

Hacking Weight Loss Resistance – Interventions With Dave – Diane Closser – #930

Dave Asprey:

You're listening to The Human Upgrade with Dave Asprey, and this is a special interventions episode. If this is your first time listening to it, this is when I take a member of the Upgrade Collective, which is my private mentorship and membership group. Ourupgradecollective.com is where you learn more about that. And I work with him one on one on the air to work on biohacking weird problems, or as it turns out what feels like a weird problem, but is exceptionally common. You want to listen to this episode because it's going to teach you how to think about managing your own biology.

Sometimes we talk about things that are medical. I'm not sure exactly what that means because we're talking about things that are life. I am not a doctor. I do not have a license in anything, except I am an ordained minister. Actually, I did that once many years ago, for six bucks. Other than that, I don't have a license. That means you can't take it away. I am not practicing medicine and I'm not diagnosing, treating or curing. But what I am doing is teaching you, and in this case, Diane, how to think about a problem and maybe giving you some good questions to go and ask your doctor. Diane, welcome to the intervention. Are you excited?

Diane Closser:

I am very excited and grateful to be here.

Dave:

Tell me what you do for a living.

Diane:

I am an industrial lubrication subject matter expert. So I'm a doctor of machinery. And I tell people when their machines are going to fail, which means when their factories are going to have unplanned downtime. And I also teach them how to keep their machines healthy. Just like a medical doctor uses blood work, I use oil analysis and grease analysis to tell them when things are bad.

Dave:

So now we know how you think. You think in an engineering process based way, which is really cool, and what you do. And what's going on that needs an intervention here.

Diane:

I need to lose weight and no matter what I do, I can't. And a couple years ago I was told it was because I was full of mold. So I believe I have all the mold out of me, but I know I still have heavy metals like lead and mercury in me. It's coming out with every therapy, the chelation therapy that I'm doing? But I don't know how long that's going to take to get out. And I've tried everything from flipping tires, hiring trainers, doing all different types of yoga, everything that you can think of I've done. And I'm not sure why nothing's moving. I think maybe my hormones and my thyroid need some adjustment.

Dave:

Diane, it's because you're not trying hard enough and because you're sneaking a Snickers bar every day at lunch, come on, admit it. By the way, I have heard those words from doctors when I weighed 300 pounds. So I appreciate that you can laugh at that. But it should be clear to anyone listening that you're

doing this, and this is why something like 70% of people in the U.S. are obese. Because we're we tried this stuff that's supposed to work. And some of us have tried more things than others because we were fortunate enough to be able to do that and still manage our life responsibilities. But it doesn't work.

And you get these mean-spirited people going it's just about counting calories. If you could just starve yourself a little bit more, you could be as angry as me. And actually that doesn't work either guys. It's bad for you and for women it particularly doesn't work. So something is wrong and we're going to see if we can get to the bottom of it.

Diane:

That'd be awesome.

Dave:

So you want to lose weight. How old are you now?

Diane:

56.

Dave:

Okay. And how much weight do you want to lose?

Diane:

50 pounds.

Dave:

50 pounds. So can I ask how much you weigh?

Diane:

186.

Dave:

Okay. So you want to lose about, oh, 30%, 28% of your body weight, something like that. So you've got some work to do. Right? Pretty similar ratio when I went from 300 to 200 when you think about it. All right. So you tried pretty much every diet you say in my notes for you. What diet worked best for you?

Diane:

The LA weight loss back in 2006.

Dave:

The LA weight loss?

Diane:

Uh-huh (affirmative). It was very little food.

Dave:

Okay. It was a starvation kind of fasting kind of thing?

Diane:

Well, and then every two hours you ate a soy filled protein bar.

Dave:

Oh God.

Diane:

That you purchased from them, but it worked. I'm not sure why.

Dave:

It sounds similar to the Cambridge Diet. You ever hear of that one?

Diane:

No, I haven't.

Dave:

I lost 25 pounds in 10 days on that when I was maybe 15, so that would've been similar time. It was a 400 calorie a day soy filled thing from Cambridge University, therefore it'd be special. It was a multi-level marketing thing, but it would work, but then it would mess up your gut, your stomach would turn sour, and then you would gain it all back within a couple weeks. But you know, wow, who would've thought? Clearly the LA diet didn't keep the weight off.

