



**EPISODE 818**

# **They're Lying About Obesity!**

**With Guest Dr. Jonny Bowden**

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**SHAWN STEVENSON:** Today, we're going to be unpacking a growing classification in the world of health care, and this is called metabolically healthy obese. So this is a distinction that although someone might be obese, they can still be metabolically healthy. Now we have a very special expert to help us to unpack and understand this classification. And also to look at some of the potential flaws in using this particular moniker when talking about human health. And so this is fascinating and our special guest knows his stuff, Johnny B goode. This individual has been in the field of health and wellness for decades. And he'll share with you today, he is actually knocking on the door of his 78th birthday and I'm telling you right now, he's one of the most inspiring people to be around. He's bouncing off the walls with energy and it is infectious and in this conversation about real wellness about longevity. Being able to learn from an expert like him is priceless. And so we're going to be talking about other aspects in this subject matter of metabolic health that aren't talked about very often. For example, we're going to be talking about lipotoxicity. We're going to be talking about your own personal fat threshold and so many other fascinating topics. So definitely buckle your seatbelt and tune in for a powerhouse interview.

Now, as our special guest alludes to, it's important to not get caught up in the vanity aspect of metabolic health alone. Yes, of course, nobody's waking up thinking I want to look terrible today. But getting caught up solely in the vanity and appearance of things misses out on so much underlying health information that we could be extracting. Now, with that being said, wanting to look and feel our best is okay. We have permission to do that and to take care of our skin, for example, because that's one of those things that with aging tends to come the prevalence of more things like wrinkles, fine lines, and things like that. But we have several studies indicating. There's a specific category of nutrients that is well established to reduce and prevent fine lines and wrinkles, and that category is collagen.

Collagen supports metabolic health. Fantastic peer review data on that. And also again, has been found to be remarkable in supporting the health of our skin. But there is one collagen product that's unlike all others because it utilizes multiple forms of collagen and is derived from the very best and most bioavailable sources. And there really isn't any other collagen product like this in the world. And I'm talking about the collagen from Organifi. Go to [Organifi.com/model](http://Organifi.com/model), and you're going to get 20 percent off of their amazing collagen blend. Again, 20 percent off. When you go to [Organifi.com/model](http://Organifi.com/model), that's [ORGANIFI.com/model](http://ORGANIFI.com/model). Definitely check this out. It's great to add to your smoothies. I just added some to my wife's coffee this morning. It's super simple to add into a variety of different things to make sure that you're getting a nice input of collagen into your diet. Again, Organifi is doing an

exceptional job and keep in mind that collagen is one of the most abundant proteins in the human body.

And if we're not finding a viable source of collagen in our diet, we can really suffer and have signs of advanced accelerated aging. So again, check them out. [Organifi.com/model](https://organifi.com/model) for 20 percent off their college and also store wide. All right, their green juice blend, their red juice blend, all organic. They're doing stuff the right way. Head over there, check them out. [Organifi.com/model](https://organifi.com/model). And now let's get to the Apple podcast review of the week.

**ITUNES REVIEW:** Another five star review titled "so grateful for Shawn's mission" by Julia CE. I'm impressed over and over again with the terrific guests that Shawn brings on. Anyone serious about their health and wellbeing will surely benefit from all of this knowledge. I'm thankful for the hard work and commitment to getting this information out there. Congratulations, Shawn, on your milestone of 800 shows.

**SHAWN STEVENSON:** Awesome. Thank you so much for sharing that review over on Apple podcasts. I truly do appreciate that. And speaking of amazing guests, we've got one for you today. Our guest is Dr. Johnny Bowden. He's a board certified nutritionist, a member of the faculty of Functional Medicine Coaching Academy and a nationally known expert on weight loss and healthy aging. He's appeared on all manner of major media, including The Doctors TV show, Dr. Oz, ABC, CBS, NBC, the list goes on and on. He's actually been on over 100 morning shows. And he's the author of several mega hit best selling books. And he's back here on the Model Health Show to share his wisdom with us. Let's dive into this conversation with the amazing Dr. Johnny Bowden.

All right. It is my great pleasure and my honor to have my friend, Dr. Johnny Bowden back on the Model Health Show. How are you doing today?

**DR. JONNY BOWDEN:** I feel the exact same way. It is my great honor to be here. I appreciate you having me, man.

**SHAWN STEVENSON:** Let's go.

**DR. JONNY BOWDEN:** My favorite interview to do.

**SHAWN STEVENSON:** You sparked something for me that I really took the time to just to dig into and it's this new classification, really, in our society and is gaining more and more traction. It's this classification of being metabolically healthy obese. And I'd love it if you can unpack what that is and why there is some probable flaws in this classification.

**DR. JONNY BOWDEN:** Yeah, that opens up a can of worms because I think it's hard to talk about the metabolically healthy obese, MHO they call it. It's an actual thing, it's an actual classification. I brought the Scientific American paper that actually talks about the Ozempic drugs and all of that. And there's a very good article about the research on metabolically healthy obese people. So I want to, before we get into that, talk about the fat acceptance movement in general. You and I'm gonna speak for you on this as well.

We believe everybody should be accepted. Nobody should be shamed for anything, for their sexual orientation. I don't care what gender they want to be. I don't care what size they are. Everybody has the right and should expect to be treated with respect as they are. So I am not into fat shaming. I've said that my entire career. That said, we have to find a way to talk about obesity as a condition that statistically increases the risk of just about every chronic disease you can think of. The statistics are frightening. You look at diabetics at 60 percent more likely to die of heart disease than if you're not diabetic.

I made Prediabetes a crusade when we wrote this the most recent edition of the great cholesterol myth. A Great deal of that book was on insulin resistance, which is nothing more than prediabetes which is an epidemic in this country and the things that it leads to are disastrous. So, we wouldn't say if somebody had high blood pressure, Oh, let's just accept that and do nothing about it. Of course that person deserves respect and honor and doesn't deserve to be shamed. But you got high blood pressure, man. That's a serious risk factor and you can't just ignore that in the spirit of everybody's cool and kumbaya. So we have to find a way to talk about this without putting any shame on people who have this condition and you are more than just your obesity.

Of course you are, you're a person who has that diagnosis, but let's not be blinded to what it actually does to us. And it shortens our lives in many different ways. And I think that's important to say to begin with. Now, when they talk about, Ah, it's perfectly possible to be obese and metabolically healthy. Look at the research. I brought it along. How are you defining metabolic health? So they use three things. Blood pressure is under control. That's very good, I like that one. I have had high blood pressure and it's now under control and I know how serious a risk factor that is and I don't want it.

So blood pressure is number one. Hip to waist ratio is number two. You have a waist over 40 if you're a man, major risk factors. If you have a waist over 35 for a woman, major risk factors. That's just, those are just facts. Tons of statistics. I didn't bring them with me because anybody can go to AI, go to ChatGPT and ask for the numbers. They are frightening. So those are two good ones. Here's the third one, which invalidates all the research, as far as I'm concerned. You don't have a diagnosis of diabetes. Let's talk about that for a second. So the

way we diagnose diabetes is with a measurement called hemoglobin A1C, or just A1C. A1c is a long range measure of blood sugar.

