

Hacking Thyroid, Autoimmunity & Aging – Interventions With Dave – Michael Ford – #918

Dave Asprey:

Welcome to Interventions with Dave. I really like helping people upgrade themselves, make their biology work better, and this is about performing better. But when you have enough energy, you are nice to other people. When you have enough energy, you think about things instead of reacting to things. In fact, when you have enough energy, you might even be dangerous, because who knows what you might do when you can do what you want because you feel good. And I want to build a world full of people like that. That's why I'm hosting this new series as a part of my podcast. I'll be working one on one with select members of the Upgrade Collective. This is my mentorship and membership group with tons of people. It's a tight-knit community and we meet every week to talk about the latest things and also to go through all of the courses, video courses I put together for all the books I've written. So I'll teach you my books.

This is a really powerful group. And what you're going to hear on this is going to be somewhat detailed, but you're going to learn the mindset for troubleshooting and upgrading. And this is not meant to be a medical show. That's not what this is about. We will talk about medical conditions, but I am not a doctor. I'm going to talk with people about how to manage whatever's going on with nutritional and lifestyle strategies, and then, here's what you might want to go ask your doctor about. To be really clear, this is not a replacement for doctors, but you should be prepared when you go into the doctor. So sometimes there's an idea. You can plant a seed working in partnership with a functional medicine provider and magically you get better outcomes. That's what we want to do here today.

Today, we've got Michael Ford. He's in the UK. He's 70. And he's got generally good health, which is great when you're 70, except for a couple things. And he wants some strategies to live to 140. Michael, welcome to the show.

Michael Ford:

Good evening, sir.

Dave:

Now you're all right with chatting about medical stuff. I mean, there's laws in different countries that say, "Oh, you know, this is your private data," but any of us is allowed to talk about whatever we want to talk about in public or not public. So I just want to be clear. I'm not asking you to disclose anything that you're not ready to talk about. I talk about my medical stuff all the time, but you're all right with us sharing this with all of our listeners, right?

Michael:

Yep. I gladly volunteer it.

Dave:

All right. Thank you. All right. People have heard me talk about, over and over, there was just a big post on Instagram. If we could just solve this epidemic that we have, no, it's not the one you think of. It's an epidemic of low testosterone and low thyroid. And it happens at many ages where you wouldn't expect, and it happens in men and women, but thyroid is the energy hormone. It's the thing that is the thermostat for how much electrons you're going to make. And that's important. And then testosterone, at different levels for men and women, is the... I'm going to call it the vibe hormone. It's the hormone

that gives you a zest for life. And it's not just about sex, not in the slightest. It's not about getting big muscles. It's just about loving what you do, loving life. And if we can get those two things fixed, man, we would have a very different world, because there's a calmness and a peacefulness that comes from having enough thyroid. And, "Wow, someone turned the dimmer all the way up and I can see my life again." And testosterone is a different feel than that, but it's a similar thing. What you're saying here, with what you share with me, is that you want to live to 140, but you got a low thyroid function and your doctor gave you 150 milligrams of thyroxine.

Michael:

Yep.

Dave:

Did you feel any different after he did that?

Michael:

Yes. Yes.

Dave:

So it helped somehow?

Michael:

At the time, yes. I was really struggling. And it took several weeks to graduate build up, but yeah, it definitely worked.

Dave:

Awesome. The way thyroid works and this is partly for you, so you've got a picture of it, and partly for our listeners, so that they'll learn about it as well, is that your body says, "Okay, I need more thyroid hormone, because I'm not getting enough." And this happens through basically brain signaling, the hypothalamus. And what ends up happening sometimes is it'll raise its hand with something called TSH and say, "I need more." So that's the body shouting for more. When your TSH level is above a one, I think you have a problem. And that's relatively aggressive. There are some anti-aging doctors who would say, "Oh, slightly above that's fine." But if you have any symptoms of low thyroid, hard to lose weight, tired, sleep problems, then, hmm, okay. Let's look at that." And this is where most normal doctors will stop. Well, if your body's not shouting for more, then you don't need it. But if you have symptoms, then you look deeper.

