



**Transcript of “Dr. John Salerno: Holistic Medicine,
Heavy Metals & Allergies - #211”**

Bulletproof Radio podcast #211



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Dave Asprey: Hey everyone it's Dave Asprey with Bulletproof Radio. Welcome to the show. Today's cool fact of the day is that boring jobs are actually bad for your heart. The more boring your job, the more unvaried your heart rate tends to be, which makes you less able to handle exercise or surprises and it puts you at greater risk of heart attack. I think that you now have an excuse to go to your boss and say, "My job is boring, which means I could die, so let's do something fun, all right?"

Today's guest is Dr. John Salerno. He's a pioneer in the international field of anti-aging and I call it complementary medicine or functional medicine because he started this stuff 10 plus years ago. He founded the Salerno Center for Complementary Medicine in 2005 in New York. He's the Chief Medical Officer behind RenuLife Anti-Aging, which is down in Sao Paolo. He's written three books and he's really well known for weight loss treatments, bio-identical hormone replacement, vitamin IV stuff, which you've heard me talk about. In fact I pissed a lot of you guys off when I posted a picture of me with a vein being punctured by a needle for vitamins and some people thought it had something to do with drug use. I'm like, "No, vitamins are not drugs, they're very different."

Anyhow, this is one of those doctors and experts who uses this kind of thing on not just probably himself but also on a lot of celebrities. In fact, the way I heard about John Salerno was because Suzanne Somers has talked about him and recommended him before. He also talks about putting butter in coffee, has dozens of celebrity clients, and generally is a cool guy. John, welcome to the show.

Dr. Salerno: Thanks so much Dave. Thanks, a pleasure being here.

Dave Asprey: One of the reasons that it's interesting to talk with you today, John, is that you are able to legally and by training to switch between conventional Western medicine and more holistic

medicine. Not all holistic practitioners are licensed as an MD and can write prescriptions for antibiotics or for heavy duty drugs or the fun stuff like Provigil, but you can switch between them. I want to know, how do you know when to use a holistic or complementary approach versus a Western approach?

Dr. Salerno: That's a great question Dave. The rule of thumb in my office is that medicine is always the last resort, like surgery. It's always a holistic approach. We look at blood parameters, we do about 50 different blood tests, we'll look at lifestyle, we'll look at diet of course, we'll look at heavy metals and environmental influence. Then we'll start treatment protocols based on a holistic approach. It's very rare but I the whole approach has not worked after several attempts, then we will resort to medication, but medication is always the very last resort.

Dave Asprey: That seems like a precautionary principle kind of thing where you're basically saying, "Use the stuff that has less of a potential downside before you go for the heavy stuff."

Dr. Salerno: Yeah, exactly. Thankfully in the 10 plus, 15 years or so that I've been doing holistic complementary medicine, I think I've probably written maybe 10 prescriptions for medications in the course of that time. Other than bio-identical hormones, which are prescription medications, and natural thyroid, which are of course prescriptions, we don't really get into medications beyond that unless, as I said, it's absolutely necessary, which is very, very rare thankfully.

Dave Asprey: I had a weird experience which I don't think I've talked about before or written about. This is going back a couple years. I have been taking thyroid medication for almost a dozen years, I've cut my dose dramatically and I got rid of Hashimoto's but I've been exposed to toxic mold, I was obese as a kid and I work better when I get some thyroid hormone. I had a misfill from the pharmacy so I had more thyroid in my pills than we thought was in them and had spent a couple days at 10,000 feet elevation up in the mountains and flew right from there into a studio and did a

plank pose on the Whole Body Vibration Plate called the [Bulletproof Vibe](#) that I manufactured. It was for a photo shoot for a course I was teaching. For five minutes, I'm getting vibrated 30 times a second.

I came back two days later and I had this horrible chest pain because my sternum was inflamed, which is really painful in retrospect, and I had arrhythmia from excessive thyroid. When you have chest pain and arrhythmia, you go to the emergency room. I was feeling pretty wrecked to be honest. I go to the emergency room and I'm telling the guy, "Tell me if I'm having a heart attack because I shouldn't be having a heart attack but I'm a little concerned because of these symptoms and I feel like crap and by the way, I'm getting a migraine because you horrible fluorescent lights in here and I'm not feeling good."

He goes, "I don't know what the heck's wrong with you, but let me cure your migraine." I said, "Well how would you do that?" He said, "Intravenous Imitrex," or something and I'm like, "I don't want to use any experimental drug because I have stuff going on with my heart." He goes, "It's not an experimental drug." My answer to him was, "It is for me," because I don't know what it's going to do to me. His approach was so Western that I was like, "Why did I even bother to go to the emergency room? I should have just had some aspirin and gone to sleep or something." That difference between, "Hey, let me just hit you with an IV to solve a symptom," versus, "Let's figure out why this is happening," has been a constant source of frustration for me ever since I weighted 300 pounds and had serious brain fog and my doctor told me Vitamin C would kill me.

How did you catch on to this change more than a decade before a lot of the people are catching on now?

