

Andrew Weil: The two commonest ways that I hear the word placebo used in medicine are, how do you know that's not just the placebo effect? And the most interesting word in that sentence is just.

Dave Asprey: Yeah.

Andrew Weil: Or, we have to rule out the placebo effect. We should be ruling it in. That's what you want to happen. That's pure healing from within. And the goal of good medicine should be to elicit the maximum healing response with the minimum intervention.

Announcer: Bulletproof Radio, a state of high performance.

Dave Asprey: You're listening to Bulletproof Radio with Dave Asprey. Today's episode is recorded live at True Food's Kitchen with Dr. Andrew Weil.

Andrew Weil: Hi, Dave.

Dave Asprey: Do you go by Andy or Andrew?

Andrew Weil: Both.

Dave Asprey: Both. All right. I didn't do a cool fact of the day. I'm going to do one and then we're going to get into the interview, but I just wanted people to know you might hear some kitchen noise and all, that's because we're ... Actually we just enjoyed amazing meal here and just had a chance to talk. Today's cool fact of the day is that positive or negative mindsets about aging can change your physical health. And this is according to a psychologist at the Yale School of Public Health, who looked at negative aging attitudes compared to, oh, how fast can you walk when you're old? How likely are you to get Alzheimer's and even just die more quickly?

And it turns out subliminal exposure to age positive words can lead to physical improvements in older people that typically come about only after exercise. This is why if you read Super Human, my anti-aging book, I talk about the value of our village elders. It's a little different than being an old person, although old person isn't a bad thing either. So there's your thing. So let's look at aging as something that's good for you, not bad for you, and maybe you won't have to exercise. What do you think?

Well, if you have lived under a rock for the past 30 years, you probably don't know Dr. Weil. He's been for decades a leading voice in alternative and functional medicine, using foods as herbs. And I have got to say, starting sometime in my early 20s, I became a subscriber to your newsletter, which is incredible. So to sit here with you is a real honor.

Andrew Weil: Thank you.

Dave Asprey: I'd like to understand, when you were a young man figuring out the medical side of things, you got into this way ahead of the curve. Why?

Andrew Weil: Well, I think I came into the world this way. I was intensely curious as a kid. I was very interested in plants, and that eventually led me to be a botany major at Harvard as an undergraduate and that started me on a career interest in medicinal plants. So that was before I went to medical school. I also as far back as I can remember, was interested in the mind and how the mind affected the body. That eventually led me to take a course in medical hypnosis, which was one of the best courses I ever took

And I am absolutely convinced that the mind and body are one thing, they're not separable. And that one of the greatest limitations of modern medicine is that it sees the mind and body as separate. And if it recognizes the mind at all, it doesn't admit that it can influence the body.

Dave Asprey: I've often looked back at how we got these attitudes, and we have the National Institutes of Health. And we actually set up our national research around mind versus body. So studying them together almost requires you to get two grants from two different opposing bodies. Is that why we have such a weird divide in the West?

Andrew Weil: Well, I mean, you could say it goes back to Descartes, but I think the fact is that our science and our medicine are completely dominated by a materialistic paradigm that says that all that is real is that which is physical and which can be touched and measured. And that if you observe a change in a physical system, the cause has to be physical.

A non-physical causation of physical events is not allowed for in the materialistic scientific paradigm, and that's why we can't make sense of placebo responses and why hypnosis is not taken seriously in medicine and why it strikes people as outlandish that your attitudes about aging could influence the way that you age.

Dave Asprey: I was hoping you'd tie it back to that. It's really funny though, I feel like lately the data is coming out more and more, we can measure exactly what the percentage of the placebo effect is. And when you stare at the totality of the data, you just have to say there's something going on that we don't know about, but maybe our-

Andrew Weil: But still our attitudes toward it are so rolling headed. The two commonest ways that I hear the word placebo used in medicine are, how do you know that's not just a placebo effect? And the most interesting word in that sentence is just.

Dave Asprey: Yeah.

Andrew Weil: Or we have to rule out the placebo effect. We should be ruling it in. That's what you want to happen. That's pure healing from within. And the goal of good

medicine should be to elicit the maximum healing response with the minimum intervention.

Dave Asprey: Think about what would happen if you were allowed to say what some plant ingredients at True Food Kitchen actually did for people on the menu, you could have a placebo effect.

Andrew Weil: Absolutely. I am a great fan of placebo medicine. And I think the best thing you can do as a physician is to present a treatment to a patient with your full belief that this is an effective treatment and patient's beliefs follow physician's beliefs. So this is why I teach that it's best to get the maximum healing response with the least intervention. So you start with the gentlest intervention possible as demanded by the circumstances of it, of illness. Then you can work up from there.

Dave Asprey: You've written 14 books on various aspects of this. You're into mind and body. Where do people start? Do you start with food or do you start with meditation?

Andrew Weil: No, actually I start with trying to convince people that the human organism has incredible potential to heal itself.

Dave Asprey: So with mindset before either one.

Andrew Weil: But this is not just mindset. It's also the physical reality that our bodies have an array of mechanisms to maintain equilibrium, to maintain balance, and to regenerate tissue, to adapt to injury and loss. And most people I meet do not have great confidence in their own body's healing powers. So that's where I start from. And a lot of what I've written has been trying to convince people. One of the books that I wrote was Spontaneous Healing. And it's just about that.

If you look at the whole spectrum of illness, most diseases end by themselves. And they end because the body is able to take care of them. There's a famous adage in medicine, it may Maimonides who said it, I don't remember who it's attributed to, that the business of the physician is to distract the patient until time heals the problem.

Dave Asprey: Oh, wow.

Andrew Weil: Yeah.

Dave Asprey: I haven't heard that, and it makes sense because you do get better. But then again, I look back to when I was 300 pounds and I had a lot of chronic illnesses. I had more estrogen and less testosterone than my mom and my thyroid levels were very, very low. And I was really feeling it and no matter what I did. I went to a dozen doctors and I was kind of stuck at the accelerator all the way to the floor, I'm pushing harder, but there's no more room for it to go and I wasn't getting better. I feel like maybe because of that experience I see a lot of people

who are in that ... Something's happened and my body isn't getting better. What's going on in those?

Andrew Weil:

Well, I think that when I sit with a patient who is stuck, what I was going through my mind is, why is healing blocked here? Since healing is the rule rather than the exception, what is blocking it? What can I do from outside that might identify and remove obstacles to healing? Is there a way to supply more energy to the body's healing mechanisms? What can I do from outside?

But I think it's very important to recognize that healing comes from within and treatment is something done from outside. Optimally treatment can elicit healing, but I think that's commonly confused. The example that I often use is if you have a patient critically ill with bacterial pneumonia, and you put them in the hospital and give them intravenous antibiotics, 72 hours later, they're out of danger.