And then if the body hears TSH, then it will make T4, which is the compound they're giving you called thyroxine. When you get T4, the body then has to convert T4 into T3 to make it active. Unfortunately, sometimes it just doesn't convert it. And sometimes it converts it into reverse T3, which isn't useful. So, what's happening is there's a shout and then you make the first step and then you have to convert the first step into the second step. And if that works, you end up with T3 and your body uses that. And all of a sudden, "Wow, I feel young again. I see a difference in my weight, my energy, my sleep quality improves. In fact, my overall quality of life improves." I believe that there is almost no one who is 70, unless they have a hyper, an overactive thyroid, who wouldn't benefit from a tiny amount of a different thyroid hormone than the one you're taking. Your doctor has you on the Western medicine

treatment, which is, "You just take T4 and everything is fine. And you only do that if your TSH is above a certain number higher than I think is reasonable."

What functional medicine doctors will do is instead of giving you just T4, they'll give you T4 and T3 mixed. And that is what I've been taking since I was 26. So, for more than 20 years, I've been on a mix of T4 and T3. I originally started by taking Synthroid, which, at least in the US, is the most common name for T4 and then a compounded T3. And after a while, I switched to animal derived ones that are basically, it's called Armour Thyroid, but it's a normal ratio of T4 to T3 as found in animals and humans. You may find that you get better benefits from that. And what I don't like is that when you and I talk about your labs, your TSH was still relatively high, right?

Michael:

Yeah.

Dave:

So, what's going on there is interesting. You took some T4, you're feeling better, but the body's still shouting for more. And my guess is if you got an advanced lab, you would see that your T4 is converting into reverse T3 or it's not converting at all. So you conversion problem. And it drives me crazy that you can go to the doctor, say "I think I have a thyroid problem. I heard about it on a podcast. I have all the symptoms," and they look at your TSH and say, "Oh, it's within normal ranges for your age." What age would you like to feel like, Michael?

Michael:

Ooh, mid 30s?

Dave:

Excellent. Let's get to thyroid levels and testosterone levels of someone in their mid 30s and see how much you like your life. You've been biohacking for how long now?

Michael:

Three years, I guess. Increasingly doing more and more stuff. The problem is, of course, they only treat the symptoms, not the cause. That's the trouble.

Dave:

Yeah. What was the motivation to get into biohacking?

Michael:

Basically I saw my colleagues and friends get to their late 60s and plummet. Funny enough, I heard you yesterday talking about your mother. I have an aunt who's 97, who is in a similar position, has good days, bad days, and generally doesn't do a lot at all. Lucid enough. And I do not want to end up like that.

Dave:

Well, that is a good motivation. And you're right at the age where people who practice biohacking, practice anti-aging have invested in moving, eating the proper diet, even if it's not the plant-based, omega-6, processed food garbage healthy diet that does doesn't actually work. But if you've made good life choices or you're blessed with good genes and even more, if you're blessed with a healthy mother,

before and while she was carrying you, which has a big impact on this, you right around 70, you start looking around going, "I'm going to have to get myself some younger friends," right? And it sounds like you're at that stage. Not that you abandon the friends you have, but you realize that, if I want to go for a walk or a hike or go do something, I want people to have energy. So, all the successful agers that I know who are above 70, and some of them very substantially above 70, make it a conscious point to cultivate friends at different age ranges, because it actually helps you to keep younger

And your goal is 140 and fully functional. So, a lot of the people that you know now may not be on that same path. So, it's time... like, listen to the podcast with Dan Sullivan if you want some motivation on that, who's looking to be into his 150s. Yeah, find some people at different ages. And the good news is you've got the right mustache for that. You have wisdom. You have 70 years of it. So there are plenty of people who would love to learn from your experience. And it's a very virtuous exchange, because you'll be getting energy, younger energy from that conversation. And they'll be getting older wisdom and not making as many mistakes. So, it's generally a really cool kind of friendship thing to set up. Now, your motivations there, your thyroid is an issue, but when you looked at your labs, there was an inflammatory marker that was high. Tell me about what's going on there.

Michael:

Well, of course, from the doctor's point of view, I'm cured and it's just an underactive thyroid, because sometimes they go wrong and they underact. But I did read, I think something you wrote, which is that it can be caused by stress. And about 10 years ago, when it started half the people I knew died just from old age and it was very, very stressful. And then funny enough, a couple of months later, this all seemed to kick in. So, that's the only reason that I believe it is autoimmune related, rather than just my thyroid can't be asked.