Diane:

No, no, it did not.

Dave:

Okay. Talk with me about other environmental stuff like chemicals, fragrances, are those issues for you?

Diane:

Oh, they are every now and then. I got to a point last year I think, I couldn't stand to be around anybody with perfume. I couldn't walk down a laundry detergent aisle. Couldn't take a walk when the people were out spraying other people's yards with the weed killer or whatever. Rental cars, I travel a lot for my jobs, so rental cars, hotels would put air fresheners everywhere. It was just awful. And I found some ozone therapy and I believe that's what got rid of my chemical sensitivities, but I'm also doing LDA and LDI so maybe that helped a little bit.

Dave:

Let talk about that a little bit. Chemical sensitivity is almost always caused by toxic mold in the environment. And I gave my first talk about that, this must have been in the late 90s and I'd finally come across the mold stuff. I'd worked on my own mold. I've had chemical sensitivities since I was a kid. I'd hold my breath on the clothing aisle. If my mom washed clothes with fabric softener, I wouldn't wear them. And so this has just been a part of my life. I'm far less sensitive now, but there are sometimes, I

have no idea what bottle of perfume you're wearing, but that perfume messes with me but the vast majority of them don't.

But I also know if I wake up in a hotel that was just remodeled or I drive a brand new rental car, I get brain fog after a while. And it isn't a big thing, but it's enough that I don't want to take that hit biologically, but it isn't critical. And you got to the point where it was critical. Right? And ozone magically is the No. 1 thing that helps with mold, and you need to get rid of the mold and there's all sorts of things you can do. So ozone works, as I wrote about in one of the books, probably in Headstrong. It works by making your mitochondria work even though the mold damaged it. It adds electrons to the system and helps your body to make more of its own onboard antioxidants. So how often are you doing ozone therapy now?

Diane:

Well, yesterday I had an ENT ozone, but I was doing MAHs monthly in the beginning. It was a couple weeks, every other week. And I took a month off but my eyes swelled up yesterday. And so I went in and had an ENT and they went right back down. So something is causing reactions with me.

Dave:

So MAH is basically intravenous ozone therapy. And the heaviest form of that is called a 10 pass where they do that 10 times. And if you're listening to this and you have anything weird going on, it's shocking what happens when you do an intravenous ozone therapy? You feel better, but weird things you would never think about go away. In your case, though, it seems, oh, in my case, it was very hard to get intravenous ozone when I first started doing this. So I did rectal ozone therapy. You can do this at home. It's cheap. I've done episodes on how to do it and all.

I did this every night for about 18 months and I cured myself of really bad mold stuff. And I say cured, maybe I just dealt with a bunch of it because it turns out curing is a very difficult thing with mold. But I got to the point where I got my brain back and I got my life back. I wasn't in constant pain. So there's something that's going on environmentally with you because you have sensitivity to your environment. And do you know that you lived in a moldy place?

Diane:

Oh yeah. The house we bought when we moved here in 2015, the owners painted over rotten wood. Didn't tell us. It took me four years to find it. And we had to rip off all the wood siding, relace, all the insulation

Dave:

And, oh, wow. So you were in a pretty moldy house then.

Diane:

Yeah, I believe. I was the only one affected by it. But I was also the only one in the house. Everybody else was going to work and school.

Dave:

Oh, so your dose was higher.

Diane:

Yep.

Dave:

Well, for anyone listening, going wait, that can't be, moldy movie.com, it is a gift for you. I interview a dozen people who had mold like this, including a husband and wife couple where she had it. She's a medical doctor. He is also a medical doctor. He didn't have a response to it, but they say straight up, it's real. Also Dr. Amon, who's a dear friend, says in that movie if you have toxic mold, it doesn't matter how much you eat, you won't be able to lose weight. That's been my experience as well. So we're zooming in on what's going on with you, because you know you have had mold exposure. We know that you have tried all the stuff that's supposed to work and it doesn't work. So the first thing would be you might benefit from being able to have access to ozone therapy at home or to doing more frequent ones until, if you miss a month, your eyes don't swell up right now.