It's very easy to think that the antibiotics caused the cure, but that's, I think that the better way, more useful way to interpret that is that what antibiotics do in that circumstance is reduce levels of bacteria down to the point where the immune system can take over and finish a job that it couldn't do because it was overwhelmed. And to me, that's a model of the relationship between treatment and healing.

Dave Asprey:

That's a beautiful way of thinking about it. It feels like the things that held back my healing the most and just the skepticism that I've faced came from this mindset that said, "That can't be or that can't happen, therefore it didn't."

Andrew Weil:

Okay. So I have heard ... Many of patients that I've dealt with over the years have come back to me and said that the most important thing that I did for them was that I was the only doctor they saw who told them they could get better. Now, in one way that makes me very sad. But on the other hand, I believe that. I mean, sometimes I'll say to a patient, "I know you can get better. I don't know how you can get better. I will give you things to try. I can send you the people to work with, but I know it is possible for you to get better."

Now, you mentioned the National Institutes of Health. I wrote in one of my books that that's really misnamed. If you look at the names of the institutes that make it up, where is the Institute of Health and Healing? It's really the National Institutes of Diseases and Body Parts. There is no National Institute of Health. There should be.

And what I would do, what I think one of the main jobs of that institute would be to compile a national registry of remission, so that if you were diagnosed with a disease or have a problem like yours, you call them up and they can put you in touch with someone in your area who had what you have and is now better. That would be a very powerful message that could overrule all of those negative expectations that you have.

Dave Asprey: I was just on the phone two days ago that a referral from a friend, who is a powerful executive, a former powerful executive at a big company, almost 40 years old and had to retire because of toxic mold poisoning. And the conversation was, "I feel like there's no hope. I can't possibly get better." And I'm looking at this going, look, my levels of all the mycotoxins in my blood were worse than yours, and I was way more trashed than you are.

And I just decided, look, I'm totally okay to die trying. I bought disability insurance when I was 26. Either I'm going to hack it or I'm going to go out fighting because it wasn't acceptable, but it took five times to say, "This is going to take six months to a year to get most of your function back. You just have to do the work." But it feels like most of the chronic things, the first thing they take away is they take away willpower, like that zest to fight it. How do you advise patients when they come in and say, "I'm too tired. I can't do it. I can't remember."

Andrew Weil: I'll tell you this. I'll just tell you a story. I was just with a ... I have a longtime friend, a Japanese man who had metastatic renal cell cancer, metastasis to the lung. His lifestyle was not great. And he was given chemotherapy but very dire, predictions and everyone told him how he had to fight this. This is now 40, 50 years later. He's a picture of health. And from him, the single greatest change he made was a mental change. He decided that since he had created his cancer, he had to love his cancer. And rather than fight it, he had to accept it and love it. And this was his key to getting back to health and healing.

Dave Asprey: I absolutely am so impressed that you said it. When you find something, you give it energy.

Andrew Weil: Exactly. Exactly.

Dave Asprey: And one of my favorite quotes is from Mother Teresa. And sometime in the 70s, someone came out to her and said, "Will you come to our rally against the war?" And she said, "Absolutely not." And they said, "What do you mean?" And she said, "I'll come to rally for peace, but if we go to fight the war, the war is just going to get stronger."

Andrew Weil: That's a really important philosophical point that many people don't get. There are so many examples of where, when we try to fight something or stop something that we don't like, that we end up making it worse, whether it's using pesticides that have made insects worse, antibiotics that have made bacteria more virulent and dangerous to us, rather than accepting something and learning how to live in balance with it.

Dave Asprey: The other thing that drives me nuts is I see the T-shirts and all that say, "Fuck cancer." Last time I heard, that's how you make something reproduce. That mindset, this is not going to work.

Andrew Weil: Right. I like that.

Dave Asprey: Curing, it seems better. So someone walks in to your office and they're saying, "I have all kinds of stuff wrong with me. I feel totally hopeless." Your first thing is going to be, you can heal and your body can do this. And so let's say that they accept this because, well, you're a well-known expert and your doctor and you have the white coat power and all of that.

Andrew Weil: I have various tricks and methods that I use, but it's very much individualized, depending on my intuitive reading of that person. There are a few people who've come to me and told these horrific tales of woe about themselves and my reaction has been to burst out laughing. I can't do that with everyone. It's like the selected pace.

Dave Asprey: You know how to read them.

Andrew Weil: But it is a way of like breaking that mindset or getting them to look at the fact that they can change their take on that. If I can, I will introduce someone to someone who's had their condition then as well. But I can't always do that. This is why I'd like to see in national compilation of people that would make it easier to do that.

Dave Asprey: There's a website, I think [inaudible 00:15:17] about them. And Alexandra has started, it's called PatientsLikeMe. This was-

Andrew Weil: Great.

Dave Asprey: ... specifically for people to find others who were doing this. And it's weird though, when you get things like fibromyalgia and chronic fatigue and things where it's such ... Or Lyme disease, where it's such a fuzzy, people don't know if they have it, they don't think it's real. But even then you get a group of those people in a room and they get the social community. And as I have gone through your work over the years, I mean, you talk about these five things, you say food, movements, stress, social connection, and spiritual well-being is the palette you're playing with.

Andrew Weil: Right. Yeah.

Dave Asprey: Did I miss anything in that?

Andrew Weil: Well, breathing.

Dave Asprey: Oh, okay.

Andrew Weil: We put a great deal emphasis on that.

Dave Asprey: Okay.

Andrew Weil: The book that I wrote on aging, Healthy Aging. When I wrote that, I made several trips to Okinawa to look at the phenomenon of healthy aging there, which is they had the highest concentration of centenarians. As soon as I got there, obviously you can't attribute healthy aging to any one thing because everything's different. It's a tropical pacific paradise, clean air, clean water, people are very physically active. The diet, incredible. I mean, one of the most interesting diets they've ever seen with the variety of sea vegetables, land vegetables, fish.

But it was so striking that old people there seemed happy and had a glow about them that I don't see among old people here. And to me, the greatest difference that struck me as an American was the positive value put on aging over there. The oldest old people were all living treasures on the community's made efforts to include them in everything. They looked old. They were stooped and wrinkled. They didn't use Botox. But they were happy and they felt part of the community and loved and admired and valued and I don't see that happen here.

Dave Asprey: One of the pieces of advice that I've shared in my aging book as well just on the show, I wouldn't be here if when I was 30 I hadn't gone to an antiaging nonprofit group that I ended up running after a while, and I was learning from people who were too, and in some cases, three times my age. And having a friend who's way older than you will totally change your life. And if you're older, knowing a few college students, you might have gone through a few things where you could offer some good advice. And it feels like that's just missing from-

Andrew Weil: It is. I mean, we isolate old people with other old people. We want them out of the way and out of sight. I think one of those toxic cultural messages here is that the value of life diminishes with aging. Marketers direct everything at a very young demographic. All of entertainment is for younger and younger people.

