



EPISODE 943

7 Scary Things You Need To Avoid!

With Guests: Dr. Yvonne Burkart, Dr. Ray Dorsey, Carly Kremer, Dr. Bruce Lipton, Dr. Dominik Nischwitz, Dr. Vivian Chen & Dr. Marty Mackary.

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SHAWN STEVENSON: Welcome to the Model Health Show. It's that spooky time of year, again full of haunted houses, scary movies, and of course, trick or treating. Now, I don't know about you, but that experience of trick or treating as a kid is pretty epic. It's like that first feeling of independence, of adventure, like I'm going to be able to go out here and make some decisions on my own. And strangely, we are kind of told to do everything that we were taught not to do. When it's time to trick or treat, don't talk to strangers. Don't take candy from strangers and don't act like somebody that you're not. Alright, we're doing, we're throwing caution to the wind. We're going up to strangers asking for the candy, and we are dressed as pirates or skeletons or, and I don't even know what kids are wearing nowadays. Of course, they got these big inflatable costumes, got stranger things out here heavy, you know, uh, just dressing up as your favorite character.

You are pretending to be somebody that you're not, but it's all right. It's Halloween. All right, so Halloween is like this little interesting pocket where things are a little bit strange. And because of that, I was inspired to put together seven scary things that you need to run away from. All right? Like Michael Myers is chasing you, like Jason is chasing you, Freddy Krueger, all these movies that we used to watch, get out of there When you see this stuff get away.

All right? But don't trip. I mean, seriously, is it literally written into every script? When the bad guy or the monster, the villain is chasing you, that the actor's gotta fall. And then of course, like it just makes us more pissed off, get up, what are you doing? Oh, here they go. You know, we get very emotionally tied to these experiences and you know, again, it's just, it's a part of our culture and it's something to understand.

But the real boogiemer, the real boogie men or boogie people are actually often hiding in plain sight. And it isn't an accident that the health of our country is in a very, very scary place. According to the CDC, most recently published data, over 60% of United States citizens, United States adults have at least one chronic disease. Now, that number has skyrocketed in the last couple of decades. In fact, over 40% of our citizens have two or more chronic diseases. Something is awry. To say this is scary is an understatement. And on today's episode, rather than pointing fingers at the the big villains, right, we already know about them.

We've done several masterclasses and head on the most amazing experts to talk about these things. Big food, you know, this ultra processed food paradigm, our sedentary behavior, our lack of sleep. I wanted to share with you again, some of the villains that tend to be hiding in plain sight, very normalized, very sneaky.

And to do that, we've got seven incredible experts that are going to share these insights with you and also what you can do about it to protect yourself and to protect your family. And first up, you're going to hear from former senior toxicologist in the flavor and fragrance chemical industry. She's an insider and she's gonna be telling you. About the truth when it comes to one of the most popular, most used personal care products in the world. First up, you're going to hear this incredible and enlightening segment from Dr. Yvonne Burkhart. Enjoy.

DR. YVONNE BURKART: Well, let's first talk about how deodorant is used and where is used. Of course, it's used in the underarms. It's technically considered a cosmetic product, which is meant to improve or enhance the odor or aroma in this instance. But the issue with deodorant is the location where we apply it. There's several risk factors there. Number one being the fact that it is in an area that is occluded, meaning it's covered up. It's often moist because people tend to sweat there. And the other issue is the proximity to the lymph nodes and the breast tissue. So, especially for women, this comprises more of a sensitive area that we need to be careful with, especially because the ingredients in a lot of conventional deodorants, unfortunately, carry some hefty risks.

SHAWN STEVENSON: So what about this idea of an antiperspirant?

DR. YVONNE BURKART: Right? And antiperspirant is designed to block perspiration to prevent you from sweating in that area and the way that they do this is by using aluminum salts. These are physical blockers of the sweat ducts. And what happens is that over time you begin to sweat less. But this is actually coming at the consequence that you are blocking a detox pathway because sweat is in fact a detox pathway. And it was shown in a series of really elegant studies where they took measurements of environmental contaminants like organophosphate, esters, as well as organic chlorine pesticides, BPA phthalates, a lot of the things that people are becoming more aware about and they detected them in the sweat.

So clearly this is not a pathway that would benefit us long-term to block. But not only that, there was actually a study that found that the longer you use aluminum containing deodorant, you actually create more body odor because it promotes the growth of bacteria that give off odor.

SHAWN STEVENSON: Well, well, well. Look at that. You know, it's so interesting. Again, we're trying to, we're telling the body don't do something that is designed to do right. Stop perspiring, and here's a bunch of chemicals that basically clog you up and seeing some strange side effect or ramification, which even in the activity of bacteria under those circumstances, I would think that it would be pretty abnormal and we could potentially see the risk of infection go up.

DR. YVONNE BURKART: Right, but that's not the worst part about using deodorant. Especially for younger girls, there were actually studies that found an increased risk of breast cancer with the use of underarm deodorants that contain aluminum salts, especially before the age of 30, which is most people. Most people start using deodorant around puberty because we have changes in our hormones, our body chemistry, the odor changes, so a lot of people start using deodorant and antiperspirant, specifically. Deodorant is meant to deodorize. That's just for the smell, whereas the antiperspirant is meant to block. The issue is that most antiperspirants that contain these aluminum salts also contain fragrances, undisclosed fragrances, which are an umbrella term and often code for endocrine disrupting phthalates.

So you're getting aluminum salts, which are estrogenic. They also have carcinogenic properties, and there have been studies showing that aluminum from deodorant accumulates in breast tissue. So not only is there an increase in the amount of aluminum going in, there are now studies showing that there's almost a fourfold increase in the risk of breast cancer if you start using aluminum containing deodorants before the age of birth 30.

SHAWN STEVENSON: Listen, this is one of those things where, again, it's normalized. We don't really think much about it, but it's so logical, like you just mentioned, that pathway, the proximity to the breast tissue and the lymph nodes and seeing rates of breast cancer going

up precipitously in the last few decades. And there's a variety, there's a host of reasons for this, obviously, but this is one of the things that you talk about as well.

It's this entourage effect. It's like this cocktail effect of all these different things. Because a lot of these things, when they are studied, if they're studied, they're often studied in isolation, right? So you got this particular newly invented chemical, right, and it's approved. Maybe it's considered grass by the FDA, but then what it's, what if it's combined with these five other things? These are the situations that aren't tested. And if we're looking at breast cancer risk, getting education about the deodorants that people are using, especially young girls, is so important. Again, this is why I'm so happy to have you here. And with that being said, like one of the brands that jumps out, I remember all the girls with Rock Secret, right?

It's a secret. I'm gonna keep my, I don't smell. I'm a girl. It's a secret. My smells a secret. There's that. There's the Degrees, there's Dove, there's all these different brands. Are there any brands that have safer ingredients?

DR. YVONNE BURKART: Yeah, absolutely. There are a lot of safer deodorants on the market. My personal favorites are ones that use organic ingredients. Food ingredients ideally. So coconut oil, baking soda, aloe root powder, those kind of starches and clays can absorb the moisture and help you to keep that at bay. And you can also have essential oils that can help with the odor, but a lot of it actually can come from the products that we're using already, right?

As I mentioned, the aluminum containing deodorants make you smell worse over time. And so oftentimes when people switch to a more quote unquote natural deodorant or safer option, they complain about the odor, but that's because it's their body trying to normalize and come back to baseline. And so what can help in those instances is an armpit detox with clay. So you trying to pull out the residual aluminum salts that are blocking your sweat ducts, that can help.

SHAWN STEVENSON: So are you talking about like a Aztec clay type of thing?

