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My Doctor, Dan Stickler: Ideal Diets, Psychedelics, & Upgrading The Human Experience Transcript

[RYAN] Hello, my friends. Welcome back. This is Ryan. This episode is a conversation with my doctor, Dr. Dan Stickler. Part of my job here on the podcast is to bring the people, the information, the connections that I meet along my journey, to you, to make them more accessible to you. It's one of the things that brings me the most joy, to be able to bring things that are not previously available to the entire world to other entrepreneurs.

[00:00:32] And this episode is extremely special for that reason. Dr. Dan is the doctor who caught my thyroid issue that I shared in a recent newsletter. He is the doctor that I trust his opinion on things like the benefits and the challenges with psychedelics, which are so prominent here in Austin. He's a person whose opinion I actually trust on what diet is best and what test is accurate and all of the crazy things that we hear about on a bunch of random health podcasts and in our communities.

[00:01:08] Dr. Dan is the person that I really trust on this stuff, and he has built a name for himself of being the go-to doctor among Austin entrepreneurs. He kind of calls us the Austin entrepreneur mafia, because he seems to attract that type of client. I want to give you kind of a warning/presell before we go into today's episode.

You see, after this episode you're going to want to work with Dr. Dan. It's just the inevitable result of hearing him talk about cutting edge medicine, about his opinion on what diets are best, his opinion ... just his open mindedness to things like psychedelics and things that are still controversial in the medical community.

[00:01:52] The problem with that is you would have to fly to him, and you'd pay him \$60,000 a year. Now, we've been talking about investing a lot on the podcast, that's been the theme of this quarter. One of the best investments I make every year is in my health, because the ROI when you're dead is really bad. But the ROI when you are performing at your optimal level, it's immeasurable. I feel great and I have made a world of progress in my health after a couple of years of working with Dr. Dan.

[00:02:32] This Austin entrepreneur mafia of ours has convinced Dan to do an offer that is a little bit more scalable that allows us podcasters to get him to more people. And so, he did good. He put together an offer that involves blood work, the same blood work I do; genetic testing, the same stuff that I do with him; a retreat with Dr. Dan and his kind of panel; some one on one time to go through the results of your blood work and make recommendations for what you should be doing; and six months of access to him and his network on an occasional basis, and his kind of board of advisors that can go deeper into this stuff.

The cost is the same as what you would pay me for a two-day workshop to work on your business. So, if you'd be willing to invest in your business, because it has ROI, you might want to consider investing in your health because it has just as much ROI.

[00:03:34] Now, one more disclaimer before we go into today's episode. We talk about some controversial stuff on this. We talk about some cutting edge stuff on this. We talk about consciousness and some stuff that you might find woo-woo on this episode. Dr. Dan does a really good job of bringing it into the practical world, and I can tell you, he didn't talk like this when I met him a couple of years ago. He's evolved a lot on some topics as well.

[00:04:03] We recorded this outside. We were around a fire, and also I wanted to at least somewhat respect some social distancing stuff, so we're outside and you might hear some background noise. You may hear some ... the neighbor cutting his lawn or something like that, but I think you'll find this conversation extremely enlivening. If you want to work with Dr. Dan, he does a soft pitch for that offer that we talked about at the end, and the URL he mentions is lifeofexcellence.io. Alright, with that, enjoy this conversation that goes real deep with Dr. Dan Stickler.

[RYAN] [00:04:50] Dr. Dan, good to see you.

[DR. DAN] Good to be here.

[RYAN] So, I wanted to start with something that I bring up a lot around you, which is a quote that I saw you give on the London Rio podcast where you said that there's so much interest in consciousness but this body is the vessel for consciousness. I was hoping we could start there with you commenting on that.

[DR. DAN] Yeah. So, running around in, especially, in the Austin community, and some friends in other areas, there's almost like two camps. There is the camp of optimization regarding the self, the body, the mind, and then there's this other group that is in pursuit of expansion of consciousness and leading to unity and non-local aspects of life. And I think, what we've done is we've divided these two communities and they don't see it the same way, and yet it is and/both.

[00:05:59] So, we have this idea of consciousness, which is a non-local entity, this is the unity consciousness, the universal consciousness, but we're still in an edition right now where we're experiencing this through the separation aspects of the individual. I think what's really important is to understand that we need to focus on both of these. Right now, my consciousness is residing, taking up space right now, in this meat sack of a body, and it's basically the vehicle that is doing it.

It's like if everybody in the world was locked into a car, and they couldn't get out of the car, they couldn't roll the windows down, and they had to communicate. There's a person inside that car, but the only way they can communicate is, like, flashing the lights, or honking the horn, or running the windshield wipers. You're limited in the way you can experience life and express what's inside. And so, right now, we haven't transcended to the point where we can access this more unity. We can touch it, but to truly experience it, we're just getting to those points.

What we like to focus on with people is to understand, there is a spectrum that we function in, and this is life experience. The optimal life experience will exist in the living, in the separation, but also experiencing the unity piece.

[RYAN] [00:07:48] When you say living in the separation, what you're really saying is living in the physical world.

[DR. DAN] What I mean is living in the self, the body, the ego. It's within the ... it's hard for us to conceptualize a non-self, that we are all part of one. It's a concept that's hard for us, in this body, to express or to experience. But, we're actually getting to the point where we can experience it, but not fully transcend into that state yet. It's interesting to watch people that venture into that state, but then they have to come back and function in the real world of the separation state.

[00:08:40] We have this experience that we're in, and we're experiencing this in a separation state, and a local state, versus a non-local where we actually experience everything and everyone and even when I say everyone, that's separation, consciousness, because our feeling is that we truly are all one. Consciousness is the underpinning of everything, and that we are having these separate experiences that are feeding into that, but we can't access that. It's like a cell phone on a network.