So when you get a glucose test, a fasting glucose test, you know, the doctor says it's 90, that's great. It's 110, it's a little high, that's great, but that's just a digital snapshot of where your blood sugar is at that moment in time. The A1c measurement kind of averages it over three months. And it's measured in tenths of a percent. For example, a 5.0 A1c, you're not even close to diabetes, you're doing great, 5.1, 5.2, starts to move up to 5.5, 5.7, you're in prediabetes. That's when you get prediabetes. Goes up a little more, 5.8, 5.9, 6.3, 6.4 diabetes. So these are tenths of a percent. They matter a great deal. In our country, we used to say that 88 percent of people, and this is North Carolina, University of North Carolina research, you can Google 88 percent of America not metabolically healthy, that research will come up all over the place.

Except it's no longer accurate, you know what it is now? 93. 93 percent of Americans have some marker for metabolic syndrome, for prediabetes. If you've got 5.3 you don't have pre diabetes yet. You are 5.5 and you don't have pre diabetes yet. You have 5.7, you have prediabetes. You still don't have diabetes. What they're saying is that we're defining metabolically healthy as under 6.4. Dude, we have an epidemic of insulin resistance, of prediabetes, 93 percent of us are metabolically unhealthy because we have numbers in the 5.7, 5.8, 5.9 range. That's not diabetes yet, but it's on its way, and guess what? That never gets better on its own.

So if you have 5.7 now, and you're escaping a diabetes guarantee, by next year, if you're not doing anything, it's going to be 5.8, 5.9, and you're going to wind up with diabetes. You are not metabolically healthy. I disavow all of that research, because it's based on a ridiculous criteria. Don't have diabetes. But if you're one tenth of a percent away, you're fine? You're not fine. And I think it's really important that people know that. Even with that flawed criteria, it's only 6%. And I believe that 6 percent it's a transitory phase. Right now, they don't have diabetes. Right now everything's under control, but it's really not. It's creeping up there and you're probably a year away from a diagnosis so I don't accept that it is metabolically healthy at all.

**SHAWN STEVENSON:** Yeah, you know you just mentioned the lower end of the spectrum with this metabolically healthy obesity or MHO is the abbreviated being 6 percent of the population. There's some data that they're pointing out. That's upwards of 40, 50, 60%.

**DR. JONNY BOWDEN:** It's not true. I'm sorry.

**SHAWN STEVENSON:** Obesity could be metabolically healthy, right? And it dependent on which metrics they were looking at. And what I found really interesting about this paper was, you know, they put together some really great graphs so you could see things in this kind of graphic form. And you'll see when they're looking at all these proper criteria, hip to waist ratio, as you mentioned, blood sugar, blood pressure, all these things. There's a tiny fraction of people that could be considered metabolically healthy obese, right? But as soon as they removed, and they made a special category, as soon as they removed, waist measurement, for example, as soon as they removed that one, that number grew so rapidly, right? They just said, let's just throw this out.

**DR. JONNY BOWDEN:** Take the criteria away. Everybody's metabolic question should be..

**SHAWN STEVENSON:** With that waist measurement, what is that indicative of? You gave us some barometers of that. What we're looking at. Specifically, is the type of fat that you're starting to accumulate.

**DR. JONNY BOWDEN:** And where it is.

**SHAWN STEVENSON:** Right.

**DR. JONNY BOWDEN:** Because we've always heard, you and I have heard in training, personal training school, you know, the apple shape versus the pear shape. There's real truth to that. The apple shape is your weight in the abdominal area. And that is one of the criteria for metabolic syndrome. Abdominal obesity, 35 inch waist for women, 40 inch waist for men. That is the most metabolically active fat. That's the fat that, the fat on your hips and thighs is annoying and we all hate it and we don't like how it looks but it's not dangerous. The fat around your belly is dangerous. That fat doesn't just sit there on your hips, the way we used to think back in personal training when I started at Equinox.

Oh, it's just, you know, annoying fat. It just sits there on your hips. We got to get rid of it. No, those little endocrine units, organs, those fat cells, and they release things. And one of the things that they release is inflammatory cytokines. So you got interleukin 6. You got all of these inflammatory compounds that are being released by the fat cells. They're not just sitting there, they're making you inflamed. And inflammation is one of the key things to heart disease. It accompanies or promotes or increases virtually every disease you can think of, inflammation and oxidative stress. So you're an inflammation factory if you've got a lot of fat cells. That's just what the fat cells do and it's hard to think that's a really healthy state for the human body to be in.

**SHAWN STEVENSON:** Yeah, I love that. That's this a great analogy inflammation factory, you know. It's like the crazy thing about the article. They're also pointing out the dysfunction that happens with the fat cell like they even give the these little pictures of it and you see what happens when the fat cell becomes overstressed. And, but that part of the equation is minimized. So you just start, as you just mentioned, becoming an inflammation factory in these inflammatory cytokines, which this is what we, where we are in science right now. This is really that underlying culprit when we're talking about the additional risk for all these other diseases, cancer, diabetes, Alzheimer's, this goes on and on.

**DR. JONNY BOWDEN:** What about Alzheimer's? Type 3 diabetes, for God's sake. They call it that for a reason. Because insulin resistance and the inability to use insulin in the body and to get sugar back into the muscle cells, that inability underlines almost every chronic disease and it certainly underlines Alzheimer's, which is why they're now have this category. The World Health Organization finally made a category and we used to call it syndrome X. Then we called it metabolic syndrome. Then we're right. It's now called cardiometabolic syndrome and it has to do with insulin resistance.

**SHAWN STEVENSON:** Yeah.

**DR. JONNY BOWDEN:** So this is one as far as I'm concerned. When we wrote, like I said, the great cholesterol myth, we spent so much time on insulin resistance because it underlies all of this stuff and people, the doctors are telling, Oh, Mrs. Jones, your cholesterol is fine. No, this shows up 10 years before your cholesterol goes up, before your A1C goes up. Insulin resistance can be detected. It can be treated. It can be reversed. It can be prevented with diet fasting and lifestyle. And nobody is talking about certainly not mainstream medicine is not talking about insulin resistance, most doctors don't. When I wear a continuous glucose monitor as many high performance people do because we want to know that's so important to know that you go to a regular doctor and ask for a prescription for one of these things and they'll say why you're a diabetic that's only diabetics need. That's how much they know about this. Nothing.

**SHAWN STEVENSON:** I love that you set this conversation up by really being clear on this isn't about discrimination, this isn't about..

**DR. JONNY BOWDEN:** Not at all. Dude, we gotta make that clear because this is not fat shaming. This is not you got a condition, we have to talk about it. It's not the only thing about you. It's not the most important thing about you, but it is a condition that you don't want to ignore just because social justice says, Oh, everybody's equal. Yes, everybody's equal. No one should be shamed. But are you going to ignore what's going on in your body when it's really

pointing to a greatly increased risk for chronic disease? I don't think that's a good idea. There are doctors now who will not talk to their patients about being overweight. They are literally afraid somebody's gonna take them to court and say, you know, a human resource violation, something like that, that, you know, you're not allowed to, that's shaming and that's they just don't touch it. And that's crazy.

**SHAWN STEVENSON:** We've got a quick break coming up. We'll be right back.

If you saw my circle of friends, I think you'd be surprised to see how many friends I have that are 20, 30, 40 years older than I am. I think it's one of the most valuable gifts that we can have in this lifetime is the access to wisdom and people who figure some things out. And one of the things that my 70 year old friend and mentor share with me is how vital it is to build and maintain muscle tissue as we age so that we can continue to do the things that we love to do. Obviously, long lived cultures, including those that have the highest ratio of people living over 100 years, are avid tea drinkers. But, there is one specific tea that is now clinically proven to support longevity by supporting fat loss and helping us to maintain our valuable muscle tissue. A randomized placebo controlled study of Published in the journal, Clinical Interventions in Aging, revealed that study participants utilizing the revered fermented tea called Pu erh lost significantly more weight, lost more body fat, and had significant reductions in blood fats compared to those in the placebo group.