Dave Asprey: Haven't they figured out that old people have all the money?

Andrew Weil: Good point.

Dave Asprey: Do you see that changing? Are we going to have some transformation in the West?

Andrew Weil: Well, I think one hope is that the baby boomers who are just getting into the ranks of the oldest old, have all along proved themselves to be very demanding in getting what they want and getting change and maybe they're not going to settle for the models of aging that have been offered to people up to now.

Dave Asprey: My dad and I talk about aging, and he's in his 70s, and he had a heart attack almost two decades ago, and he, he says, "You know Dave, I remember the first time I was invisible." And I said, "So what do you mean?" And he said, "Well, when I was just a middle-aged, when people would see me, they'd respond a

certain way." And then he said, "I don't know exactly what happened. Maybe my beard just got gray enough or something happened. All of a sudden, it was like I wasn't in the room." And obviously whatever younger people were with him, there was nothing intentional there. Is this going to take a media revolution? Is this going to take extra breathing exercises?

Andrew Weil: It's going to take a lot, I think. But the old and oldest old are of the fastest growing segment of our population, and that's unprecedented. Never before in human history, well populations have had such large percentages of its lumbers in the ranks of the oldest old. So everything is changing. Japan is a little ahead of us in this, and that's already caused huge changes in the Japanese economy, social structure. So I think we'll see things will be different.

Dave Asprey: Things will be different. In your hierarchy there and your list of things where I didn't include breathing, where we had food versus breathing. Clearly, you can go a few minutes without a breath and you're in trouble.

Andrew Weil: Right.

Dave Asprey: How much time do you spend every day doing intentional focused breathing exercises?

Andrew Weil: Well, in terms of clock time, I don't know, it may not be that much. It may add up to something like maybe 30 minutes in the course of a day.

Dave Asprey: Of focused breathing?

Andrew Weil: Yeah. But I do some in the morning when I get up. I do in the evening when I fall asleep. I do some at various times during the day.

Dave Asprey: What's your best book on breathing?

Andrew Weil: I actually have this in all of my books.

Dave Asprey: Okay.

Andrew Weil: I's say try Healthy Aging as a good one or one called Health and Healing is another, and on my website, drweil.com, there's a whole ... You can find videos-

Dave Asprey: Yeah, you have of a lot of videos about us running. Okay.

Andrew Weil: And I think I'm one of ... I'm unusual in being a doctor that places emphasis on breathing. I learned a lot of this stuff, well, some from studying yoga, but from a couple of old osteopathic physicians, old time DOs, one of whom in particular was one of my mentors, Dr. Robert Fulford, I met him when he was in his 80s. He was a great model of healthy aging in place to-

Dave Asprey: How old were you when you met him?

Andrew Weil: I must've been in my 40s.

Dave Asprey: There you go. Twice your age.

Andrew Weil: Exactly. Exactly. And I once asked him what was the secret of his health and vitality. And he didn't answer in words. He just took an enormous breath and I'd never seen anyone's chest expand so fully.

Dave Asprey: Wow.

Andrew Weil: He really believed that breathing was the most essential function of the human organism and that doing it properly was the key to good health. So it is amazing to me how little research has been done on breathing, because people don't take it seriously. How can anything so simple cause such changes, but I think learning how to breathe and practicing breathing techniques, it's free, it doesn't use any devices and it's incredibly time and cost efficient.

Dave Asprey: Well, now that you've said that, I'm sure if someone out there is making a little vibrating thing for your belly button, and as a result of that comment. I'm making fun of my quantified self-friends there. I did, when I was an engineer, I did five years of art of living, breathing exercises. Every morning I'd wake up and spend a half hour, hands in different positions. And to this day, when I go work with a Qigong master or a Chinese medicine or pranayama yoga teacher, they always just say, "Oh, you know how to breathe."

And I don't on everyday basis do breathing exercises, although I recognize it would be a good move. I have kids, they disrupt my morning routine. But I do believe that that, just repeatedly doing it, it changed my nervous system, so my body just knows how to do it. What is the minimum amount of time that the average listener would have to do structured breathing exercises for their lungs to just learn?

Andrew Weil: I think it's the regularity of doing it rather than any amount of time because you're putting a signal into your nervous system and over time, over weeks or months of doing that, you actually change the tone of the autonomic nervous system, and that's what we want to do. So the simplest technique that I teach, this four, seven, eight breath, what really takes 30 seconds to do it, but you've got to do it religiously.

Dave Asprey: Four, seven, eight. Walk me through that.

Andrew Weil: You breathe in through your nose quietly to a count of four. Hold your breath for a count of seven. Blow air out forcibly through your mouth to a count of eight. And when you're learning this, you do it for a total of four breath cycles, which takes 30 seconds and you do it at least twice a day.

Dave Asprey: Do you hold empty at all?

Andrew Weil: No. No. You hold on the inhale.

Dave Asprey: Okay. Just on the inhale? I remember I did my first yoga class where they ... So breathe out, now hold your breath empty. And man, the first time I did that, immediate panic response, which makes no sense because you realize, well, yeah, I can do 10, 20 seconds when my lungs empty now because the panic response has gone, you know air's going to come in a while. But that took me a while. Maybe I was more sympathetic dominant than average. Do you recommend that, that lung empty at all?

Andrew Weil: In pranayama there are hundreds and hundreds of variations of breathing techniques. It's fine to experiment with them. This one, this four, seven, eight breath that I've worked with for a long time is the one that I found to be most time efficient. I told you that I have a very low heart rate and I can only attribute that to doing that breathing technique.

Dave Asprey: And your heart rate's in the 40s?

Andrew Weil: Low 40s, sometimes high 30s, and I think that's from high vagal tone.

Dave Asprey: Okay. And you don't exercise all the time and-

Andrew Weil: I am physically active every day. I try to swim every day. I have dogs that take me for walks, but other than that ...

Dave Asprey: You're not spartan racing and running triathlons?

Andrew Weil: No. No.

Dave Asprey: Okay.

Andrew Weil: And it really annoys the hell out of some of my exercise fanatic friends that I have a low heart rate like that, and I don't do that kind of exercise.

Dave Asprey: So that's just the benefits of breathing. When you have high vagal tone though, that also can be a problem. You can pass out when you have a high vagal-

Andrew Weil: I'm not light-headed. I don't pass out. And I think I can maintain an adequate sympathetic response when needed.

Dave Asprey: Okay, got it. So your nervous system works really well.

Andrew Weil: Yeah.

Dave Asprey: Do you measure things like heart rate variability, EEGs?

Andrew Weil: I don't. I'm interested in all that. No, I don't. I can tell I have nice warm hands most of the time and that's you know what, part of the relaxation response.

Dave Asprey: So things are working pretty well for you?

Andrew Weil: Yeah.

Dave Asprey: What has shifted? I mean, I remember ... Just an example. This is one of your older books and you wrote about mangoes. Does that sound familiar?