The cell phone can pick up things that are out there, but everybody functions as an agent on that network, so we're all cell phones, that we have local experiences, where we can take pictures, and we can do all of this, and it kind of gets loaded up on the internet, and we can share it, and this is the way we touch that unity piece of it, we're sharing things on there, but we can't actually go into that other node, that other local unit that's doing this. So, it gives us the impression that we are separate in this, and yet we are the whole network.

[RYAN] [00:09:59] Dr. Dan, when I met you, you didn't talk like this. When we met, it was very much under the context of upgrading the human experience, upgrading the physical experience of optimizing hormones, optimizing brain performance, optimizing nutrition, and that was the lens through which you were coming into this.

I do want to talk about that, but before we go there, explain ... what seems to me, to be kind of a 180. What seems to be a very hard direction into the physical experience, the biological experience, into something that is, what some people would call, much more spiritual. And your language has definitely changed in the two years that I've known you. So, would you describe that change?

[DR. DAN] [00:11:04] Yeah, and I think a lot of people will say, you're very different than you used to be. Yet, I'm very much the same, also, in certain contexts. Our progression through developing a [inaudible 00:11:14] has been basically mirroring the journey that I've had, and that my crew's had. The two of us together, and she was ahead of me in some areas, and I was ahead of her in other areas, but we started off really focused on the body.

Back in 2005 when I started this, it was all about the body and performance and how do we optimize performance, how do we take and upgrade the human experience in the performance lane of the bodily function, the muscle performance, the endurance, the brain, and we weren't even that strong in the brain. It was purely performance from a physical standpoint.

[00:11:59] And then, about 2009, we started getting into more stress components and understanding how stress played into and interacted with the body. So, we added a node on the network, and they go back and forth. And then, we got into the brain, and we were finding all these amazing areas where we can actually take brain performance and upgrade it to a whole new level of performance.

And then, that progressed. It's cliché to say we went body, mind, and spirit because that's so overused right now, but it truly is, but not in that generalized category. In the last couple of years, we started ... and I didn't share this with my clients, because I thought they would think I was crazy with some of the stuff I was promoting, or I was experiencing, but I started ... And I'm purely coming from the science mind at first.

[00:13:03] Purely science, evidence based, you've got to show me, I don't believe in this energy work and all of this woo stuff. I started learning more and studying complex systems and the human being as a complex adaptive system. I went down that road and I dove deep into that realm, and that actually took me into consciousness because there's a lot of research in complexity in the consciousness lane.

But, they were also coming at it from a quantum physics and a mathematics standpoint, which really appealed to me. Now, Mickra was already going down that lane into consciousness but to me, what she was doing at the time, was more woo type stuff, this oh, I feel energy, and I can sense somebody's energy when they walk into a room, and I just couldn't wrap my head around that because I was so, show me the evidence of it.

[00:14:06] And then ... it's funny, because the more you learn, you realize the less you know. I mean, I was diving deep and I was like, I want answers on this. I want to know what this means. I've got to get to this string theory and understand the eleven dimensions of string theory and how electromagnetic spectrums play into all of this, and so I started diving into it.

I talked to professors at various universities about it that are studying consciousness. I talked to neuroscientists. I have a conversation with one neuroscientist from the University of Miami about every six months. We just get on a call and we discuss things, and we have different views on it.

[00:14:50] But, my view transitioned his state in the lane. It was more of a, he is about embodied consciousness, that the consciousness arises from the wet meat neurons of the brain, and that's what's creating this consciousness experience. And then I talked to another doctorate in metaphysics, and she's talking about the different various electromagnetic spectrums of the body and how we have the electrical, we have the magnetic, and we have a frequency aspect of receiving and putting out.

[00:15:35] And then, I started correlating that with, wait a second, we do EKGs, we do EEGs, we do magnetic resonance images, MRIs. We're measuring these actual energy spectrums of the body. And it started really coming together for me when I did go down that lane of quantum physics and talking to people that were diving into the mathematics of it all.

[RYAN] [00:16:06] And at what point did it shift for you in the sense of, this is no longer woo? This is now something that I'm going to take very seriously and even work into my medical practice.

[DR. DAN] [00:16:16] Well, we'd gone to Peru back in 2010 and we had done an Ayahuasca ceremony. Or, that was 2012. And we had done an Ayahuasca ceremony, and for me, I was just curious about it, and I had a very transformative experience with it, but the longer away from it that I got, the more I tried to reason through it from a scientific standpoint. I didn't want to believe what I was experiencing.

And so, it got me to the point where I actually got polarized against all of these consciousness aspects. In fact, I gave a talk at Future Frontiers about a year and a half ago where I said, we've got to ditch these stories about psychedelics, of creating a story around it. I mean, it's a chemical that the plant or the animal produces to keep you from eating it. That's a protective

mechanism, and all it's doing is altering biochemicals in the brain to give you this experience that you attribute some story to.

[00:17:21] And it was actually a conversation with Dr. Menino at the University of Miami that I had where I said, in the psychedelic experiences, I actually experience something that I can't relate. I can't tell anybody what it was. I can't even tell myself what it was. To me, that is true original thought. Every thought we have that can arise from this wet meat sack of a brain has to be related to a past experience. We can't create something out of it.

If this is a computer network, the computer network can't truly create originality. It has to base everything on some passed experience that it's had, some past input into it. And to be able to have an experience that there is no reference point to tells me that there's most likely something that is beyond this local existence, something that I've touched that has never been something that this physiologic body has ever experienced.

[RYAN] [00:18:44] I've become fascinated with the work of an entrepreneur named Trevor Blake who advocates that, especially entrepreneurs, need to get into nature in order to have original thoughts, and he says that we forget sometimes that being biological creatures, that we're part of this whole biological sphere, and that whatever this is, whatever this experience is, we're part of it, and it's working through us, and we're also creating it at the same time.

