

Hacking Deep Sleep – Interventions With Dave – George Hanna – #957

Dave Asprey:

You're listening to The Human Upgrade with Dave Asprey. Today is one of my favorite kind of episodes, because usually this is about learning something from a master or an expert. But part of what puts you in a flow state is giving back.

So about once a month, I work with a member of the Upgrade Collective. This is my private mentorship and membership group, about a thousand plus people who are working together on biohacking themselves, working with me, working with my coach team. It's very affordable, ourupgradecollective.com.

But these special intervention episodes are where I work with someone to solve a specific thing that they're working to improve in their lives. I'm not a medical doctor. This is not a medical consult or a replacement or a diagnosis or treatment or anything like that. What this is, is teaching you how to think about managing all the things in your environment so that you get what you want out of your own biology.

And our Upgrade Collective member today is George. George, tell me about yourself.

George Hanna:

Hi, Dave. Thanks a lot for doing this with me. I'm 64 years old. I'm a dentist. I've been a dentist for 40 years now and working three days a week. And I've been kind of a health junkie most of my life. I work out a lot and I've been following Dave for quite a while now. And so I, for the most part, eat pretty healthy, and my wife is the same way. We do this all together.

And what I'm talking to Dave about today is my sleep. I have a Oura Ring and I've been kind of following my sleep. And for some reason, I have very bad, very poor deep sleep numbers. And I mean, I get sometimes one minute of deep sleep or two minutes, but I'll have four hours of REM. And I know the deep is kind of the rejuvenating, the recovery sleep that we all need. And so I'm hoping Dave can help me.

Dave:

All right. This is going to be a lot of fun. I got to ask you though, are you a mercury pre-dentist?

George:

Yes. We haven't used amalgams for long, long time.

Dave:

Well, that's fantastic because when I hear dentist, you almost always see metal toxicity because of the fumes that happen when you're grinding out old fillings. There's a small percentage of the population who can go to work in mercury mines and they don't get sick. And then when scientists measure, well, the people at mercury mines must have high exposure. Let's see what exposure does, like look, high levels of mercury don't hurt you.

What they don't know is that most people who go to work at a mercury mine quit work within 90 days, because they're too sick to work. So, there's a small percentage of people who have really good detox mechanisms specifically for mercury. Their methylation pathways work really well or some other magic.

So you may have that, which would explain why you don't have mercury. It also probably would explain why you can excrete other toxins. You're 64. You do a lot of stuff for your health, and something seems to be working. But if you were to go 10 years with only four minutes of deep sleep at night, I think you'd have some problems.

So the first thing is, well, it's not the most obvious, which would be mercury. Do you go to sleep at the same time every night?

George:

You know, I do. I'm real consistent. I've tried all those things. So I do, I go to bed 9:30, 10 o'clock every night. I don't eat within two or three, four hours of going to sleep. I don't drink alcohol before that. I do kind of most everything that you could possibly do.

My room is dark. It's a quiet room. I question my mattress sometimes. My mattress, I got a Tempur-Pedic and it's about six, seven years old now. And so I wake up with a little bit more aches and pains than I did four or five years ago. And so I questioned whether that's kind of waking me up and I'm tossing and turning a little more.

I'll typically get seven-ish hours of sleep a night. And so I get good sleep. I just don't get that early deep sleep. Sometimes, I'll take a nap in the afternoon and I'll have 15 minutes of deep sleep at two in the afternoon. I'll take a 20-minute nap and I'll get more deep sleep in that 20 minutes than I do in the previous seven nicest sleep.

Dave:

And it sounds like you've done everything in the sleepwithdave.com sleep challenge. Have you been through that?

George:

Yes, I've been through that one and I went through some other. There's another chiropractor that did a sleep thing also that I did.

Dave:

And that's a pretty comprehensive one. I mean, there might be one or two new things, but everything that I know and I get to see all the tech and all, everything is in there and it's a free thing. So if you're listening and going, "Oh, this is me, sleepwithdave.com."

But here we have someone who didn't respond to all the normal stuff. I want to check one thing though. I believe, let's see when I look at your tech here. You don't have a mattress cooler, right?