And if you dig even deeper into the data, you'll also find that they maintained more muscle mass. Then those in the placebo group as well. And that's what we really want. Tell me what you want. What you really want reduce excess body fat while Maintaining our valuable muscle tissue in addition to smart exercise and nutrition habits Drinking wild harvested pu erh is one of my essential longevity practices There's only one pu erh that is wild harvested and triple toxin screen for purity and cold extracted to retain all of its superb nutrients. And that's the fermented Pu erh from Pique Life. And right now Pique Life is providing us with up to 15 percent off free shipping. And for a limited time, you'll also get a free tea sample pack with 12 teas when you get their most popular. Bundle go to [pikelife.com/model](https://pikelife.com/model). That's P I Q U E L I F E. com/model to take advantage of this incredible offer. Again, this is a science back team that supports fat loss while maintaining our muscle mass head over to [pikelife.com/model](https://pikelife.com/model) and get hooked up. With up to 15 percent off free shipping and a free 12 pack sample of their award winning teas as [pikelife.com/model](https://pikelife.com/model). And now back to the show.

**SHAWN STEVENSON:** Now, the biggest problem that I have with a paper like this and trying to, you know, reclassify. A blatant condition or a symptom that can point us to like we need to make some changes is that we're condensing human health into these really pithy boxes. We're so dynamic.



We have so many different incredible aspects of us and human health. And with that being said, even the small number of things that can classify somebody as metabolically healthy or unhealthy. These are great things to know again blood sugar blood pressure and Hip to waist ratio, great things. But for example, if you might pass the test with those things, the litmus test, and you're considered metabolically healthy obese, what about the health of your microbiome that could be leading to some dysfunction with how your body is metabolizing and processing your food and fat?

What if it's a thyroid condition that is underlying your symptoms of obesity? What if it's an issue with hypothalamic inflammation, right? So researchers at Albert Einstein College of Medicine found that hypothalamic inflammation is one of the fastest growing health issues. But it's difficult to measure because people aren't looking at their brain when you're going for a checkup. But they found that hypothalamic inflammation, which the hypothalamus is an internal thermostat for your metabolism. They found that people with hypothalamic inflammation was leading to more belly fat, and more belly fat was leading to more hypothalamic inflammation. These two things were becoming a vicious circle. Just looking at a couple of metrics and being able to pass a test is ignoring how dynamic and incredible we are in that we can't just put ourselves into these pithy boxes. But, one of the greatest gifts that we have is the ability to see ourselves because our body is giving us feedback on whether or not it's doing well and if there's some kind of information that we can use to change our health for the better.

**DR. JONNY BOWDEN:** A hundred percent. I didn't know about that research, but the hypothalamus is in charge of all your hormones. It's basically the one that sends out a message to the thyroid stimulating hormone. We need more thyroid stimulating hormone, go send it. It sends a message to the adrenals. We need more cortisol. So yeah, you have inflammation in the hypothalamus. I can see how that would make everything go awry pretty quickly.

**SHAWN STEVENSON:** And now with this being said, one of the other. Again, kind of superficial metrics that has some merit, for sure. And I don't want to miss this point, I'm checking this box for everybody. These things that we're talking about today, these are just a small aspect of what metabolic health looks like. Could include or should include, right? But another one of these that's controversial is BMI, right? So body mass index. And this is the general classification. It varies by just doing some math. What's used to classify people on this spectrum from, "healthy to overweight, to obesity, to severely obese".

**DR. JONNY BOWDEN:** And BMI has come under, even when I was a trainer at Equinox we all already knew then that a bodybuilder is gonna have very high BMI and very low body fat.

And the BMI is not going to be an accurate measure of their health or their body composition and very thin people, the same thing. On the extremes, BMI is terrible. It's just it is a height, weight table, is all it is. And it doesn't talk about body composition, and it doesn't talk about hormonal health. It doesn't talk about any of that stuff. It's just literally a height and weight table and tells you where you are in the normal range. So it's, and even these articles on metabolically healthy obese were saying, you know, this raises questions about the accuracy of BMI, but we've known BMI's. Not worth very much for I've known it for decades. I'm sure you have also. So it's very questionable. Yeah, using that.

**SHAWN STEVENSON:** But with that being said it's still gonna be a smaller percentage of the population who is the as they even mentioned Dwayne “the Rock” Johnson type right versus what we you know. Again, just our outer appearance can give some indication of whether or not that body mass index is indicative of something unhealthy.

**DR. JONNY BOWDEN:** Yes, and no. And there is a new category now, which is an actual thing. I looked it up on PubMed. It's called TOFI. Thin Outside, fat inside. These are people who, and this is what a little bit scares me about the GLP drugs. You look perfectly fine. You know, you're not overweight. Your doctor won't even need to worry about whether they can talk to you about this because you're just fine. But meanwhile inside, and you see this with anorexics, by the way. There's thin as a rail and it's all body fat inside. There's no muscle and this is a very serious condition and it is one of the problems in just looking at the outside and making decisions about what's going on the inside based on how you look. And it's a way of looking at it that I don't think is very healthy, forgive the pun, either, you know, for us as a society or for people individually. It isn't all about what you can see. It isn't all about whether you're thin enough to get into your clothes. It's also what is going on inside. And that's the thing that I think gets ignored when we concentrate too much on weight.

**SHAWN STEVENSON:** Yeah. I think our brains are synced up now. Because that's what I was going to get to next was that, you know, yes, even our appearance can give us some data, but it's not the only data.

**DR. JONNY BOWDEN:** It's not the only data and we tend to rely, we weight it too much. You know, we just we put too much stock in the physical appearance and not enough in what that is supposed to be showing us.

**SHAWN STEVENSON:** Another really great thing about the paper is pointing to this phenomenon that different ethnicities can actually gain weight in a healthier way, right? So folks that are venturing into being overweight or even into obesity. There are certain

ethnicities where are you're going to hit, you're going to hit a big pothole a lot faster than other ethnicities.

**DR. JONNY BOWDEN:** And no, you're 100 percent right. There are different ethnicities and different ethnicities show up differently in different studies. And, you know, talking about that isn't racist. And it isn't, you know, it's descriptive.

**SHAWN STEVENSON:** Yeah, in particular they mentioned people of South Asian, East Asian, Chinese, Japanese descent tend to have metabolic complications at a lower BMI or body weight than other ancestry. So that showing up as metabolic derangement and poor metabolic health happens faster when they get out of balance. Versus we had on Dr. Ben Bickman, who's arguably one of the leading authorities.

**DR. JONNY BOWDEN:** He's one of my favorite people in this, in the space. I love that guy. I never met him.

**SHAWN STEVENSON:** But this is what he shared with me. He was like, you know, because he talked about this very thing that is this interesting phenomenon. As a matter of fact, here's what Dr. Ben Bickman had to say about actually measuring insulin and why this should be one of these factors with measuring metabolic health in this phenomenon of metabolically healthy obesity and why it's missing out on this metric of measuring insulin and how overstressing our fat cells damage our health.

**DR. BEN BICKMAN:** What's so interesting about fat mass is that we focus on the mass of fat, but it's the size of the fat cell that matters most. So in other words, this explains why someone could go to the, um, liposuction clinic and have immediately 20 pounds of fat removed from their body. And before they had this, they could go in and get every cardiometabolic marker measured. Go in, get 20 pounds sucked out of their body of pure fat. And if it was only, if metabolic health was purely a matter of the amount of fat a body had, you would think every marker must be improved. And yet not one is better.