DR. YVONNE BURKART: Yeah, you can do that. You just mix 'em with water. I've even seen specific armpit detox products.

SHAWN STEVENSON: Hmm.

DR. YVONNE BURKART: So those are, those can also work as well. But I think the key is to stop using the aluminum containing deodorants. And the absolute worst kind that you can use are aerosols because if you just imagine how you are applying these, you use the nozzle and you spray towards the direction of your face. So not only are you applying the deodorant to a really sensitive area, now it's coming towards your airways, which comprises an inhalation risk.

SHAWN STEVENSON: Again, super normalized. You know, we've all, we've all seen it, we've all probably dabbled in that a little bit. But I'm so glad that you mentioned how people, when they try to make that transition to a safer deodorant, and then they're just like, I'm, I can't stand like I'm funky now. You know? And just understanding your body's making that adaptation. And also of course, finding a deodorant. This is a thing, we're all unique and certain things are going to vibe better with your body, but also what's not talked about enough is your body's gonna kick off a lot of unfriendly aromas based on your diet as well. You know, like a lot of stuff is gonna be coming out, putrid type smells if things are like rotten in you, you know?

And just like all of these newly invented food-like products as well, just like the interaction with your bacteria, because that's what it really is at the end of the day. It's the bacteria aspect, right? So the gases and things like that are this party basically that takes place with certain bacteria. You know, they're metabolizing things and they're kicking off their own aromas. And whether this is, you know, again, being more mindful of a cleaner diet, but also understand we do have products that we have access to.

And you just did a great video, which everybody, if you're not already following Dr. Burkhardt on Instagram, do yourself a favor, make sure you're following her. You just did a great video on a Trader Joe's deodorant. Right? Because it's just like they're getting a lot of marketing

about it. They've got this great new clean framed as a clean deodorant, and you did a great analysis of it. Can you share a little bit about what you found?

DR. YVONNE BURKART: Yeah, so I get a lot of requests to review products and Trader Joe's is a very popular place for a lot of people, and the deodorant is extremely affordable. It's less than \$5. It comes in a paper tube. There are a lot of positives about it. The majority of the ingredients are very clean. They're even edible. Coconut oil, arrow root powder, things like that. Those are great. The issue comes down when you read the ingredients list, you get to an ingredient called ozokerite wax. This sounds pretty innocuous, but it actually is a petroleum byproduct, and the issue with petroleum byproducts is the naturally occurring polycyclic aromatic hydrocarbons, which are carcinogens.

They're naturally occurring within the earth. They're just byproducts of the process of combustion and the breakdown of fossil fuels and things like that. Over the years, it just is naturally occurring. So there are several risk factors with using petroleum byproducts in your underarms. One of them being you are potentially delivering these carcinogens to an area that you already want to keep as clean as possible. Because all of the factors that we talked about, like the fact that it's moist, it's warm, it's covered up, those actually increase chemical penetration and absorption into the bloodstream, which is what a lot of people don't realize. And if you shave your underarms, that's also potentially removing the outer layer of skin, which is actually protective.

SHAWN STEVENSON: Mm. That part. So you're gonna be even potentially absorbing even more stuff. Now, I love that you mentioned this, this product is way better than you might find in the so-called secret or degree or something like that. And so it's great that companies are making attempts to do better. And we have people like yourself to just hold them accountable like, okay, this is great. And we've got these other issues to be mindful of. And also it is helping to reduce our overall toxic load when we make a switch like that to the Trader Joe's, for example. And so it's like, for me, it's not to try to do everything perfectly, but when we can make cleaner choices and reduce that overall kind of entourage effect, I think would do a little bit better.

DR. YVONNE BURKART: Absolutely. So a Trader Joe's deodorant is not a bad choice whatsoever. It's. Significant improvement over what you mentioned, but can we do better? Yes. If you can do better, then try your best. If you can't, then that's still not a bad choice.

SHAWN STEVENSON: Alright. I hope that you enjoyed that first segment. We've got some incredible things in store for you still to come and keep in mind, again, when it comes to this paradigm with conventional deodorants, this is not saying that you gotta be out here stank. All right? It's not about that. It's just about getting educated that this product that we've been accepting as normal and okay to utilize is actually riddled with very toxic and damaging chemicals that are known. She cited several pieces of data, study after study contributing to autoimmune issues, cancer.

And again, it's just, it's one of those things where the level of exposure, the more. We're utilizing these things, it's just kind of building up in our system and this overall toxic load. And it's not just the one chemical, it's the combination of them that come in the form of these conventional deodorants. So my advocacy for you is to experiment. Try out some different deodorants that have few to none of these toxic ingredients. Now sometimes you gotta have a little something and maybe if you're doing like all this other clean beauty stuff and you got a couple of maybe sketchy chemicals in your deodorant, it's all right.

This is not about being perfect and doing everything quote right is just about being aware and doing better. And so finding something that resonates with your body, your unique chemistry, your unique pH, and also us changing our mindset about. This natural human experience of sweating, right? The concept of a antiperspirant anti sweating is kind of crazy. But then again, we also don't want to just be, you know, blowing through our silk shirts. Now, first of all, why you wearing the silk shirt? Are you genuine? It's all good. Of course, if you wanna rock the silk or the faux silk, whatever it might be, it's all good. We wanna wear our favorite outfit. So maybe again, like in those instances when you got on a certain type of outfit and you don't want to be sweating, you know, then you do the anti per sprint again.

So it's just about education. Finding a way to do what's right for you and to keep this moving. Another step in this special episode dedicated to seven scary things for you to avoid. We're

gonna move on to this incredible researcher, Dr. Ray Dorsey, who's a professor of neurology at the University of Rochester, and the director of the Center for Brain and Environment at Atria Health and Research Institute. And he's also a world leading expert in Parkinson's disease and treatment. This guy is too smart. He's too smart, he knows a thing, or 20, and I was shocked when he shared this bit of information with me about one of the biggest culprits when it comes to increasing your risk of Parkinson's Disease, and it has to do with how we're cleaning our clothes. So let's dive into this next segment. With the incredible Dr. Ray Dorsey.

DR. RAY DORSEY: One of the most common genetic cause of Parkinson's is called a mutation in a gene called Lark two. It produces the dry cleaning chemical trichloroethylene mimics produces the same biological effect as the genetic cause. They both increase the activity of a protein, it's called L two. And so the genetic cause increases the activity of this protein and this chemical increases the activity of this protein.

SHAWN STEVENSON: So you're saying that dry cleaning chemicals, certain dry cleaning chemicals are implicated in higher incidents of Parkinson's?

DR. RAY DORSEY: Yeah. You want me to show you the chemical? So this is one of the dry cleaning chemicals. It's trichloroethylene, it's made up of a whopping six atoms, right? Two carbons in black, one hydrogen in white, three chlorine atoms in blue, hence its name trichloroethylene. It's got a cousin that's commonly used in dry clean today. It's called perchloroethylene. It's got one additional chlorine atom instead of hydrogen atom. And these chemicals in a small twin study were associated with a 500% increased risk of Parkinson's.

500% increased risk of Parkinson's disease. One small study in Denmark looked at the rates of Parkinson's among female dry cleaning workers. They looked at different workers. Were trying to figure out which occupations are linked to Parkinson's disease's. The occupation that the highest risk of Parkinson's was female. Dry cleaning workers 15 times increased risk of developing partner 15 times, not 15%, 1500%, 1400% increased risk of it. Now it's a small study, you know, really small. If you expose laboratory animals to this, it damages the energy producing parts of nerve cells and it damages the dopamine producing nerve cells that are lost in Parkinson's disease.