Dr. Salerno: That's a great question. When I first got out of my residency I was off at a job in Connecticut in an Urgent Care center. To make a long story short, I was seeing 60 and 70 patients a day, spending about two minutes per patient or so, oftentimes giving them four

or five prescriptions. That's all I was taught coming out of medical school. Then three or four days later the same patients would come back with symptoms related to the side effects of the medications I gave them. After two or three years, I made great money, it was based on how many patients I saw, a light bulb went off and said, "There's something so wrong with they system. These patients are coming back, they're asking for more and more medications, having more side effects, they're never better, it's the same group of patients coming in."

I was brought up as a baseball player and I always thought of myself as taking good care, taking plenty of vitamins since I was twelve. I said, "You know what? I need to look at something totally differently than what I was taught in medical school unfortunately, look at the nutritional approach, the holistic approach." To make another long story short, I ended up doing the best thing that I probably ever could have done and that was working with Bob Atkins back in the early 2000s. I started to work at his center and not only learning the protocols of his diet and vitamins, but his intravenous vitamin protocols and it was an experience that you couldn't put a price on.

Anyway, it took me from realizing the problems and the reactive system in the traditional medicine to becoming a proactive physician and looking at causative agents and issues with patients and really embracing this whole holistic approach. Since then I've embarked and not turned back. I've seen both worlds and realized that the one I'm doing right now is so much far superior that you just can't even talk enough about it.

Dave Asprey: It was Dr. Atkins directly, his work that influenced you to move early. When I first went on the Atkins diet, this was the late '90s, I lost about 50 pounds in three months. I knew it was profound. I still had 50 more to lose that took several more years of figuring things out that maybe Atkins hadn't learned because we didn't have the biochemistry down yet about types of fatty acids or types of inflammatory proteins like soy. It was so profound that I was pissed off for about three years because I was fat my whole life. I

was fat as a teenager, I have stretch marks, why didn't that knowledge come out? I went and I bought the first edition book from 1972, the year I was born, and I still have it on my shelf, it's a reminder that the knowledge has always been there but people ignore it and because of that I was fat for more than half my life.

Why is this happening? You worked with him 15, 20 years after he had started writing about this stuff and you were an adopter. Why are the rest of the people in the U.S. and Canada and the rest of the world so unaware of this work or your work?

Dr. Salerno: That's a great question. Part of the problem is that funding and studies for this type of work is really not always readily available, as it was not at least initially for Atkins. Secondly the traditional medical field is very ultra-conservative and they want to see study after study after more study and then studies that don't refute the prior studies, so they're a very ultra-conservative, blinkers on group that's very difficult to convince. We start to slowly see after, you're right, it's probably been 40 plus years since Atkins introduced this concept and we're just embracing it right now and research is certifying his thoughts and his books. Yeah, it's a very ultra-conservative group unfortunately and they're very reticent for change. They're just not really embracing change rapidly, unfortunately.

Dave Asprey: Hopefully we're both doing a little bit to help people figure out that you don't have to wait in order to see if something works because you can tell. We have this amazing piece of bio-feedback technology, it's a little bit dated, but it's called a mirror. I changed how I ate and my skin looks different and my pants don't fit anymore because they're too big, I'm pretty sure I'm on the right path.

Dr. Salerno: Exactly, and you feel wonderfully, absolutely, that's proof of the pudding.

Dave Asprey: In a fairy tale land we would all just go on a higher fat, lower toxin kind of diet and magic would happen and we'd all look like

supermodels. What about some of the other things that you look at, like heavy metals? How big of a problem is that? How much do you focus on that? How often do you find it when you're working with people who want to not just age less but just perform better?

Dr. Salerno: What's interesting, Dave, we pretty much do heavy metal tests on almost all my patients here in New York City at the Salerno Center. We find for example, mercury is very prevalent, so is lead and arsenic at very high levels often and it affects patients in many ways, particularly when we're looking at weight loss. For example, mercury binds with insulin and renders insulin very ineffective, so essentially you can do a low carb, you can do an Atkin-esque diet but if your insulin is bound to mercury, it may not budge or move. It's resistant because of its binding with mercury. We need to detox these patients before they'll see any improvement.

Mercury also affects hormonal systems so that we can have estrogen dominance and we can see fat depositions where we don't want them to be, based on estrogen for example, to which mercury is bound to. It's very important to look at heavy metals, we look at that routinely. We detox, we have a very active IV chelation room, we have actually two rooms for detoxing. We have separate IV weight loss protocols of course too. It's very, very important to look at other issues outside of the routine that we're trained to do for diet and weight loss.

Dave Asprey: I had a guest on recently on Bulletproof Radio, who talked about the value of hair testing and how you could look at ratios of minerals in hair as an indicator of metals. In my own experience I've done that. I've also done 24 hour and eight hour urine collection after an intravenous challenge protocol. For people listening, what I'm talking about there is you inject some stuff that makes your body let go of mercury and other metals and it lets go via your bladder, so you collect all your urine, see how much came out. That's a good sign that you had the stuff in your body. Do you use hair or do you use urine or do you use blood? How do you know if someone has these mystical toxins?