So following liposuction not one single marker is improved because it's not the mass of fat that matters most. It's the size of each fat cell that matters most. And, and there's some fascinating differences across ethnicities. I, for example, did my postdoctoral fellowship. So after a PhD, if you want to become an academic scientist, you have to do a fellowship period. I did my fellowship with Duke medical school in Singapore, this beautiful, A country in Southeast Asia. We love it. It's a second home. One of my kids was born there. We love Singapore, but Singapore was interested in understanding the populations within Singapore. Why is it that a chubby white guy is perfectly fine. And yet a chubby Chinese Singaporean

already has fatty liver disease. He has hypertension. He has type two diabetes. And even though they have the exact same amount of fat on their bodies just as a point of interest, if you want to be really fat, you want to be Caucasian. White people can handle the most amount of fat on their bodies.

On the other end is Asians and South Asians, or Indian, Asian Indian. They have the lowest tolerance for body fat. And that's because their fat cells get very big very early because they have generally fewer fat cells on the body. And so this brings me to the point then, what is it about the hypertrophic fat cell that matters so much? It's two things. First thing, and this will blow some minds, You cannot have a fat cell grow unless insulin is elevated. It is totally, completely, utterly impossible. Now I know people want to say, oh, well, calories matter too. They do matter. But if you just take out that one single variable, if you deprive a fat cell of insulin, it can not grow. 100 percent full stop. Take this as from a guy who literally grows fat cells in my lab all the time. In a human model, You even see this. If you have a person with type one diabetes. They can eat, they can eat 10, 000 calories in a day and all they do is skip an insulin injection and they will be as skinny as they want.

In fact, this is so well known to that diabetic that it's a known eating disorder. It's more of a hormone disorder. But if they just skip their insulin injection, they'll be as skinny as they want. It's a condition called diabulimia. You only eliminate one single variable, the insulin. They cannot, not only grow fat, they can't even hold on to it. So as much as calories matter, and they do, insulin is an absolutely necessary signal to tell the fat cell to grow. And then the calories help fuel that growth. Now that was a bit of a tangent, but so let's come back to the hypertrophic fat cell. So you have a fat cell that's getting, I promise it matters because as the fat cell starts to get so big, it's like a water balloon that's getting to the point of maximum growth.

And if you continue to put water in that balloon, it's going to pop. And so as insulin is high and there are sufficient calories to fuel the growth that the insulin wants the fat cell to undergo, the fat cell starts to tell insulin insulin, you continue to make me grow. But I can't grow anymore. So I'm going to stop listening to you. And so the fat cell that's grown so much becomes insulin resistant to stop growing. So that's a survival mechanism. The poor fat cell is it literally, if it continues to grow, the membrane cannot hold it together. And it will start to fragment and literally start to pop, which will be very unhealthy, cause a lot of inflammation. And there'll be a messy process in that fat tissue to try to clean up. Very unhealthy. So the fat cell becomes insulin resistant to stop further growth. At the same time, the number two, as the fat cell gets bigger and bigger, it starts to get pushed further and further away from the capillaries, which is the main blood vessel where the blood is giving up its oxygen and giving up its nutrition to a cell and taking all of the waste products away from a cell.

So if a, if a cell is getting pushed too far from a capillary, it starts to suffocate. The technical term at the level of the cell is it starts to experience hypoxia. It becomes hypoxic. And if the cell doesn't get sufficient oxygen, Once again, it will die. It will be a very messy process and we don't want ourselves to die and the fat cell doesn't want to die. And so it starts leaking out these pro inflammatory cytokines. This word I mentioned earlier, some of those cytokines kind of act like a trail of breadcrumbs where when the capillary senses those breadcrumbs, it can follow them back and start growing a new blood vessel to feed that suffocating fat cell.

So, The fat cell has another mechanism to ensure its own survival to correct its hypoxia in this case. But in the process, it is now leaking all of these pro inflammatory cytokines throughout the entire body, causing what we commonly call subclinical chronic inflammation. So it's not like their inflammation has reached the point of an autoimmune disease or, or a cold or flu, but it's higher than it should be in someone who's otherwise healthy And it's all because of the hypertrophic fat cell. And so we have high insulin and the insulin resistance as the fat cell tries to stop growing. And then we have the inflammation as the fat cell tries to correct its hypoxia, both of which just contribute to insulin resistance throughout the body. So I generally say the fat cells, the first domino to fall. And then when the fat cell becomes insulin resistant.

It's promoting this insulin resistance to other tissues like the liver, like the muscle, like the brain, you know, causing fatty liver disease, causing sarcopenia or wasting of the muscle or causing Alzheimer's or migraines or depression in the case of the brain. My hope is that in some way I may have had some contribution, albeit modest, if only to changing the clinical paradigm of metabolic health and not excluding glucose based markers, but just saying that's not the hero. That's not the main character. Glucose and any glucose related marker, like glycation of hemoglobin, HbA1c. It's the sidekick. It's the Robin to the Batman. And insulin is the main character here. It is the main metabolic marker. It absolutely matters most. Thankfully, it can be measured at every single blood test. We just have both what I consider to be a scientific and a historic precedent that has left it out.

Those should not be barriers anymore. Any lab, anytime you're getting your blood drawn, you can ask that person, ask that physician, ask that nurse, the PA, whoever it is, say, Hey, can you just check that box and measure my insulin too? They may not know why you want it measured, probably because they never were taught why it matters. It's, you only know what you've been taught, but insulin is going to be the early signal. And this is why, if everyone can, please get your fasting insulin measured. Once you have your fasting insulin, that alone has a diagnostic value. And then you can start to combine it with a glucose, with your glucose marker and create a whole new marker called your HOMA, H O M A score, which itself becomes a very valuable marker of insulin resistance.

So we have the technology, we have the means. At this point, it is purely a lack of education. But even, I mean, Shawn, what's funny as much as we're talking about insulin resistance, most people still don't really appreciate it. You know, like when I wrote my first book, the reason I didn't call it, what is insulin resistance and why does it matter? It's because I knew no one would buy it. No one would, everyone looks at the word insulin and immediately just thinks diabetes. They don't realize that insulin is the relevance of insulin in their own body, in their own life. You know, and we've been talking about the fat cell and calories. Insulin does so much throughout the entire body. That's why I thought I need a sexier name here. And so what, that was the birth of the, why we get sick title. But yeah, I mean, insulin is the marker that matters most. And the more we overlook it, the longer it's going to take us to actually determine the problems.

**DR. JONNY BOWDEN:** Ben Bickman, he wrote a book, Why We Get Sick. Did you talk about it in the book? First chapter. Insulin resistance. He puts insulin resistance at the core of every major chronic disease So i'm a huge fan of his because that's exactly what I think and he's been one. He's a terrific.

**SHAWN STEVENSON:** And again, he's doing the biopsies. He's studying this stuff. He's looking at it. And what that really means is he's even as i'm saying this and this kind of classification of us as humans It's in some interesting way. It's like a resilience factor there against these environmental inputs to stay a little bit healthier, more functional being this particular ethnicity versus these other ethnicities. But that can be looked at as you might have a better warning sign and quicker feedback, or like it's, we can look at this in different ways and have different conversations about it. But the most important thing to understand is that for all of us in our world, no matter what our ethnicity is, it is the environment itself that has changed dramatically.