Andrew Weil: Yeah.

Dave Asprey: You know I'm talking about?

Andrew Weil: It's called The Marriage of the Sun and Moon.

Dave Asprey: Yeah. Tell me the story about mangoes.

Andrew Weil: Well, that was the second book I wrote, and it was about adventures I had during a period of about three and a half years when I traveled a lot in, mostly in South America and Central America. And I talked about perfectly ripe mangoes causing an altered state of consciousness. We often don't get really perfectly ripe mangoes up here, but if you're in the tropical error where they grow and you're eating one, I mean you-

Dave Asprey: So amazing.

Andrew Weil: Everything disappears except for the mango. And it's the texture and the flavor. And there are, I think I quoted in there descriptions of Indians in Bombay during mango season, lying on the ground with mango juice dripping into their mouths with their eyes glazed. It is a total enveloping experience.

Dave Asprey: You know, at dinner you were talking about glycemic index. However, mango tends to be really high on the glycemic index. I mean, have you shifted your view, or even more better phrased, how have you shifted your view over time from where you started out with these travels around the world to where you've ended up now? What's up and what's down?

Andrew Weil: Let's take sugar specifically. Sugarcane is native to Asia and in India, in many places, there are vendors on streets that have big carts full of freshly cut sugarcane stongs [stongs 00:27:19], and they have a sort of wheel press that's hand operated. And you can have a freshly squeezed glass of sugarcane juice, which they squeeze limon too. And it is absolutely delicious. It's not overly sweet and it's got this sort of back taste that's the molasses element, which is not particularly pleasant. So it's a mixture of the sweet and unpleasant, but I think taking sugar in that form is just fine.

And for Indians, it is a kind of sacred plant. That's a very special thing. I think when you boil that juice down and concentrate the stuff and then put it in large quantities that you need every day, that's probably going to cause havoc. I grew up pretty much addicted to Coca-Cola and soda, my teenage years, and I can't imagine doing that now. Tastes repulsive to me.

But I was very unconscious about that. And I think drinking of sweetened liquids like that all the time is really not a good thing for you. But I think I'm naturally sweet things in moderation are okay. And probably tropical fruit, if you're in the tropics and it's in season, I think it's probably okay. And if you look up in the temperate regions, fruit ripen in the fall, just before the winter, and it was appropriate to store up caloric energy as fat at that time of year to get you through the lean period. So I think, the difficulty is now we have that available to us all the time and in great quantity.

Dave Asprey: I went to Hawaii for a month last year. Well, I already live on an island, Vancouver Island. I'm just going to live on a different island with sunshine in the middle of winter for a month. And I said, "So I'm going to eat the tropical fruit that's season." And I gained 2% body fat in a month eating tropical fruit, which wasn't my intent, but it was delicious and I don't really regret it that much, but I think that's awesome.

Andrew Weil: Yeah, and I think that's and you can lose it afterwards.

Dave Asprey: I did. The other thing that you wrote about in your book that actually really shifted something for me, it's in the same book, was you talked about going mushroom picking. And you had this vivid description of how when you're in the right mindset, you'll just find mushrooms.

Andrew Weil: Well, I first of all talked about finding four leaf clovers. And I met a woman once who was ... Her thing was she would bet you that, she'd bet you a dollar or \$5 that from the time you said go, if you were in an outdoor area, that within a minute she could find a four leaf clover.

Dave Asprey: Wow.

Andrew Weil: And she always won. So thinking about this, it made me realize the four leaf clovers are always there. They're rare. The problem is being able to see them. And that's a pretty complicated one because of the visual pattern. But I think there's two aspects to seeing. There's what goes into the eye, but then there's whether the brain can recognize the pattern. And if the brain, if you don't have the key in place to recognize the pattern, you can be looking right at something and not see it and not recognize it. So that's the case with four leaf clovers.

And I found that I was able, I've developed the power to find four leaf clovers and I could take other people, introduce other people to that experience. So with mushrooms, this was even more striking and that when I was learning ... I

moved out to Oregon. And it was the first time I was around lots of people that collected mushrooms, wild mushrooms, and often when I was trying to learn a new mushroom, I couldn't see them at first and other people were finding them and it would drive me crazy that you have to be with somebody and they say, "Oh, there's one, there's one." And putting them in their basket, and I couldn't see a single one.

And then after a period of time, I'd be able to see it. And even more interesting, with some of these mushrooms, especially the magic mushrooms that were little, if I was in the physical presence of somebody who was seeing them, I could see them, but if I got too far away from them, I stopped seeing them. Now, that's really interesting that somehow there's some shared thing.

But I think the essential point is that you have to have the key in place to be able to recognize the pattern. Which also makes me think that when you hear people tell you about experiences they have that aren't in your experience, whether it's experiences of telepathy or precognition, I'm willing to at least listen to that. And maybe I don't have the key in place to recognize that. But I think there's probably a lot more out there than we're aware of.

Dave Asprey:

It reminds me of a legend, one that that's probably historical based, is one of the islands, tropical islands the first time a ship from the West came out, no one could see the ship because it was unprecedented and then the local medicine man noticed the waves were all screwed up. So he stared at it for a couple hours, said, "Oh, there's a ship." And once someone developed the ability to see it, then everyone else could like, "Oh, these small things are appearing from something." And they finally realized what it was.

So I went out in a forest after I read your book, this was years ago when it came out. And I grew up in New Mexico and there it's like toadstools, mushrooms are poisonous. And I had inadvertently been taught like a pretty hostile, negative view towards mushrooms.

Andrew Weil:

Yes, me too.

Dave Asprey:

And I mean, Paul Stamets was just on the show, who's the leading guy in mushrooms. It took me a long time after I read your book, to say, "Oh, I'm not seeing them because I've learned not to see them." And so I tell them, "Oh look, magic forest mushrooms, the other fairies are sitting on them." My kids walk through the forest in our backyard and they're finding mushrooms like crazy because they didn't learn not to do it. Are there other things in your life that you learned not to see that you discovered?

Andrew Weil:

Well, I would generalize that to things like magic. I think there's all sorts of magical stuff out there, that I probably didn't see when I was growing up in a city that now I look for and see things like synchronicities and all of that, which I find fascinating.

Dave Asprey: Do you think that it's possible to create serendipity or synchronicity is on demand? Are some people better at that than others?

Andrew Weil: Yeah, but I think that, again, I think if you start paying attention to them, they're there. It's like that they're four leaf clovers. They're there, but you don't recognize them. And especially if ... When we say, "Oh, it's a coincidence." Coincidence is the label on the mental wastebasket that we throw certain experiences into that we say, "This has no significance." If you start saying that maybe this is a highly significant thing, then they begin happening more frequently and they can guide you in a certain direction.

Dave Asprey: There have definitely been some things in my life that I don't think are coincidences that I feel like I don't have a good explanation for based on what we know about science, although it seems like people have been studying that for thousands of years in Ayurveda. And in fact, almost all of the ancient traditions have been studying coroner cases, weird phenomena and finding that they're rare, but that they happen.