Especially here in Austin, there is such a ... you might call it an obsession or at least a curiosity with the psychedelic world. From your background, do you have any skepticism or is it more optimism that you have to that world that is so curious about these compounds that are novel to us?

[DR. DAN] [00:19:54] I think they're definitely transformative in a sense that they do have therapeutic benefits when used in that setting. It's not to say that rituals aren't a therapeutic use, but there are ways to actually utilize them in order to achieve outcomes that you wouldn't be able to access normally. We see this now with ... I mean, Ketamine is available for many medical treatments, but it's also available to help to open people up to other possibilities and change their current state in a very positive way, from a health standpoint.

It's a result of changes from kind of a consciousness state, as well. We see psilocin with psilocybin research. I mean, it's amazing what they're able to achieve with that. These are also giving experiences that are truly outside of what I feel is a generated experience from the brain. We have things like MDMA, and MDMA was taken off, it's a schedule I drug now and it can't be used, but it was used over 500,000 times prior to 1984 when it was taken off the market, as a no-medical use. They said it's a useless drug, there's nothing it does other than for parties.

[00:21:36] And yet, it was used over 500,000 times in counseling sessions prior to that with amazing results. It's coming on strong again because now people are not looking at it from a bias of a drug of abuse or a party drug. They're actually looking at it from a clinically relevant standpoint. It's a true empathogen. I mean, it's not a ... I don't consider it a psychedelic at all. It really is something that allows the body to experience love in a way that most people have never experienced before, and it changes them in that way, too, in a very positive way.

So, as this research comes out and it becomes more available, I think it's going to be something that is actually utilized for medical purposes to help people. That's the whole problem with medicine right now, it's all about disease. This is one of the whole reasons we developed Puro from the get go. Medicine in healing, even taken back to the shamans and through the Greeks and everybody, it was always about improving quality of life. It wasn't necessarily about treating disease. That's part of it, but nowadays we have medicine that's only available if you're sick, or if you want to prevent a specific illness, or monitor to see if you have signs that you might have something.

[00:23:08] There's hardly any medicine available right now to say, how can I be better, how can I experience life in a much better way. So, that's powerful and I think this is where we're heading with this, as societies start to realize that we are not this linear system, we're a complex system that requires complex thinking and complex approaches to health, rather than saying, oh, you've got heart disease, so we focus only on the heart, and we focus on all of this, when we should be focusing on sleep, on stress, on cognitive performance, on consciousness, on understanding love and relationships. All of this plays into the human experience and should be an aspect of overall health.

[RYAN] [00:24:00] Again, here in Austin, there is a bit of an obsession over the ideal diet. If you go into the optimizing of the physical experience, there's also ... I don't know if this is true, but I have a theory that keto got big because of the city of Austin. I remember when I was running my last company with my business partner, Matt, we were talking about whether or not we should develop keto products. I was like, keto? That was like, two years ago. Because in Austin, when I moved here, everybody was doing the keto diet, and then it went super mainstream.

But you have kind of a different opinion about diet, and you don't seem to subscribe to keto or paleo or vegan or any one size fits all diet that I'd say most medical professionals do, and especially most health advocates do. They seem to have their protocol, their way of doing things, and you don't take such a black and white stance on it. So, would you talk a little bit about optimizing the physical body and your approach to doing that.

[DR. DAN] [00:25:15] Yes, so, the biggest thing that has hindered progress in health ... you look at it, you look back in the 1950s and 60s, and they say, where are we going to be in 2020? Across the board, we hit the predictions for technology. We hit the predictions for the internet. We hit the predictions for travel and all of these things that were predicted back then, except

health. I mean, health ... we were convinced that by 2010, we would have a cure for cancer, that we would have no more heart disease, that Alzheimer's would be a thing of the past.

And, we haven't gotten there. We're making progress, but we're making progress against the tide because we've looked at the human body from a very ... a very narrow spectrum. I always say that experts are good to have on tap but not on top. So, expertise has really hindered society, especially in medicine, because the experts are given greater credibility than the generalists. And the generalists are the ones that can look at the interactions of the different systems and see if, oh, well this intervention here could damage this over here.

[00:26:52] You go to the cardiologist, their goal is for you not to die of a heart attack. If you die of cancer or something else, they've done their job. They're not focused on the survival of the individual, they're on their own organ system, and that's where we've gone with this. And everybody's looking for that one thing, that one brain supplement that's going to give them that edge. They're looking for that one diet pill that's going to cure their obesity. And they're looking for the diet that's going to give them the outcome that they want.

Well, the thing is, everybody is an individual from a physiological standpoint. You can't get around the fact that we are not a homogenous clone of each other. That's just not what these vehicles are. They are completely different in many ways. That's why there's so much debate about what's the perfect diet, because everybody wants you to be on keto that does keto and has success on it. And yet, you may try keto and you're like, damn, I've gained 40 lbs on this keto diet. This doesn't work for me. And yet, you're doing it just like they did it.

[00:28:05] All of the medical research is done almost exclusively on clones. The rats are a clonal group. They are identical, so you can get studies on those and you can say, oh, well in this cloned group, this is what we get. But, if you add 20 clone groups, you're not going to get the same ... that are different clones, you're not going to get the same outcome. We try to apply that in human research. So, diet research is the most ridiculous thing you ever encounter, because there is no way that you can control diet.

Unless you sequester people in some dungeon for 6-8 weeks and make sure you give them exactly the same thing, make sure everything in their environment is identical, the temperature, how much sleep they get, they have to be exactly identical, and it's impossible to do that. And, especially, by the fact that they have different genetics. So, you can run these studies and get a generalized outcome, but it's going to be based on the majority of the lifestyle pattern, the majority of the genetics because I can tell you, if you had people of Asian descent and people of African descent and people of European descent in one study, you're not going to get definitive results. It just doesn't work that way.