George:

I do not.

Dave:

All right. Let's talk about that for a minute. So there are three things in order that set your circadian timing. So all the systems in your body know what time it is and they'll work well together. And the most important thing is light. And there are five aspects of light. It's not just blue blocking. BluBlocker before are better than nothing, but they do not solve the problem.

The TrueDark stuff does do that. Yes, that is my company. I wrote the patents. I'm just going to tell you guys how it works. You don't have to buy it. But it's four colors of light and the intensity of light and the angle of light are all important. But you actually already wear the TrueDark Twilights, which are the darkest, most like clinical grade of all the tints. Most people wear the Sunset and their deep sleep transforms.

I can wear the Twilight or the Sunset and I double my deep sleep if I wear that. So you're already doing that and that's not it. So we'll take the light out. The second strongest signal is food timing. So if you eat after the sun goes down, it messes with your central clock. In fact, when melatonin goes up when the sun goes down, you become insulin resistant because that's what melatonin does. So you don't have that.

George:

Right.

Dave:

All right. So what could the next one be? Well, the next one is temperature, so in order. And it turns out if you sleep cool for the first half of the night, substantially cool. And then you sleep exactly average normal temperature, not hot, not cold, for the second half of the night that works best. So cold in the first half equals more deep and not hot, not cold in the second half equals more dreams.

George:

Okay.

Dave:

And so you might be overheated. Memory foam mattresses, when they're new can really mess up sleep because of toxin, off-gassing and things like that. But yours is seven years old, so it probably doesn't stink very much.

George:

No.

Dave:

And they do tend to make you a little bit warmer, but you might consider chilly sleep. There's a code in the Sleep with Dave Challenge. They have temperature control, very quiet thing. And you're not having wake-ups either, which is unusual. You could have a blood sugar issue if you were waking up some of the time. But one thing that could be affecting you, you mentioned that you're on the Bulletproof diet. Are you cycling your carbs? Are you getting some carbs or are you like no carbs for about two days in a row?

George:

No, I'm getting carbs.

Dave:

Okay. So it's not the, "I'm so in keto that my body wakes up multiple times and you don't know it." So the obvious ones aren't there and you're already handling light and meal timing, which are more

important than temperature. So you might get a bump from temperature, but you should have got the bump from the glasses or the meal timing. And you didn't, which means ...

All right, maybe it's something else weird. You mentioned you have extensive medical testing every two years with a functional medicine doctor. Have you seen a change in your C-reactive protein, the primary inflammatory marker that I recommend people check?

George:

Right. Very little.

Dave:

Okay. And it hasn't changed over the last two years even though your HRV dropped?

George:

Correct.

Dave:

Okay.

George:

I mean, it seems a little bit, I don't know what you consider a change, but it's under, I don't know what's normal, like under 3 or under 3.2 or something like that. It's pretty low.

Dave:

And it didn't quadruple overnight or something like that?

George:

Correct.

Dave:

What I often see in a case like this is if someone picks up a parasite, usually on a trip or someone just eating salad in a restaurant where someone from a Central or South American country just came in and might have a parasite. They tend to get the chopping salad job, which is one of the less favorite jobs at three in the morning.

And so parasites or chronic infections, and especially under the teeth, about root canals and things like that. So you don't have that because C-reactive protein would be up in either of those cases. I'm guessing also your other two markers of inflammation that wouldn't affect sleep really, Lp-PLA2, which is the marker for, do I have an enzyme indicating damage to my arteries? That wouldn't affect your sleep and you probably don't have that anyway. Do you know that number?

George:

I do not. I don't think I know that number.

Dave:

It's probably in your labs and then the other one would be homocystine, if you have a problem with methylation and B12. Is your homocystine okay?

George:

It's okay.

Dave:

All right. So there you go. You are in remarkably good shape. You're 64. You're in a profession that normally kicks people's asses because you get both viruses from breathing little bits of teeth and other stuff like that. And so you could have Epstein-Barr or HHV or something else. And you get metals, but you don't have any of that.