Dr. Salerno: Good question. We do two things. We do blood levels, which measure just recent exposure of heavy metals, so that'll tell us if you've been exposed to metals within two weeks or so. Then we do a six hour heavy metal challenge, where we use two chelating agents and we have our patients collect their urine over six hours. That will tell us essentially how much body burden of heavy metals there is. It's basically measuring a lifetime of exposure to heavy metals and how much has actually accumulated in the body.

The reason why that's so important is that that's the test that will tell us how aggressive we need to be to get these metals out. It's the most important test, the urine six hour challenge test that we do. Then we compare it to the blood test so that we can determine if it's more of an acute issue or if it's more of a chronic issue related to exposure to heavy metals. We combine the two, testing in my office.

Hair is not allowed in New York, hair analysis, although it's a good test, crazy New York state. The hair can only go back to, for example, 12 inches of hair would go back about a year or so of time of exposure. Hair only gives us a time in exposure to the heavy metals based on its length, so it's not terribly accurate for lifetime exposure to heavy metals.

Dave Asprey: I know you were involved with the World Trade Center cleanup project crew. Did you do any work on people who were actively exposed to debris and construction dust and things like that, looking at heavy metals?

Dr. Salerno: Yeah, good question. Yeah, we continue to see a lot of these patients unfortunately that were exposed for months and months at a time, the first responders. We see a lot of mixtures of heavy metals. Almost all of them are off the charts with cadmium and arsenic and mercury and lead unfortunately and probably other exposures that we can't measure yet in the bloods. Clearly it's a big, big issue. It's clearly a causative issue related to their health woes and those that have been aggressive to detox and do IVs and whatnot are generally those that fare the best. It's an unfortunate

scenario. Yes, I was involved with the cleanup operation and subsequently in my practice, testing these patients through the years. We do see the dramatic amounts of heavy metals that they've been exposed to.

Dave Asprey: How do people feel when they're exposed to toxic metals and they build them up in their bodies?

Dr. Salerno: Generally it can range from chronic fatigue to memory issues to brain fog. With mercury for example, we can see MS and other neurological symptoms. With lead we can see issues, unfortunately as time goes on, related to prostate or breast cancers. Generally the symptoms are chronic fatigue, a lot of cognitive issues with memory and cognition. Those are the initial symptoms that we'll see and allow us to search and test for heavy metals.

Dave Asprey: My experience with metals, and I've done the mercury chelation, I've done intravenous EDTA, DMSA, DMPS, I've had recently high mercury levels and some cadmium and some lead. This was more than a decade ago but I've noticed that there are small changes in performance that come with exposure to metals. It's not like nothing or chronic fatigue, it's a spectrum.

Do you believe, this is what I believe and I could be wrong and you have more experience in this than I do so I'm testing my hypothesis with an expert, that as you add these toxins, like if you were to say on an average day someone with no toxins doesn't ever drop a word for their memory but on a day or a week or when their mercury levels hit one out of 10, maybe they drop one word today, and when they're five out of 10, they drop four words a day, there's a gradual decline in cognitive performance or physical performance before we hit the "Oh my god I feel crappy all the time, I have chronic fatigue, fibromyalgia, and I'm a zombie?" Is it a spectrum or is it like you can just handle this much and there's just no measurable difference?

- Dr. Salerno: No, I think you're 100% right. I think one of the issues that allows patients to get to the point that they'll come and see me or physicians like me is that they've really not been told about heavy metals and they may have noticed these small changes like you had over time but they're not aware that they may be related to heavy metals, so by the time they reach the critical mass, it's a very high level cumulatively of mercury or lead and they'll get to my office and we'll test for it and we'll see that large accumulation has built over time. If they had learned to recognize early signs and symptoms of toxicity, they would have gotten to their doctors sooner, as perhaps you did, and they would be tested more readily and early so that these symptoms would not escalate.
- Dave Asprey: Do you work much with toxic mold exposure as one of the types of toxins that your patients see?
- Dr. Salerno: Yeah, absolutely. We have an IV protocol, we call it our detox IV, which really addresses some heavy metals but mostly toxic mold and exposure to such. We test for it also readily and it's a big problem. You could imagine here in New York City a lot of the old apartment buildings for example, some of which are over 150 years old, do have a large area of issues related to toxic mold and the symptoms that exist with it.
- Dave Asprey: Your detox protocol, that's the one with IV lesophine, a phosphatidylcholine basically?
- Dr. Salerno: Correct, yes. We do a lot of, we call it lipostabil but it's a phosphatidylcholine, right?
- Dave Asprey: The German stuff.
- Dr. Salerno: Yeah, we do a lot of that. We do a lot of glutathione. We just added something called UVB, I'm sure you're familiar with that. We do that for some candida and viruses and also some toxic mold exposure. Our main IV carries not only the Vitamin C and the glutathione, but the lipostabil, the phosphatidylcholine, which is really very effective.