[00:29:32] So, people try to focus on a perfect diet rather than focusing on how they can identify a perfect diet for them, and that exists. You can find that. I mean, you have to have the

data and you have to know how to analyze the dynamics of it over time. You can't predict it from the get-go. You can get probabilities of, oh, this diet will probably work best for you for this goal and your background. But, until you actually implement it and set up parameters of how are we going to test whether this is working or not, then you're not going to know.

A lot of people, when they go on diets, this always made me laugh, people would go on these dramatic change diets. So, they'll go from being a carnivore to a vegan, or from just a fast food eating person to eating healthy foods. What happens is that's a stress. The body isn't used to that. The body's got microorganisms in the gut that are designed to thrive in the type of environment that they're in, like when you go overseas to a different environment, how often do people get gastric upsets and get sick. It's because they're in a completely new environment that their body has not adapted to.

[00:30:44] Now, we change that, and it's kind of a weird thing because this stress creates a lot of cortisol release in the body, and cortisol has this weird effect of causing a little bit of euphoria in the brain, and you get this effect of, I started this diet and I feel so good. The first couple of weeks, they're raving about how good they feel, and then a month in, and all of a sudden, they're like, oh god, this isn't right. They try to blame it on something else because they felt so good at first.

But, you can also look at parameters. Like our clients wear the Garman watches like you have. You'd better be wearing it. But, you can monitor things like resting heart rate. You can monitor stress levels. You can see, oh, well you're feeling good, but all of a sudden, your stress is going off the charts. So, this diet is really stressing you. That doesn't necessarily mean it's bad, as long as that stress comes back down. But, if that stress continues, because the body is not adapting well to it, then you've got to make some changes. It's really personalizing an approach to you as an individual in order to really create a plan, because there is no cookie cutter approach to health.

[RYAN] [00:32:01] Is there anything that is cookie cutter besides, like, don't eat McDonalds and crap, is there anything that is cookie cutter enough to be able to say, yes I endorse this about this diet or that one?

[DR. DAN] I can say ... what I can say is that there is a diet that seems to be the core diet that works best for most, and that is a Mediterranean style diet. But, I say most because most of us are of European descent of some sort and that ancestry and the genetics that we carry tend to have been selected out for that. I mean, it's just like, if somebody grows up in the Aleutian Islands and they're Inuit Eskimos and they come from a whole lineage of Inuit Eskimos and they come to New York City and start eating a keto diet, or let's say a high starch diet. Their genetics and their ancestry have selected genes and expressions of genes that are designed to thrive in the environment that they're coming into.

[00:33:15] We see this a lot in transgenerational epigenetics. But, they're coming into an environment where the diet has been predominantly high fat. They're eating seal blubber and all of that as part of their caloric mix, so their bodies have adapted to thrive in that environment. And then, they suddenly go into a new country, like the United States, and they start trying to eat like everybody else.

Even if they're trying to eat healthy, and they're eating a lot of starchy foods and not getting as much fat in the diet, then they're going to get heart disease because their body at the core is not designed for it, and it may adapt over time, but it's going to take a lot of adaptation in that because they have ancestry that defines that. And so, here in the United States, we see a lot of people of European ancestry, so that's why we say that the Mediterranean diet seems to approximate the closest thing to a healthy diet for people, but we modify it. We will modify with higher amounts of fat, or higher amounts of starches, or lower amounts of red meat.

[00:34:20] It will be adapted to, not only what they seem to respond best to, but also what their goals are. If your goal is performance versus losing weight, losing body fat, or just longevity, you have other tweaks that you put into that diet, so it really depends on everything together.

[RYAN] Yeah. One of the biggest shifts that I had when we first started working together was I was eating a mostly low-carb, even sometimes keto diet. I would kind of cycle in and out. When we pulled up my genetics, I had a slight predisposition to developing Alzheimer's and you told me that it was really triggered by saturated fat. So, I modified my diet to take that into account, to be able to eat for my genetics rather than eating for this diet that I had put on a pedestal, or a different ... everybody tends to have their approach that they tend to put on a pedestal, but they're guessing, or doing it based on how they feel.

[DR. DAN] [00:35:30] Everybody that does a diet that they have some outstanding results, they want to be proselytizing that diet everywhere. They're standing on the stump talking about how great this thing is, and it's great for them. In your situation, all it was is a genetic predisposition to this, and we carry a lot of genetic predispositions, and these variants that carry have advantages and disadvantages, like the one that you carry says, okay, well if you eat a lot of saturated fats, you're going to be at a higher risk of developing Alzheimer's disease.

But, that variance also protects you from other things, such as viral illnesses. It's a variant that had developed actually out of Africa, was where it was, and people who carry the variant that we consider a risk variant for Alzheimer's was actually a variant that predicted greater survival of people living in that African environment where viruses were responsible for killing more people than heart disease. So, they didn't eat a lot of saturated fat, so that gene, the bad part of that gene variant didn't give them a problem.

[RYAN] [00:36:54] So, in that way, it's almost like our genes are ... they up-regulate for what's happening in the environment.

[DR. DAN] Right. Well, they select. So, over time, the ones that survive to pass the genes along pass the variants that are going to give them the benefit in that environment.

[RYAN] I had never thought of it like that. I had never thought of it like that. And most people are just guessing rather than testing where they are, so they have no idea.

[DR. DAN] Genetics is the most fascinating ... DNA is the most incredible molecule I've ever encountered. I hated genetics in medical school, and the more I learned about genetics, the more I was just in awe of what this molecule of life can do. One of the greatest things, there's a theory around this, and one of the theories is there's this picture of a slave trader in Africa, and he's licking the cheek of a slave, and they were speculating as to what was happening, but these researchers in Jamaica, they're genetic researchers, and they were formerly Olympic track athletes.