And when we see these alterations, In our physical health when we're starting to carry around excessive amounts of weight when we're starting to have all these derangements in our biomarkers. We're getting all this feedback that something is awry. And what you're sharing today is that if we don't acknowledge and honor these things, we're ticking time bomb. Now what you shared one of the biggest takeaways from today is Your numbers could be right there on the borderline that it's the olympic time right now, by the way. This can make the difference between a medal or no medal, but in this case, the medal is death, all right?

**DR. JONNY BOWDEN:** The medal is not one you want to win.

**SHAWN STEVENSON:** We don't want to win this medal, but you're right there at the photo finish right before it, and you're just like, oh you're fine. You're close to being pre diabetic, but everything's clear, right?

**DR. JONNY BOWDEN:** People understand this better when you talk about blood pressure, because everybody knows what that is. We consider high blood pressure 140 over 90. What if you want 139 over 89. Dude, this is, it's not digital. It's an analog continuum. So you can't just say I don't have a high blood pressure diagnosis, but I'm 139 over, you know, 89. That's not good. You know, we have to look beyond those digital, you know, Silos of diagnosis, you know, absolutely.

**SHAWN STEVENSON:** I want to talk about just a couple more things that in this paper you know, again, them illustrating what the fat cell can do. Look as it's accumulating more and more contents is this really interesting phenomenon of Lipotoxicity.

**DR. JONNY BOWDEN:** Glad you mentioned that yeah, yeah. So where do we store our toxins in the body when you eat a lot of crap when you eat food? That's been sprayed when you are exposed to the air in LA or Beijing. Where do you think that goes, it goes to the fat cells. It is stored in the fat cells. When people lose weight, they often feel terrible. Why? Because the fat cells are releasing all those toxins and that's just the way the human body does it. It stores, it knows this stuff's not good. We got to get it out of circulation. I know. Give it to the fat cells. It'll take anything. And that's where we store our toxins. So yes, lipo, lipo means fat. Lipotoxicity is a real thing. And if you're carrying around tons of fat cells, you've probably got a lot, tons of toxins that have stored up in those fat cells over years of being exposed to them.

**SHAWN STEVENSON:** Yeah. And of course, what our fat cells start to produce or our immune system in response, that toxicity with the, you know, inflammatory cytokines and the like, again, this is a result of our fat cells, which are in credit. They're incredibly intelligent and trying to in a way protect us and holding onto some of these things, keeping them out of circulation, storing excessive energy that we're taking in, trying to protect other organs. But as we're doing that, it's creating a toxicity. The fat cells themselves are creating a toxicity, but just to hammer home this last point because there's some other cool stuff I want to ask you about. What we were talking about earlier is, and I like this classification of your personal fat threshold, right? So how much body fat you can healthfully accumulate without dipping into all of this dysfunction. And that's going to change from person to person.

**DR. JONNY BOWDEN:** And from decade to decade, you know.

**SHAWN STEVENSON:** And with this being said. This speaks to how important it is to pay attention to you as a unique individual and not even buying into these labels, right? With this meta, again, the it's, I think it's well intended in some ways.

**DR. JONNY BOWDEN:** Of course.

**SHAWN STEVENSON:** But also in other ways, it's very disempowering.

In the conversation about longevity. We want to remain youthful from the outside and the inside. We don't want to have a youthful appearance. But a very old heart or a very old brain. We want to make sure that we're taking care of ourselves from the inside out. And there are certain foods that are well established, not only in peer reviewed data today, but have been utilized for thousands of years for their longevity benefits. More recently, a study published in *Advances in Biomedical Research* found that royal jelly has the potential to improve spatial learning, attention, and our memory.

In addition to being anti microbial, anti tumor, and anti inflammatory, royal jelly has been found to facilitate the differentiation of all of our brain cell types. And to top it off, researchers in Japan discovered that all Royal jelly has the power to stimulate neurogenesis, the creation of new brain cells in the memory center of the brain. Now, if you're wondering what royal jelly is, it's not that kind of jelly. It's not smuckers. All right. We're talking about this incredible, renowned bee product. And while worker bees live on average about a hundred days. The queen bee exclusively feeding on royal jelly lives one to two years. All right, so we're talking somewhere in the ballpark of seven times longer lifespan.

There's something really remarkable about this food. Now I've been utilizing royal jelly for years. From regenerative bee farms and also his third party tested from the incredible folks at beekeepers naturals and combined in their incredible new tropic called brain fuel. Not only do you get royal jelly, but you also get one of my other all time favorite things for brain health. And longevity and cognitive function, something that's called BACOPA, a randomized double blind placebo controlled human trial published in 2016 found that just after six weeks of use, BACOPA significantly improved speed of visual information processing, learning rate, memory consolidation, and even decreased anxiety in study participants.

This is some remarkable stuff here. We're talking about brain fuel from the good folks at beekeepers naturals. Go to [beekeepersnaturals.com/model](https://beekeepersnaturals.com/model), and you're going to get 20 percent off store wide. So that includes their phenomenal brain fuel. Also their superfood, honey, their propolis immune spray, and so many other phenomenal things that, again, this is



exclusively at [beekeepersnaturals.com/model](http://beekeepersnaturals.com/model). Go to [BEEKEEPERSnaturals.com/model](http://BEEKEEPERSnaturals.com/model) for 20 percent off site wide. And now back to the show.

**SHAWN STEVENSON:** So let's talk a little bit about that. Your personal fat threshold. What do you think about that?

**DR. JONNY BOWDEN:** It's a concept I have not heard before. I like that very much. I think I'm going to steal it and use it in my writing. It makes a lot of sense. It makes it passes the smell test, you know, I think we probably have personal thresholds from all kinds of metrics.

**SHAWN STEVENSON:** Exactly. Yeah.

**DR. JONNY BOWDEN:** You know and it's and going back to the fat shaming thing I mean. I have had the slogan beauty comes in all sizes since I first wrote my first published thing in 1990 whatever it was. Beauty does come in all sizes. There's no question about shaming, but we do have these individual variations and it would be cool for all of us to look at them and to, you know, look at them honestly without judgment and say, you know, what can I change here? What can I improve here? How can I do this a little bit better and reduce my risk? And it also has to do with how much do you love to be alive?

You know, if you have a I will never forget that I once, back in 2004, I wrote a book called *Living Low Carb* and in the fourth edition, I had gotten a letter from someone. And I published the letter in the introduction, and the letter was, I will never forget it. She said, it's great that you're telling me how to get rid of diabetes, and it's great that you're telling me what kinds of foods to eat for more energy, but I'm 63, I don't have any friends. I don't have any family. I don't really have any reason for living. Why should I do this? There it is. If you don't have a reason for living, why do any of this? And if you do have a reason for living, and you care about your life and the people in it, why not do everything you can to live as healthy as you can for as long as you can?

**SHAWN STEVENSON:** All right, now we're gonna open up Pandora's box. Okay. All right, because our..

**DR. JONNY BOWDEN:** I don't even know what you're going to, where you're going to go, but go!

**SHAWN STEVENSON:** This is, it's a rapidly growing pervasive solution, which I'm putting "solution" in quotations, major quotations, huge quotations.

**DR. JONNY BOWDEN:** Got it.

**SHAWN STEVENSON:** The solution for improving our metabolic health for weight loss is semi glutide. And all the relative drugs in this category.