Dave:

It's worth noting that you do have markers of Hashimoto's. And Hashimoto's is an autoimmune condition where your thyroglobulin antibodies get turned on. So, your body is essentially attacking the thyroid. It's more common in women than men, so congratulations on having a strong, feminine side. I have the same conditions, so there you go. But it's increasingly common. It's happening a lot. And the number one trigger for autoimmune conditions is actually stress. And I wrote about this in Game Changers. When you burn the candle at both ends, you have a bunch of life stressors, your body can just go, "That's enough," and for some reason it turns on autoimmunity. That's based on, I think Isabella Wentz, who's good friend and has written several books about it, explained it really well. So you think that's what turned on the thyroid problem? Or do you think this might have been a law longer standing issue?

Michael:

I do not know is the answer to that. It could be a coincidence, but prior to that, which I would've been 60 odd, I'd had no problems at all and it does not run in the family, to my knowledge. But for some reason, I mean, when I did finally go to the doctor's, he said it was critically low. I mean, I was working and struggling to get out of bed. I just had absolutely no energy whatsoever. Felt fine apart from that, but had no energy.

Dave:

Wow. Okay. So you were really far down there.

Michael:

Oh, it was very, very low. Lowest he'd even seen, he said.

Dave:

Okay. That can kill you. Your risk of cardiac events goes up, especially arrhythmias and things like that, goes up dramatically when your thyroid's that low. Mine was also almost undetectable when I was 26 and oh my God, I was dragging. So you must have felt really bad.

Michael:

Yeah.

Dave:

Okay. And how long ago was that? You said?

Michael:

10 years.

Dave:

It was 10 years ago. Okay.

Michael:

Yeah.

Dave:

You've probably been dealing with this on some level for longer than that, I would guess. But you've had 10 years of Hashimoto's?

Michael:

Yeah.

Dave:

Okay.

Michael:

I believe that as well. Yep.

Dave:

Got it. Well, at least you're treating it partly. What you'll find when you get a new enough of mixed T4 and T3, is that your thyroid doesn't look all shrunk and sort of desiccated/ruined. I had a high resolution MRI, which is something that's available only at one location in Canada and one location in the US. But they looked at my thyroid and said, "That's weird. It doesn't look like you have Hashimoto's." And I said, "That's funny, because I've had it for more than 20 years." And sometimes I can get my antibodies to go away altogether. Sometimes they come back and I'll tell you why in a minute, so you can manage yours.

But it was interesting. And he said, "Whatever you're doing to support your thyroid is great, because the gland isn't shrinking the way it normally does when it's under constant autoimmune attack."

So what's triggering those antibodies? Clearly it's not the thyroid itself. There's two primary things that are going to turn on autoimmunity, specifically to the thyroid. So you might need stress to light the fuse or even to provide fuel for it. But what provides the signaling to do it? It is, in order, environmental toxic mold, first and foremost, and grain consumption, number two. So there's some very similar proteins from both of those. And typically, mold is just a higher immune activator. So, you're in a place with mold. You may not know it. You may not have other symptoms. Sometimes people do. Symptoms can be all over the place, but then suddenly you have all these allergies you didn't have before because the body knows, "Something's attacking me," because you're getting actual small molecular poison in your environment. And it starts looking for proteins that might be the cause. So it says, "I feel the threat. I can't see the threat. What might it be? Oh, maybe it's this protein that also is on your thyroid."

And then once that's turned on, we're still working on ways to turn it off. And to be really clear, there may be a vaccine for Hashimoto's that I would actually take. I would want to see how it worked. I'd want to know what was in there. I'd want to several years of information on that stuff. But this ability to have fine grain control of our immune system is going to be epic, assuming that it is actually something that you get to choose to do, and that there's transparency in the medical data, neither of which we have right now from that part of the industry. But I'm super excited that you and me both could turn off our Hashimoto's with a single injection that may be custom printed in our doctor's office.

This future is 5 to 10 years away, if we allow medicine to continue to be practiced freely. But I'm a little concerned. You will get high inflammatory markers if your thyroid is really low, but it's relatively managed right now. So, why do you have 10 milligrams per liter of high sensitivity CRP? And guys, C-reactive protein is one of the top four markers that I recommend on the Bulletproof Diet in my book for 10 plus years. This tells you, "Hey, there's some kind of inflammation," but it doesn't tell you what it is. So I want to work with you to find out why you have that inflammation still 10 years later. Do you know why?

Michael:

I do not.

Dave:

Okay.

Michael:

That's why I'm here.

Dave:

What hurts?

Michael:

What hurts?

Dave:

Anywhere in the body, first thing that came to mind when I ask you that.

Michael:

Honestly, nothing.