This chemical some people have heard about the marine Base Camp Lejeune in North Carolina. Maybe if you see these commercials. So it turned out that the marine base at Camp Lejeune was contaminated with this chemical from a dry cleaner on the base called ABC dry cleaners. You can't make this stuff up. ABC Dry cleaners inappropriately disposal of a trichlorethylene. It gets into the water supply at the marine base in North Carolina. So to Marines are usually trained at either camp Lejeune in North Carolina or Camp Pendleton in California. And for from 1953 to 1987, the Marines were drinking water that was contaminated with this chemical.

And for the latter years, the Marines knew about it. And this chemical is known to cause cancer. That's the opinion of the World Health Organization, the Environmental Protection Agency, the Department of Health and Human Services, and it increases the risk of Parkinson's disease. They looked at the rates of Parkinson's among Marines who served at Camp Lejeune versus Marines who served at Camp Pendleton. So the Marines, by and large, are healthy. They're young on average ages 20, and they're out of marine base only for 25 months on average. Yet 35 years later, the Marines at Camp Lejeune had a 70% increased risk in developing Parkinson's disease.

SHAWN STEVENSON: Oh my gosh, man. Oh, that's, this is heartbreaking. And first of all, you're a man after my own heart pulling out a molecule model right out of his pocket. That was awesome. And just to really give this some substance because. When I think about, you know, dry cleaning, like this is just such a normal part of our everyday lives, and it doesn't appear to be anything nefarious about, it's just a service that's available. But it's invisible. It's one of those things that we don't really think about.

What are they using to clean the clothes? Like what is a part of this whole process and you're kind of exposing this and sharing like. We need, we need to do something different because this is harming our health.

DR. RAY DORSEY: Yeah. And so how does Parkinson becomes the world's fastest growing brain disease? Well, you get chemicals like this that are everywhere. So in 1970, 500 million pounds, two pounds per American produced of this nine, you would find this in typewriter

correction fluid. It was used to decaffeinate coffee. So if you drink decaffeinated coffee in the 1970s, you may have been drinking this. This was used as an anesthetic agent for pregnant women to relieve pain.

There's actually one study, so people ask me, well, what about. The pregnant women, there's actually one study that suggested anesthesiologists have a higher risk of a Parkinson's disease, and then it's inappropriately disposed of, so it gets into the groundwater. Up to 30% of groundwater in the United States is contaminated with this chemical. It's contaminated groundwater, at least I think, on five different continents. And then like radon, I dunno if, you know, radon evaporates from the soil and enters your home and can cause lung cancer, it turns out trichlorethylene is very volatile. It rarely evaporates, hence its use in dry cleaning and it can evaporate from underlying groundwater, and soil and enter people's homes, workplaces, and schools completely undetected.

So it's not like a forever chemical, but it it slowly breaks down. It can hang out for years. So this aerospace industry shut down in the eight 1980s or 1990s, and yet in 2018, they're finding unsafe levels 30, 40 years in people's homes. It begs the question, what's been going on for the decades? Right when the concentrations were even higher. And again, it's known to cause cancer. So you know, we know cancer rates in the United States are going for people under 50. It's going up. Diseases have reasons they don't just happen. They have reasons. And the reasons that why people are getting cancer, I think, is trichlorethylene. I think one of the reasons that Parkinson's is one of the world's fastest growing brain diseases is trichlorethylene and perchloroethylene.

SHAWN STEVENSON: All right. I hope that you enjoyed that segment with the incredible Dr. Ray Dorsey. Next up, we're gonna be looking at something that is especially applicable for our kids. This is something that, of course, adults utilize as well. But this is something that is very marketed towards children and it has to do with conventional cough syrup. Now you probably know some of the things that really jump out as a place of concern. As a matter of fact, a lot of pharmacies, you know, keep cough syrups locked up now because it's utilized to get high basically.

You know, it's used as a psychoactive substance. And again, this is something that we are giving to our children that people are utilizing and abusing. And so, yeah, that's a big headline and kind of well known in our culture as a place of concern. But for most people it's like, so what do I do about it though? Because we still want to use the cough syrup, and even if it doesn't have a psychoactive ingredient like that, what about the active ingredient in cough syrup and all these other newly invented chemicals like. Is that necessary? And what is it doing to our health? And so next up you're going to hear from consumer health advocate, researcher, and founder of a Premier Wellness brand. She's been featured in Forbes 30 under 30, and she's been recognized as one of Inc. Magazine's female founders. This next segment is with incredible Carly Kremer. Enjoy.

CARLY KREMER: Conventional cough syrups are a complete bust. There have been study after study showing that honey is just as effective as over the counter cough syrups. The active ingredient in Robitussin, most of these cough syrups is an ingredient called dextromethorphan. And there was a study done looking at upper pediatric respiratory infections comparing honey to dextromethorphan just as effective with the honey. And then subsequent studies have followed after seeing that was a pretty large scale study. And so we have enough evidence now, there is no need to take cough syrup. You don't, you don't need to. So if you're buying cough syrup, choose a honey based one. Obviously, you know, we make a cough syrup, but anything that's kind of honey based. That that's gonna do the trick so much more than these conventional chemicals and some other ingredients to kinda look out for when purchasing cough syrup.

Starting with a honey based one other call out just for people to buy the right things and empower people to make the right decisions when it has honey in it. Sometimes it says proprietary blend. That's okay, as long as they're disclosing what's in the proprietary blend. On my product it says proprietary blend, and then there's a bracket and it says Buckwheat honey, wildflower honey. It's a blend of some different types of honeys. Some companies will say proprietary blend and it's like a little bit of honey and some corn syrup or a little bit of honey and some agave. So if it doesn't say it on the bottle, reach out to the company, check the website. You wanna make sure it's honey, not a proprietary blend of, you know, specifically agave or corn syrup.

Those are like kind of the things you wanna avoid. So honey, base number one, and then you wanna get some propolis in there. Propolis is the ultimate tool to supercharge your immune health. So you wanna look for things with propolis in the ingredient. Propolis is really amazing at prevention, but it's also really great for combating scratchy throat, cough, all of the stuff, you know, supporting your overall immune health, boosting the immune system so you can, if you're exposed to recover faster. But propolis is like, if you think about how propolis works in the hive, if I can take a step back and talk about the bees for a second. So propolis is like the sealant of the hive. It's a combination of plant resins. So think of SAP with those immuno properties from the plant and the B enzymes, they mix it together and they coat the entire hive in propolis and it protects the hive from pathogens, bacteria, viruses, stressors.

It seals everything up and it does the same thing for human health. It's like a sealant. It protects us from stressors of the outer world, whether it's viral or just oxidative stress coming from inside our body, or you know, radiation, whatever it may be. So it's a really great tool. So you wanna look for that in your cough syrup. And then other non B products that I love for cough syrups that actually have studies and science behind them. And you know, in the name of us getting away from the dextromethorphans and these like synthetic ingredient things that we don't actually need. Not rocket science, but vitamin C, vitamin D, amazing for immune health.

And then I really like elderberry, some really cool studies looking at elderberry for flu. So I just don't think people need to use the cough syrups. And it's so funny, I actually saw it the other day. Robitussin is like marketing their new honey Robitussin. And then I look at the ingredients and of course it's a drug fact panel, so it doesn't tell you what's in it. But I sent it to our lab and I was like, cool, cool, cool. There's some pasteurized sugar, a little flavoring. So you do, you can skip the cough syrups everyone.

SHAWN STEVENSON: They're doing the health washing.

CARLY KREMER: Yeah, right.

SHAWN STEVENSON: They know that honey has all of this, all of this peer-reviewed data and health implications. And in particular in this cough suppressant format. And so like we'll put a little honey in here or maybe sorta honey.