Dave Asprey: It's fascinating, you're the first guy I've talked to on the show who does IV choline and people who are listening who know the Bulletproof product line, we have Choline Force, which helps you with acetylcholine levels in the brain, but the kind of choline you can get when you do it intravenously is around your cell membranes. When you get exposed to biotoxins, your cell membranes get addled, they lose flexibility and they actual absorb toxins that hang around in them. When you do this IV stuff, it helps you get rid of them. It's one of the other reasons a high fat diet can make people with neurotoxins feel better.

Speaking of glutathione, I get intravenous glutathione every time I get a chance and I make [Glutathione Force](#), which is a liposomal plus a lactoferrin, it's an advanced delivery system for glutathione, so it can absorb about five times better than normal liposomes. The idea here is that when you get these detox things in, glutathione takes out the mercury, can help you take out the toxic molds. My personal experience and knowledge just from working with coaching clients and being married to a physician and having run a medical lab testing company with her, is that there's an awful lot of people walking around with a biological burden of metals, of mold, of chemicals from food, of endocrine disruptors, they have no clue, they think they feel okay, and they're running around at 50% of what they're capable of because you don't feel the stuff.

Dr. Salerno: You're absolutely 100% correct Dave, yep.

Dave Asprey: How much should the average American budget to get rid of most of that stuff? You're running around at half, you should be scared if you heard that, but is this a \$10,000 problem? Is it a \$1,000 problem? How much should it cost and how much does it cost? I know you're off 5th Avenue, you deal with celebs, but okay, you're working at a normal job, you have a family, how much do you spend for this?

Dr. Salerno: It's a great question. We have patients that run the gamut that those that just could barely afford to come in to those that as you

said, are celebrities and then the cost is no limit. One of the things that we've been very successful with, we've been fighting insurance companies here in New York and certainly for most patients that have what we call out-of-network coverage, we're getting them reimbursed for a good portion of their IVs, no matter what they're doing. We're very happy with the way some of the insurances have embraced us, particularly chelation, and calcium EDTA is FDA-approved for lead for example. We're very excited that a lot of our patients that ordinarily would not be able to afford this can get good reimbursement for their IVs now. That's been a huge title shift in the way the treatments are handled and the affordability of them.

The short answer is if you have out-of-network insurance, a good part of it can be reimbursed. If you don't, we do do discounting for our patients. We try to keep it as even as possible and we'll help patients whenever we can, but it depends on the amount of toxic metals or mold. It can run \$10,000-\$20,000 for a total treatment and maybe even higher. We're seeing more and more issues with heavy metals and with four, five, six, seven metals combined that are off the charts, so it's very problematic and cost clearly is a factor but insurances are starting to embrace this.

Dave Asprey: I am intrigued and amazed that anything progressive is happening in the New York medical community because of New York state regulations. People listening to the podcast probably don't know but New York has the most aggressive and Byzantine regulations. You can't get lab tests in New York that you can get in New Jersey for some strange reason and I often wonder if it's organized crime or some other reason. It just makes no sense. Whoever's in charge must be making some money somewhere, let's put it that way.

Dr. Salerno: You're absolutely right, it's crazy. Really it never ends. We still can't figure out why. One week a test will be available and then next week it's not allowed again in New York. It will drive you crazy. We still haven't figured it out. When I do I'll let you know.

Dave Asprey: You a little bit dodged the question. Let me ask it in a different way. I have \$1,000 to spend. I'm going to assume that because I haven't lived a super clean life in an organic monastery high in the mountains, that I've accumulated the normal amount of toxins that inhibit performance that people living in cities do. I want to spend my \$1,000 most effectively to increase my performance. Where do I spend it? Do I get IV chelation? Do I spend it all on testing? Do I do some Myers' cocktails? What do I do? Where do I start?

Dr. Salerno: I think the first thing, the important thing to do is to spend at least a good part of that on diagnostic workups so that we can determine is it a hormone issue, is it a heavy metal issue, is it a combination of those, is it a thyroid issue. Then depending upon the results that we find and the amount of toxins we may find, the rest of that money well spent may very well be some short intravenous Myers' cocktails or just glutathione IV for a couple weeks at a time and combined with some oral chelating agents and perhaps some prescriptions for bio-identical hormones.

It's a good question. It's a little difficult to answer because there's so much individuality and it really depends on the full diagnostic workup. I think the most important thing is to get a really good detailed workup so we at least know what we're dealing with first before we start any implementation with treatments and then we can decide as to what direction and what money to be spent on the rest of the diagnosis.

Dave Asprey: One thing that I've started recommending to clients that I've never talked about on the air is if you're going to be spend \$150, \$200 at the spa, one time, find a local person who does Myers' cocktails and intravenous glutathione, which is going to run about the same amount of money. Depending on your city and who you go see, it could be up to \$500, but in small towns I've seen them for \$75 or \$100. You're going to spend about what a spa is going to cost in your town.

See how you feel and how you look after you get glutathione and Myers' cocktail versus how you see and look after they do a cucumber, green tea, kale, fish oil peel with something, seaweed wraps, whatever the heck they're doing. What you'll find is that you look different, your skin glows, but your brain, your like, "This is the best I've had in a long time." Is that your experience the first time you give someone a Myers' cocktail? What do they do?

