

LONGEVITY DECODED

How to Tell Real Evidence From Marketing

Seven questions that expose a weak health claim —
the ones almost nobody asks.

A FREE GUIDE · BY SHAAF HUSSAIN

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Why this guide exists

You are not short of health information. You are drowning in it — and most of it sounds equally confident.

The usual advice is “do your own research,” which is not much help when the studies are behind paywalls and written for specialists. But you do not need to read the studies. You need a small set of questions that reliably separate a real finding from a claim wearing the costume of one.

That is what follows. Seven questions, each with an example. None requires a science background. Together they will let you look at almost any health claim and see what is actually being said — and, just as often, what is being carefully left out.

A note on tone: the goal is not to make you cynical. Plenty of health claims are true, and dismissing everything is its own kind of error. The goal is to be able to *tell the difference*, which is a far more useful skill than blanket belief or blanket doubt.

Educational content only — not medical advice. This guide teaches reasoning about health claims. It is not a diagnosis or treatment recommendation, and it is not a substitute for care from a qualified clinician who knows your situation.

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The seven questions

Run any claim through these. Most weak ones fail on the first two.

QUESTION 1

Watch the noun, not the number

A claim will give you a precise, impressive figure — “three times more,” “87% improvement.” The number feels like evidence. The question that matters is what the number is counting.

WHAT IT LOOKS LIKE

“This increases cellular cleanup threefold.” Three times more of *what*, measured *how*? If the answer is a marker that stands in for cleanup rather than cleanup itself, the number is real and the claim is not.

QUESTION 2

Ask what study would have had to exist

Before accepting a claim, picture the study that could have produced it. Who would have been enrolled? For how long? What would have been measured, and against what comparison?

WHAT IT LOOKS LIKE

“This protocol reverses biological ageing.” That would need people randomised, followed for years, with a validated measure of ageing. If you cannot imagine that study being run — for cost, ethics or practicality — the claim is not resting on one.

QUESTION 3

Ask whether the mechanism has a sensor

Many claims describe the body “detecting” or “responding to” something. Bodies respond to things they can actually sense. If no sensor exists for the thing being described, the mechanism is a story.

WHAT IT LOOKS LIKE

“Your cells detect dehydration and switch on repair.” Cells detect a great many things. Whether they detect that particular signal, at a level a living person could survive, is the question the claim skips.

QUESTION 4

Separate ‘unsupported’ from ‘disproven’

These are different, and conflating them makes you wrong in both directions. “The case for this is unsupported” means nobody has shown it works. “This does nothing” is a stronger claim needing its own evidence.

WHAT IT LOOKS LIKE

Most supplements sit in the first category. That is a reason for scepticism about the marketing — not proof the compound is inert. Honest sources keep the two apart.

QUESTION 5

Notice when one explanation does too much

If a single mechanism is offered for your fatigue, your weight, your mood, your focus, your skin and your ageing, the breadth is not a sign of depth. Real findings are narrow.

WHAT IT LOOKS LIKE

“Fix your mitochondria and everything improves.” Mitochondria genuinely are involved in almost everything — which is exactly what makes them so convenient to sell. Involvement is not leverage.

Count the independent failures

One questionable detail in a claim is a quibble. Several unrelated ones — impossible arithmetic, an animal study stretched to humans, a reversed risk, an unmeasurable headline — point the same way.

WHAT IT LOOKS LIKE

A quibble times one is nothing. A quibble times five, each of a different kind, is a verdict.

Ask who benefits from you believing it

Not a reason to dismiss a claim, but a reason to look harder. The strongest interventions in health are usually the ones nobody can sell you.

WHAT IT LOOKS LIKE

Exercise, sleep and not smoking have the best evidence in almost every area of health, and no marketing budget. When something with far weaker evidence is promoted far harder, the difference is worth noticing.

The short version

1. What is the number actually counting?
2. What study would have had to exist?
3. Does the mechanism have a sensor?
4. Is this unsupported, or disproven? They differ.
5. Is one explanation doing too much work?
6. How many independent things are wrong?
7. Who benefits from me believing this?

Where this came from

Each question above is drawn from a longer piece on longevitydecoded.net, where it is worked through against a real claim — including a full audit of the dry-fasting protocols that circulated widely, and why a measurement can move without the thing it measures changing at all.

All of it is free to read, with nothing behind a login.

Educational content only — not medical advice. Nothing here diagnoses, treats or replaces a qualified clinician.