There's something that happens with chronic mold exposure. It's that your mast cells in the body, and mast cells are kind of famous for causing hives and they're known to, if you have histamine it causes mast cells to degranulate and that causes inflammation and swelling. It's a little bit more complex than that because when mast cells get activated by environmental triggers like mold, then they release histamine that causes more mast cells to degranulate. But they also release hundreds of other inflammatory molecules that cause all sorts of weird symptoms throughout the body. So when you tell me your eyes get swollen up like that, that's a mast cell reaction. And one of the things that I believe is the future of this kind of chronic what the heck is going on stuff, is going to be at least temporary courses of things that block your histamine receptors so that the body can take a break.

When I say temporary, like six to nine months. And the two most common things that work are Claritin, which is an over-the-counter non-sedating histamine 1 blocker and Pepcid which is an H2 blocker. There's three kinds of histamine receptors, H1, 2, and 3. And you can block 1 and 2. If you were to try a Pepcid or even two Pepsids in the morning and two at night and a Claritin in the morning and a Claritin at night, that would be a mast cell protocol for it. Talk to your doctor, look for side effects and things like that. These are over the counter. You can buy them at the drugstore. And try it for a week or two and if you suddenly find that you just lost 20 pounds in two weeks, that was inflammation, and you just calmed down in your mast cells. I mean, you could see a really big difference, and then if they don't do anything, fine.

Now half the people listening are going what do you mean Pepcid? Pepcid is a stomach acid blocker. Dave, you've told us for years how important stomach acid is for digestion. So when you're taking Pepcid, you also have to take stomach acid in the form of Betaine HCL with every meal, at least one capsule and maybe a little bit more. So you're going to artificially suppress your stomach acid production, and as a benefit of that, or to undo that in order to get the benefits, you're going to just take some extra stomach acid. So your food will still be the right pH. And see if it works. If it doesn't, stop doing it. But I'm guessing you're going to see, oh my gosh, am I really dealing with allergies? Well, yeah, it's a mold allergy.

And I'm going to tell a little story here. I was in San Diego very recently from when we're recording this. San Diego's one of the really moldy cities. And I was staying at an incredibly expensive hotel because that's where the event was. And my room had mold, but not the kind that smells really bad. It just smelled a little bit like cardboard. And I don't know what species that is. I should probably test it, but whatever it is, that's the one that I think I had in my bedroom as a kid. My body hates it. And so I wake up the first morning feeling like I have a cold and we did COVID testing and I didn't have COVID. I didn't even have a cold. I had an extreme reaction to the mold. I felt hungover. I couldn't think,

I was bleary. And then my nose started bleeding, and even now, three to four days later, I am dealing with a small amount of brain fog and I'm dealing with a nose that just keeps bleeding all the time.

And what's going on there is my body, my toll-like receptors, is extra sensitized to this specific species. And when it gets those, the TLRs activate the mast cells and the mast cells say de granulate. One of the things a mast cell releases is called heparin. Heparin is a blood thinner. So magically my nose keeps bleeding because right there in the nose where I got the most mold, I got a little chemical signal that said it's time to thin the blood locally. So it'll go away in a couple days. But what I'm able to do now, because I understand all this instead of being disabled for three months, which would've been how it was years ago, I just didn't feel like myself. I was able to bind the toxins using cholestyramine, activated charcoal, use ozone therapy, do a sauna, treat the inflammation with those over the counter things that I talked about and a day and a half later, I'm doing all right.

So it's possible to do it. I think you're going to feel very different when you do this. However, you mentioned so something else, LDN, low dose naltrexone, that you're doing. And in my, let's see this would've been my most recent book, I wrote about using heroin during fasting and people said, what? Well, it turns out naltrexone is for heroin addicts, but low dose naltrexone sticks to opiate receptors, which block histamine, they block the mass cell activation. So the reason likely that LDN works is it's doing this. You might also consider taking something called PEA, which has a similar effect. So if you think your LDN is working, add PEA either two or three times a day. That'll probably help with what's going on.

And when we look at your, your labs and what you've shared, tell me about toxic metals. What do you have going on there?

