidative, reactive oxygen species. And some of these are good in our body. But we don't want to target the ones that are on the good side and what molecular hydrogen selectively is able to target these ones which are really damaging. If you go to the next slide, this is the next couple of slides just studies. You know, they've been studying molecular hydrogen for years, decades, I guess. And this one was hydrogen medicine therapy, and effective and promising novel treatment for multi organ dysfunction syndrome or that's what happens kind of end stage, have multiple organ failure that people will get into induced by influenza or other viral infectious disease. So this is something that's already been looked at. And you can see the stress in the immune system. Hydrogen has a lot of effects which are positive on inflammation, oxidative stress and oxidative damage. So, they concluded that hydrogen medicine to give us more hope for greater survival and fewer human morbidity and mortality, you know. And in fact, they started using hydrogen gas in China, there's a couple of studies and a couple patient testimonials online, you can view that, you know, people are having a lot of chest pain and difficulty breathing, and they breathe up to 4% hydrogen gas, either through the ventilator or just as on a mask, and really felt better within just one day of starting that hydrogen therapy. And if we go to the next slide, just more studies, you can see at the bottom 2007 all the way right up through 2018. And there's more and more studies. But if you just, you know, read through that this is specific to things I think, which are now apparent are now very timely. So it's a lot talking about

reactive oxygen species against cell death by oxidative damage in the use of molecular hydrogen situations with excessive production of free radicals, etc. So if we go to the next slide, a brief summary of that is that molecular hydrogen is the smallest element in the periodic table, it's able to what they call diffuse through the bio membranes, so we know that most of the hydrogen can get into the cells, it can cross the blood brain barrier, which is helpful for that neuroprotective benefit, and it can get all the way into the nucleus of the cell. It helps with that cytokine storm, it can help with decreasing oxidative damage and it is selective in its targets. So that we're not stopping the, the Redox system that we need, you know, to some extent, but we're trying to control the storm, which is is excessive then...

G **Greg Johnson** 65:15

Yeah. No, I think it's so this is this is some This is something that, you know, you'd have to maybe some of our audiences paying attention to this, but I, you know, when you kind of shared your your slides with our team, you know, we knew this was something that was something that we hadn't really seen a lot of people talking about before. So and if this creates an additional awareness in a small way, I think it's really meaningful. So thank you for bringing this up.

D **Dr. Lisa Fortin** 65:43

You're welcome. You're welcome. And on the last slide, I had prepared I just wanted to know what what can I do? I don't want to induce fear in anybody. I wanted to go through the pathophysiology of the virus then we understand what's happening. And we understand what are some things that we might be able to do overall and helping our own resilience. And this is just for any viral infection in general or any infection in general. But the behavior things I'm sure certain that most of us are up to date on. Some things that were, I guess, I want to talk about were specifically that on average, we touch our faces 15 times an hour, which is a huge amount. And when we say we're talking about keeping surfaces, clean, cell phones, make sure that you're sanitizing your cell phone, you know, we set these things down and we touch them more than anything, computer keyboards, remotes, etc. And then I found some evidence that heating food to 149 degrees for at least three minutes can deactivated the virus and I do have some UV wand lights that you can get for home use, you know you can use the light sanitized. For lifestyle, sleep is hugely important to has a big influence on immune function. Somethings for getting better sleep are turning off your screens at night, using the night shift to get out but blue light which inhibits your melatonin or using blue light blocking glasses, if you need to look at your screens before bed, making sure your room is cool and quiet and dark. Exercise helps to boost immune function. It actually raises your white blood cells,

increases your circulation, decreases stress hormones, stress reduction techniques such as meditation going outside in nature, kind of going for a walk. And then I know that two town halls ago there we talked a lot about nutrition and I just wanted to you know sort of say that again, nutritious foods. This is sort of your foundation. We know how much our cells depend on what environment we put them in, and a lot of something I share I guess with my clients and it really helps me in my voyage was that every about six to seven years, your cells are replacing continually. But, you know, like reset, we shed skin cells and they replace. But that's happening all over in our body at different rates. So it takes about six or seven years for the vast majority of your cells to completely turn over. So in a way, you're a whole new you. What I empower my patients with is that the choices that you're making today are building the future you quite literally. So nutritious foods is hugely important in that you have to give them the right building blocks for brightly colored vegetables and foods to boost immunity and using like fermented vegetables, probiotic containing foods to help with immune support at this time. And then in the last column column there. I don't have to really go through these but these are sort of things that at a base level are very helpful and optimizing your health in times of pandemics or even in times of flu.

G Greg Johnson 69:01

Well, I think by now people that have been staying with us, and it's great to hear that you've been participating in these town halls, previously as well. You know, thank you very much for investing your time to be in these town halls with us, Dr. Fortin, and not just today where you're sharing your expertise, but as a participant. That's, that's awesome. To say the least. But thank you very much for sharing all this. let's let's let's move forward a little bit. I know, once again, we continue to do our best. Grace, can you see if we've got anything queued? For us for questions right now? I'm not able to see the, whether or not there is something there.

G Grace Booth 69:50

From Steven. The question is this. Do you think PMF alone would positively positively influence your telomeres?