Your brain works. You're feeling good. And plus, you're on this crazy awesome, doing medical testing, all this stuff. And then I looked at in our pre-consult here, you're doing some things that also improved deep sleep like Apollo Neuro, which is part of the sleep challenge. You're wearing the TrueDarks, which is part of the challenge. You're using the BioCharger on most days. And BioCharger has been on the show a while ago and relatively expensive.

Most of them is clinicians who own it, device that can use a combination of pulse EMF and radio waves. And even a little bit of light to do some Tesla style stuff. That's actually very biologically effective. So, that's not helping you.

You're doing one thing that I like, but I might not like the timing on. You're using the BrainTap before bed. Now BrainTap's been on the show. They're a big sponsor of the Biohacking Conference. By the way, biohackingconference.com, September 15th, I'll see you there. But BrainTap has bright blue flashing lights that go in your eyes.

George:

You know, I wondered about that.

Dave:

And I asked Patrick, Dr. Porter at BrainTap about this. And he said, "Most people improve the quality of their sleep doing it before bed, because the light doesn't mess with them." But different people have different levels of sensitivity to light. I'm pretty sensitive. I can feel it.

So when I use my BrainTap, I tend to use it before 5:00 PM. I would not use it right before bed. Or if I did, I would not have the flashing blue lights in my eyes. I'd have my TrueDark or Twilights, one's with the seal around them. And I don't think the lights coming in your ears are likely to be a problem. And so you might shift your timing there. That might be enough, but I don't think that's your problem.

Let's go through the other common things, so people learn what they are and have you on all bated breath going, "What could it be? What could it be?" And I'm actually really happy that it's what is ... When I read through all of our notes, I'm like, "It's this?" And I Googled it and it confirmed it. I'm like, "I gotcha. I gotcha."

George:

Really?

Dave:

So I'm going to get there. Oh, yeah. It was the first thought. Bated breath, right?

George:

Yes.

Dave:

You exercise five to six times per week, but it's not crazy stuff. You're doing like the CAROL bike. They've been on here. There's probably a carol.ai code we'll put on the screen for you here in the show notes. You do yoga, Pilates, walking. You do HIITs, high intensity interval training. How often do you do that?

George:

You know, not that often.

Dave:

Once a week?

George:

Yeah. That'd be about right.

Dave:

That's fine.

George:

We work out resistance training with a Tonal, which you know about.

Dave:

How often is that? I was on Tonal-

George:

That's three to four days a week.

Dave:

Oh, that could be it. So between resistance training on Tonal and HIIT and you're doing Tenison golf, you might be slightly over trained. But here's what's interesting. When most people train more, you get more deep sleep. Before I was like, "Oh, you exercise more? You need more deep sleep."

And then if you really blow out your adrenals and you just way overdo it the way I did when I was 300 pounds, I'm like, "I'll work this off even if it kills me," which I almost did. So I would tend to think that you would've seen an increase in deep sleep as your body is working to recover from the exercise, unless you're just doing a heavy lift every single day.

George:

Yeah. I know.

Dave:

I don't think that's a primary cause, but you might be on the edge of over-exercising if you're doing resistance training three or four days a week. And if it's brief, if it's just one body part, you're probably okay. And let's see, you've tried most of the sleep herbs. They didn't seem to work.

George:

The one thing I wanted to bring up was, so we have an infrared sauna. And I just watched the podcast on sleep and they were talking, it was the Chilipad guys that were speaking.

Dave:

That was pretty fun.

George:

Yeah. And they were talking about just like you said, get cold just like our ancestors did it. They would get their sleep outside and it would be cold at night. And so I used the infrared sauna at night. And so I thought, "Well, God ..." And I just learned this like a week ago. I thought, "Well, I wonder if that's a problem that I'm heating up my body at 8:30 at night and then an hour later I'm going to sleep.

So I'm all heated up. So my circadian rhythm is off because it thinks it's the morning sun on me, or whatever like that, warming it up. So I want to throw that. That's when I do my sauna, most of the time is in the evening.