Dr. Salerno: Yeah, absolutely. They generally feel quite energized. You're right, their skin will glow. It's funny, once that happens, they'll tell three or four friends or colleagues at work and before you know it, the IV room is packed with friends and then friends of friends and that's really why these vitamin IV drips have become so popular. Patients are getting results, they're seeing results and consequently we need two IV rooms now to keep our patients satisfied. We take a lot of walk-ins too. Patients may feel tired or a cold coming on, they want to come in that day, so we'll accommodate them. Sometimes we have three nurses that are actually working with us. It's clearly gained in popularity because patients feel and look so good.

Dave Asprey: At the last Bulletproof Conference last September, we had about 500 people show up and we had a long line at the IV nutrition station, where people were getting IV nutrition at a conference around hacking the human body and we'll have the same thing next year by the way. That's a mild plug, bulletproofconference.com, we've got the dates picked out, it'll be in LA.

The idea is that a lot of people just never experienced it and they think, "Well I take multivitamins, I'm probably fine," but your liver and your gut filter a lot of those out and then they don't get into the cells the way they do when you do it intravenously. Pretty much every two weeks on average, I get intravenous nutrition and it's not because I can't absorb my food or because I don't eat the most nutritious diet I know how to engineer, it's that this is better, that they go together. It's a shameless plug for Myers' cocktails. It sounds like you use them pretty heavily.

Dr. Salerno: Yes, absolutely.

Dave Asprey: You do something else that's fascinating and something that I've known about for 10 years and that I've done exactly once, mostly because it was hard to find, and that's UVB, or ultraviolet B blood irradiation, which sounds completely wacky. Can you tell our listeners what it is and how and why it works?

Dr. Salerno: Yeah, absolutely Dave. Firstly we take our patient's blood and we'll take maybe 150 ccs or so of a patient's blood, we'll take it out of their vein, we'll put it into a saline bag basically that'll have a little bit of normal saline in the bag, and then we will then run through tubing that blood back through a tube and into an ultraviolet light spectrum, which we usually use UVA and C. Even though it's called an ultraviolet B light, we find A and C is actually the better spectrum of light. What that does, it not only will tend to kill off viruses and candida and bacteria, it will also energize white blood cells and red blood cells through the energy that's radiated from the ultraviolet apparatus. Patients will feel more energized, their candida will come to a halt, their viruses are often under arrest.

I don't know if some of your listeners have seen ultraviolet light for example is used in some of these air purifications. Many hospital systems will use it for sterilization of their instruments and apparatus and hospital settings. The idea came forth from Germany whereby they started this probably back in the '40s or '50s and the concept has just finally slowly but surely come to fruition. In fact I believe New York University Hospital here in New York has one, the first UVB light that's being used in a hospital setting. I believe that is the first, as I said, at least in the States. It makes clear sense. We see some great results with it. We have patients coming in two or three times a week, sometimes four. We're very excited about it. We have it about six, seven months now.

Dave Asprey: I've been intrigued by this for a long time and aside from the direct effect of sterilizing that little bit of blood, but when you

reinject it, other things happen. One guy, I think it was Dr. Cannell from the Vitamin D Research Council, talked about how UVB in blood causes that blood to make just stupendously high amounts of Vitamin D-3 and make it in the natural way that comes from sunlight versus supplementation, which isn't exactly natural because it's not sulfated. Do you think that that Vitamin D angle is one of the mechanisms of action? It still sounds wacky to me, take your blood out and superhero UV exposure radiation and magically you're better, but it works, I've seen it work lots of times. Is that why or is there something else going on?

Dr. Salerno: I think that's clearly a part of it no doubt. I think the Vitamin D aspect and the production of Vitamin D definitely has validity to it. I think too if you look at the way the ultraviolet light, the energy spectrum of ultraviolet light, but typically what we use A and C, it will actually energize the cell membranes and create energies across the membranes of the cells, particularly red and white blood cells. I think that's the second mechanism that whereby patients will feel energized besides, like you said, the sterility effects of the ultraviolet light. There may be some other mechanisms that we're still not quite understanding yet but that will come to fruition. Clearly we see clinical results with this.

Dave Asprey: One of the other theories, and the one that I'm most excited about, has to do with hacking the mitochondria. You know this but listeners may not, mitochondria are the power plants in the cells and they make ATP and without mitochondria you would die because you'd be a lump of things that couldn't do anything. Mitochondria run on electrons and when you do things like ozone therapy, which is something that I've practiced at home, one of the things that helped me get over toxic mold and Lyme disease is that it adds an extra electron that helps your mitochondria work and you can measure in the ratio of these two things, you mitochondria called NAD and NADH. If someone tells you you have nice NADs, they're actually talking about your mitochondria, nothing else.

I haven't seen any evidence for this but I would bet, given the similarity of ozone and UV therapy, that there's a mitochondrial effect from it, but I've never seen that. I'm pretty sure everything that makes people feel better regulates mitochondria. I don't know if that's a true statement but it seems like in my own experience, every time you do something to help your mitochondria, everything gets better. Do you focus on any other mitochondria things besides potentially UVB? What are the other ways for turning up mitochondria function that you would practice?