D Dr. Lisa Fortin 70:03

That's a good question. So I think in a roundabout way, my inclination is yes, I don't have to actually dive into if there's any studies about it. But if we can improve the health of ourselves, which is really in my mind what the PEMF target is, then I think that, you know, you're going to have less and less cell turnover, the cells aren't going to be impaired,

needing to work harder, and which is causing that telomere attrition. So in a roundabout way, I'd like to say yes, but I'd really have to dive in to, you know, the studies and confirm that.

G **Greg Johnson** 70:44
Terrific, great question, Grace. What if they're more I can't see it visible on my screen, so I'm flying blind on that. Okay.

G **Grace Booth** 70:51
One more.

G **Greg Johnson** 70:54
Let's do one more by all means.

G **Grace Booth** 70:56
How do you deliver molecular hydrogen? Is there a consumer friendly option?

D **Dr. Lisa Fortin** 71:02
Thank you for asking that. So the ways of getting hydrogen in the body, there's inhaled hydrogen up to 4% of the inhaled air, which isn't consumer ready right now. But there are molecular hydrogen tablets that you can get. And I'm not sure Greg, if I'm allowed to give any kind of companies or not, but maybe if they just connect, connect with me afterwards, just to stay safe. I can send them you know, some of the companies that I that I used to the clinic and I support, but molecular hydrogen tablets are probably the best way at a whole level to get that in.

G **Greg Johnson** 71:39
Yeah, of course, and Dr. Ford, and thank you for being open minded to that we only put the contact information if in fact, our speakers are open minded to that but by all means, you can feel free to reach out to Dr. Fortin in a respectful way. I mean, she is running a clinic and I think you're up to 9 kids or 12 kids right now if I'm not mistaken. Definitely, we're joking a little bit. Was there another question, Grace?

G Grace Booth 72:06

That was the last question that we have.

G Greg Johnson 72:08

All right. Let's move forward then. And I want to say thank you very, very much, Dr. Fortin. And I want to remind everybody of something else that Dr. Fortin said to me, which is please don't be like the cobblers kids right now you're at home, use your PEMF technology. And although you gave a somewhat, you know, balanced answer to the earlier the first question that was proffered, the reality is, at its core, we know that you've said earlier your belief in terms of PEMF having an impact and overall cellular function, I believe that's what you said, you have the opportunity. There's a small window of people right now that have access to PEMF that people on this call largely. So please continue. Don't don't learn from the mistakes that some of our speakers have shared. Make sure that you're actually using the technology. A couple more slides here and we'll wrap this up. That are fairly important. I did want to remind everybody that next week, we actually will have Patti Bartsch joining us. And this really does speak largely, for the first time with a pivot much more towards the mind of a business owner. And we've been trying to focus a lot of content right now to help better prepare you as individuals as well as the people that you work with and your businesses as to what our our top practitioners and subject matter experts are doing with regard to nutrition and wellness and, and the variety of models that they have. Patti is is not only a successful wellness entrepreneur, but she's also somebody that many of you who are at a retreat last year got to know but she's somebody that has also spent a lot another lifetime in education and, and coaching. And so she has some amazing best practices that she'll share with people that are our small business owners that are actionable that she's employing right now to kind of work through this. This challenge in purgatory that the that the virus has created for all of us. So that's next week. So Patti Bartsch same time and same format, but with a curriculum, almost exclusively geared towards the mind of the business owner and of course we will have some heart of the healer content as well for sure. Next slide, Grace. Also, I wanted to point out many of you know this gentleman His name is Ben Greenfield. Ben is one of the stars of the quote biohacking profession. This guy is literally a Doogie Howser in his own right i think he graduated University at like age 14 like beyond Mensa smart. He's a champion endurance and Spartan athletes and is really one of the foremost biohackers in the world. That's a picture of him using our technology at his compound in Spokane, Washington. But many of you I think, are familiar with Ben's podcast and it was a pretty a generous mention and discussion around how he uses our technology in the context of this discussion that we've been having around the virus response and so forth. So, again, somebody that is a huge advocate of our technology, and literally views it as a foundational modality. And that coming from somebody that does describe himself as a

biohacker. So a couple more, and we are almost there. I appreciate the patience, everybody. Thank you Grace. This is just a quick reminder, please to any of our listeners on this town hall, that have systems that they may have financed from Pulse Centers or Pulse Equine. We've tried our best to be sensitive of what disruption is taking place throughout the country right now. I know many of you have already done this. We've reached out to you. I just want to make every effort to ensure that people that are financing directly through us, we are offering you deferment of your payments for three months, beginning in May, June and July. So please do reach out, as you can see here, please check your email. I know we connected with everybody where that is applicable. For those of you that are financing our technology or frankly, are financing technology, for your businesses with other modalities that are being financed, please reach out to those independent lenders. They are being flexible, some may not many, many, many of them are being flexible. And you should reach out and see if that's something that you could take advantage of, even if it's not financed directly through us or another modality that you might be financing. And last but not least, I think I want to once again, end this the way I began it by saying our best and sincere wishes for everybody that's on this call for your families to be minimally impacted or not impacted at all by this pandemic, and our sincere appreciation for all of your advocacy and all of your support and for taking the time to be with us here today. Thank you, everybody. And again, thank you Dr. Fortin for an incredible discussion and thank you for all the knowledge. Have a great day, everyone.

D Dr. Lisa Fortin 77:08
Thank you.

G Greg Johnson 77:08
Thank you.