Dave:

Nothing. Okay. So, you don't have back pain. You don't have knee pain. Good for you. You're 70 years old and nothing hurts. By the way, that's how it's supposed to be. Most people don't know because they eat inflammatory stuff and they have... they're doing the wrong thing on a regular basis, so chronic constant background pain is the norm. So you don't wake up with crick in your neck, with a sore shoulder. Nothing like that?

Michael:

No, no. I used to when I slept in a regular bed, but now I sleep on the floor, that has gone away totally.

Dave:

Sleeping on a really hard surface can be life changing. I'm with you there. Mattresses generally aren't that good for you. But I do have one now that I'm a big fan of, that I'm going to be talking about some more. I have a whole episode of the show coming out with the world's biggest mattress nerd. Someone who just knows everything there is to know about mattresses and sort of teaches me some things I just didn't know, like how you can use Kevlar in a mattress and things. So, you'll get the full download there. The thing I'm thinking about here, what about your sinuses? Ever have issues with those?

Michael:

I did when I was younger and I had my adenoids removed when I was about seven, I believe.

Dave:

Okay. Got it.

Michael:

Don't personally remember it, but, and yes, I did have breathing problems through the nose, which is why to this day, I tend to... till this day, I tend to breathe through my mouth rather than my nose.

Dave:

Okay.

Michael:

So yes, that is true.

Dave:

Have you heard the episode with James Nestor?

Michael:

No.

Dave:

This is the guy who wrote the book Breathe. This could be a life changing episode for you. I also had my tonsils, not my adenoids, pulled out when I was in sixth, seventh grade, something like that. And what that tells me is that you probably had autoimmunity going on for a long time. Because when you have enough of a problem like that, quite often there is environment mold.

Michael:

[inaudible 00:19:13]. Okay.

Dave:

It turns on a strep infection. And so, did you have problems with strep throat ever? I'm guessing that's why they probably pulled them.

Michael:

Yes, I believe so. But as I say, I think I was only about seven, so.

Dave:

Yeah, that's a long time ago. So what happens in that cycle there is that streptococcus bacteria actually has immune markers on its cells that can also trigger autoimmunity. So a history of chronic strep throat, which I had for 15-plus years, or chronic sinus infections, usually is going to go along with autoimmunity. So you've probably had this background thing going on. And the other thing that I look at when people have high C-reactive protein is teeth. Do you have any root canals? Do you have any teeth problems? Jaw problems?

Michael:

Yeah. Got several. I think I've got four root canals, yeah.

Dave:

All right. So, with C-reactive protein that isn't responding the way you'd like, you're at 10 and it be much, much lower than that, right? I'm just looking at the notes that you sent. From 4/21 it was at 10 and from 11/20, it was at 0.84, right? Okay. What that means is that between November of 2020 and, was that, April of 2021, you had a more than 10X increase in C-reactive protein. That tells me that you have some sort of an infection, most likely. And I always look at sinuses and teeth, unless there's a huge amount of emotional stress or you may have just done a heavy workout before your second lab. Is that a possibility?

Michael:

That is a possibility. And the notes that came back with the report did say, and I don't particularly recall doing anything that heavy, I've only the HIIT sessions this last six months. So, that was only before then.

Dave:

So, I would run the lab again just to make sure. And you can also find a functional or an ozone dentist who will look at your root canals and see if there's something called a cavitation. It is exceptionally common for there to be a biofilm underneath the root canal, because they don't sterilize them well. The only way to sterilize it, that I'm aware of, is with ozone gas and almost no dentists do that. So, if I ever needed a root canal, I would probably just pull the tooth. But if I wanted to do the root canal thing, I

would make sure that I had a sterilized socket with ozone gas. And if you do have a cavitation there, it'll cause this chronic inflammation that just sits around for years. And you're like, "I'm not that sick. I'm not that well." Women are finding the same kind of symptoms with breast implant illness.

Like, I've got some bacterial films that are constantly putting stuff in my blood. And it's like walking around all the time carrying a backpack full of rocks. You can still walk around, it's just more work for your immune system than it's supposed to be. So for you, to see a 10 or 12X increase in a short period of time, without you having gotten really sick or gone through a big stressor, I'm going to say that might be an exercise issue, but I'd look at your sinuses and I'd look at your teeth, because you don't have any other big pain points in the body. Something else that is going to affect your longevity is breathing through your mouth. It's a really big thing. So listen to the episode that I do with James Nestor. Maybe use a bite guard if you need to, but this thing called mouth taping. If you subscribe to the David Asprey box, I've sent out mouth tape a couple times.