Dave:

Well, stop it for a week and do it in the morning and see if your sleep magically improves then. But I don't think that's what this is. You should recognize though that sauna is a stressor, kind of like exercise. So your blood sugar will go up. You ever play with continuous glucose monitoring to look at what your blood sugar is doing?

George:

I have not yet.

Dave:

You might check that out as part of all the puzzle here, although I'm pretty sure I know what's going on. [Levels.link/dave](#), takes you to the front of the line and there's a big line to get a continuous glucose monitor. And they just raised a series A funding, so it's one of my advisorships and angel investments in my portfolio that's doing well. So I'm a part of the company.

But I've seen so many people realize, "Oh, I have unstable blood sugar at night. That's affecting me." So then they do things to stabilize blood sugar. They improve sleep. But you are not waking up, which is what that would do. You are just not getting deep sleep. So I don't think that's it, but it'd be interesting to see if your sauna is raising your blood sugar that then causes hypoglycemia afterwards when you're supposed to be getting deep sleep.

That could happen because most people will see up to 120, even 130 when they do a sauna. So your body's like, "I got some stress here. I might be sitting around at 85, 87 and it's like, I'm going to deal with all these heat shock proteins and HIF-1-alpha. To do that, I need a little bit of glucose." "Hey, here's some cortisol. Here's some adrenaline. Let's either dump glycogen or breakdown muscle." And then you're like, "Woo-hoo."

So that could be it, but just I'm not buying it. And since you're well tested on labs, [inaudible 00:16:44] of the obvious stuff. So it could be the lighting from the BrainTap. But I don't think so because it improves sleep for most people. And you can just do in the morning, you'll know in a week, if that's the problem.

And I went through your supplements here and I'm not going to read all of them because you're on a really cool thing. But I'm going to ask you some questions about timing because most supplements have a circadian basis to them that we don't recognize. For a lot of them, it doesn't matter. And sometimes it matters, but not very much. You take Cordyceps the mushroom, when do you take Cordyceps?

George:

With my meals.

Dave:

So you take it at dinner?

George:

Noon and dinner.

Dave:

You might try, and have you done that the entire time?

George:

Yes.

Dave:

All right. Try moving that to just noon. Cordyceps can be stimulating and energizing and that might be affecting deep sleep, but I don't think this is what's going on. You're using testosterone cypionate or cypionate, however you say that. And congratulations, any guy over 60 who's not on testosterone probably isn't doing it right unless he has unusually good biology and a crazy good diet and sleep.

That's unlikely to be affecting this. Did you start that when your HRV started going down, or were you on it for a while?

George:

No, I've been on it for a while.

Dave:

Good deal. You might play around with the type of testosterone you take, testosterone enanthate, which is the word I'll never probably say right. It's a different form but it makes you retain less water. So, do you have any issues with water retention in your body?

George:

I don't think so. No.

Dave:

You know, just look at where your socks are. If you're like, why is my leg overhanging my socks, I got it. Or man boobs is the other place you see it usually first. If you're not looking at, if you're not shopping for bros, I'm going to assume you're okay there.

George:

I'm okay.

Dave:

You take a little bit of thyroid even though you don't have thyroid issues and your docs always had you on this. Tell your doc that I said high five. Thyroid is an anti-aging hormone that is appropriate in people over about 50 or 60 at very low doses because you feel better and it keeps your body thermostat where it should be in your 30s.

And I wrote about that in Super Human, my anti-aging book. And it's usually an eighth of a grain, a small dose. But it's really like, "Oh, I got more pep in me and I lose weight more easily and my brain works." I'm like, "I kind of like my life." So it's the hormone of energy.

So you do a little bit of that. Great. Low thyroid will break your sleep and high thyroid will break your sleep, but you're on a low dose. You've been on it for a while. You take it in the morning?

George:

You know I take ... There's a yes. I was going to say there's another one I take before bed. Actually, the thyroid hormone, I take right before bed. It's a before nighttime one.

Dave:

Did you start doing that when this came on or was it always your practice?

George:

Always.

Dave:

Got it. Most people take their thyroid in the morning because you have your spike in energy throughout the day. But for many people with low thyroid like Hashimoto's that I've had since I was 26, I've gotten rid of it a couple times. But it's always lurking, that antibodies can come back.