CARLY KREMER: Yeah. Yeah.

SHAWN STEVENSON: Now just really quickly, and I've mentioned this study before, but looking specifically at viral lung infections, and this was. In the peer-reviewed journal, antiviral chemistry and chemotherapy, looking at propolis, significant antiviral effects specifically in reducing viral lung infections. And there are study after study after study affirming this. And I went, because you know, having you here, I went and looked this up. 'cause I knew, of course we gotta talk about cough syrup and looked at the ingredients for NyQuil. All right.

CARLY KREMER: It's hard to find. It's hard to find the ingredients.

SHAWN STEVENSON: Right. Make it hard to find. And on in the age of the internet, like it took, I had to like do a couple of, it wasn't easy to find. So of course you mentioned the active ingredients, some of the non-active ingredients, which are active ingredients. F, D and C. Blue number one, F, D, and C, red number 40 flavor. High fructose corn syrup, propylene glycol, saccharin, sodium. These are just some of the other ingredients that are just not necessary in a cough syrup.

CARLY KREMER: And don't do anything for our health. They're, some of them are hurtful. It's not what you want. That's an important thing. So drug fact panels, if it has a drug fact panel, it's not inherently bad, but people think with a drug fact panel, it means no sugar, no calories, no anything. Drug fact panel, legally, if you put a certain drug in there, even if it's like a really mild thing like pectin, you don't have to disclose that information. So if something has a drug fact panel you have to email the company. You have to find out what's in there 'cause you don't know.

SHAWN STEVENSON: Alright, I hope that you enjoyed that segment with Carly Kremer. And by the way, that study that she referenced in regards to honey versus dextromethorphan versus no treatment

That study was a randomized controlled trial published in the Journal Archives of Pediatrics and Adolescent Medicine. And in this study it was a single dose of high quality honey versus honey flavored dextromethorphan versus no treatment and this was administered for participants 30 minutes prior to bedtime. Now, here's what the study actually found. I'm gonna give you some more of the details. The study found after compiling all the data, "significant differences in symptom improvement were detected between treatment groups with honey consistently scoring the best. Impaired comparisons, honey was significantly superior to no treatment for cough frequency, but dextromethorphan was not better than no treatment for any outcome. The ingredient that's supposed to be this glorified cough suppressant in conventional medication and conventional cough syrups doesn't even work better than nothing.

This is insane. This is insane. The comparison should stop there, but it's also asking why do they see any benefit? Because comparing honey with dextromethorphan, you know, we saw that both of them got some potential benefit when compared to each other, but honey was better. What's going on here? There's gotta be a placebo effect to be able to take something, right? It has that honey flavor. We know that it's medicine that speaks to the power of our mind, but also, we don't wanna just be based on the power of our mind. We want to be based on practicality, but do not negate the power of the mind, which we'll get to shortly. But just keeping this in context, this is why there's this big shift, as she mentioned, like you got these other cough syrup brands like throwing out there.

Here's their honey base formula. They're trying to get onto the honey train. They're trying to get onto that sweet train, that buzz train. But they're so far behind the ball in their ethics, we need to say no. All right? Avoid. Avoid. When you see that conventional honey at the medicine counter skedaddle. Get outta there. For our intents and purposes, what do we keep on hand in our cabinets, especially during this time of year for ourselves and our families? Beekeepers Naturals. Carly's incredible company is so far and away superior. It's the number one cough air brand online. Now it's of course it's at all of these national outlets, but the cool thing is you get 20% off when you order it from [beekeepers naturals.com/model](https://www.beekeepersnaturals.com/model).

Alright, go to [beekeepers naturals.com/model](https://beekeepersnaturals.com/model). That's B-E-E-K-E-E-P-E-R-S [naturals.com/model](https://beekeepersnaturals.com/model). You're gonna get 20% off. They're phenomenal cough syrups. They're propolis immune spray, something that I keep on hand all the time. I travel with it as well. They're superfruit honey. So many other amazing things, and they're dedicated to regenerative beekeeping. And just their level of testing third party, they just check all the boxes to make sure that you have the best products possible. So definitely check them out. [Beekeepersnaturals.com/model](https://beekeepersnaturals.com/model) four 20% off.

And now moving on in these seven scary things to avoid. We want to address the mind because unfortunately, in conventional medicine, the mind and body have been separated, but that is, it's a farce. It's not real. You can't separate the two in particular when it comes to treatment, when it comes to medicine, when it comes to healing of the human body. Alright? Our mind is incredibly powerful and affects our complete biology instantaneously. Our minds, our thoughts create chemistry in our bodies. Every single microsecond of every day.

The chemistry that's going on, that every one of your trillions of cells is being exposed to is based on our thinking, and there's nobody better to share a powerful insight about something to avoid when it comes to having a healthy system in regards to this mind body connection than a true pioneer epigenetics. Cell biologist and the author of the mega hit bestselling book, the Biology of Belief, Dr. Bruce Lipton. And in this next segment he's gonna be sharing why we need to be very cautious and even again, we might wanna skedaddle when we're exposed to network news and other programming, quote programming with constant messages of fear. Alright? It's good to be aware of things, but we do not want to be inundated, and we've got to make sure that we are standing guard at the door of our minds. All right, so enjoy this next segment with the one and only Dr. Bruce Lipton.

DR. BRUCE LIPTON: Well, let's come down to a fact of science so we get this clear. Less than 1%, less than 1% of diseases connected to genes. So I say, where the hell is all the disease coming from? And it goes, it's coming from stress. And I say, what stress? Now this is really important because stress is anything that gets in the way of your destination. I want to have this, I want to go there, or whatever. And then something gets in the way that, you know, provokes stress. And I go, so why is it relevant? Because stress is the cause of disease of 90%

of the people. And I say, why is that relevant? Again, that's not genetic, that's a perception. I am stressed because I believe I'm stressed and therefore my cells are going to respond to my stress.

Whether it's real or not. The cells can't see it. They only are based on what I believe. So stress interferes with the immune system. You know, let's do stress right now because the whole world's in a stress situation. So lemme give you the three fundamental things that happen when you're in stress. Why do we recognize stress for? And I go, because we're being threatened. That's what stress means. Something's threatening you. Let's go back, you know, thousands of years. And I say, what was the stress? I say, saber-tooth tiger. I go, oh, okay. I say, well, what happens when the saber-tooth tiger is chasing you?

I say, you gotta run like hell. I say, well, what organs in your body do you use to deal with stress? I go, arms and legs escape. So I say, now, here comes the next point. If I'm gonna need those organs to escape from the tiger, then here's the most important thing. I need to give them energy. Because without energy, the muscles aren't gonna work. So I say, what provides energy? I say blood. So I go, oh, why is it relevant now. Here comes when I perceive a stress, stress hormones function is to provide as much blood to my arms and legs as I can get. 'cause I need all of that energy to run away from the tiger. So I say, well, where's it getting the blood from?

I say, well, the heart's pumping the blood. Yeah, but it pumping it all over the body. So I say, well, when the blood is in my gut. What is the function of the organs, lungs, you know, gut, all those organs in there. I say maintenance of the body, health of the body, fixing the body and all that. And I say, well, if you're running away from a saber tooth tiger, do you think it's good to invest in taking care of your body at this point? I go, what a waste of time. If the tiger catches you the hell with a body, it's not gonna exist anyway. So here's number one, when stress is perceived, stress hormones released into the body cause the blood vessels in the gut to squeeze shut. I go, why? Because when they squeeze shut, the blood is pushed to the outside arms and legs.