You put a little piece of tape on your lips to hold the mouth shut and you can still breathe through the sides if you need to, just when you're sleeping. The difference in cognitive function, the difference in oxygen in the brain, which reduces your risk of Alzheimer's for sure, and all the other senile cognitive dementia, which can happen, your risk goes down dramatically and it can have system-wide impacts on sympathetic versus parasympathetic. So, you go out of fight or flight into more the relaxed, reset, restore mode. By the way, the episode with James Nestor is episode 751 of Bulletproof Radio, or formerly known as Bulletproof Radio. Now, Human Upgrade with Dave Asprey. Take me a little while to get used to our new name. So, those are big areas to look at. The other thing to do for autoimmunity in general is, you want to fall an anti-inflammatory diet. I know this one called the Bulletproof Diet. Since you're in the Upgrade Collective, you've done my course on it already, but you got to find the kryptonite foods for you, the ones that are suspect. And I mean, how are you doing on nightshades, for instance? Those are tomatoes, potatoes, and spicy peppers, and things like that. Have you ever eliminated them?

Michael:

No, I've never done an elimination diet. I did do a sort of various allergy tests and that type of thing, which pretty much came back negative. I do not eat them lot of that sort of stuff, but yes, that is possibility that I need to try that.

Dave:

It's worth trying it for a month, or even a couple weeks where you say, "I'm going to be careful about paprika and cayenne any kind of spicy pepper, tomatoes, potatoes." Just for a month. And I have a family member who's almost 80 and he's ridiculously healthy. One of the guys who says, "Yeah, I have to get younger friends, because none of my friends can go hunting with me anymore, but I'm not done hunting." That kind of a guy. And that's really cool. I'm not going to name him, because he didn't tell me I could. So in a situation like that, I convinced him finally to not eat gluten. And he went for a month and said, "I didn't eat gluten my back isn't as sore in the morning. I actually do feel better, but I like gluten."

So, he's still heating his crappy sandwiches with bad bread. And we joke with each other about it because it's cool. People have biological autonomy. You can do whatever you want. So, the moral of the story there is, super human strong, aging well, aging better than most people, still improved from eliminating something, but decided it was worth it. And so for you, if you notice a difference cognitively in the morning with food cravings, then all right, there's probably a problem. You won't pick those up on an allergy test, strangely, because it's a direct reaction. It's not an allergy. It's the protein called lectin. And there are thousands of lectins, not all lectins are bad. Your body makes them as a normal biological molecule. But if you have the receptor on your, usually collagen, but for all I know it could be thyroid,

probably not... it'll stick to that. And if someone else has slightly different genetics, it won't stick. So either you have the receptor or you don't, but it's not an allergic antibody thing. It's a genetic thing. All right, where else do we want to go with you? That might be helpful. The other one would be your vitamin D. Your levels are 143 in UK units, which is the equivalent of 57.2 here. Congratulations. How do you do that? How much vitamin D do you take?

Michael:

8,000 IU.

Dave:

8,000 IU. And how much do you weigh?

Michael:

240.

Dave:

240. Thank you for not using stone. That confuses the heck out of me.

Michael:

I actually converted it before we started, because I knew it'd come up.

Dave:

Thank you. I mean, I've spent enough time in the UK. I should be able to do stones in my head, but I don't.

Michael:

I'm 6'4". So I'm not huge.

Dave:

6'4" in terms of height?

Michael:

Yeah.

Dave:

Okay. So we're identical height. You weigh 10 pounds more than I do. You're 70. Or maybe 12 pounds more. So you're doing all right. And do you know your body fat?

Michael:

Yes, I do, because I had a DEXA scan. Again, it's my stomach, the peripheral bits, arms and legs. It's very low, about 11%. But huge, I cannot get rid of the... the word's gone... but stomach fat. The internal.

Dave:

Stomach fat. Oh, the visceral. The internal.

Michael:

Visceral.

Dave:

The visceral fat.

Michael:

Visceral, that's the word, yes.