Andrew Weil: And maybe they happen more frequently if you begin paying attention to them. There is a field now of coincidence studies. This is a formal field of psychology.

Dave Asprey: Oh, wow.

Andrew Weil: It's coming into existence. It was just a big conference on it in London. A friend of mine went.

Dave Asprey: I am going to have to go to that conference.

Andrew Weil: Okay. Coincidence studies. Very interesting.

Dave Asprey: The fact that you mentioned it wasn't a coincidence. What percentage of the human body do you think we understand? So in other words, like there's mechanisms in the body where you think they're predominantly-

Andrew Weil: I think there's so much we don't know. It's also so recent. There's one of the stories that I, or one of the things I wrote about in one of my early books, is the different understanding of the body in the East and the West, with regard to the immune system. Even as late as when I was in medical school in the early 1960s, the appendix was thought to be a functionless organism and a vestigial organism, something left over for evolution that had no purpose.

When I was growing up, it was impossible to make it to your teenage years with your tonsils and adenoids. Every child had them removed because they were functionless organs, useless organs that got infected. So get rid of them. The thymus gland ... Oh, first of all, with the appendix, many people, I don't know if this still happens, but I would say up through the 1970s and 1980s many people had abdominal surgery, things like hysterectomy, gallbladder removal, who did

not find out until they got their hospital bill that their appendix had also been taken out as a preventative measure cause it's a useless organism that could cause trouble. The thymus gland behind the breastbone, which is the master gland-

Dave Asprey: Really important.

Andrew Weil: ... of the immune system where lymphocytes go to get trained. It's very active in childhood when it's programming white blood cells. And then in adolescence, it shrinks. This is called the involution of the thymus. And this was taken as, I don't follow this logic, but this was taken as a sign that it was a useless organ, the fact that it shrank in adolescence.

And this is in the 1950s, doctors at leading academic medical centers in North America invented a disease called thymic hypertrophy. The thymus is too large, which every child had, that was treatable by shooting x-rays at it, that caused it. It's very sensitive to relation to-

Dave Asprey: Oh my God.

Andrew Weil: I had a good friend in college who went to Harvard law school and became a Supreme Court clerk. He was from Chicago, and out of the blue one day, he got a letter from Michael Reese Hospital, the leading hospital in Chicago saying, "According to our records, when you were a child, you were brought in to our clinic for a series of x-ray treatments to shrink your thymus and we're now finding years later that people who had this treatment have high rates of thyroid cancer."

Dave Asprey: Shocking.

Andrew Weil: "So we urge you to go in and have tests of thyroid function." I mean, how would you feel if you got such a letter? Now, meantime in China hundreds of years ago, they didn't know what the immune system was. They didn't know what these organs were because they didn't do autopsies and they weren't focused on body structure, but they developed the science of function and they had a very clear concept that the human body had the defensive sphere of function, and they explored the natural world to find things that might enhance that and protect it.

So all of these adaptogenic herbs and medicinal mushrooms that modulate immunity, they discovered. While in the West, we were seeing these things where useless organs and finding ways to destroy them or remove them. I mean, that's just amazing to me.

Dave Asprey: I actually inject a synthetically derived protein fragments made by the thymus as part of my anti-aging program because it turns out having a bit stronger thymus function, it can help your immunity.

Andrew Weil: Yeah.

Dave Asprey: Wow.

Andrew Weil: You know this, here with the people that do thymus tapping.

Dave Asprey: Oh wow.

Andrew Weil: That's a technique that's done I think in Chinese medicine, others. You're supposed to like do this and it's supposed to stimulate your thymus. I don't know whether it does-

Dave Asprey: [crosstalk 00:38:32]

Andrew Weil: At least they're taking it seriously.

Dave Asprey: I do light therapy over the thymus region, but I don't know if it actually ... I don't know if there's much of one left at my age. It's really hard to say.

Andrew Weil: No, it's still active.

Dave Asprey: Okay, it is still active? All right. Wow. Are you hopeful? Are things moving in the right direction in medicine?

Andrew Weil: Yeah, I mean, I think I see it going both directions, but I think first of all, the technology is amazing. I think we're on the verge of being able to regenerate tissues and organs. I mean, that STEM cell therapy, real STEM cell therapy is not far off.

Dave Asprey: Have you had any?

Andrew Weil: No, because I don't trust any of this stuff that's out there.

Dave Asprey: Even your own STEM cells?

Andrew Weil: I'm going to wait a little bit.

Dave Asprey: Okay.

Andrew Weil: But I think, we're close to being able to regenerate a damaged spinal cords, damaged hearts, pancreas when type one diabetes. I think that's within a few years, within five years.

Dave Asprey: I do know one person who got intravenous STEM cells without the intent of doing anything to his heart, who went in to have a corrective surgery for something wrong with his valves. And when they went in to do the scan before surgery, they said, "Your problem isn't there anymore."

Andrew Weil: Great. It must be a miracle.

Dave Asprey: And he says, "Maybe it was the STEM cells." They said, "No, it was a miracle." He said, "All right, fine."

Andrew Weil: So regenerative medicine, that's genomics, individualized, targeted, that's coming. It's going to be a great thing.

Dave Asprey: Do you have your genome?

Andrew Weil: No, because I don't want to know that information. And I think that's a lot of mischief potential there. But also the other ... So that's one thing is, the technological advancements, which are great. But the other is the progress of integrative medicine, which is why my field-

Dave Asprey: Absolutely.

Andrew Weil: ... and clearly that is now being driven by economics and it's becoming mainstream. So the combination of conventional medicine with natural and lifestyle medicine and alternative therapies, this is something that's happening I think is great.

Dave Asprey: One of the areas where I think we have the biggest problem is just with the quality of our food supply and people are eating at restaurants a lot, and you and Kimbal Musk, who's also been on the show, are the two humans, at least in the US, I think, who have done the most to say, "Let's find a way to make substantial numbers of restaurants that have real food." Or you might call it true food. Wonder where you've got that idea, right?

Andrew Weil: Yeah.

Dave Asprey: Do you see a change in demand or a change in how people go to restaurants?

Andrew Weil: Yeah. I mean, I think you still see a lot of the other stuff out there and people want huge portions of really unhealthy stuff. One of the reasons that I was motivated to start True Food Kitchen was that I get very frustrated eating out because it's fun to eat out, but there's not many places where I can get food as good as I can make at home, and that meets my nutritional requirements. So I wanted to create a place, serve the kind of food that I myself would make or like, and turn other people onto that. And I do now see other ... I see this being copied and a lot more restaurants offering healthy options. So I think oh, that's to the good.

Dave Asprey: Why did you insist on ... There is one a burger on your menu and it's grass fed? Why is grass fed important?