Diane:

Oh, we used to play with mercury when we were little, our best friends were, the father was a dentist. He'd bring mercury home in the seventies and we'd just play with it. The lead I'm not sure where it came from. And then there's something else on there from MRIs, from the dye that you get when you do an MRI.

Dave:

Probably gadolinium.

Diane:

Yes.

Dave:

Yeah, I'm looking numbers here. Your thallium is relatively high too, but not quite over the line. So the gadolinium, you did labs some kind of a contrast dye. So this is worth noting for everyone listening. I also have relatively high gadolinium levels. We're not sure all of the problems that it causes, but it's really hard to get rid of once it's in there. So I don't think it's a good idea to get a gadolinium contrast for any kind of medical testing, unless you're dealing with really serious symptoms or potentially going die. If you can get away from gadolinium it's a good idea because it doesn't seem to go away in a lot of people. But I don't think it's causing great harm here. I'm looking at your thallium levels. Are you some sort of a kale fanatic?

Diane:

No, I don't like kale. I'm not sure where it's coming from.

Dave:

Thallium is interesting because everyone knows we have unleaded gasoline now, and it's because we used to put lead in the gasoline. And what we know now is that any amount of lead in your body increases your cardiac risk pretty much linearly. So they used to say you can have 20 parts per million, we mean 10, we mean five, we mean lead is just bad for you. Even the EPA says that and those guys are not trustworthy at all. I mean look what they've done to the environment. So if you have an environmental protection agency and you live in the modern world, you should fire them all right now. Fail, reset.

But what they did to remove lead, which is very bad for you, is they replaced it with thallium. So unleaded gasoline has something that is neurotoxic and is a thousand times worse for you than lead. Thallium is called the poisoners poison and it disrupts potassium function in cells, which is core to life. That's why Russians a hundred years ago used to like to use it. I'm sure it was used globally, but it is just famous for being used in Russia. So that one, I think you're okay, because you're not over into the red zone, but your lead though was quite high. Right? And your mercury is pretty high.

Okay. So lead and mercury, very common. I've had both of those substantially elevated at the beginning of my getting myself back. Here's the weird thing. If you have high metals, your body will allow candida the yeast to grow because candida will hold onto metals instead of holding them in your fat or your brain. So it's kind of a unique protective thing. So if you kill the candida and you don't get rid of the metals, the metals return to circulation and give you brain fog. So what you want to do is get rid of the metals and get rid of the mold at the same time if your body can handle the detoxing. Or you hit the metals gently, and then you hit the mold and the yeast. I find for most people in reasonable health that you can do both at the same time. So what are you doing to get rid of your lead and mercury? Because you got to do that.

Diane:

I'm doing chelation therapy. I start with the MAH, then I do high dose vitamin C and then I do chelation therapy, and then the IV glutathione, I just spend the day...

Dave:

The chelation is intravenous?

Diane:

Yes. It's all intravenous.

Dave:

Okay. And it's DMSA they're doing or DPS?

Diane:

I think it's DMSA.

Dave:

Okay. Got it. So that's a tried and true protocol and you might ask them to do some EDTA, which works well for lead. It works better for a lead than mercury does. There's something else for people listening.

You're going okay, you want to go through a course of chelation therapy to get rid of toxic metals that are almost certainly affecting your intelligence, your emotions, your cell health, your risk of cancer, heart disease, diabetes, all of those. Okay, metals are bad. But do you have five to 10 grand to drop on intravenous therapy? And if so, you're fortunate. I don't like it that when I didn't have as much as I do now financially, I just prioritized it and I would go do whatever I could afford because I was so tired of being tired. There are ways you can a chelation that are cheaper than IV.

I think you should work with a doctor. I think you should get your labs done so you know what you're dealing with. Do not do what I would often do which was oh, I probably have this so I'll try and treat it with some herbal thing. That's not a great idea. But if you have no money and you can't afford a lab or it's choosing a lab and your vitamin C, you do your best. What you can do is you can get suppositories that have chelators in them including EDTA and DMSA. And there's some anecdotal and early data that says they're probably as good as IVs for many situations, but not all, so that can work really well. And this isn't what I normally talk about on the show, but I used one of those last night because I just had a big mold exposure. And the fact that I'm stringing my sentences together and I can recall things today is kind of miraculous given most of my life. So I think it's working. How's your brain function?