Dave:

Okay. So, this is important because part of this is what's going on with energy and thyroid and all that and that inflammatory marker. But part of this is you want a long term, real anti-aging strategy. Your visceral fat has to go down. This is why at Upgrade Labs we measure visceral fat. Whenever someone comes in and does our basic stuff, we look at you and go, "All right, what's going on?" It's packed around the organs. You can look thin, you can have all the biceps and all, you could be carrying a lot in your liver and a lot around your organs. And it's a big problem. One of the big causes of this... there's kind of two that are worth paying attention to. One is fructose. Fructose causes you to get visceral fat. And since regular sugar is half fructose, that can be a problem. And how are you doing on your sugar consumption? I mean, you're mostly on the Bulletproof Diet, right? So not a lot of sugar.

Michael:

Yeah, no sugar.

Dave:

Okay. And then omega-6 fats, seed oils, corn, canola, eating at restaurants, commercial salad dressings, fried stuff?

Michael:

Not a lot of any of that, particularly, no.

Dave:

Okay. So what, what are your primary fat sources?

Michael:

Avocados, Brain Octane.

Dave:

Got it. So, and what about butter?

Michael:

Butter. Butter. Yes.

Dave:

Okay. You are doing butter. Okay.

Michael:

Loads of it. Loads of it.

Dave:

All right. And egg yolks and stuff like that? Grass-fed?

Michael:

Yep.

Dave:

So, if you're eating loads of four avocados a day, you're going to be getting meaningful, omega-6, but you're balancing it out with the other stuff. So, it doesn't sound like that's what it is. What about intermittent fasting? Are you doing that? Have you done it?

Michael:

Yep. Yep. Been doing that for two years now. At least 16 hours a day. Usually 18 or 19. And then every quarter I do a four-day fast.

Dave:

Wow. So you're doing that really well. Cortisol levels. Have you measured your cortisol?

Michael:

I do not remember. If it's in the data it's there.

Dave:

There. Yeah. I'm scrolling through all the data that you sent. I'm not seeing it right here. Let me ask you this. When you stand up, do you have a gut, like, right here? or-

Michael:

Yep.

Dave:

Okay, so you've got more of this? Not this?

Michael:

Yep.

Dave:

Okay. Usually, cortisol creates the gut in the front. You probably have an issue with cortisol, which also can contribute to the stuff around your organs. Also, fixing your thyroid can lower your triglycerides and help you with the visceral fat, as well. So a little bit more thyroid's going to be helpful. I think you might be over fasting. I mean, you're 70. You're doing an 18, 19 hour fast every day. And I love the four hour fast every quarter. That's brilliant. You might try having protein with your Bulletproof coffee equivalent,

with whatever fat you have or don't have in the morning, maybe every other week. So you could have 20, 30 grams of collagen. You could have a couple eggs, whatever you like for breakfast.

And you may find that mixing up your fasting schedule helps with the visceral fat. And the stomach fat in the front, that's almost certainly from cortisol. And so you can lower cortisol by sleeping better, by fasting, by fasting less, which is counterintuitive. There's a Goldilocks zone and you're doing really well. I'm just wondering if it might be too much. And then what about light? Are you doing any kind of sunlight in the morning? The way I've been talking about?

Michael:

Yes, I do that. I have a TrueLight panel as well, which I use.

Dave:

Excellent. Okay.

Michael:

I've only had that a month, so it's a bit early to see how that goes, but. And I attempt to cut down on light an hour before bed, but it is difficult.

Dave:

It is difficult. That can help with the weight loss, as well. But you're doing pretty well. What you might want to look at there as well is some adaptogenic herbs. And what adaptogenic herbs do is they make it easier to turn on stress and they make it easier to turn off stress. Otherwise, stress gets turned on and it tends to stay on for longer periods of time. Imagine a high performance car, you touch the accelerator, it goes, you let off, it slows down. So the throttle response is really tight. You want that for your stress hormones as well. And have you ever looked at continuous glucose monitoring, even for a month?

Michael:

Yes, I have. Well, I've seen about it. But no, I haven't done it. No.

Dave:

That might help you know whether your eating strategy works. If you something that's not compatible with you, your blood sugar can spike more than it really ought to. So, that's an interesting thing to pursue to get your visceral fat down. And then-

Michael:

Right, this-

Dave:

Yeah, go ahead.

Michael:

That makes sense. I bought the Lumen fat monitoring thing.

Dave:

Oh, good.

Michael:

And it's always low. Always, always low. It's two or three. Never been above three ever. So I'm always burning fat, so why don't I lose the visceral fat? So-

Dave:

Well, I'll tell you. One of the reasons is your thyroid still isn't fixed. And I didn't see a testosterone level in here. Have you had that measured?