Dr. Salerno: That's a great question. We do. On salernovitamins.com we sell a lot of vitamins that are geared towards building up mitochondrial storage and working on that energy component of our cells. We also do NADH as an IV drip aside and we sell it of course in my vitamin lines, but we see great results when we give NADH intravenously for example. We use coenzyme Q10 for example through intramuscular injection, besides selling it in our vitamin lines. The focus over the last year or two in research has really been towards mitochondrial function and we clearly see the effects of that, particularly when we do vitamins geared towards energy and mitochondria and during IVs.

We have a lot of marathon runners for example and a lot of athletes and when we can legally do something for them, we'll give them IV's for example, geared towards mitochondrial function so that they'll be ready to run their race and have pockets of stored energy ready to go either with their race or their athletic event. That's been the focus over the last couple years and it's really very exciting with great results also.

Dave Asprey: When do you tell people to put butter and [brain octane oil](#) into their coffee? I know that that's something you do. What are the criteria for you making that recommendation? It's really okay.

Dr. Salerno: We don't use a criteria. We want everyone to use butter in their coffee. We love what you guys are doing and obviously not only for the taste. When I wrote my book "Fight Fat With Fat" and we

had done some research, butter had come to the forefront because we found that butyric acid, which is the component of butter, can actually turn off oncogenes, cancer genes, particularly cancers regarding colon, certain lung, and prostate. Butter actually, in many, many recent studies, has been shown to be anti-carcinogenic, which is really fascinating, something we were never taught in medical school, we were always told to avoid butter.

Plus the satiety and taste factor with butter keeps us filled longer. When we put it in our coffee in the morning we can go five, six hours feeling pretty filled, happy, and satisfied, so we're not overeating, overindulging in other foods. Clearly we want everyone to be on coffee and butter in the mornings. Our patients know that I love it. Nothing better taste-wise and fulfillment-wise.

Dave Asprey:

It's interesting, when I was writing the Bulletproof Diet book, I really dug in on the butyric acid angle and found two different studies that talked about what many in the Paleo community all know, if you eat some kind of fiber, vegetables, or starch, then the bacteria in your lower intestine can make butyric acid. That's great, hooray, we're all going to make butyric acid, which is a very good thing. The only problem is that the two studies I found show that when you eat butyric acid, it has a different and beneficial effect on your gut. The idea is it's not enough to manufacture it in your gut, you got to put it in your mouth, and when you do that you get the upper GI effects of butyric acid and you get the brain inflammation modulating effects of butyric acid.

The case for it is so strong, yet you still see people with this look of existential horror the first time they're putting a tablespoon of butter in their coffee and they're cringing and they're looking around like their parents are going to yell at them even though they're 60. Once you try it, you know what it's like the first day, all of a sudden it happens.

Dr. Salerno:

Absolutely. It's remarkable and I still think the research is ongoing. We've avoided saturated fats for so long and now

saturated fats are at the forefront for health and health benefits. I think over the next four or five years, you will see more and more positive research on the importance of things like butter and butyric acid. I think we're just beginning the tip of the iceberg on the beneficial effects of these saturated fats.

Dave Asprey: Have you ever done an IV with butyric acid in it?

Dr. Salerno: No. It's funny, we're trying to get IVs formulated with butyric acid. One of the issues is, and with many fats, it's very hard to get the solution correct so that it can be put into an intravenous. We are able to get it we think intramuscularly but not yet intravenously. Have you heard at all of anyone doing it intravenously?

Dave Asprey: Sign me up to be a guinea pig. Next time I'm in New York I'll come by and you can stick me full of experimental substances. I live for that stuff.

Dr. Salerno: Absolutely, anytime.

Dave Asprey: There's a phenylated phenylbutyrate which has profound effects in multiple sclerosis and that is available intravenously. I'm interested in trying it because as amazing as my biochemistry is today, I still am sensitive to toxic mold so I get large immune responses from it. When I'm exposed, I'm looking for ways to turn myself back on more quickly. When people see the documentary that we just filmed called "Moldy" ... bulletproofexec.com/moldy, you can sign up for the full theatrical release. We actually filmed it at Central Park. One mold victim had got sick in a new building in New York and all this stuff.

You'll find 28% of the population, once we're exposed, every time we're re-exposed, it's like we walked into a wall and feel crappy anywhere from a couple hours to a couple months. I don't really have that effect anymore because I can turn it off with supplements, but if I could do an intravenous butyric acid or a phenylbutyrate that was available, I think it would be profound

and it would probably be one of those anti-aging technologies. Please do it and please make it popular because I want it.

Dr. Salerno: You got it Dave. I will definitely look at my sources and see if we can get it in New York. You'll come, you'll be the first patient. You're more than welcome.

Dave Asprey: We'll do another offensive Facebook Thanksgiving post about how I always get intravenous vitamins on major holidays. Talk to me about turmeric. I love turmeric, I've used turmeric as an anti-inflammatory thing for years, but you use it for other reasons. What are all the things you might use turmeric for in your practice?