[00:38:05] They wanted to know why Jamaicans tended to dominate the sprint category over other countries, I mean, disproportionately. And they traced it back, and what they found is that the slave traders, and this is not locked in stone, but this is the theory, the slave traders were licking the cheeks of the slaves to see if the sweat tasted salty or not salty. If they tasted salty, they knew those slaves were less likely to be able to survive the trip to the Americas because there's so much dehydration and vomiting and diarrhea that would occur on that voyage that they would lose many of the slaves from that.

And so, if they licked their cheek and they tasted salty, they either wouldn't take them, or they kept them on the shorter trips into the European market versus into the Americas. What they were doing is they were selecting out African ancestries that carried an ace deletion, which is one of the gene variants that we can carry. That ace deletion will cause you to retain sodium, so you don't lose sodium in sweat and other body secretions.

[00:39:30] There's a disadvantage to that in the fact that you're more prone to high blood pressure and heart disease and kidney dysfunction because you retained so much sodium. You've heard of salt dependent hypertension, and that's one of the variants that we look at for that. But, the other interesting thing was, some of these genes inherit together, so they're called linkage disequilibrium. So, you inherit one, you get this other one.

The other one you happen to get is ACTN3 when you have the ace deletion, and ACTN3 is the sprinter gene, and so they were selecting all of these slaves to go to America that were selected out for this gene that codes for power in sprint, muscle. And so, Jamaica was the last stop on the slave trade and these researchers said, but everybody in Jamaica carries this. It was like ubiquitous across the entire country. And they said but the people in Cockpit county are the gold medalists. That's where Usain Bolt came from.

[00:40:33] They said, why is it that one area would produce more of the gold medalists than the average Olympian. Then they studied it even further and they found that when women are pregnant with the baby and they consume higher amounts of aluminum in the diet, it up-regulated the expression of the ACTN3 gene, so it makes it even stronger than it was. This is epigenetics, and Cockpit county had the most bauxite-rich soil in the entire country, which means it had all this aluminum in it.

Vegetables grown in that soil had high amounts of aluminum. The pregnant women would consume the vegetables from that soil, and it would up-regulate the ACTN3 in the genes of their fetus. And so, hence, you have the Usain Bolts of the world.

[RYAN] [00:41:25] So, Dr. Dan, what do we do with that?

[DR. DAN] I just thought it was the greatest story I'd ever heard.

[RYAN] So, what this basically leads me to conclude is, we don't know anything.

[DR. DAN] That's what I said, the more we learn, the less we realize we know. And that's what's fascinating, that's why we have to look at things all together and we have to measure things and watch for responses and see how we respond to things in order to really optimize an outcome for somebody. You can't take a cookie cutter approach with this stuff because that's not the way that biology works.

[RYAN] I have to ask you about the current pandemic because it seems like we're taking a cookie cutter approach, and my personal opinion is all of these have been well meaning and there's a lot of fear about what this means. So, I'm curious, from this perspective of there not being a cookie cutter approach, how do you look at how individuals should respond to COVID-19, and, dare I ask, if Dr. Dan had his way, what would we be doing differently as a society?

[DR. DAN] [00:42:46] Well, not being in fear, number one. You know, it's a hard question to answer when you don't want to polarize and that's why I've kind of stayed out of the fray, other than with our coaches, I'll give them my take on it, or my clients, I give them my take on it. But, it's not something that you can get out there and talk about because you're always going to be wrong with somebody and you're always going to be right. The way I look at it, though, is we have to understand that life, in general ... viruses serve a purpose, okay, and I know this is harsh for people because what we look at is we talk about the microbiome in the gut, but the biome is 100x more than the bacteria that we have.

Viruses have played a key role throughout life, and we don't even know if viruses are a form of life or not a form of life. It's never been established. What is it? But, it's also responsible for a lot of our evolution in the DNA because it will constantly mess with our DNA. It inserts itself

into our DNA. I mean, we have viral DNA, we have viral RNA throughout our bodies that are incorporated into our genetics and we pass those along from generation to generation.

[00:44:15] You have to question, what is the purpose? And the one thing I will say about life that I've learned is that life doesn't make mistakes. That was pretty amazing to me to learn that and the fact that this is a grand design, it truly is. We're playing our part in it but everything else plays its part, too. We are part of this entire dance that's happening, and this goes back to the consciousness piece, and I think everything.

We're even seeing that single-celled organisms have some form of consciousness. When they put the criteria to them and they say, okay, do they function in a way that would suggest consciousness? They're actually finding that, now. We talk sentient, which means we can think about the fact that we are alive and ponder our existence.

[00:45:07] But, there's a difference between consciousness and sentience in that sense. We're the most advanced that we know of from a sentient standpoint, but we're sharing consciousness and everything that we interact with in the world is part of the experience. It's the ecosystem, the electromagnetic spectrum that's around us, the cosmos, it's all interacting with us and in some way, driving us toward greater and greater complexity.

Everybody talks about the second law of thermodynamics where entropy just keeps increasing, but if you pull back the microscope on entropy, you see a pattern that is really suggesting greater and greater complexity to what's being created rather than looking at it as greater and greater chaos being created. So, when it comes to the virus, it has been ... people talk about the deaths from the virus but they don't talk about the complexity of the other interactions.

[00:46:13] What about the people that couldn't get their surgeries that have died because they couldn't get medical care, they couldn't get the treatment that they needed? What about the people that have suffered just immensely from isolation? The people that are dying because they're so depressed that they take their own lives with this because life is so disrupted and taking us back to this ... human contact is essential, and we look at the depth that we save by isolation but we don't consider the collateral damage that occurs, and that's complexity thinking that we have to get to that point.