So that's always kind of an interesting situation. We're like, okay, it could improve sleep dramatically. But you might switch to the morning and see if there's a change. I don't think that's likely it either, but for people listening, I'm just going to go through like, "Here's how I'm thinking." And the whole point of an intervention call is to teach you how to think. So this should be like a gold mine of sleep info for you.

You take melatonin. How much do you take?

George:

You know, whatever's recommended. I couldn't tell you right now, three milligrams maybe. Is that kind of the sleep mode type of melatonin?

Dave:

Yeah. Here's the kind of the story of melatonin. Your body makes about 0.3 milligrams per night. So that's a physiological dose, and that's what I put in Sleep Mode. It's the most conservative thing. And I'm not certain what's in Sleep Mode, it's probably the same as before. I haven't looked at it lately and I am not involved with Bulletproof products at all. I don't know what's in them, so I don't want to accidentally say something is true about them that isn't because I'm not checking, and I don't have visibility. So, you could verify it on the label.

And then the next level up from that is most common and it's 3 milligrams, 10 times the physiological dose. But that's probably okay because you have to look at how much of it actually gets absorbed and gets into the brain. And melatonin is made in your mitochondria, not just your pineal gland. So if you have a good functioning mitochondria, you'll probably have better melatonin levels. And if you have proper light exposure even on your skin, you'll probably have better melatonin levels.

So I don't mind 3 milligrams. And this is important, taking your melatonin right at the time you go to bed may be harming your deep sleep because you needed it to come on before you went to sleep. So try taking it two hours before bed, at that same two-hour mark that you're putting on your TruDark Twilights. So you get, oh, the lights are down because lights have big signal of timing, even if it's melatonin independent of the light. And then you take a melatonin, that should really, man, it is time for bed.

George:

Got it.

Dave:

Are you taking any prescription drugs?

George:

I don't. Although, so my functional doc does have me on a statin.

Dave:

Might it be a fat soluble statin?

George:

It's simvastatin.

Dave:

Yeah. So there's two kinds of statin drugs. They're both bad for you and I'll be happy to talk to your doctor about it if you want. So simvastatin is the fat soluble one, which readily penetrates cell membranes. And it can cross your blood brain barrier.

And in your brain and the rest of your body too but especially in your brain, you have myelin which is like the insulating fiber around, or shield or sheath around your nerves. Think of it like an extension cord covered in rubber. Not all nerves have rubber on them. But when they do have rubber, that rubber's because they're important nerves.

And strangely, let me quote a study for you. The results showed that simvastatin use was associated with significantly worse sleep quality, a significantly greater number of individuals taking

simvastatin reported sleep problems than those taking either pravastatin or the placebo. The prava form is water soluble.

Now one might ask if taking the fat soluble form ruins your sleep, you could switch to a water soluble form to see what that ruins or you could just accept the fact that you love your mitochondria and you don't want to punch them in the face with a pharmaceutical drug that is proven to lower cholesterol even though the American Heart Association has said straight up in their own journal that cholesterol isn't the cause of heart disease. Inflammation is.

So, it may be time as a trial with your doctor's support say, "I'm going to see if it's this thing that what could it do." Weaken mitochondria specifically in the brain responsible for the SCN, the sleep timing system, or other functions in the brain which would especially those affecting your HPA axis, the hippocampal-pituitary-adrenal axis, which controls your fight or flight response, which controls whether you get deep sleep. You could be just slowly weakening that system in the name of lowering cholesterol that isn't bad for you.

George:

Right.

Dave:

Just saying.

George:

So that's the one thing that he's kind of old school in that, my functional doc. He's a little old school to me anyway with the cholesterol. My cholesterol numbers are a little just kind of on the verge of being high.

Dave:

And so what are they, 200 and he's worried?

George:

Kind of.

Dave:

I would say it's pretty likely that if you go off of this, give yourself like three months. Work with your doctor though, just three months, and say, "You know, I'm just going to see if my brain can work better." And if your HRV starts to creep up and your deep sleep starts to creep up, I think we may have found it.