Okay? So I say, yeah, but net consequence. You shut down the blood vessels in the gut and you shut down the maintenance and health of the body. I say, yeah, but for how long? How long does it take to get away from that tiger? 10 minutes, 15 minutes, you're away from the tiger. Stress is gone. Everything's back in condition again. People can experience this. When you get that stress moment, it's like, but they call it butterflies in the stomach. They feel it like a queasy. I say, what's the queasy? It's the blood vessels squeezing shut. You can feel 'em. It's like fluttering. Okay, so number one, stress shuts down blood flow to the gut because it's gonna make sure the blood goes preferentially to the arms and legs.

Number two, and this is critical now, the immune system uses tremendous amount of energy. Most people when they get really sick, don't even have the energy to get out of bed. So I say, well, let's say I have a bacterial infection and a saber tooth. Tiger is chasing me. How should I split my energy? Again, the hell with a bacterial infection. If the tiger, you know, the saber tooth tiger catches you, the infection doesn't mean anything anymore. It get, it's the Tiger's problem. So I go, okay, so what does it mean? Fact. Stress hormones shut off the immune system to conserve energy to run away from the tiger. Okay? And I go, wow. So stress hormones, shut it down.

I go so much. So listen, medical doctors use stress hormones therapeutically, meaning. If they want to transplant an organ from person A into person B, and you put that organ in the foreign organ into the recipient, the immune system of the recipient's gonna say, that's foreign, and try and destroy it. And I say, well, what good is the operation if I just take the organ and put it into somebody else? And the immune system messes with it. And I go, this is why medical doctors give patients, they're gonna receive a transplant. They give them stress hormones because when they give them the stress hormones and then do the transplant, the recipient's immune system is not gonna be working and it'll sustain the transplant.

How effective of shutting off the immune system it's used therapeutically to shut off the immune system. Okay, so that's number two. We compromise growth and health. We shut down the immune system. I call the third consequence, adding insult to injury. And I go, what do you mean? Well, the brain has in the forebrain, this is conscious part of the brain and in the conscious part of the brain that's creative. Okay? And I go, that's great. And I say, what

about the hind brain? I go, ah, the hind brain is reflex reaction. And I go, if you're being chased by a saber tooth tiger, do you want to have consciousness running the show? Or do you want to just have reflex reaction carry you away? And the answer is, consciousness too slow.

I always say, oh, you're in a car spin. It just starts to get outta control. I say, if you stay in the conscious mind when that car's going outta control, here's my model. Oh, all you're gonna do is get, you're gonna just get lost. I say the moment the car goes outta control, guess what? Stress hormone shut off that immune system. Push it the blood. When I squeeze the blood vessels in the forebrain, it pushes the blood to the hind brain where reflexes are gonna work. I say what? I go, we become less intelligent. When we're under stress because consciousness is too slow and when you're running. So I go, so what's the issue?

Historically, the stress response was to be used for a short period of time, 10 minutes, 15 minutes, you escape the tiger. No more stress. And I go, and what about today? I go, oh, I got a little problem here, 24 7, 365, stress. The system was not designed for that. And this excess stress is responsible for up to 90% of disease on this planet, not genes, genes less than 1%. And all of a sudden I say, why is this important? Because if you tell somebody genes caused that, then that gives them, oh, I'm not responsible. The genes did it. I go, no, because if you feel you're not responsible, you shut off your control. And that's the point. I am in control.

SHAWN STEVENSON: Man, this is so powerful. What really struck me the most was when you said we become less intelligent when we're under stress. And I think this is one of the most well seen things right now with people in fighting. There's a big lack of intelligence and even empathy and compassion. And these higher order things are gonna get put on the back burner.

DR. BRUCE LIPTON: Yeah. Lemme give you an example about the difference between growth and protection. 'cause that's what it comes down to. A stimulus provokes us to do something. If it's a good stimulus, you move to it like love food, something you want, that's a stimulus. We move to that stimulus, and then I say, but when you move to it, you go open armed. Why? I want to take it in. If it's love I don't wanna close myself down. I wanna assimilate it. If it's food, I gotta open myself up, take it in. So growth means you go to the stimulus open. Okay,

but what if the stimulus is negative, a threat of any kind? I go, oh, I don't go to the stimulus. I go away from the stimulus.

Do I go away? My arms open. I go, no, you close yourself down because of protection. So I say, so what's the difference? Growth. Go to a stimulus. Arms open. Protection. Go away from the stimulus. Arms closed. I say, why is it relevant? And here's a simple conclusion. You can't move forwards and backwards at the same time. You can't be open and closed at the same time. So basically it says if you're in a stress mode, you've shut your system down and growth shut down. And you know that's okay for a very short period, but if it's chronic, you've killed yourself essentially. And I say, so why is it relevant? I go, look at today's world.

Every time you turn on divvy, be afraid. Be very afraid. Go hide in your house. And I go, wow, that's as scary as hell. I say, why is it oven? I am getting stress hormones dripping into my system. Every time I watch that damn tv, I'm getting stress hormones. When I read a paper, go and surf the internet. And I go, and what is that doing for you? And I say, it is compromising your health. I go, oh. I say that's where disease comes from, not from the genes, but you shut yourself down. And then as I said, you become less intelligent than what do you do? Defer to the boss. Who's the one that's gonna protect me? Whatever they say I'm gonna do, why I'm not thinking I'm just gonna do what they say.

'cause they know I don't know. I go, oh my God, have we just screwed the world big time? I go, why? Because the planet is on 24 7 stress. Quantum physics is the most valid science on this planet, the one that's been tested the most, and verified to be more truthful than any other science. And I go, so what? Because what's the first principle of quantum physics? The mind is the creator of our life experiences, and it says, your consciousness is creating your life. I go, why is that relevant? Because if you change your consciousness, you can change your life. It's like you don't have to wait for life to change from the outside. It's you on the inside. And so we have been systematically disempowered. You have been manipulated by a belief system, and then belief controls, genetics and belief controls your biology. And if you start with a negative belief, you only end up with a negative biology. It's the only way it happens.

SHAWN STEVENSON: I hope that you enjoyed that segment with the amazing Dr. Bruce Lipton, who's definitely one of my greatest mentors and one of the most special moments here on the Model Health Show. To be able to connect with Dr. Lipton, and we've had multiple conversations over the years and just incredibly valuable. He changed my life long before I had the opportunity to speak with him and to work with him, and it's just such a blessing.

And so moving on, on our list of these seven scary things to avoid. Next up you're going to hear from the world's leading biological dentist and someone who served as the vice President of the International Society for Metal Free Implantology. And you're about to find out when it comes to general root canals and metal implants, you might wanna bustle left or bustle right and hightail it out of there. All right, so we're gonna find out what's going on. This very common practice for decades now, what the science really say and what you should be thinking about and doing instead. So enjoy this next segment with the incredible Dr. Dominic Nischwitz.

DR. DOMINIK NISCHWITZ: Yeah, so a root canal is a classical conventional dentistry treatment, and you need it as an acute pain treatment. So the tooth has, in the middle of the tooth, there's the life part, which is called the pulp. There's blood supply, a lymph supply, the autonomic nervous system, and if you had a tooth decay that goes till that nerve you had, you have the massive pain. It's neuralgia pain because it's directly into your brain. So we have to help you then as a dentist, and that's by doing a root canal. Basically what it does is taking out the vital parts of the tooth, filling it up, and keeping the tooth as a dead shell for biting, which works. It's not a question about it. You can bite on that tooth for 20 years, 30 years, 40 years even.