**DR. JONNY BOWDEN:** To be clear, you're talking Ozempic, Wigowi, all that. Okay.

**SHAWN STEVENSON:** Yeah. Now, again, both of us, being in this field, for me, this is year 21. And you've been in this field forever! And, you know, understanding everything has its place and there is some value here. And, the education is severely lacking on this subject matter. And so I know that you have some insights here because again, we're talking about today this growing classification. You being this terminology being used of metabolically healthy obese, right? And as you expand that right and you look at what are some solutions with even within that classification Semi glutide, right? So ozempic being a potential solution if you're trying to achieve whatever biometric, where do you stand with this? What do you think are some things that people need to know about?

**DR. JONNY BOWDEN:** There's a lot and I always plug other people's books when I go on these shows. I don't know why I do but there's a very good book on ozempic that I think anyone considering using it ought to read. It's called *The Magic Pill*. It's by a science journalist. And reading that book, I realized that this is a hard drug to come down hard on black or white, good or bad. This drug really has some big positives, not the least of which is it curbs addictive behavior. You give, mice love to drink, They love alcohol.

And if you give mice alcohol, they will just get as drunk as they can and they roll around in the little cages and they just do everything that a fat boy would do. They love alcohol. You give mice ozempic, over going, GLP 1 drugs, and they leave the alcohol alone. That's a huge plus. That's a huge possibility for this drug. They change your cravings. They change your brain. They don't actually, the GLP 1 receptors, they're more in the brain than there are in the gut. It works a little bit in the gut. Mainly it works on the brain, on cravings and desire. And that brings us to one of the possible red flags with Ozempic. It may make you stop craving alcohol, and it may make you stop craving junk food.

Does it also make you stop craving to finish your book? Or to do a great podcast? Or to do any of the other things we desire to do. We don't know. It may just blunt your desire. Prozac worked that way too. You know, it blunted your cravings for things, including sex. So we don't know what kind of effects that's going to have. That's just one of the many red flags. I am never happy about a drug you have to be on for the rest of your life. I always wonder about that. From my early days as a trainer at Equinox, and people would come in, I was doing

nutrition counseling then, I didn't even know anything to speak of. And they'd come in with a yellow pad of lists of medications they're on.

And they'd hobble into the office, and they just looked fragile and frail and I asked many of these people. Has any doctor ever looked at all of these drugs and looked at, and they no. The depression doctor gave me a drug for depression. The sleep doctor gave me a drug for sleep, the, you know, and they're on all this multi pharmacy of stuff. And I just believe this is just my, that can't be good. You want to stay as far away as you can. You want to do that judiciously. You don't want to just keep throwing things in there. And every weight loss drug I've ever seen in my 30 something year career, has wound up after market, having a lot of stuff wrong with it.

Fen Phen, anybody remember Fen Phen? That killed people. And everybody was talking about that the way they're GLP. I'm not saying it's the same thing. I'm saying, there was Orlistat, which was all the rage for a while until they found out, oh, it causes anal leakage. That, it doesn't kill you, but it kills your social life. These things are often found out afterwards, and I am suspicious of a blockbuster drug that breaks out. Everybody's using it. Every Beverly Hills housewife is using it to lose 10 pounds. It was not invented for that or approved for that, and you got to be on it forever. And I worry about that. I worry about what it does to our brain, whether it makes us less passionate in general, as well as, you know, calming the cravings for things we'd like to have our cravings calmed for.

But what else does it do? And I don't like the year long, you and I were talking offline about this. We have never met anybody who has weaned off it. And not gain the weight back. Maybe they will exist, maybe ten years from now we'll have lots of people who do that, but there's enough red flags for me to go, don't do this unless it's a real last resort. Now in that book, he talks about obesity, and he gives the statistics, and he says you gotta weigh these possible negatives with what 300 pounds. So there is a case to be made for these drugs. I just think everybody's using them for vanity purposes. And I think it's the wrong message. And it also, it reinforces the message of what we were talking about earlier, thin on the outside, fat on the inside.

If you make everything be about the weight, you continue, and many people do this, they eat less of the crap they're eating now, they don't change their diet, they don't get enough protein, which we didn't even begin to talk about, the revised protein recommendations. Peter Atiyah says we should be getting 120 grams a day. The government says we should be getting 8 grams per kilogram. That's half a gram a day per pound. Yeah. That's 50 grams a day. That's ridiculous.

**SHAWN STEVENSON:** Yeah.

**DR. JONNY BOWDEN:** So we're not getting enough protein. We're not keeping our muscle, which is the organ of longevity. And we're not changing our diet. We're just eating less crap, less because we're not as hungry, if you eat less potato chips in McDonald's and you can maintain a thin body, that doesn't make you healthy. It certainly doesn't make you metabolically healthy. So I worry about all of those things with the GLP drugs.

**SHAWN STEVENSON:** Yeah. With our history, With the pharmaceutical industry, it would be just in our best interest to be much more patient and take our time with these things. But again, it's become so pervasive and that's.. And I want to invite into the conversation, into the party, those who are utilizing these things or considering it as well and not to villainize this.

**DR. JONNY BOWDEN:** Not at all.

**SHAWN STEVENSON:** Which is what you're already setting this up. With education because you're not just saying what you're saying, the biggest study that we have to date And this was published in Diabetes, Obesity, and Metabolism, peer reviewed journal. And this was a randomized trial, and it included almost 2, 000 individuals. And the conclusion of the study, putting folks on to Simiclutide. One year, all right, one year after withdrawal. And by the way, it was very successful in helping with weight loss very successful. One year after withdrawal of once weekly subcutaneous semaglutide and lifestyle intervention participants regained two thirds of their prior weight loss. And now the findings confirm the chronicity of obesity and suggest ongoing treatment is required to maintain improvements in weight and health. It has to be used Forever. They're saying it's required now again.

**DR. JONNY BOWDEN:** I'm aware.

**SHAWN STEVENSON:** Here's that, I have a colleague of mine who is utilizing this right now to it to great success for herself. And she's in the process of working to wean herself off and sharing her story. Now again, we get into this place of do I need to, what if, because my identity has changed. This thing is very effective in helping me to get to where I want to get. And by the way, she's doing other things well for herself and taking care of herself. What happens psychologically if the weight starts to come back?

**DR. JONNY BOWDEN:** This is, I'm so glad you brought that up. Because that is a huge consideration and it's one that he talks about in the book. If you have used food all your life to modify mood. And to deal with anxiety and all of us do to some extent or another and now

all of a sudden you're thin. What happens to those that need to medicate your feelings with food? Because it just goes away. It doesn't just go away.

**SHAWN STEVENSON:** Now if there's no side effect of utilizing semaglutide. It truly is. It can be considered the title of that book, the miracle pill.

**DR. JONNY BOWDEN:** The magic pill.

**SHAWN STEVENSON:** The magic pill!

**DR. JONNY BOWDEN:** The subtitle of it is the amazing promise and the major red flags in this new drug. So he's very fair about it there. Like I said, there are good things this drug does and for certain population, it may be a lifesaver.

**SHAWN STEVENSON:** Yeah. But, with that said, what we're looking at here is what are the potential downsides and that's something for us to discuss because you know our framing could be you know, it's just a little pet tied, you know, it's just this. But what we're looking at here is a black box warning. For example with ozempic indicative of thyroid cancer. Not in humans, just in lab animals, not in humans.

**DR. JONNY BOWDEN:** That's probably a little bit overstated. It's very, first of all, thyroid cancer is not that common. It's a low risk of that to begin with. So if they raise the risk by 18 percent and the risk is only 1 percent anyway, it's not a huge thing.