Diane:

It's better than it was. It's getting better.

Dave:

Better than it was. Is it satisfying?

Diane:

No, it's not there yet.

Dave:

Okay. I think that as I'm looking through your notes here that you've got a little bit of Adderall going on.

Diane:

Uh-huh (affirmative).

Dave:

What is, tell me about that. When did you start taking Adderall?

Diane:

Two months ago.

Dave:

Oh, just two months ago. Is it working?

Diane:

I think it's working. I need to remember to take it. So it depends on what kind of day I'm having. So I set an alarm on my phone now and that reminds me to take it, but I'm just so foggy that I thought that something could help.

Dave:

I get it. I understand the fog. Ask the doctor if they'd be okay, instead of just telling you to just go do something the way our language works in here, we're very well programmed by the American Medical Association. It started in the 1930s, I think, maybe was the [19]20s, by Morris Fishbein, who was a super con artist by the way. I'm not saying doctors aren't great. I'm married to one. Doctors have saved my life. What I'm telling you is that they don't need a trade union making it illegal for you to manage your own biology. That is our fundamental right. And anyone who tries to tell you, you have to or are not allowed to take any medical treatment you want, is an enemy of humanity and you need to watch out for that.

So, all right back to you asking your doctor for permission to do what you want to do, you child who needs someone to control everything you do. Modafinil, or Provigil as it's known, I took one of those, I have not taken Provigil really in the last year, with this mold, the brain fog I was getting, I took 25 milligrams of modafinil before our episode, for a reason. You also should look at things that increase blood flow to your brain. Things like Gingko could be particularly helpful for you. But given the huge difference between modafinil and Adderall biologically, Adderall is addictive and it makes you want to kill people. It makes you jittery and cranky. I trialed Adderall for six weeks when I was in business school because I was having serious brain fog problems from the mold and the histamine and modafinil was much, much better. I think for mold people in general, there's no comparison, modafinil works better.

They go from 100 milligrams a day up to 400 milligrams a day. And there's nothing says you have to take a whole pill. I have 100 milligram pills and I took a part of one before episode, which is enough to just be dialed in. Intermittent fasting in the morning seems to help. You probably also want to bind some toxins here with activated charcoal and cholestyramine for brief periods of time, like a week at a time. Cholestyramine is a prescription drug, you have to get permission to do that. Now we're running towards the end of the show. I want to congratulate you on your low dose aspirin. You're doing 81 milligrams a day. Why are you doing that?

Diane:

Because my twin had a blocked artery.

Dave:

Got it. Well, that's a pretty good sign. Is your twin also chemically sensitive and mold and all that or?

Diane:

Yep.

Dave:

Yeah. Okay. I almost didn't even ask because it's so common. This stuff is genetic. There's an HLA DR 4 is where most of the mold and environmental sensitivity genes live. Are you by any chance any more flexible than most people?

Diane:

I am.

Dave:

Yeah. Your twin is probably, too?

Diane:

Uh-huh (affirmative).

Dave:

There you go. Those are correlated. So you have very good genes that if your job was to go and pillage other villages and travel across Northern Europe, take an arrow, not get sick when you stole someone else's chicken, you would be set. So you have those kinds of genes, which mean though that if you're under constant vague environmental threats, the quick clotting that you and your twin have, which is an advantage, is a disadvantage. So it's an advantage if an arrow hits you. It's a disadvantage if you're sniffing bad environmental stuff all the time. So that's why having variety both in our genetics and variety in our of practice. In other words, some people eat certain things, some people don't. Some people exercise, some people don't. Some people take everything that their doctor recommends, some people don't.

We want variety because variety allows us to survive in a broader number of environments that we can't predict in the future. So if we go back to Mad Max when everyone rebels against being forced to take medical things they don't want, well, I hope we don't do that, I think we're perilously close to it, but maybe your genes will be quite useful in an environment like that. Let's not find out, hey? But, so I like diversity here but you and I have those same things a lot of people from Northern Europe do. I'm guessing you have some Northern European in you because your skin's relatively light.