Michael:

I have had it checked. Yeah, that was a bit low, but it's... previously, about two years ago it was low. Now it's better.

Dave:

It's better now?

Michael:

Okay.

Dave:

Make sure that they don't say, "Oh, it's better for a 70-year-old." Because there is no natural 70-year-old with Rockstar status testosterone. There's a very clear argument for biologically identical replacement. You want to lose fat? Thyroid and testosterone, there. Your fat went away. Don't eat a lot of sugar and bad fats in the meantime, and fast some of the time and not others. And for the vast majority of people, it drops. I would use your TrueLight panel around the neck area where the thyroid is, and just over the chest or over the gut are good areas to use it.

Michael:

Oh, right. Okay. Funny enough, I've been using it on my legs, because I do suffer vaguely from varicose veins. So I've been trying to alleviate that. So, I will try my torso more. Yeah.

Dave:

Yeah. Definitely torso. It'll help with digestion. You can use it over the liver region, which is on the right hand side, kind of under the rib cage. Sometimes that can help just getting liver function moving. And then, I really like using it over, kind of lean your head back a little bit, over the neck, because that's where the thyroid is. And there are studies, not of TrueLight specifically, but of red light therapy for autoimmune hypothyroidism, specifically, which is pretty interesting.

Michael:

Okay. Right. I will definitely try that.

Dave:

And then there's a couple other things that you were looking at just in the notes that we have here. You are taking a bunch of supplements and it was a pretty good level or a pretty good list of supplements that you were taking. I like that you're taking Ginkgo, which improves blood flow in the brain. And as we age, we need to maintain blood flow, because one of the big things is not enough blood flow, talk to Dr. Amen, talk to the guy who wrote that most recent book on Alzheimer's, Dale Bredesen, The End of Alzheimer's Disease. No oxygen to the brain, big problems. So I like Ginkgo. Saw palmetto is really good for men for prostate health. You're taking some basic aminos. Good. You're taking TA-65. This is something that lengthens telomeres. And it's frighteningly expensive, right?

Michael:

Yes.

Dave:

Like, thousands of dollars a month in some cases, frighteningly expensive.

Michael:

Yeah.

Dave:

And it's an extract of an herb called astragalus, but it's like, 45 pounds of astragalus makes one of these. And it is a proven way to lengthen telomeres. There is another way that costs about 65 American dollars, or thereabouts, not even a month, maybe every other month. And it's called Epitalon. E-P-I-T-A-L-O-N. It is a peptide that lengthens telomeres. And so, you do have to inject it. You have to acquire it. And it's one of those things that, "Hmm, it couldn't be patented as a drug, so therefore let's cancel it." But we don't live in a world where companies have that kind of power, even though they're struggling to get it. They will fail because people get mad when you tell them that they're going to die, because they can't use the stuff that they wanted to use. And mad people don't treat companies or politicians very well, now do we?

So I think you should look at Epitalon. And there may be some functional medicine practitioners in the UK who work with it. Fenugreek is great for testosterone levels. That probably explains why they're doing better. You're taking Spermidine, which is a really good idea. You're taking selenium, boron zinc, these mineral co-factors. Ah, and here's what I was looking for. You have ashwagandha. That is an adaptogenic herb. And that's one that likely would help with that stress response for cortisol. You might consider adding some ginseng to that as well. And there's a variety of adaptogenic formulas you could find out there. But this may help you reduce the gut, which is caused, most likely by high cortisol.

Michael:

Right. Insightful.

Dave:

I'm going to give a shout out here to a guy who is not with us anymore, Charles Poliquin. And I dedicated one of my books to Charles. He was one of the OG biohackers, back before biohacking had a name. And he took so many hits from critics, even though he worked with 200 gold medalists, if I remember right. His strategy was, "Okay. It turns out different hormone levels cause fat deposition in different parts of the body." And this was very upsetting to the low calorie, that calories were all the same, just these

absurd 1970s guys. There's a bunch of them stuck on Twitter still yelling about it. But Charles said, "No, it's not like that. Nutrient timing, nutrient composition, and hormone composition control this." So, he would look at someone with a larger amount of fat in the gut, in the front, it's like, "That's clearly a cortisol person," but he'd also say, "Well, let's look at the back of the arms or something." And that, I believe, was estrogen.