**SHAWN STEVENSON:** And you got it. And you have to weigh that with what about the risk of cardiovascular disease due to the obesity, right?

**DR. JONNY BOWDEN:** Yes! yes.

**SHAWN STEVENSON:** And so these are all things for you to be aware of in your own personal health equation, your own choice. Now I'm bringing this up to say, that's just one of the potentials. Obviously the hotter story is all the gastrointestinal distress issues..

**DR. JONNY BOWDEN:** And the microbiome disruption, which we don't even know about yet.

**SHAWN STEVENSON:** And these are the things, again, the long term, these are just the initial snapshot, first couple months of this drug being in circulation at this level, you know, first couple of years. What are the long term ramifications? We do not know.

And so I would implore us to be much more cautious moving forward and paying attention to the data, keep an eye on things. And not necessarily utilizing ourselves as that experiment if we don't know. And with that being said, all the things that we do know that we have access to that we might not be utilizing, because what we have tended to do psychologically is find the next band aid thing, the thing to cover up. The thing to cover up our body's feedback, right? You just mentioned the psychological thing, right? But our body's feedback that I'm not addressing something That's why my body is showing up in the way that it is. And so I'm gonna band aid this could be a psychological thing and how I'm self treating or self soothing myself.

**DR. JONNY BOWDEN:** Medicating.

**SHAWN STEVENSON:** Right? And there's a deep psychological stressor that's hurting me. And now I'm just going to band aid that because I went down a couple of pan sizes and I'm still underlying this. I'm still suffering. Or again, it's indicative of, there's some severe gastrointestinal issues with my microbiome. There could be all manner of feedback that our body's giving us showing up. As being overweight, as obese, but we're just, I'm going to hit it with this blunt instrument. Forget all that stuff. And while that alarm that's going on is still going off in the background. And when does that alarm become, you know, an atomic bomb. Just blow up.

**DR. JONNY BOWDEN:** Agreed. And I just want to put this in there too. I'm on the faculty of the Functional Medicine Coaching Academy. So I teach people who are going to be health coaches in functional medicine. And I did a class where I brought it up. I talked about Ozempic. And said, this is going to be a game changer. It looks to you, it may look to you like we're, this is going to change our practice. People are not going to come in for coaching if they can solve their weight problem. They're not that interested in metabolic health. That's never been a big pull. You go to people's pain points and one of the biggest pain points is walking around with all that weight.

And I don't want to minimize the desire to use this band aid. And I haven't been obese. I've been very heavy, but I've never been obese. And I can imagine that would be, if I was offered something and the big pharma was telling me it's fine, it's not, you know, I'd be very tempted. I get that. And I said to my class, what you may not realize is that this isn't, hopefully this is not going to mean we don't have people to coach. It's going to mean if they do it right, we'll have more people to coach because the people who are on it. And if you, one of the people who've done it, I'm not shaming. I get it. I understand the reason you need more than ever coaching on how to change your diet, keep your muscle, do the lifestyle things that make you metabolically healthy because you are no longer going to have the visible sign that something's wrong

You're going to look fine. But we need to impress on those people that healthy weight is not healthy metabolism. They're not, they may be. But they're not equivalent. Just because you've gotten your weight down does not mean that you've solved the problems of metabolic dysfunction that are going to lead to really bad things later on. And I, I always feel like I can talk about this with more authority because I'm gonna be 78. So I can, I have the luxury of saying, listen to me, I got 40 years on you and this is what happens when you eat real food and you take care of yourself. You can live a life where you're, yeah, you may have some things that need to be worked on or fixed. But you can basically wake up every day wide awake as I do. I never use an alarm clock. I am never tired, almost never tired.

**SHAWN STEVENSON:** I've been around you. That's facts.

**DR. JONNY BOWDEN:** Dude I'm not tired. I don't get tired You know, and..

**SHAWN STEVENSON:** I feel like you're in your terrible twos , Johnny. I'm just gonna be 1000.

**DR. JONNY BOWDEN:** Isn't that annoying? ?

**SHAWN STEVENSON:** No. . You just got a lot of energy.

**DR. JONNY BOWDEN:** No, I do. You know, I do. And I I worked hard on that.

**SHAWN STEVENSON:** Yeah.

**DR. JONNY BOWDEN:** On having that and it's a natural byproduct of these things that we teach. And that's why I can look at 30 year olds or 40 year olds and say, I know what it's like at the, you know, towards the end of the, in the final chapters of this. And you can be, you can live that way in your 70s. You really, in your 80s.

**SHAWN STEVENSON:** Yeah.

**DR. JONNY BOWDEN:** You know, and play tennis and do all the things that I do. And I think that's important to know.

**SHAWN STEVENSON:** Yeah, absolutely.

**DR. JONNY BOWDEN:** So working on these things, you know, if you're on Ozempic, come, go to someone who can coach you on how to support that with the right diet.

Keep your muscle, which is the organ of longevity, as we said and very important. Get enough protein and do the lifestyle things that will support the new thinner you and not just make you a thin shell in a metabolically unhealthy body.

**SHAWN STEVENSON:** Yeah I love this framing. Thank you so much for sharing this because you know one of the things that was apparent in this again long run study with this is that folks are regaining their weight, of course their body composition is changing. They're actually accumulating more fat higher body fat percentage. But this doesn't have to be the case and this is where it's more important. And we have colleagues who are also again. This is something that's utilized in their practice coupled with let's work to ensure that you're maintaining your muscle mass and another glaring issue with again, just jumping on to one of these drugs without a comprehensive understanding is a huge risk of all manner of nutrient deficiencies. And so in particular those correlated with longevity disease prevention.

So again, you might be addressing one issue, but causing several others. Now you just brought up something that I'm very grateful to be able to ask you about. And I actually have this special little folder on my Instagram of real longevity and not theoretical like people who are doing exceptional things in what we consider to be advanced ages, right? So I just shared just yesterday and saved it a woman who is competing in the senior olympics. She's 90 and she's doing all the events is basically you know, she's doing a version of a pole vault. She's doing the hurdles. She's doing all these different things. Now she's doing it in a different way, but she's literally running circles around people who are you know 10, 20, 30, 40 years her junior, right?

And this is what's possible. And I love to be able to pay attention and really sit at the feet of people who can truly educate me. And you're one of those people, you know, and I, even though we don't talk as often as we want to. You're one of the people in the names that I bring up in conversations with somebody who inspires me. And so with your 78th birthday, right around the corner. For you, what is the number one thing that's indicative of longevity from your perspective?

**DR. JONNY BOWDEN:** I'm so glad you asked that question because I've been on a mission to get this out there as much as possible. So Peter Atiyah, who we both know, great doctor who is the country's longevity expert now and he's also a mathematician and pretty obsessive about numbers. So he has been talking about a goal called the kick ass hundred year old. What would it take to be a kick ass hundred year old? What is a kick ass hundred year old? And he came up with a list of 20 basic tasks that you'd be able to do. You'd be able to do a farmer's carry, which is where you basically carry two bags of something 50 feet.



You'd be able to take a 20 pound suitcase and put it in the overhead compartment of your car. Normal functioning things you would be able to do. You'd be able to walk a half a mile, whatever it is without. And then he reverse engineers that he goes, okay we know we lose this much muscle every decade and we know we lose this much balance. And so he comes up with this Excel spreadsheet of the things that you have to do in your thirties, forties, fifties, so that the deterioration will be minimal and you'll be able to do the things that a kick ass hundred year old could do. Sounds great, right? So these people are doing, you know, cold plunges and they're doing the wind huff breathing things and climbing up mountains, you know, shirtless in the frigid cold and all this stuff all in the hopes of you know, biohacking our system so that we will be able to function well at a hundred.