Because of all of the things you're doing, you're doing so many things right. And we've identified a few maybes. Maybe there's some blue light sensitivity and you're doing BrainTap, which I do like and recommend, you just might be one of the few people who can't do it over your eyes right before bed, maybe.

But, okay, come on, an HRV of eight, that's not going to happen from just blue lights. I'm looking at all your supplements. You're not pounding coffee before bed. You're doing so many things right. And we talked about a couple things that could increase your quality of sleep like maybe the Chilipad. But I look at this list, I'm like, "This guy has got it going on." You're doing Apollo Neuro, which increases deep.

I think of all of the things in your life, it's probably a statin harming mitochondrial function in the brain because we have a study from 2007, which I would hope your doctor who's still recommending these drugs, that he would be aware of this.

So if you do not get his buy-in to go off of statins as a trial for three months and then measure your cholesterol and measure your sleep and decide which one's more important, you also could just say, "I want a water soluble one that won't go into my brain, so at least my brain mitochondria can be healthy even if my cardiac ones aren't."

George:

No, he'll be fine with that. He works with me and he trusts me. I've been with him 16 years now. And so he would say, "Let's try it." He said, "Let's try it and we'll retest your blood in three or four months," or whatever.

Dave:

What a healthy patient-physician relationship. If it helps, you can tell him the study. They tested a thousand men and women for six months, randomized double blind placebo controlled looking at simvastatin versus pravastatin or a placebo. So this is a perfectly well constructed study with a large population.

And they use the Leeds sleep scale, which is a pretty good sleep scale and rated a scale of sleep problems before and during treatment. I find this to be convincing as a smoking gun for you.

George:

I'll take it. Yeah. That's great.

Dave:

The other thing that might increase deep sleep that you're not doing is valerian root, which is one of the worst smelling herbs out of like the Chinese apothecary, where they have like a little drawers of cool old herbs that no one's and the rest has ever seen. So, valerian is like a stinky root.

And some people are groggy in the morning, but it combined with L-theanine, which is an amino acid that probably would be worth adding to your stack. Some people take theanine with coffee in the morning because it helps to chill them out. I find it's not necessary if you're doing clean coffee like Danger Coffee, because a lot of the tweakiness from coffee is mold.

But for some people, just theanine and caffeine is a good combination if you're a slow metabolizer. And theanine, I do 300 milligrams before bed but it typically for me improves REM sleep, not deep sleep. But there are some studies out there that say Valerian and L-theanine, maybe with GABA, could improve your deep sleep numbers.

But you have something much bigger because it was just, "My deep sleep is low," it's not low. It's like shockingly low and your HRV is in the toilet. So we've got to get that up, figure out what's going on there. So, I'm pretty sure that it's the simvastatin that is causing you in trouble. And I hope that was super helpful.

George:

Very helpful.

Dave:

Now for listeners, there's so much you could do for sleep, it can be overwhelming. And I'm going to encourage you to do one of two things. Go to sleepwithdave.com. This is the best URL of my entire life, and I promise you it's entirely PG. But this is everything that I know in very short bites over the course of two weeks. It's a sleep challenge to teach you how to monitor your sleep and teach you what tech may be a good choice for you.

But you don't have to do all of it. You don't have to do any of it. You can just do the free stuff like making sure it's dark and things like that. So there's a range of simple and effective all the way to, I invested \$35 or \$135, whatever, but I got such better return over the next five years of my sleep that I decided I was going to do it.

So this isn't about spending money on sleep. It's about lifestyle practices and habits. And if you have a hard time with sleep, you have to look at the ingredients of every supplement that you take before you go to bed and every drug you take before you go to bed and see if it might be a problem. In this case, I think we got it. But this is free. I don't charge for the sleep challenge. It's just sleepwithdave.com.

And if you're saying, "I want an intervention with Dave," well, you should join the Upgrade Collective. Go to ourupgradecollective.com. It's also linked from my page from daveasprey.com. And at the Upgrade Collective, there's a group of more than a thousand people who are working on this. And if you're a member of that, you get to listen on every podcast as live audience. I answer questions in the chats.