Dr. Salerno: That's very interesting. We are also by the way, trying to get turmeric in IV form and we're close if not right there. Probably within the next month we should have it manufactured for us. Turmeric for example has been studied with Alzheimer's and brain inflammation and dementia memory loss, so we have all our patients with any sorts of memory issues or deficits or Alzheimer's patients all taking a ton of turmeric. We see it also with skin, psoriasis, eczema, we want patients to be on a good amount of curcumin and turmeric. We are also seeing it in any other inflammatory issues. When we see something called C-reactive protein for example, when that becomes elevated, indicating inflammation potentially around the coronary arteries, we'll throw in besides fish oils, we'll have our patients on high-dose turmeric.

The profound benefits of turmeric are almost too numerous to mention, but almost every one of my patients will go on either an IV component that would reduce inflammation or turmeric itself in oral form that we recommend in our vitamin line. It's extremely, very, highly important and research is still ongoing but always positive. Every week or so, there's something new that we discover about turmeric.

Dave Asprey: I use about a tablespoon of it in my lunch and I've been taking six to eight capsules of BCM, the standardized essential oils of turmeric extract version, it's more available. I've been doing that for more years than I can remember because the research is so profound for cancer and all these other reasons. If you're listening to this, I think it's on my top 10 list. It may not be because it's not a vitamin, but it's one of those things that if you're not using it in your food every day, you probably should be taking a couple capsules. It's not expensive and it's amazing stuff.

Now let's talk about something that's personally been an annoyance forever and that's allergies. As a kid I always had allergies. Turns out I was living in a basement that had toxic mold from water damage behind the paneling in my bedroom, which was part of my allergies, but they could never figure it out. They pricked my skin a million times, I always had really bad hay fever. As an adult it got a little bit better but still I walk through moldy leaves in the forest, I'm going to start coughing or sneezing and sometimes other things set me off. I also have some food allergies. I had much worse ones when I was younger but I still have some of them. I'm working to get rid of my allergies. My goal is to just hack that entirely. I want to be able to walk through whatever the heck and not have any allergic response. How am I going to do that?

Dr. Salerno: Good question. The issue is detoxing is so critically important. We want to try to normalize our body's response to allergens. Oftentimes we'll find heavy metals as a main culprit in inducing and creating allergies. We look at Vitamin D levels, we want to make sure Vitamin D levels are extremely elevated in our patients, particularly those that have allergies or asthma. We also want to use some nice supplementation. We use a lot of nano-quercetin, we have a nice vitamin called the Allergy Factor that has a lot of these components. Oftentimes too we do IV's again with allergies in line with high dose B-12 and we use a lot of glutathione for allergies.

Allergies are so individualized but we often find there's an environmental trigger. Many times it's related to heavy metals and toxicity, so we want to address the underlying culprit, the allergies, first and then work from there. Supplementation can do also extremely well when we're talking with regards to allergies.

Dave Asprey: That sounds like a lot of work, but I can say that I've reduced my symptoms so profoundly from where they were that I would say I'm 80% of the way there, using detoxing and some of the other techniques. I still find that there's some leftover things that are just plain annoying. As I make more progress on that, I'll be blogging about that as well because I'm just fed up with it. I'm going to be trying some relatively experimental things and we'll see because I think there is a way to reprogram your immune system to not respond to things that it is responding to for reasons that are justified. It believes it's doing you a favor, it's just wrong. Since our bodies are fast and dumb, they should be trainable.

Dr. Salerno: That's a good point, absolutely. We also look at adrenal function too with allergies and that has to be addressed typically too, balancing the thyroid and adrenals. Clearly you've made some great progress, that's great. Come to New York, we'll try to figure out the 20% that's still causing these allergies and their responses. By the way, this year, particularly in the Northeast is a very, very bad allergy season just starting because we had such a horrible winter and all the flowers and pollen is all at one time germinating, so we're having a horrible allergy season just starting.

Dave Asprey: It's one of those things where we aren't good as humans at correlating invisible things with how we feel because they're invisible and because the reaction time may be an hour or two or even 48 hours. It's easy if you smell something and you sneeze, but if you smell something and you start sneezing six hours later, you're probably not going to know unless you're a crazy event correlation machine like I am. When you start looking at not just whether you're sneezing but whether you're a jerk, your brain

was slow and cruddy and you yelled at your kids and you weren't nice to your boss and you cut that guy off in traffic and ran the red light. Allergies play such a big role in those kinds of behaviors and it seems like it's not acknowledged. Do you see peoples' personality changing when they cure their allergies or are they better people? Are they nicer?

Dr. Salerno: That's a good question. They generally tend to be a lot nicer, they're not suffering with the sequela and the side effects of the actual allergies, the response to allergens. What's interesting, we look at something called pregnenolone, which happens to be a mood and a memory hormone. You probably have known or know about it, but for your listeners, pregnenolone is also nature's steroid, so we also implement a high dose of pregnenolone in our allergy patients.