Andrew Weil: Actually, grass finished is more important than grass fed.

Dave Asprey: I totally agree. Walk me through that.

Andrew Weil: Well, you can say grass fed, but then the cows are taken to finishing lots where they're fattened up on grain.

Dave Asprey: It give them diabetes. Right?

Andrew Weil: Exactly right. So one of the reasons for a grass finished meat, if you're going to eat it, is that the fatty acid composition is much better. So that's one reason. The other thing is that cows are not evolved to digest grain. So if they're on grain diets, wreaks havoc with their digestive system. And this is one reason when they have to be given antibiotics. And that creates a whole other series of problems.

Dave Asprey: I know that the sheep on my farm that eat grass, they've never had antibiotics because they don't need them. There isn't a point to it.

Andrew Weil: Right. And feeding cows grains, that's bad enough. But how about feeding them other cows or sheep? And that's what produced the mad cow disease breakout.

Dave Asprey: What do you think about vegetarian versus vegan versus grass fed omnivore versus give me a steak?

Andrew Weil: I think human beings are omnivores. Most recently in Okinawa, which was earlier this year, I went out to this famous village called Ohgimi village, which is the longevity village that advertised that has all these centenarians. And I sat around with a room full of very old happy looking Okinawans and they were all asking about, what's the secret of their longevity? Everyone, the first words they said were, "Eat everything." Very interesting.

Now, they have a lot of great food available. There's also growing numbers of fast food restaurants. I don't think they meant that when they said, "Eat everything." And Okinawan longevity has actually plummeted in the past few years as a result of increasing consumption of fast food, McDonald's especially. So I think, first of all, we're omnivores, and I don't tell ... I'm personally a pescatarian or a vegeqarian, if you want to call it that.

Dave Asprey: I know of octo, ovo, beefo, porko vegetarian.

Andrew Weil: I don't tell people to become vegetarians, but I think it is, for North Americans I would say it would be useful to reduce the percentage of animal foods in the diet.

Dave Asprey: The data's really clear on that. And that's a part of my aging book as well-

Andrew Weil: And I would say particularly beef, because that for the planetary and environmental consequences of raising cows for food is pretty bad.

Dave Asprey: Yeah, the way we're doing it, especially with corn and soy and all that. It's so inefficient. I flat out tell people, never eat an industrial raised animal again if you want to live a long time. And that'll help the environment dramatically. And the data about the average Americans eating so many pounds of meat, and I don't care if it's chicken or whatever, it's just too much animal protein. But I think going, if too much is bad, none is good, might be extreme.

Andrew Weil: Yeah, that's extreme. And also a game that I like to play is tell a group of people when I'm teaching a class, name any food and I can give you an argument why you shouldn't eat it.

Dave Asprey: Yeah.

Andrew Weil: And if that were all right, there'd be nothing to eat. But really, anything you name, I can give you good, sound reasons why you should not eat it.

Dave Asprey: Blueberries.

Andrew Weil: Well, fruit in general, high in sugar. If you're in macrobiotics then you don't want it too yin, don't want to let yin in your body.

Dave Asprey: What do you think of macrobiotics?

Andrew Weil: I think it is a very limited, restricted dietary system that was appropriate for people in Japan. I think it's too high in salt. I think a diet that tells you never to eat fruit, that's ... Fruit is obviously meant to be eaten, right? That was designed to be eaten. The people that I've known that have been on macrobiotic diets, almost always end up binging by doing things like eating an entire cheesecake. And I think that's what happens when you're on too restricted diet. And there's some great macrobiotic foods. I've eaten some really interesting macrobiotics things. But after I'm eating it for a while, I think about cheesecake a lot.

Dave Asprey: I was invited to speak at the largest vegan and largely raw, but largest vegan conference out there, which was surprising, cause I'm pretty much like put butter in your coffee, it's not vegan. And I talked at the hotel and there's a couple thousand people here, you probably know who I'm talking about, but I'm not going to call them out by name. And I asked the head catering guy, I said, "You guys must hate this conference cause you don't make any money and no one will eat any of your stuff." And he just smiled. He said, "No." I said, "What do you mean?" He said, "This is our highest revenue for room service-

Andrew Weil: Really?

Dave Asprey: ... of the entire year."

Andrew Weil: Really?

Dave Asprey: So everyone goes down and then have like two kale leaves and they go and have the chicken nuggets.

Andrew Weil: I love that.

Dave Asprey: Because of that-

Andrew Weil: Exactly, exactly, right.

Dave Asprey: And when I was a raw vegan man, I was devout. I had giant bowls cause I could never be full. I bought like these one gallon bowls for my salad and I was eating all the time and eventually ...

Andrew Weil: So this is probably why eat everything is a good idea. Eat everything in moderation and then you don't have to go on these binging cravings cycles.

Dave Asprey: So that gets rid of the Ben and Jerry's bucket at the-

Andrew Weil: Exactly, right.

Dave Asprey: ... end of the kale salad. I got you on that. As a pescatarian though, there's two things.

Andrew Weil: There's problems with being pescatarian.

Dave Asprey: Yeah. Okay. And that the two I want to ask you about. The most obvious one is probably mercury and other toxic metals in fish. They accumulate in us as we age. If we want to age well, how do you deal with that personally?

Andrew Weil: Okay, so first of all, the form of mercury that's in fish is ethylmercury, which is not that bad for us. It's methylmercury that's the problem, and we don't really know whether a high mercury levels in the blood of adults has any clinical significance. It's very bad-

Dave Asprey: High ethylmercury or high any mercury?

Andrew Weil: Any mercury.

Dave Asprey: Okay. This is mind blowing.

Andrew Weil: I see people that come, they're freaked out that they've got a high mercury level and they stop eating fish, blah, blah, blah. It may be that in an adult, a high mercury level really has no clinical significance. It's very bad for fetuses and infants with developing nervous systems, but we really don't know the significance of mercury in adults. It may not be so bad. And selenium, if you have adequate selenium in your diet or a fish have adequate selenium in their diets, it really neutralizes the problems with mercury.

Dave Asprey: There is good evidence that selenium helps with that. Although the levels are much higher than it used to be.

Andrew Weil: But clearly, it is better to eat, and not it's just mercury, it's PCBs and other things that fish accumulate. So you do not want to eat large carnivorous fish or fish that spend a lot of time in coastal waters.

Dave Asprey: Okay.

Andrew Weil: You want to eat, better to eat small vegetarian fish like sardines for example, or a wild albacore tuna that are off ... You know the BC Coasts?

Dave Asprey: Yeah.

Andrew Weil: Those are good fish. So you want to know which ones are okay and which aren't. The other issue with fish is sustainability, and there aren't going to be any fish pretty soon. I think you want to really know which species are ... Things like Chilean sea bass that you should never eat cause they're not going to be there anymore.

Dave Asprey: Even if they are really delicious?

Andrew Weil: Bad.