We have every couple weeks a call with me where I do something like this but answers shorter questions for everybody as well as my coaches every week that I'm not on. So you're getting weekly calls and a community of people who probably frankly, if you'd have posted all of this list in our app, I'm guessing that five people in our community would've already told you what I told you. So this is like crowdsourced biohacking, where we all help each other. That's ourupgradecollective.com.

And thank you for being a member, George. It's cool that you're there.

George:

Yeah. Love it.

Dave:

All right. Here's what I want you to do. In a week or a month, I'm guessing it'll be shorter timeframe, report back to me. Let me know. We'll put the episode up, but we'll talk about it within The Collective and see if it worked.

To recover from the statin drug, you might consider adding a few hundred milligrams of coenzyme Q10. There's actually a patent out there, I believe if memory serves, for a statin combined with coenzyme Q10, because it's well identified that statins deplete coenzyme Q10, which is necessary for mitochondrial function.

In your whole stack of supplements, I didn't see idebenone or CoQ10 or anything else like that. It might be in your multivitamin in small doses. If I had been on a statin or I was on a statin, I would want 300 milligrams a day taken during a meal with fat of CoQ10. And that can make a big difference for you as well, just in terms of speeding up your recovery.

And if you decide against evidence to stay on the statin drug, I'm not biased at all here by the way. But if you decide to do that, you 100% certainly must take high dose CoQ10 to help counterbalance the depleting effect that statins have on that vital mitochondrial nutrient that affects your cardioplipin and the mitochondrial membrane, especially. So let's at least get that up even if you still-

George:

No, I'm going to stay. I'm going to try getting off it. I'm glad you said that because I've been thinking about doing that anyway. I've read [inaudible 00:32:17] because I'm reading your books and taking the Upgrade Collective and it's always said everybody says anymore statins are not good. And so I've understood that for a while. It was just my conflict with ...

Dave:

It's tough, man. We trust our doctors and our doctors, assuming they're good people, which the vast majority of humans are, they're working on our best interest. And they've been taught for 30 years that this is it. And when there's a big change ...

I did once meet a former president of the American Heart Association who heard me give a talk where I'm like eat more saturated fat, it's the sugar, all this stuff. It's the thyroid hormone from reverse T3. I walked through all the Bulletproof like why it works. And I knew she was a cardiothoracic surgeon, a cardiothoracic surgeon but I didn't know she was a former president of the AHA.

So after the talk, small room, 30 people, big Hollywood names in the audience and I'm not going to name her just in case, but she stands up and she looks at the audience and says, "I'm AHA." And I just said, "Look, I really want to hear what you think. Show me something, where's the hole?" Not in a defensive way, just like let's not have a fight.

And she looks at the audience and she goes, "Everything you said is right." This is a few years ago. She goes, "Last year, we announced that cholesterol is a nutrient of nonconcern. So, no one will listen to us anymore because like we created a whole, not just billion but like tens or even a hundred billion dollar market globally to solve a problem that was based on mistake in science."

And science is allowed to make mistakes, but industry will enforce mistakes that even when the scientists themselves tend to say, we want to change. So, it's our job as humans and our job as the government of humans to allow for flexibility in the conversation and in the science, and to not allow industry to use regulation to create monopolies around stuff that doesn't even work.

So, that's a systemic societal thing. And if we don't fix that weakness in the human condition, we will continue to be a failing species. It's okay that you're taking statins because it's a systemic problem. And it's not from just one evil former software executive putting 5G nanobots in your nostrils, I don't find that credible.

But there are systemic abuses here and I think the statin industry is a symptom of a systemic problem. There you go.

George:

Right. I appreciate it.

Dave:

All right, George, did we nail it?

George:

You did. It's been great.

Dave:

Hopefully.

George:

Yeah. We'll see. I'll let you know.

Dave:

Let me know.

George:

I will.

Dave:

All right, guys, you like the episode? Go to ourupgradecollective.com. Join the community. Join the audience on the live podcast, because it's a lot of fun. And if you have an interesting problem like George, maybe you can be one of the interventions. Have an awesome day. I'll see you on the next episode.