So, people have got to start doing what's more called sense making, and this term is a hot term right now of sense making, and it's lacking in our society in all aspects of it. When COVID first came out, Daniel Schmachtenberger put together a group of 22 of us from around the world that were medical doctors or medical researchers that he said, okay, guys we need to come up with an idea, a suggestion of the best way to treat this thing.

[00:47:32] And we hammered away. I mean, we spent all these hours and it was great because we didn't have any work going on so we were all diving into this and we were all collaborating

with each other. We weren't getting paid for this. We were doing it for a greater purpose and we were interviewing physicians from the ERs in New York, we were interviewing docs from China and Italy and researchers that had unpublished data that we wanted to get the data on, and we put together a paper that was published about hydroxychloroquine.

And we went through everything, I mean we had naturopaths on there, and we came up with hydroxychloroquine, azithromycin, and zinc lozenges as the best course of treatment for prehospital work. Now, here's where things went awry, though. People started picking up on using hydroxychloroquine but they would ... like the VA study that stopped the whole WHO trial, the World Health Organization trial, was they used hydroxychloroquine after people were already hospitalized, which we stated in the paper that you can't do that. It doesn't work once they're hospitalized because the damage is done. You've got to get it to that before.

[00:48:48] Now, you see, China and Italy, they're using hydroxychloroquine for the medical personnel, or taking it once a week, to lower the incidences of developing COVID. And the treatment has worked really well for treatment in an outpatient, but people don't want to hear that. Especially in the United States, people lost all their senses with the politics.

You had to be one camp or the other, and it was interesting because our group of clinicians, we were probably an equal mix of conservatives and liberals and we were working together, and we did it with passion and we did it in a way that we just said, okay, does this make sense? Everybody contributed. Somebody would post something and everybody would make comments on it. That's Sense making. We need to have more of that going on right now.

[RYAN] That is not how I expected you to answer that question.

[DR. DAN] Yeah, that was a long-winded [Inaudible 00:49:47] question.

[RYAN] I thought you were going to say Vitamin D, zinc.

[DR. DAN] [00:49:50] Well, here's the other aspect of that. So, in order to not be in fear is to be prepared. So, we always say prepared, not scared. So, we talked to all of our clients and we said here are things you will need if you get infected. If you first start to develop symptoms, call us, we'll walk you through it, but this is the treatments that we think is best. But in the meantime, continue working for your health optimization.

If you're healthy, your chances of dying from this thing are pretty minimal. We hear about the random healthy person that dies and so that's top of our minds, so we're always wondering if we're that one healthy person that can potentially die of it. But, the odds are pretty damn slim. So, instead of waiting for medicine to come up with something that keeps us from getting sick, you want to develop an anti-fragile system to begin with. This is the whole body aspect of Puro. Optimize the body.

[00:50:52] This is the vehicle that we are functioning in right now, and if we want to continue to function in this environment in the best way possible, you've got to optimize the body. It's just like taking care of a car. You don't take care of a car, it's going to rust out, it's going to break down. You don't take it in for checkups, it's done. But, if you take care of a car, then I've seen cars that were 1960s cars that are pristine because people took care of them and we just to do that with our bodies.

[RYAN] Your influence here in my circle has been mostly among entrepreneurs. I've heard it mentioned, it's almost like the Austin entrepreneur mafia. It's like a small group of us that follow each other and influence a lot in the entrepreneurial world. Is your work with entrepreneurs accidental? Did you just fall into a group of people who needed your help? Or is there a reason why the good majority of your clients are entrepreneurial?

[DR. DAN] [00:51:57] I think entrepreneurs are a special breed. What's the failure rate of a startup company?

[RYAN] Almost 100%.

[DR. DAN] Yep, and yet, every entrepreneur thinks they're the one percent. They're a special kind of crazy, but they're also the ones that are all about life experience. They want to have a life experience that's exceptional. They ... this go around, they want to just milk it for everything it's got. It's funny because the entrepreneurs typically they've gotten off track with the health aspect when they come to see us.

[00:52:42] So, they're typically the ones that have focused on their business and now they've really optimized that, they're really successful, and then they look down at themselves and they're like, oh my god. These are the guys that were the athletes in high school, or that always took care of themselves, and then they got focused on business and got distracted. So, I think that's why they're attracted to something that can give them an edge in the experience, or an edge in business.

But they also understand you can get an edge in your life experience, and that's what we're able to give to people, is we give them exceptional life experience. Or, we make it available to them. We tell them how they can get there and how they can achieve that. It's up to them to do the effort. We always say we're like the Tenzing Norgay. A lot of people don't know who Tenzing Norgay is, but if I said who was the first person to summit Everest, most people can say, Sir Edmund Hillary, he was the first man to step foot on Everest.

[00:53:52] And yet, two steps behind him was Tenzing Norgay, and Tenzing Norgay was a sherpa. Tenzing had made, I think, 18 summit attempts prior to working with Sir Edmund Hillary. Hillary said he would never have made it without Tenzing's experience there. He was his

guide, but he was not in the spotlight. And I look at us at the Tenzing Norgay for our clients. We are there to support them. They're doing the work, and we can give them the guidance, but it's up to them to do the efforts.

[RYAN] I'm going to ask you a dangerous question, Dr. Dan.

[DR. DAN] Like you haven't already.

[RYAN] And I serve two purposes at Capitalism.com. One is as a teacher, somebody who is helping people carve out their own path. I'm helping them along the way. But, I also serve the role of the vessel, if you will, that a lot of people relate to. So, I want to give your permission to answer the question, what changes have you seen in me since we started working together?