Dave Asprey: I'm just kidding. By the way, I'm in alignment with you on eating the vegetarian fish, eating sockeye, eating short-lived dish. And if it's a 200 pound halibut-

Andrew Weil: No.

Dave Asprey: ... throw it back. It has a lot of eggs in there.

Andrew Weil: Absolutely.

Dave Asprey: You can eat the babies.

Andrew Weil: And it's got a lot of stuff accumulated in its flesh.

Dave Asprey: Yeah. It's not worth eating. That's just really important advice. Now, we didn't talk about microplastics, which is something that really comes about. As a pescatarian, you're getting a lot.

Andrew Weil: Well, I think we're all getting a lot. I mean, the stuff that I see is that if you analyze fecal samples or tissues, we've all got this in us. There's no avoiding it and I don't know what we can do about that. It's in everything and I think it's probably good to try to face plastics of all sorts out of your life.

Dave Asprey: Yeah, I am pretty radical. I haven't talked about this, but there's a very simple solution to the plastic problem. It's called fire. And the idea that we're not going to burn plastic because it might pollute the air, so let's permanently pollute the oceans and our bodies with tiny particles. Look, burn the plastic, capture the toxins from the smoke, and let's just be done with it. I'm a huge fan of high temperature incinerators with scrubbing smokestacks, but they're just not politically correct.

Andrew Weil: Right.

Dave Asprey: But it seems like if we don't do that, I don't want to eat sea salt anymore. I want to eat salt from mine, but we'll run out of mine to salts and what's left is pretty bad.

Andrew Weil: Yeah. Well, I hope, I mean, I think I do see a change and I think pretty recently, I think the climate stuff has really gotten through to people. I certainly see more awareness of the environmental crisis than I've ever seen.

Dave Asprey: Let's talk salt for a minute, since we're on the ocean. You mentioned people getting too much salt on certain diets. What's your take on salt?

Andrew Weil: A complicated issue, very divided data there. Personally, I think we've made people too afraid of salt. I think some people are salt sensitive and they eat anything salted and their fingers swell and probably affects their blood pressure. For most people, it may not be that much of an issue. Having said that, I think it is fairly easy to change your taste preference for salt. I grew up eating salted pretzels and nuts. I can't eat those things anymore. If I'm going to eat nuts, I like them unsalted. I like raw and salted nuts. I'd rather have chips that don't have any salt on their coatings.

I rarely add salt to my food. I cook with salt. I use it as a seasoning, but I don't add it. I'm amazed when I see people in restaurants who before they taste the food, put salt all over it.

Dave Asprey: Did you notice I did that?

Andrew Weil: I did.

Dave Asprey: Here's why I do that, I have low blood pressure.

Andrew Weil: Okay. Okay, great.

Dave Asprey: I intentionally increase my sodium intake and I actually know that, if your executive chef who came by was in here, I wouldn't have done it out of respect because it's really rude when the chef is there. But for me, it's a medical thing. I looked at the data on renin levels. And if you get your salt down to around two grams a day, your renin levels go up, which increases your heart attack risk.

Andrew Weil: Right.

Dave Asprey: So it's just like meat. Way too much meat's bad for you, but zero isn't good.

Andrew Weil: Right, exactly.

Dave Asprey: And sometimes I see people who are low on salt, they have low blood pressure, they have pots, or they're just getting down too low. And then you'd get a bunch of people who are bloated all the time and eating tons of salt and their kidneys don't work.

Andrew Weil: Yeah, you know what? You're right. Do you know about the dangers of low cholesterol.

Dave Asprey: Oh, do tell.

Andrew Weil: Very low cholesterol is strongly associated with increased rates of suicide and accidental death, and nobody knows why.

Dave Asprey: And stroke.

Andrew Weil: And stroke.

Dave Asprey: And acting like a jerk. It turns out people who don't have oxidized cholesterol but have higher LDL, are much more likely to live longer too.

Andrew Weil: Aha.

Dave Asprey: And it is a complex subject. But when I was a raw vegan and I got my cholesterol down into like 160s, I don't think that was good for me at all. I am a much happier, higher performing, less inflamed person when I'm around between 202 and 220. And my HDL is very high as a portion of that. And it's I'm sure individual, but it can all be measured now in a way that, when you went to medical school, we couldn't get the data even in class department that size. So I'm hopeful that we ... If people listening to this and they get one thing out of this, it's that maybe there's some moderation in there.

Andrew Weil: How about the dangers of being too lean?

Dave Asprey: Oh, do talk about that.

Andrew Weil: I would love to talk about that since I'm not one of those people. There's several dangers of being too lean. One is if you fall, you're much more likely to injure yourself. You know, it is good to have some padding. Another is that it's good to have some caloric reserves. Because for example, if people ... It's quite common that if people get acute pneumonia or influenza with a high fever, you can lose ... Some people can lose 20, 25 pounds in 48 hours as a result of incredibly

revved up metabolic activity. If you don't have that to lose, you die. So I think there are a number of ... And plus I think being very lean is also associated with less good mental, emotional wellbeing.

Dave Asprey: And there's the part where your lungs actually are much more likely to rupture. They get adhesions to some sort of other layer of fascia. Now you're a doctor, I'm not. I have a friend who's down to 4.8% body fat and he's a picture of health, ripped, lean. I'm like, "Man, you have got to eat some carbs already." It looks good and you feel good, but it's not a longevity strategy. What is the ideal for men, like the lowest possible healthy body fat for the average person [inaudible 00:55:24]?

Andrew Weil: I'm not going to give a figure there. I don't know.

Dave Asprey: Got it. I haven't measured it in the last month or so. I'm around between 10 and 11%, but it isn't because I'm trying to do that. It's cause when I finally got my food and my sleep and everything right, I went from being the 300 pounds, God knows what percentage body fat, to the 200 and 210 pound guy. And I wouldn't want to go lower. And if I did, I would go get some ice cream or something.

Andrew Weil: And you'd be unpleasant to be around.

Dave Asprey: Even more unpleasant. Right. Thanks Andy. Now, I've been asking people on the show lately because I'm focused on anti-aging right now and have been for 20 years, but this was, my big book just came out on that. And I've been asking how long ... Are they planning on leaving. So I'd like to know your number, as the guy who's written a very readable book on Healthy Aging. What's your number? How old ...

Andrew Weil: Well, I'm 77 now. Which, I don't know how I got here, but that's ... But I'm closing in on 80. I don't know. I have a feeling I might want to live to my mid 80s or late 80s.

Dave Asprey: That's it?

Andrew Weil: I don't know that I want to live longer than that.

Dave Asprey: But you're comfortable. I mean, your eyes are sparkling. Your brain works. You feel like you're done. You did what you came here to do?

Andrew Weil: Yeah, I guess. I mean, I could probably do some work stuff, but I'm pretty happy with what I've done.

Dave Asprey: All right. So you're like ...