But it's a dead organ now and. I say, it's never been a good idea to leave something dead in your body or that tissue in your body, and no other medical department would ever allow it. Like if you had a gangrenous foot being a diabetic, they'll cut it off. If you have anything that is decomposing, you know that it spreads throughout a body within a minute and it can be septic. So as a bio dentist, we see it a bit more critical because our focus is not just biting on the tooth, but how can we help patients' overall health? And this is, and root canals are one of

the three health killers that I'm always talking about, because maybe oftentimes become a chronic silent inflammation.

Maybe you know, that chronic inflammation is stress and number one is trigger for all the chronic health issues, and we're living in a pandemic of chronic health issues. So in this case, we just look at it a little bit more open-minded and see, okay, maybe. You are already optimizing everything. Like especially in our realm where we're talking about we have the nutrition on point, we have our sleep is tracked, we go out in nature, we do everything, but we're still not feeling superhuman. Then maybe this is the splinter holding you back because it's an ongoing stressor in your autonomic nervous system causing chronic inflammation and therefore we see it differently. But this is still the one, like the, the, the one thing that you get attacked most from your dental colleagues because that's not what you taught in university for biting.

It works no doubt about it. It's a fine art for dentists out there, but maybe your patient's suffering from it and you don't even know because it doesn't hurt here usually.

SHAWN STEVENSON: Yeah. Wow. Oh my gosh. So obviously this is something that is incredibly common, you know, having this procedure done, and what I'm hearing is this is more. Or less a kind of a bandaid treatment for, it's like an acute thing. Somebody wants to get out of pain, they're dealing with whatever, fill in the blank. But we're not really addressing the root pun intended, the root issue here, and just jumping right to that. Without proper lifestyle change, without proper prep preparation, without proper post recovery, I would imagine it's gonna lead to a lot of damage.

And here's the thing I want to share with you. Sitting right in this chair, we had somebody who's arguably the leading expert in the world in the treatment for dementia and Alzheimer's. And he has several now published peer-reviewed trials, major scientific journals on reversing patients with mild to moderate Alzheimer's and dementia. And he shared of these really kind of primary risk factors. One of them was issues with their teeth dentition and inflammation coming from the mouth, contributing to brain dysfunction.

DR. DOMINIK NISCHWITZ: Yeah. Completely correct. Who is it?

SHAWN STEVENSON: Dr. Dale Bredesen.

DR. DOMINIK NISCHWITZ: Yeah, of course. I think, yeah, Dr. Dale Bredesen. I actually read his book. Yeah. So the real good integrative medical doctors, they understand that oral health is a huge contributor, especially the dental repair root canals. Also, the metals in the mouth can become a huge problem. And these so-called cavitations, which is chronic silent inflammation in the jawbone is all connected. I mean we are working in your brain, like this is an, it is really an extension. Not if you have an inflammation on your arm, you see it, but your arm is not so important for your body. It's just a limp. But this is central nervous system. So whatever happens there, it's usually, it's, the problem is chronic, therefore you have no pain because the root canal brings you out of pain.

And this is where the cascade starts. And yeah, it can lead to all, to various sorts of symptoms. You could tell me any, anything, any symptom. There's always gonna be a connection. Not definitely a hundred percent correl, causation, no, but correlation always. So you have to have this as foundational work in a optimal health journey. Definitely. Right at the start, you have to know how to diagnose someone's mouth, not just by the normal dental stuff, which is tooth decay, the bleeding gums, and the periodontitis. But you have to look into dental repair from metals, root canals, and these removed teeth.

Those are actually the three questions that I usually ask on any keynote that I'm giving, especially for example, on health optimization summit, when I think these people are already like optimizing everything I ask specifically, any metals in the mouth stand up, remain standing, and then I ask the root canal question still stand. And then have you had your wisdom teeth removed? And if I ask this question, 90% of the audience stands. Like also when I gave this speech to dentists, it doesn't even matter. They all stand. So I know instantly there's something to optimize to make you even more superhuman or back to health because that's the part you cannot biohack is there's so unnatural it has been done by a dentist to help you in the first place, but that's not how you came out of your mom.

SHAWN STEVENSON: Right, right . We weren't deficient in a silver filling, you know? Exactly. So now with this being said, right, I'm gonna ask you about something that, again, a lot of people have right now. And and on the track that many people are on, they're going to be faced with this in the future. And that is fillings.

DR. DOMINIK NISCHWITZ: Yeah.

SHAWN STEVENSON: All right. So I want to ask you about fillings. You mentioned no metals in the mouth several times. So let's talk a little bit about that.

DR. DOMINIK NISCHWITZ: So metals are used in conventional dentistry. That's completely normal. For the, let's say for the last hundred years, various different metals and none of these metals that we're using are part of the human body. They're just completely foreign. Could be nickel, it could be mercury filling. So the silver black, if you have a silver black filling in your mouth, that was marketed as a silver filling 400 years, that is called an mercury amalgam filling. It contains 50% mercury. And we know that mercury is the most toxic, non-radioactive element known to men and.

This made me think like right at the start, I cannot place this in the mouth of patients. Not possible. But you still have it because it's subsidized by the insurance. It is, to be fair, it is a simple to use, very cheap working material. So you just basically put it in and it lasts forever, but it also comes with a lot of side effects. So, but then also other people have gold crowns. And maybe in the nineties, gold crowns were not a problem because your immune systems weren't as stressed out as these days. With all the EMFs. We also use titanium for the, if you have loss of tooth, then you need an implant. We use the gold standard is still titanium implants, even though personally I'm a specialist in ceramic and blends for more than a decade, still not there yet.

So various different things. And then even palladium nick, like anything like that's usually a lo and we don't want to have anything that disrupts the immune system. So all these metals come with three challenges. The Mercury one is just super toxic. So toxicity is one challenge. It just puts your body in. Let's say your liver or your detoxification system has a higher burden

for it on a daily basis. Then there's the immune system. Your immune system can basically come become allergic to every single metal in your body because it's just a foreign body part. And then number three is, and this is in the medical world, is still a little bit woo woo, unfortunately any metal in your mouth will become an antenna.

In this loaded world we're living in 3G, 4G, 5G, it's loaded. We don't have a chance without, so if you have now metals in your mouth, they will interfere with your cell phones and anything. And this can cause electro hypersensitivity can cause again, a myriad of problems or putting you out in fight and flight mode all day long. And you cannot get out of it. Some people can even hear radio stations and fine tune in because of these metals there. So it's really not woowoo even though it's not what you learn in university. So it's these three challenges. Immune system, detoxification and antenna.

SHAWN STEVENSON: Alright, we're getting close to the finish line here in this very special episode dedicated to seven scary things that you need to avoid. And next up you're gonna be hearing from a medical doctor who specializes in internal medicine and toxicology. Quite a combination. And she's gonna be sharing some insights. About this very strange and very influential impact that plastic and our food have when they are exposed to each other and the impact that it's having on our biology. So enjoy this next segment from the incredible Dr. Vivian Chen.

DR. VIVIAN CHEN: Most people think that plastic cutting boards are better because they're advertised as antimicrobial, and you can put it in the dishwasher, but that's probably one of the worst things you can do because when it's advertised as antimicrobial, it's often coated with something called microban. So that's a solution of antimicrobials that can contain endocrine disruptors like BPA, Zirconium, corium products. Then secondly, studies have shown if you put plastic into a dishwasher, you are increasing the likelihood of leaching, of microplastic into your food. So you are increasing the ingestion of microplastic when you are putting the food on that plastic cutting board and cutting it.

And thirdly, a study just published last year showed that if you are using a plastic cutting board, you can be ingesting anywhere up to 50 grams of microplastic per year. So that's

about 12 credit cards worth of plastic up to that. So it depends on what type of cutting boards, what you're doing with your boards, what you're cutting. That all kind of contributes to how much ingestion. But you know, that's a pretty crazy amount.