[DR. DAN] [00:55:03] Well, what I should ask is, what changes have you experienced? You know, it's funny because for us, we work with you so closely on an ongoing basis that changes are subtle. It's the ones that we see a year apart that we can see the dramatic change. With you guys here in Austin ... so, we have clients from around the world, but the ones in Austin, we see regularly, and they are ... in your situation, I mean, the most dramatic thing is probably ... just from the standpoint of your cognitive function and your stress scores, and your calmness. I mean, you were a little like a chihuahua when you first came in, not to be ...

[RYAN] That's fine. I asked.

[DR. DAN] [00:56:04] I mean, you were wired. You were ... not necessarily in a nervous way, but you were high energy, and just ... you couldn't calm down. You couldn't rest. I think that went on for probably the first six months or so, and that started to calm down, and people, friends of yours would say, what are you guys doing for Ryan? Because I really want that.

[RYAN] I didn't know that.

[DR. DAN] Yeah, we had several. Somebody passed you in the elevator or passed you coming out of the office and had a conversation with you and they said, he's a different person. But, I think ... and you've said this, from a brain aspect, you feel much more at ease with yourself and that's a big deal. I mean, that's a hard one for people. There's people that lay in bed and ruminate over their entire day and they can't sleep, and then the next day starts and they're just wired and they're taking the caffeine and they're taking the amphetamines to keep them going, and they're taking the sleeping pills at night. It's a dangerous path that they go down when there's really simple answers to getting that under control.

[RYAN] [00:57:27] One of my favorite stories is from a month ago, it's when you Facetimed me. When your doctor Facetimes you, that is not a good sign, and when he says, we need to talk, that is also not a good sign. And you said that there was an issue with my thyroid, and we

caught it real early. I mean, the first time that we could have caught it, we caught it. But, the thing was, now that I'm getting that under control, there's this sense of, is this how people feel? Is it normal to feel like this all the time? Because I feel really good, and I would have just gone through life not knowing that I didn't feel good.

[DR. DAN] Well, at some point you would have known that.

[RYAN] [00:58:17] Sure. It would have erupted. But, it actually ... strangely, optimizing the physical experience has given me empathy for other people because there's a sense of, I didn't know that I could feel this good. I didn't know that something was off or not optimal and I was going through life with that perspective.

Since we have that particular issue under control, I realize how reactive I was, or how I operated in fear, and how short I planned versus thinking about what I wanted to create in the world. That's only been a few weeks of catching that, and it's a huge upgrade. The other thing is, I never would have known that if we didn't test, and most people have physicals, but they never test what's going on under the hood. They never check their oil.

[DR. DAN] [00:59:16] Well, and even with the test, had we not taken the approach we had ... and, you know, our PA, Ryan, he actually picked this up and brought it to us because we do whiteboards on all of our clients, and we do follow up whiteboards, and Ryan is meticulous about doing that as well, where we have the whole clinical team in a boardroom and twice a week we have a session where we bring up a new client, we put all their data on the board, or we do a followup on one of the existing clients and see where they are.

Ryan was presenting you and he was like, his thyroid numbers are a little high, which is unusual for somebody your age, and hyperthyroidism is an unusual condition to begin with. But, we had looked back over the last three lab draws that you had over six months apart and we noticed the trend. So, this lab value in and of itself wouldn't have been too alarming. We would have said, oh, let's wait another six months. But, then when we looked at it, we saw how rapidly then thyroid was changing over time, and the symptoms that you were talking about.

[01:00:40] And so, the whole team is sitting there kind of playing through it and we're like, oh my god. He's got hyperthyroid. It explains everything. The numbers are there even though they're just very early, and the antibodies were there. We were like oh, okay, we've got to call him because most people who have this end up in an emergency room situation from an anxiety attack or from a heart rate that's off the charts and they just have to go to the emergency room. So, it's unusual to pick it up as early as we did and especially in your age group. You're in an age that you just wouldn't expect it.

[RYAN] I'm really thankful that you are doing this protocol that makes what you do available to other people and goes through the tests that actually gives people a snapshot about what's

going on. So, why don't you share a little bit about what you're doing next to make all of this available to more people.

[DR. DAN] [01:01:45] Ah, yes, the Zoe Arete is our new collective that we're launching January 1st, and this is ... it's really the culmination of everything that we have done up until this point. Mickra and I, we really feel like it's our opus because we want people to be on this journey with us. Here in Austin, we just have the most amazing conversations with people. I mean, we were sitting here last weekend with 13 of us, and having the deepest conversations about life and life experience. It was just an amazing time.

You walk away from those, and you're always like, man, if we just had a recording of that that we could share with people, or to interact with people, to have people actually chip in on the discussion. And so, we said we really want to have a group of people that are these explorers, that are these [Inaudible 01:02:49] seekers of life experience.

Zoe Arete means life of excellence, and that's what we wanted to create, was a collective of people ... and this isn't just to teach people, it's for people to interact with others that are on this path of really exemplifying human experience, and what we've done, is we've brought together our medical team and our psychological team and we had the most amazing VIP speakers that are going to be working with us in this.

[01:03:35] I mean, all the time, I reach out, I'll read a research paper and I'll reach out to the author of it and ask if I can get on a call with him. Now, what I'm doing is I'm actually recording the calls so that that information is not just in my stovepipe that I can share with a handful of people. I want a bunch of influencers that can be in this group, that can hear this stuff, that can get it out to their people. The old hundredth monkey situation where once you reach a critical threshold, it just propagates everywhere.

And so, we're taking an approach, though, that is very much breadth of knowledge. So, you talk about polymaths who know everything about all this stuff, and I don't think there's a true thing as a polymath. I mean, there's people with generalized knowledge in most areas, but deep knowledge in others.

It's like me, if you want to talk to me, I'm about body optimization, I can talk about peptides and medication therapies and psychedelics from a medical standpoint, but we also want to have people that can come in and talk about psychedelics from a consciousness standpoint, or people that can talk about love and relationships, and how do we experience life in the most exceptional way through love and relationships.