So he mapped it out. And I found his work to be very valid. He really knew what he was doing. So, that's where that knowledge specifically comes out. If you guys go back to episode 537, Charles was actually on the podcast and he was a friend. We'd text each other a lot before he passed, which it was really sad to see him go. So, that would be an episode worth listening to, but that knowledge of cortisol for the gut isn't out there that much. And I think it's very, very indicative for you where you need to look.

Michael:

Yep.

Dave:

All right, Michael. Did that shine some light onto how to think about what's going on with you?

Michael:

Indeed it does. Yes, definitely.

Dave:

All right. This was not a doctor's office appointment, because most of what we talked about wasn't even specifically medical. It's how does the body work? How does the signaling system work? What are the inputs, right? Why is it doing what it's doing? And then you can go to a functional medicine practitioner and say, "Run my labs, tell me what's going on with my C-reactive protein. I'm going to sleep for several days and not exercise before I get it, and do a baseline," right? And make sure that you don't have it. But if it comes back high, you have a smoldering cause of high inflammation, right? It may be in your environment, it may be in your diet, and it's most likely inside the body. And for you, given your history, I'd be looking at sinuses and I'd be looking at teeth as the two most common areas. And then, learn how to tape your mouth when you go to sleep. Use some sort of sleep tracking and you'll just be amazed. It is a very, very big change in the quality of your sleep, and thus your longevity.

Michael:

I will try that. I did buy some tape. I do own it. I put it on once and got scared, but I will try it.

Dave:

Don't tape your whole mouth. You just do like a little, just the middle and that's the thing. So then you can still breathe from the side if you need to.

Michael:

Oh no, I went around my head twice.

Dave:

Yeah. It can be a little bit claustrophobic. And also, you got to trust that your nose knows what to do. And that was hard for me too, because I have this history of sin infections and I'm thinking, now I've always had kind of clogged sinuses. Not always clogged, but a little bit inflamed. I have a history of allergies. And sure enough, the body says, "Oh, I guess I wanted to breathe." And it will open up the sinuses. And when you hear the interview or you read James's book, he talks about how inside your sinuses is actually the same tissue as erectile tissue. So it can change sizes. And when it goes, "Oh, I have to breathe?" It will actually open up in a way that I didn't know about. So if you don't know that reflex, it feels really weird to put tape on your mouth. But I promise you, unless you have a physical obstruction or something isn't working, that you'll be fine. And since the tape doesn't cover your whole mouth, you'll still be fine, which is the whole point.

Michael:

Cool. Right. I have that book, audio book. So I will get round to that. It's at No. 6 on the list. I will definitely do Breathe.

Dave:

Kick it up the list. I think that was the best book of last year in the biohacking realm. And it is a fantastic piece of journalism. And on that note, I want to personally thank you, Michael, for being a part of the Upgrade Collective. We have our calls every week, either with coaches or with me, and it's a really active community. And being willing to openly talk about, "Here's what I'm doing. Here's what works. Here's what doesn't work." You're educating all of us in the Collective. And we can talk about these in the private Facebook group and all, but you're also helping however many hundred thousands of people listen to this. I want you, if you're listening to this, just go, "How would I think about my own things using what you learned here?" And you may have nothing in common, biologically, other than being human, with Michael, but the thought process, "Why is it happening? What are the possible variables that aren't tracked at the doctor's office that you have control of?" That's the kicker. So, you educated a lot of people just by sharing and my gratitude for you.

Michael:

Yeah. Well I have to say, thank you for everything. I mean, the support of the community is incredible.

Dave:

Well, it is something that also provides support for me, just energetically, just knowing I have a live audience on the podcast. I always appreciate that. And I love being able to help people. So, I'm hoping this call or episode, whatever you want to call it, was helpful for you to know how to tune your own biology and let's have everyone listening to tune their own. And then, when you see some dumb headline that says, "Oh, we're all going to die from," insert name of current whatever, you can actually sit down and go, "That looks a little bit like fear porn," because it turns out we're not all going to die from that. But some people might be at higher risk than they were before, but I'm going to choose how I react instead of reacting and then justifying. So, I think you've got that for sure.

Michael:

Yeah. Well, hopefully I'll be allowed into the States next year so I can see you in California.

Dave:

If not, there's a submarine coming for you.

Michael:

Yes. It's funny, I can get into Canada, but I can't get into the States. There you go.

Dave:

Well, come visit in Victoria.

Michael:

Yeah.

Dave:

Thank you, Michael.

Michael:

Okay. Thank you very much. Thank you all. See you soon.