Diane:

Yep.

Dave:

So there you go. And also there are people from Africa with dark skin who have the same HLA DR4, it's not exclusive there it's just more common in Europe. So how did I get there from aspirin? It turns out that low dose aspirin probably isn't preventative for what's going on. But if you have mast cell issues, a higher dose aspirin is probably good for you. The problem is that the risk GI bleeding, even with 81 milligrams, makes it not so good and there may be some issues with macular degeneration over time. However, for people with mold and people with mast cell activation issues like chemical sensitivity, you might want to kick it up to the normal dose of 325 milligrams. But the standard of care now is to take Pepcid AC with it, which stops the GI bleeding. Since Pepcid AC is anti-mast cell, an aspirin a day and a Pepcid at the same time, as long as you take stomach acid with your meals, probably does keep the doctor away.

So you could try experimenting with a higher dose aspirin and see if it helps you with weight loss and other things like that.

Diane:

Good.

Dave:

Now I've got your numbers here because you shared them. Let's see, I'm looking for where I put your, I think getting rid of lead is going to help you a lot. Here it is, your TSH was 1.8. Now as people who hear my intervention calls already know, TSH is the body yelling, hey, give me some thyroid. I don't have enough. And if you don't have enough thyroid, you'll gain weight even if you eat less food than someone else, which is why counting calories as a way to lose weight is dumb without knowing your thyroid. In fact calories are dumb, right? Yes, there is such a thing as a calorie, but you don't know how many you burn or how many you eat even if you tell yourself you know; therefore, well you don't need to worry about that. You don't need to eat more than you should eat, but it's going to vary for each person.

And thyroid is at the core of that. So 1.8, basically, I like to see levels at 1. And your free T3 though is at 3.2 and the range goes all the way up to 3.9. But your T3 isn't particularly low, it's in the middle of the range, and your free T4 is relatively low, but it's still within range. So given that the body is still asking for more, I would talk to your doctor because it would be illegal for you to upregulate your own bioidentical hormone replacement based on how you feel. Why that's illegal? You'd have to ask a trade union and it's starting to piss me off already. But ask your doctor about experimenting to raise your thyroid until your TSH is 1 or 1.1. And you have a symptom of low thyroid, it's called you're having a hard time losing weight. And if you feel better and your brain fog goes away, which T3 usually does, well, there you go. Are you taking thyroid right now?

Diane:

I am taking Armour Thyroid.

Dave:

How much?

Diane:

I just upped it to 90 milligrams last week.

Dave:

So it's about 1.5. Did you see a difference in your brain fog when you went up to 90?

Diane:

I saw a tiny bit of a difference.

Dave:

Okay. A doctor would probably tell you to stick it out for a month or so and see how you do. There's no law that says that you can't go up a little bit more, but very, very strong fluctuations in thyroid hormone can actually be dangerous from a cardiac perspective. If you go off thyroid, suddenly your risk of heart attack goes up. Having low thyroid, makes your heart attack go up and taking a ton of it, sweaty, rapid heart rate.

So the idea is if you move a half a grain in a day, it's probably not going to be the end of the world. But if you were to say, I'm going to take three or four and get used to that and then just stop doing it, bad things could happen. So this is one of those things where you move gently. And I do think it's worth getting your labs and working with your doctor, but this is a very recent lab and your TSH is

within range. But I think it's worth playing with. What about your testosterone? I'm not seeing a testosterone tester. You ever get that tested?

Diane:

Yeah. They tell me it's normal. I just had it tested.

Dave:

It's normal for a 56-year-old-woman, right?

Diane:

Right.

Dave:

Can I just say this? Fuck them. Okay? They have no right to tell you what is normal. You get to say how you want to feel. And I would tell them, I'd like to have the testosterone levels of a 36 year old. Thank you very much.

Diane:

That's right.

Dave:

Right. And then all of it's not normal. So they are telling you, just get used to getting old and just get used to it. And you know what? I'm not going to do that. And you don't have to do it either. You have a right to do what it takes to feel good. So look at it and say would it be normal for a healthy mid-30s person, if not fix it. Otherwise I'm going to have to get a new consultant from my health. That's a big one for weight loss. Especially when I see someone in their mid-50s, who's a woman, who's having a hard time losing weight. You always have to look at thyroid and testosterone and sometimes a lot more. In your case, you have metals and all that.