Andrew Weil: I see people in there, I have a good friend who's 94 now and is a model of exceptional aging. But I hear him talk about that all the people he knew are

dead. And that that's not a lot of fun. And I quoted a woman who was a, I think she was 102 when she said, "You don't want to live this long." She said, "Look at the world now. Look at the way it's going. It's very clear where we're going, and I don't want to be around for that." So I don't know, I'm not going to make that prediction. I'll wait and see.

Dave Asprey: We're both in town for Joe Polish's Genius Network Conference, and Joe's been on the show, and it was actually a very powerful interview he gave about his path through life as an addict and just dealing with trauma and addiction. And another guy's going to be here for sure, who's been on the show, Dan Sullivan, who's 73 and is absolutely convinced he's going to live till at least 156. And he talked about the same thing. He said, "You know, I decided to have to get myself a bunch of younger friends cause all my friends are starting to pass." And he was like, "I don't want to sit around and do stuff, do stuff like play cards." And he said, "I need to move."

So he has this youthful vigor that's very intentional. But I haven't yet interviewed anyone out of, this is now probably about 700 interviews, who's in their 70s at your level of health and saying, "Yeah, maybe another five, 10 years, and then I'm kind of done." Are you one of those advanced people-

Andrew Weil: I don't know. I'm not-

Dave Asprey: ... who are going to pass consciously. You're going to sit cross legged for three days and upload yourself to that.

Andrew Weil: Maybe. This isn't like this. When I was writing Healthy Aging, I got to know a lot of the aging research community. And one of them, one of these researchers sent around a survey to the community of aging researchers. And one of the questions in it was, "If you could live as long as you wanted and have good health, how long would you want to live?" And the responses came back. There was a terrific difference in gender responses. Men on average said they would like to live 1,000 years. Women on average said they'd like to live to 120 years. And the person who did the survey said they couldn't figure out an explanation for this difference?

Well, I thought about it, and it's not that hard to come up with an explanation. In our society, women are the caregivers. If you're being taken care of, why not live to 1,000 years?

Dave Asprey: You don't have to do dishes all to the 1,000.

Andrew Weil: Yeah, right. But women seem to want to live only until they know that their grandchildren are going to be okay. And then they want out of here. And interestingly, 120 years seems to be where the human lifespan is fixed. So women are much more realistic there.

Dave Asprey: I like that. My number of 180 is ... Well, I know one 20 is what we can do today. And I'm counting on my friends in the anti-aging research fields over the next 100 years. If they can't do 50% better, like they're not very good at their jobs.

Andrew Weil: Oh, we'll see. We'll see.

Dave Asprey: And also that's assuming we have enough soil. We only have 60 years of old soil. There's that.

Andrew Weil: Can I say some words about matcha, my favorite beverage?

Dave Asprey: Oh my goodness. We're talking about anti-aging stuff. We were going to talk about that before. Yes, let's talk about matcha in the context of aging and in the context of being an awesome Japanese beverage that's almost as good as a good sake.

Andrew Weil: Okay. That's well put. That's my favorite alcoholic beverage.

Dave Asprey: Oh, yours again? Mine too. Excellent.

Andrew Weil: And it's the only one that I find that a good sake that you can drink unlimited quantities of and get really buzzed and not have a hungover.

Dave Asprey: You know, I have exactly the same experience. That's why I like it. Plus it tastes good.

Andrew Weil: Same.

Dave Asprey: Okay. So sake has magic powers. All right. We're there, but let's talk matcha because ...

Andrew Weil: So first of all, I became interested in, I went to Japan when I was 17 and lived with Japanese families. And I got, first of all, very turned on to tea in general when I was growing up. Tea was what old people in sick people drank and it was terrible. And Japan was the first time I had delicious tea, delicious green tea, sencha. And I also tried matcha for the first time.

Dave Asprey: It was 60 years ago.

Andrew Weil: Yeah. A long time ago, Japan was very different. And I was blown away by the color of mosh. I'd never seen anything of that vibrant green.

Dave Asprey: It's like green paint.

Andrew Weil: Unbelievable. And then the complex flavor and the act of whisking it, that fascinated me. I made the number of trips to Japan in the 1970s, 1980s, and I'd always bring matcha back and turned friends onto it. But nobody knew what it

was. And now suddenly matcha has exploded in popularity in North America, but it bothered me that so few people had tasted really good matcha because the powdered tea, it's so finely powdered that it oxidizes very quickly, loses its color, it becomes bitter, loses its flavor, and probably many of its healthful qualities.

So I started the company, I got the URL matcha.com and created a company, Matcha Kari, and we import very good quality matcha from Uji outside of Kyoto, which is where the best stuff comes from. It's just a wonderful beverage. I drink it every day. It's the only form of tea where you consume the whole leaf. It contains high levels of a very healthy antioxidants and L-theanine. And the combination of L-theanine and caffeine produces a state of alert relaxation, which is very different from other forms of caffeine. So it has everything to recommend it. And before I stop talking about that, I have a discount code to offer people listening to this podcast.

Dave Asprey: Oh yeah. What is it?

Andrew Weil: It's Bulletproof15, 1-5.

Dave Asprey: Okay. Thank you for that.

Andrew Weil: We'll get you a discount on wonderful matcha.

Dave Asprey: So matcha.com, M-A-T-C-H-A. Bulletproof15. And guys, we didn't plan this ahead of time. Thank you for your generosity. This is just good stuff. So I just, I got to say, if you've never tried matcha, you owe it to yourself to give it a shot.

Andrew Weil: Thank you. By the way, a very good thing to eat with very good matcha is a piece of dark chocolate.

Dave Asprey: Oh yeah.

Andrew Weil: That compliments the flavor of matcha very well.

Dave Asprey: I've tried a few chocolate bars that had matcha incorporated in them, but-

Andrew Weil: Yeah, not-

Dave Asprey: ... it doesn't seem to work.

Andrew Weil: No. But having a bite of dark chocolate and then a sip of matcha.

Dave Asprey: Something with the bitterness of the two. It's one of those things, I would put it very high on the anti-aging scale, the antioxidant scale. All right guys. This has been a fantastic interview and my mind is still blown that Dr. Weil said, "Ah, mid 80s, that's good enough for me." But I will respect any answer out there.

Andrew Weil: Well, come back to me when I'm in my mid 80s and we'll see.

Dave Asprey: That was what I was thinking. I think you'll say, "Maybe a couple more years." That's what a lot of people say as long as they're feeling good. And given how healthy you are now and given your set of knowledge, I think you can feel good for as long as you decide to.

Andrew Weil: Right. I will.

Dave Asprey: You guys probably know where to find Dr. Weil's work, drweil.com. Read one of his books, try his matcha, go to True Food Kitchen. This is one of the greats in our field who's shifted the way we think about mind, body, breathing, and it's an honor to have you on the show. Thank you.

Andrew Weil: I enjoyed it very much.