SHAWN STEVENSON: Holy moly. Alright, so the alternative for the plastic cutting boards, which again, it's very just kind of integrate into our culture, what should we be using?

DR. VIVIAN CHEN: So studies have shown that wooden cutting board is actually more anti-microbial just naturally compared to plastic. So you don't need to be coating it with Microban or anything, just wood, straightforward wood is naturally anti-microbial. And what I suggest people do, because the first question people ask me is, well, I cut meat on my cutting board, like how do I disinfect it? Keep aboard for me and one for your veggies and fruits.

And I would suggest wooden for both. But if you really don't like the idea of wood and you must use a plastic, then don't put it in a dishwasher. Hand wash it. And don't cut so hard. So in this study, they showed that if you're cutting carrots on the plastic board, you are generating more microplastic. And that makes sense because if you're cutting something really hard, you are making deeper cuts, right? Yeah. Like if you hold up a plastic cutting board, you see all the scratch marks. That's all the microplastic that's now in you, in your stomach.

SHAWN STEVENSON: We think if we're not seeing like a bunch of shredded pieces of plastic that's not there, you know, but in reality when we're cutting into that, that cutting board, that plastic cutting board, it's absolutely getting into our feet.

DR. VIVIAN CHEN: Yeah. So it's the nanoplastics that you can't even see that's 1,001 thousandth of a millimeter. You can't see that. You can maybe see the microplastics that's, you know, less than five millimeters. But most of it you are just not seeing.

SHAWN STEVENSON: So again, you know, this is about being informed and next time you buy a cutting board, get yourself a wooden cutting board, you know? Just phase, I'm a big fan of phasing out because we still have like a larger plastic cutting board and a small one, but we also have multiple wood ones too, you know.

Minus the, her favorite one that got broke. Oh. Because it was like a little one that she cuts like fruit onto my son.

DR. VIVIAN CHEN: Well, I'm very attached to my cutting board, so I know how she feels.

SHAWN STEVENSON: Yeah. All right. Let's talk about another very common kitchen favorite and just leaning more into these plastics is plastic storage wear. So I saw recently there's some data that came out about microwaving our food in these plastic containers and how much microplastics was getting into our food.

DR. VIVIAN CHEN: Yeah. Pretty mind blowing how much is released during microwaving because you'll see on the bottom of these plastic balls or boxes, it says microwave safe. But what it means that it just won't melt in a microwave. But in that particular study you are referring to, they showed that per cubic centimeter, the boxes releasing hundreds of, no, sorry, millions of microplastic and billions of nanoplastics per cubic centimeter. So how big is your box? Usually much bigger than that. So, and that's for microwaving three minutes only.

SHAWN STEVENSON: Right.

DR. VIVIAN CHEN: It's not even that long. So whatever you do, if you have to store your food in plastic, then transfer it out onto a plate before you microwave it.

SHAWN STEVENSON: Alright. I hope that you enjoyed that segment with the incredible Dr. Vivian Chen. And by the way, she's also the inventor of the FDA registered leading portable red light therapy device called the Loom Box, and I recently did a powerful masterclass episode on all of these science backed benefits of red light therapy and light therapy in general because there's other spectrums of light that are being utilized in medicine to a high degree with great benefit.

So we talked about the impact that it has on reducing pain and inflammation. We talked about the impact that it has on autoimmune conditions and helping to and reducing the damage that can be caused by autoimmune related. Hypothyroidism. The list goes on and on and on.

But one of those studies that I shared was a double blind, randomized placebo controlled study that took 76 patients with notable wrinkles and treated half of their face with red light therapy near infrared therapy, or both, while other patients received a fake light treatment that was used as a placebo because again, it can appear as a red light to us, but the irradiance needs to be there.

The actual certain deluxe, or luminance or radiance needs to be there to have these therapeutic benefits. And so participants received two light therapy treatments each week for four weeks. Now here's what happened with just four weeks of treatment, participants had up to 36% reduction in wrinkles. And up to a 20% increase in skin elasticity. There is nothing else remotely close. So powerful what red light therapy can do. And speaking of having that science backed radiance, the loom box has a 58% greater red light irradiance than the quote leading portable red light devices. 58% better, 80% greater near infrared irradiance, and 25% more body surface area coverage.

Again, the loom box is truly in a league of its own. I keep it with me right on the arm of my couch. I travel with it. It's one of my favorite things, and it's a big part of my life in my family's life. Again, it's FDA registered and provides both. Red light, and this is at six 60 nanometers and near infrared light at eight 50 nanometers. And this is something that again, we can utilize from the comfort of our own homes and so many different applications when it comes to this incredible red light therapy device. Go to the [loom box.com/model](https://loombox.com/model). That's T-H-E-L-U-M-E-B-O x.com/model. And Dr. Chen has generously provided myself, my friends, my family, and my community.

With \$260 off of the loom box. Alright, so this is an incredible opportunity to take advantage of head over there right now. Take advantage. Go to the [loom box.com/model](https://loombox.com/model) and you're gonna get \$260 off. Now moving on to the final, one of our seven scary things for us to avoid in our world today, to protect our health and wellness, to support the health and wellness of our family and our friends, and our community. Number seven, this one is incredibly powerful and it really speaks to the broader mindset when it comes to health and wellness in our world today, and in particular in our association and our relationship with conventional medicine and understanding the real, when you look at the data, the real results that have been seen

when it comes to. Our healthcare system that some people call a sick care system, and there's nobody better to inform us on this situation than the author of one of the biggest peer reviewed studies ever conducted, looking at the real results of our treatments from conventional medicine. He's a professor at Johns Hopkins School of Medicine medical doctor, and he's the newly confirmed FDA commissioner, my friend, Dr. Marty Mackary.

And in this conversation that we had just prior to him being aware that he'd be nominated for this position and looking at what can really be changed in the FDA when it's been essentially governed by the power of the pharmaceutical industry, receiving about 75% of its scientific review budget has been coming from payments from the drug companies. And 50% of their budget overall is largely funded by drug companies. May have started with good intent, but it's really guided policies. And there's been this revolving door of FDA commissioners leaving the FDA and going to work with pharma and vice versa. And so this is a new paradigm. Now, obviously we have a very crowded and noisy healthcare system, and system of government and it can be difficult to make change, but some significant changes have been put in place now to see the follow through we're yet to see.

But I'm glad that the conversation is being had and also, you know, individuals who've demonstrated real dedication to integrity and honesty, and him being somebody who's passionate about medicine and believes in conventional medicine when applied correctly, but also. In his published study, him and his colleagues, and this was very difficult to put the data together, found that conventional medicine treatment from conventional medicine was found to be the third leading cause of death in the United States.

So just above heart disease and cancer, you would find iatrogenesis or physician created illness or death. And so this is not in any way to disrespect or to negate or to downplay or downgrade our incredible physicians. We need our doctors. We've got to understand that this data isn't there for no reason. The way that our incredible physicians have been trained in applying medicine has not led to the best results. And it's just about us being honest and looking at the results. Are we okay? We are not okay. And enough is enough. We've gotta do better. We've got to do better. And in his data as he'll share, you know, the extent of it.

It could be somewhere between number three and up to, you know, number 10. But it is definitely one of the leading causes. And it's not just the application of conventional treatments, but it's also the non application of things that actually work. And so that could potentially bring it to number one. And so we've gotta do better. We've got to, in this instance, and why I add this to the list, we want to avoid innocently or ignorantly handing our health over to conventional medicine or anybody for that matter. And so my advocacy for you is to have a healthy amount of skepticism, ask questions, and if it's a real challenge or it's an emergency situation, make sure to have someone to advocate for you two.