You did a mycotoxin test in 2019 that showed that you had high OTA. Ochratoxin A, this is by the way, the number one mold in coffee. I'm sensitive to OTA as well. Why is it that the coffee I've created is tested for that and a bunch of other toxins, because they're common in foods. So higher mold foods are going to be risky for you. Probably a lot of chocolate sets you off because chocolate's high in OTA unless it's obsessively cleaned. You also have something from corn called Zearalenone or fusarium. Here's an interesting thing. You can buy Zearalenone, that specific microtoxin that's present in your blood - was it urine or blood in this test?

Diane:

I think it was urine.

Dave:

Urine. Okay. So, oh this is great, your body's excreting it. Zearalenone is grown in a lab chemically purified to make a substance called Zeranol, which you can buy as a rancher and you put it in the ear of a cow in a waxy pellet and it soaks in through the tympanic membrane where there's lots of blood circulation, and magically the cow will get fat on one third less calories.

Diane:

Wow.

Dave:

Now the existence of Zeranol completely destroys every one of the calorie bullies online telling you it's about calories, okay. That drug cannot exist, and ranchers cannot use that drug because calories in/calories out is all that matters. So we just completely destroyed a third of Instagram influencers, the angry ones who are hungry. Now, what does that mean for you? You have the same hormone in your pee that makes cows fat on one third less calorie. Okay, are you seeing the connection here?

Diane:

uh-huh.

Dave:

Okay. So we've got to figure that out. And since you have a nice bouquet of mycotoxins in your urine, and this is from 2019, you should test again.

Diane:

Okay.

Dave:

There's two approaches to mold that are interesting. One of the most interesting ones that comes from the [My Mycolab](#) guys is six to nine months of Itraconazole, or Sporanox is the trade name, and you have to check your liver and kidney function and all that stuff. It is not as bad as fluconazole, the other one that works better for yeast. But according to the doctor over there, whose name is escaping me right now, I think it's Dr. Campbell. He's seeing for 40 years profound results in mold people. Actually that drug didn't exist 40 years ago. But in the time he's used it in his 40 years of clinical experience, this is a big deal. And that's because there can be onboard mold that's growing.

And so if you're not getting an environmental exposure, it's probably coming from inside. And you can also say, all right, well what's going to help my body detox these things? And this is something that everyone listening, you could write this down, this is like a masterclass in a minute or two about detoxing for almost everything. First thing is you want to be binding toxins. And you don't want to do this all the time because you'll bind all the good stuff as well. But generally speaking, it's activated charcoal, Cholestyramine, which is prescription drug that sticks to your bile and causes you to get rid of fat-based toxins that recirculate in your bile, and modified citrus pectin or MCP. I wrote about that as an anti-aging substance in one of the books. If you do those things and maybe fiber as well, both soluble and insoluble, I've been a huge soluble fiber prebiotic fan, yeah that would be me because one of the reasons is it removes these toxins.

So now you've stuck to them. You've removed them. But then there are cellular detox pathways and you have to work on those as well. And there's three of them that matter and they get rid of almost every mold, but some molds like different detox pathway ways more than others. So here they are. So you got your list of stuff to take, to stick to it and poop it out. Okay, now how do you inactivate it and transform it so that you can poop it out and get it out of your cells? Number one is glutathione. You can take glutathione rectally, you take it intravenously, you can take it topically. You can take it orally, but it

has to be liposomal if you take it orally or a couple other fancy forms. But normal glutathione just gets digested. Okay. This is a major primary detox pathway for most, but not all mycotoxins.

The secondary detox pathway is Glucuronidation. Calcium D-Glucarate, G L U C A R A T E, is what you take increase the secondary detox pathway. The third one is glycine, the amino acid, which is why you take collagen, right? So guys, if you think about the products that I've made and I put on the market was either first dry liposomal that you could take for glutathione. Did I make that? Yes. Why is there a mold free coffee so you can introduce more molds? Well, there's a reason for it. Why is Calcium D-Glucarate important? It's a supplement that Bulletproof refused to make before, I am no longer a part of that. So there that's another supplement. And then getting collagen to become a billion dollar category. I'm going to raise my hand and say, "I made collagen cool." So collagen is the No. 1 source of glycine.