It's a worthwhile goal. I get it. Researchers recently said, why don't we look at some kick ass hundred year olds who are already there and let's find out what they do, right? Do they do cold plunges and do they take 75 supplements like I do? Do they, what do they do? So they went to Sardinia. Sardinia is one of the five blue zones and it happens to have the highest population of hundred year old men in the world. Not hundred year old men who are in assisted living, but that are shepherds that, you know, walking up hills with their sheep and doing all these different things. They're functioning. What do they do? What are the lessons learned from the people who are already doing this? And there were three. They came away with three lessons, and it's a little tongue in cheek, but in those three lessons is the secret of life.

Number one, live where there's lots of stairs. Now I don't know if you've ever seen pictures of Sardinia, you can't walk out of your house and go get a coat of milk without walking like a mile and a half. It's all stairs and elevation. So basically that one is walk everywhere. Just walk. The second one was spend a lot of time around gentle animals. These guys were all shepherds. Think about that. You're out in nature which is information coming into your head about balance and harmony and eternity and all of those things. And you're with these sweet gentle animals. What do you think that does to your physiology? Here was the third lesson, and it was actually the number one thing with a bullet. Make your friends and family your number one priority. These were people who, these are men, who sit around on park benches in the afternoon and talk about their feelings. They laugh, they have big family dinners. If you go back to the Rosetta phenomena, this was a town in Pennsylvania, a car, a heart scrapple, town of immigrants where they worked in the mines.

Dude, they worked in the mines. It was the most dangerous job in the world. They were inhaling all this crap. They ate the worst food you could imagine, and they all smoked and there was no heart disease in Boto. It's an interesting story how they found this out, and it would take us too far afield, but they found that, where's the heart disease?

We don't know. So researchers descended on this town, and if you Google the Rosetto phenomena, you will read all about it. I'm not making this up. Fact check me. And what they found was, they had the tightest knit community anybody had ever seen. They had Sunday dinners together. They gardened together. They did square dancing together.

They didn't put the old people out to pasture. They made them elders. And this tight knit community they believe now compensated for the worst diet, the worst lifestyle, smoking. And that alone was the major predictor of their health and their longevity. This is not just the blue zones. We have a study going on now. It's in its fourth generation. It's called the happiness study. And the guy that is now the fourth director of it is now making the rounds of podcasts. And he wrote a book about the findings of the happiness study.

**SHAWN STEVENSON:** My guy, Waldinger.

**DR. JONNY BOWDEN:** Yes.

**SHAWN STEVENSON:** Yeah.

**DR. JONNY BOWDEN:** Yes.

**SHAWN STEVENSON:** He's been sitting in that same chair.

**DR. JONNY BOWDEN:** Perfect. I knew you'd be on top of this. So what did he find? Over four generations that have been followed since the 1930s, right? The number one predictor of long life and long health was what? Family and friends. So when I went back to doing one-on-one coaching, which I do now, where, you know, I do these sessions where we do a kind of a strategy session, a kind of concierge strategy. I get all the disinformation out of their heads about cholesterol. They come a lot you know, wanting more information about that because the doctor wants to put them on a statin because they have a 206 total cholesterol. I get a lot of those people. And we strategize, but I wind up telling most of them, and this is why they love coming to me, I think, because I leave them with this good news.

They may have some metrics that are not so good on paper. , they may have a risk factor or two, maybe they have a high lp, little A, which you can't even do anything about. It's a big risk factor. Maybe they have high cholesterol measured correctly and as particles. I tell them to think of all of their life as a health bank in which you can make deposits or withdrawals. You got a couple risk factors. Those are withdrawals. But I asked them about their family. And I asked them about their friends and I asked them what they do and they light up and oh my kids this and Oh, we do this and we do fishing and we go, you know every sunday. I said you

are making the biggest and most important deposit in your health bank that you could make. And it dwarfs all the things you're worried about. So do more of that. And they always go. I never thought of it that way.

Yeah. Think of it that way. Because I'm asked on podcasts all the time you 78 How do you do this? And I have one answer, and I give it all the time. My tennis group. We have a group of 20 people. Started during the pandemic. We're on a group text. We talk every day. We, a lot of us, we're in LA, a lot of them are performers, very successful, we go to see each other's performances, we do lunches, we do things, not all together but different subgroups of it, and we are in social contact every day and we play five days a week in Beeman Park. And that is why I'm 78, and this way.

And it, I take a million vitamins. I really do. It's disgusting. I know you do too. We do all that stuff. We do our exercise. We get our sleep. We measure it with the aura ring. We do all that. But then if you ask me the number one thing, it's that. And that's what I think people don't talk enough about and don't realize enough about. Especially the ones who've been shamed that they don't do anything healthy. But you are, if you're doing that. You're doing something major healthy and you need to know that and do more of it and that's my message about. That is the number one predictor.

**SHAWN STEVENSON:** Jonny. You are a wealth of information, but also a wealth of real experience. And you cannot be duplicated. The things that you've accumulated over the years, the experience you can share with all of us and help to direct us into a place where you know, that's incredibly inspiring for me. I want a group like that, you know, when I'm knocking on the door of 80 years old and I just appreciate you so much. And people might've heard a couple of things that you brought up in passing because you've been here. This is our fourth episode. You're an elite in an esteemed class right now.

**DR. JONNY BOWDEN:** And believe me, I feel the honor and the appreciation.

**SHAWN STEVENSON:** If people are hearing you like, oh, what's this cholesterol? What is he saying? We've got. Masterclass interview with you on that subject matter. We're gonna put for people in the show notes. And if there's anything else Where can people connect with you? What's a good place for people to come?

**DR. JONNY BOWDEN:** I'm on instagram @JohnnyBowden. And I actually answer all my emails and I make my email known. It's my name at Gmail and I'm doing private coaching now and I love doing it. Consulting with a number of different natural products companies about getting wonderful products out there in the marketplace that really help people. And I love

what I do. And you want to reach me, just write to me or say hello on Instagram and I will reply.

**SHAWN STEVENSON:** And what's your Instagram?

**DR. JONNY BOWDEN:** At Johnny Bowden.

**SHAWN STEVENSON:** There you go. I appreciate you so much.

**DR. JONNY BOWDEN:** No "H" in Johnny.

**SHAWN STEVENSON:** It's the cool way. JONNY. And again, I appreciate you so much for coming to hang out with us.

**DR. JONNY BOWDEN:** Thank you. so much.

**SHAWN STEVENSON:** Dr. Johnny Bowden, everybody. Thank you so much for tuning into this episode today. It's incredibly valuable to be able to learn from somebody like Dr. Johnny Bowden. And this is one to share out with the people that you care about. And listen, we're just scratching the surface on what we have in store for you.

So make sure to stay tuned. We've got some epic masterclasses and world class guests coming your way very soon. So be ready. Take care, have an amazing day, and I'll talk with you soon. And for more after the show, make sure to head over to [TheModelHealthShow.com](http://TheModelHealthShow.com). That's where you can find all of the show notes, you can find transcriptions, videos for each episode, and if you've got a comment, you can leave me a comment there as well. And please make sure to head over to iTunes and leave us a rating to let everybody know that the show is awesome, and I appreciate that so much. And take care, I promise to keep giving you more powerful, empowering, great content to help you transform your life. Thanks for tuning in.