Ask those questions. Two, have that healthy amount of skepticism because it is a dangerous terrain right now, and we've got to do better. And so this final segment, again, former professor at Johns Hopkins School of Medicine, current FDA Commissioner. Enjoy the segment from my conversation with Dr. Marty Mackary.

DR. MARTY MACKARY: We work on the big topics in medicine that we're not talking about, that we need to talk about, and one of those has been people who are harmed, not from the illness that brings them to care, but by the care itself. Falling through the cracks, medical errors. People not being properly informed about their options, medical mistakes, and it's not. It's not that doctors are bad people. Every doctor I know is trying to do the right thing. We're always trying to do the right thing. It's a broken system. We have good people working in this bad system. It's not a system we designed. It's a system we inherited, and it's broken. It's a joke. Healthcare is a joke.

And so we've got to take a step back. In that study, the BMJ study, we actually reviewed the literature to find out what is the best estimate of people dying, not from the disease or illness that brings them to care, but from the care itself. And we found that the estimate was somewhere around it being people dying of, let's call it medical error. The third leading cause of death down to the ninth, leading cause of death. It's somewhere in that range. The estimate at the time put it closer to three. We don't know where it really is 'cause we don't have great studies, but we don't do any research on this topic. We don't talk about it. We ignore it. It results in mistrust.

People don't trust us. And so we had a debate in the medical field. Well, that debate was going on and on, and then a year later it comes out that the number one cause of death in the United States for people under 50 is an opioid prescription from a doctor. And that kind of ended the controversy, right? Because there are the, all these unmeasured things that can actually harm patients. And it's again, dogma. The dogma that opioids were non-addictive ignited. The opioid crisis, the dogma that you had to avoid peanuts in the first few years of life ignited the peanut allergy epidemic. The dogma that the food pyramid, you know, co-authored by the food industry was healthy, helped usher in this refined carbohydrate addiction.

So we gotta take a step back and actually ask one big question. Sometimes in medicine we don't ask, could it be. Many of our major health crises have been caused by, or hastened by the hubris of the medical establishment itself. Putting things out there with such absolutism when it's just an opinion or a gut feeling of a small group of people at the top. And so we're starting to see that change now. It used to be the medical elites. A small group of people at the top could make the decisions for everybody. Everybody needs to do this, and you must obey. Now we're seeing smart doctors on podcasts. They're out there. They've got Vena, PSAD, Peter Atia. Casey means we're seeing other people now saying, Hey, wait a minute.

You're saying this. I got another opinion. Here's a blind spot that's hasn't been in your calculation. And that's healthy, right? That this is good. This is the civil discourse we've needed. And people are starting to see it. After COVID, some people feel like they've been lied to by public health officials. And so now they have some distrust. Another docs are saying, no, look, I'm proud of the profession. It's a great profession. You heard one opinion, turns out there were two opinions.

SHAWN STEVENSON: Hmm. Yeah. Yeah. You know, it's very interesting because there are other researchers that were finding it difficult as well to track what are the leading causes of death because it's not accounted for in the same way that other things are, right. And one that jumps to my mind was the EJS Center for Ethics at Harvard. They, again, the researchers disclosed it was very difficult to come upon these estimates, but they found it was

somewhere around a hundred thousand to 128,000 deaths per year, largely from properly prescribed medications.

Right. And so of course there were errors sometimes, there were overdoses, but largely from properly prescribed medications. And that should even if the estimate is just an estimate. If it's even in that ballpark, it should immediately raise some eyebrows. And for us to like, let's look into this. And that's what you're doing saying, you know, like, we just can't sit by and let something like this happen without looking into it. And so can you talk a little bit about why it's so difficult to track deaths if they result from medical care?

DR. MARTY MACKARY: Well, first of all, the NIH in their wisdom has decided what's important for medical science to study and what's by default, not important. Food, not important. Sleep quality not important. It's just not on their radar. The old school belts and suspenders professors at the NIH established these silos of kidney research and, you know, coronary artery, lipid research. And so, we have not had good studies on these big topics that we need research on. So we are using estimates, we're using a survey of physicians asking them what they think. It's very hard to do research around some of these big issues. We did a study asking 2000 US physicians nationwide. What percent of medical care is unnecessary in your opinion? The average number average response was 21% of it was like 26% of the prescriptions, 24% of the diagnostic testing, 11% of the operations that we do.

Now, when you have people on the front lines of the biggest business in America telling you that one in five services are entirely unnecessary, I mean, that is a, that's a signal. That is they're sounding the alarm. But again, you're kind of told, put your head down, do your job in subtle ways, right? And we got too many people picking up their paycheck every two weeks, not speaking up. And that's starting to change. And that's good, that's healthy, right? We've got to start to examine what are we doing. If by any metric we're failing and we've blamed it on patients telling the public, you're not complying, you're not listening. Like the peanut allergy store, you're not complying with our guidance. You know what? No. Maybe we've been giving them the wrong information.

SHAWN STEVENSON: You know, in that research from the EGS Center for Ethics at Harvard, they denoted after they had that estimate of how many folks unfortunately lose their lives from largely properly prescribed medications that the FDA does not acknowledge this number because of how things are kind of coded and the billing. Can you talk, just so share that particular piece.

DR. MARTY MACKARY: So here's the deal with the coding is that when you fill out a death certificate, you probably, I don't if you haven't done this, but I've done this probably more times than I care to admit. You fill out a death certificate and it asks you what is the primary and underlying cause of death. Well, you use your best judgment and whatever you put in that line has to peg to a billing code. So it gets tracked in the national system, the National Center for Vital Statistics. Well, if you trip over the cord to the ventilator and the patient dies. What do you put in, what do you put in that line? So, medical mistakes, and I'm not saying that's the primary form of mistake, but we have all forms of medical mistakes under treatment, over treatment, normal complications from things that should have never been happening in the first place.

People falling through the cracks. The opioid epidemic was a little peak and that was a hundred thousand people a year dying mostly from getting a prescription they should have never gotten, or a dose too high. I was part, I'm guilty. I did that during the period of that dogma. So, the problem with our national vital statistics and that rank order list of the most common causes of death is that. It's using billing codes to populate those causes. And not everything has a billing code. And the reason that's important is that national list of vital statistics every year that's published informs all of our funding and research and public health priorities. So if it doesn't have a code, it's not getting the research dollars it may deserve.

SHAWN STEVENSON: So a physician can't easily say it was something that I did wrong potentially, or a colleague did that the billing for that isn't something that's easy to do.

DR. MARTY MACKARY: What if you, you know what, if you feel, and I've felt this in the past, you know, this patient had a terrible complication. Looking back, they probably never should

have had that operation. They were too high risk. The indication was borderline and they were pushing for it, but we should have been firmer and saying, no, you don't need this. Antibiotics are given out like candy in the healthcare field. We're creating a massive super bug resistance epidemic. It's already started and we're carpet bombing the microbiome. It's having all kinds of effects that we can talk about, but we have to recognize that sometimes the right answer to the public is we don't know, and that's good. That's okay. That's humility. That's what people are hungry for right now.

SHAWN STEVENSON: Alright. I hope that you enjoyed this incredible compilation of seven scary things to avoid this. By the way, if Dr. Lipton was talking about this, he would say, okay, we can have a couple of scares here or there, but we need to reset. We need to have it in proper perspective because it's not really about being scared and running away. It's about awareness, and it's okay. We have these incredible systems to be frightened, to be cautious and skeptical and all these different things.

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