[01:04:53] We just don't have the organization that has the broad spectrum that can hit everything. And you can't have one person that can do that. So, we've gathered together ... I mean, we've got Daniel Schmachtenberger who is ... he's truly ... touches all areas. We've got

Dan Engel who is a psychologist neurologist that is the world expert on psychedelics. We've got Abdul Hay who is an Egyptian instructor who teaches all about, who am I, to muslim students and he's all into the Sufi-isms.

We have Mike Wasterlink who is a performance psychologist. He's actually a core member of our team. He ran the unbeatable mind academy for seal fit for years. He is all about performance from a mental and a physical standpoint. We've got Ben Pakulski who is a world champion bodybuilder who is a brilliant entrepreneur who has ... he's taken the science of muscle to levels that are unbelievable.

[01:06:11] I want to have these people so that they can interact and the members can ask the questions and we can have retreats that are all about how to experience a life of excellence. It's a life ... we say life of excellence, but what people are seeking is purpose in life. I used to say there wasn't any need for purpose, and that has shifted dramatically for me because now I understand that it's not about a pursuit of happiness, it's not about a pursuit of joy and bliss which is what people are in this track of, and positive psychology has forced us down this road.

But those are side effects of purpose. When you're seeking bliss and you're seeking happiness, you've missed the whole point because it's truly purpose that gives us that. It doesn't ... it's not always bliss and happiness to have purpose.

I mean, look at Mother Theresa. She had the greatest wellbeing of anybody that I can name, and yet she lived on the streets of India, took care of dying children, and she had ups and downs. This is the other thing that we have been talking about lately, is that a life experience is limited when it doesn't have downs. You've got to have downs to appreciate life, and that's part of living.

[01:07:37] And I ... it's funny, because Mickra and I are ... we are passionately in love, and yet we have disagreements, and they are passionate disagreements. And we love it. It's not something we look at and say, I wish we didn't have any of this, because it just makes life so sweet to be able to experience the range of emotions and it all comes down to purpose. If you're living for purpose, you can experience these emotions and it's not going to drag you down.

[RYAN] [01:08:11] So, I know this is a new thing that you're pioneering, and it makes kind of what we talk about available to everyone else. So, where do people find that?

[DR. DAN] Yeah, so, this initial six month group, we're only taking sixty people in it, and if you go to lifeofexcellence.io, not .com, but .io, you can fill out an application. What we're looking for is people, not only that want to learn this stuff, but want to contribute. And so, our platform, our social platform, actually ranks people by how much interaction they've had. Yes, so this will be an ongoing group, but if we don't have people participating in it, we're not necessarily

going to want them to continue with it because we want unity and community. We want everybody to feel like they're contributing.

[RYAN] [01:09:13] And I want to be clear, this is a community, but it is not just a community. There are also labs where you are testing the stuff, there is ... I think you have your own proprietary DNA process that you put people through to find all of this. This is the testing process to actually see what's going on under the hood, too. It is not just ...

[DR. DAN] We can talk all we want about body and that, but we're actually offering for initiation into the group where you get the same blood work we get in our \$60,000 a year clients. We order the blood work for you, and we will get that blood work, and you will get a one hour video call with Mickra and me, together, talking to you about what your goals are, what you really want to achieve, and we will review those labs with you and give you some direction on that.

[01:10:09] We will run your genetics, and in that genetic test, you will get an hour with an epigenetic coach who can interpret that for you from a lifestyle standpoint. And, you'll get a call with the performance psychologist. They are exceptional. Megan is a former college athlete who has been into performance psychology for many years. She works with our medical clients and works with mindset and brain hacks and really getting people to identify their purpose.

Then, we have Mike Wasterlink who I talked about earlier who ... I mean, he's worked with all of these people that have had the mindset of the Navy SEALs, the special forces. Actually, both of them have worked with military special forces, so they know exceptional performance and they can work with you. And throughout the six months of each class of the collective, you actually get a 30 minute call with them once a month to keep you on track. We're sending out weekly and daily challenges to everybody and we want them to tell how that went.

[01:11:26] So, there's the accountability, but it's across the whole spectrum. You may have a challenge on love and relationships. You may have a challenge on physical performance. You may have a challenge on some thinking process, but it's all about really upgrading that entire human experience so that you go through this life and you say, yes, I've lived life.

[RYAN] Beautiful. Lifeofexcellence.io.

[DR. DAN] Yes.

[RYAN] Dr. Dan, I honestly consider it a rare blessing that ... one of those things in my life that I feel really blessed to be a part of this circle, and by this circle, I mean you, Mickra, Ryan your PA, the Apeiron team. So, thank you for what you're doing in the world, and I hope people decide to be a part of this.

[DR. DAN] Yeah, I am looking for like-minded people like you that realize that there are no boundaries, that we can push limits and actually exceed them.

[RYAN] [01:12:31] Dr. Dan, thanks for hanging out with us.

[DR. DAN] Thank you.

[RYAN] My friends, I consider it an honor to be able to do what I do and bring these kinds of conversations directly to you, and in a lot of ways, you make it possible. So, thank you for listening to this. I hope you enjoyed it as much as I enjoyed making it for you. My relationship with Dr. Dan and his team is a privilege, a privilege for me to be able to afford, a privilege for me to have in my backyard, and so I really appreciate you listening to the full thing all the way to the conclusion.

[01:13:03] If you decide to join Dan's thing, I am in there. No, I don't plan on trying to win interaction points but we might interact there. If you want to get plugged into another community of people who are diving deep into business and life and philosophy, I hope you'll decide to join us at our next event and inside of our community, which is called The One Percent. Thanks so much for listening to this episode. I'll see you guys next time. Take care.