Back to your question, they'll also feel better mood-wise because pregnenolone will reduce the allergens typically or the allergic response, but because it's a mood and memory hormone mostly from the adrenal glands, they'll actually feel good. We kill two birds with one stone with that but generally speaking, patients do tend to be acting better once their allergies are relieved. This is going to be a trying year for all of us, particularly in the Northeast.

Dave Asprey: Would you recommend that people with allergies try pregnenolone or do they need to get a blood test first to see what their levels are?

Dr. Salerno: That's a good question. I probably would have them at least get a baseline blood test. Again the lab establishes a norm to which we don't pay a lot of attention to, so we'll base it more on symptoms rather than numbers in the lab test. We have patients having 800-900, 1,000 levels of pregnenolone when the normal range is up to maybe 250 or 300, but they do extremely well, their allergies are more curtailed, and of course their mood and their memory is improved. In fact we're trying to get pregnenolone also in an IV form and we're close to doing that. We should have that I hope in the next several months, but a very, very important natural

hormone that I think particularly those suffering from allergies should pay attention to.

Dave Asprey: That is something that I've not taken for 10 years probably. Pregnenolone is one of those anti-aging pre-hormone things that comes in out of vogue but I am unfamiliar with using that for allergies, so it's cool that you're working on that. I really appreciate that you're working on figuring out ways to do this stuff intravenously. It's one thing to say, "Take these 30 capsules, one per day, and in a month you might feel better," versus, "Let me just adjust the levels right now and see if you walk out tonight and feel different," because we can feel the effects faster from IVs and they have deeper effects anyway. I think it's really cool that you're looking at turmeric and pregnenolone and whatever else you put in a needle, it is more effective that way even though it requires a needle.

Dr. Salerno: Yeah, that's right Dave. We've been lucky because we get green tea now in IV form and resveratrol, red wine extract, so we're making some cool progress on getting a lot of nutrients intravenously. We'll let you know when we get these of course.

Dave Asprey: Beautiful. We're running up on the end of the show but there's a question that I've asked every guest except that episode number 66 where I forgot, probably because I didn't take enough aniracetam. The question is, what would you recommend, based on all of this knowledge and all of the other things you've picked up in your life, for someone who wants to perform better at whatever it is they're here to do? If you want to kick more ass, do these three things first, what are they?

Dr. Salerno: I think the first thing I would do is tell them to have coffee in the morning with butter.

Dave Asprey: Is that really one of your three?

Dr. Salerno: That's really one of them, absolutely. It's something I do, it gives me a great kick start, it keeps my appetite suppressed, my

patients love it, so it tends to keep us from eating too much in the morning. I think that's clearly something that they need to do and I think they can easily do that. Aside from of course recommending vitamins, the B vitamins and CoQ10, the mitochondrial vitamins, I would really highly recommend patients do get themselves tested for thyroid dysfunction. It's an epidemic that's unrecognized. We do a TRH test for example and we'll find underlying thyroid disease when almost everyone else is saying their thyroid is functional. That's a clear major issue related to energies and the way we perform at work and with our home lives.

Also with that in mind, get their hormones checked, optimize hormones, optimize the adrenal hormones, optimize testosterone, optimize estrogen and progesterone for females. I think those are the ways that we can improve dramatically on our lives. Also stick to a very low carb diet, keep your calorie count low, and you can do that by doing low carb. I think if you can combine these three or four things and find a good physician in your area that will measure these hormones and replace them as necessary, it will change your life, no doubt.

Dave Asprey: Thanks for sharing those points. I always like asking people who've spent more than a decade working with functional medicine and complementary medicine because you have a menu of things that you know about that's unusual even in complementary medicine. Not a lot of people are doing the ultraviolet blood irradiation, as well as some of the other things. There's hundreds of things you could have answered but just off the cuff top three, I never know what's going to happen, and so I appreciate you sharing that based on a pretty broad spectrum of answers you could have given, so that's cool.

Dr. Salerno: Thank you Dave, my pleasure.

Dave Asprey: Where can people find out more about your clinical practice?



- Dr. Salerno: They can go to my website, salernocenter.com or salernovitamins.com, which has the list of all my three books, The Salerno Solution, Fight Fat With Fat, and The Silver Cloud Diet. We have three websites but either salernocenter.com or salernovitamins.com will have all our information. They can sign up for our newsletters, our blogs, and they can go to either of those two sites.
- Dave Asprey: Awesome, thanks for being on Bulletproof Radio.
- Dr. Salerno: Thank you so much Dave, my pleasure. Come visit New York.
- Dave Asprey: I definitely will do that.
- Dr. Salerno: Thanks again.
- Dave Asprey: If you enjoyed today's show, I would totally appreciate if you went out there and checked out bulletproof.com. Pick up your next order of [Bulletproof Coffee](#), check out [Unfair Advantage](#), crank up those mitochondria, or do something else that's going to make you feel amazing and kick more ass because that probably makes you a nicer person too and we all want to live in a world full of nice people. Thanks a lot, see you on the next episode.

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