So for you though, if you take all three of those on a regular basis, a collagen for glycine, glutathione and calcium D-Glucarate and you're binding your toxins over time, you're going to get rid of it. And you may need to take some antifungals, you may not, but the ozone may handle that in and of itself. It can take you two years to replace half the fat in your cell membranes. That's the half-life of fat. So if you were to eat a higher fat diet to increase the turnover of the fat, like 50% saturated fat the way the bulletproof diet recommended going back to 2011, you can improve that as well. But these things are going to help you over time remove those micro-toxins as long as you don't have more of them being produced all the time. And if you do, then either the ozone or the other treatment is going to do it.

I think that's going to help enormously. We're going to turn down your inflammatory response to the mold. We're going to kill and/or remove the toxins from the mold. And we're going to get rid of the metal that's in your body. And you're going to work with your doctor on all those things. And some of it's intravenous, some of it you can do it via the backdoor mechanism and others through just oral consumption. But what you're going to find is that your health improves over the next two years, instead of continuing the slide that everyone thinks is normal.

It's not normal. It's not natural. It's not how it's supposed to be. You're actually at the time in life, and there are studies that support this, where if you have your health, you have the most happiness, the most wisdom, you give far less F's about everyone else who would've really messed with you when you were in your thirties. It's true of men and women but particularly for women. It's like, oh finally, I'm in this good zone, right? And you have a right to do whatever it takes medically to get your health to that point. And now you're on the path.

Diane:

Thank you.

Dave:

You're welcome. Thank you for being our topic of discussion on interventions today. I love doing these and if you're listening to this, I would love it if you told me, daveasprey.com/podcasts or any social media whatever, too technical, not technical enough, helpful, not helpful. I only want to make content that's worth your time. Otherwise I don't want to make it because that it would just be like mass murder. If hundreds of thousands of people download something that they shouldn't have listened to. Blah. So you have to tell me more, less, what do you want? And I can already tell just from the way you look right now that this was useful for you. Any final questions or comments?

Diane:

No, I'm just thankful for your time. And I hope this helps other people because there's a lot more people like me out there.

Dave:

You are becoming the norm, not the exception. You're just one of those people who's willing to talk about it. And I appreciate that.

And if anyone listening is saying, what about HIPAA? Here's the cool thing. HIPAA in the United States is a law that says your doctor, and to certain extent your employer, has to keep your medical information private. There is no law that says you can't take every one of your labs and post them on Instagram. You're also allowed to post your status for other confidential medical things. For instance, your pap smear or your circumcision status, or maybe you've chosen to get some kind of optional experimental treatment lately. You're allowed to do that as well and post or not post that because medical information confidential to you unless you choose to share it.

So my sincere thanks, Diane, for sharing this useful medical information with everyone and thank you for not sharing useless medical information with everyone.

Diane:

Thank you so much.

Dave:

I will see you on the next Upgrade Collective call. If you'd like to be considered to be one of our intervention members of Upgrade Collective, go to ourupgradecollective.com. This is my mentorship membership community, where you get time with me every couple weeks, full coaching staff, all of your questions answered in a vibrant community, all helping each other. I've had so much fun forming that community and supporting it and spending a lot of quality time. So thank you for being a part of it, Diane.

Diane:

Thank you. Have a great day.

Dave:

You too.

If you like more content like this or you'd like to work with me directly, definitely join the Upgrade Collective, which is my membership and mentorship group that you can join. There's more than 200 videos, including four courses where I teach you every one of my books because not everyone learns by reading. I can get discounts on tons of health and performance products that I actually use. You get to be in the live studio audience, interact with guests on the show, ask me questions, type things back and forth. And every week there's community coaching calls and other week or thereabouts, I am on a call delivering new content and answering questions for you. So this is a way to be part of a group of people who really care a lot about upgrading themselves and upgrading humanity, which is part of my core mission. Just go to ourupgradecollective.com to join.