

## Biohacking for Women: How to Capture Your 'Spark Factor' – Molly Maloof, M.D. – #1016

Dave Asprey:

You're listening to The Human Upgrade with Dave Asprey. Today's episode is live in-person, my very favorite kind at my studios in Austin where I just moved, and it turns out there's all kinds of cool people in Austin. Funny, that's one of the reasons I moved here. One of the many cool friends here in town is Dr. Molly Maloof. If you're a long time listener, it'll be since episode 706, you already know who Molly is. She's well-known for her work in mitochondria and women's biohacking, which is what we're going to talk about today, specifically biohacking for women. She's also pretty well-known for psychedelic work as well, and we've sat down several times at my conferences, by the way, guys, [biohackingconference.com](http://biohackingconference.com). Molly, you going to be there?

Molly Maloof, M.D.:

Oh, of course. Hopefully I'm going to be speaking.

Dave:

Well, you spoke last year. I mean, you have to really step it up. Oh, you mean biohacking for women? Maybe we could do that.

Molly:

Yeah.

Dave:

So why did you write a book on biohacking for women?

Molly:

I just feel like I figured out so much in this one life. When I was a kid, I remember hitting puberty, and I distinctly remember being like, "Someday I'm going to understand my body. I'm going to understand what's going on right now. I'm going to understand how this thing works because I'm so confused." I think a lot of women really fly blind through life just wondering, "What is going on inside my body? What is happening to me?"

I think a lot of women really fly blind through life just wondering, "What is going on inside my body? What is happening to me?" We go through so much change. We go through puberty, we go through our fertility years, we go through perimenopause, we go through menopause, we go through post-menopause, and our lives are constantly changing. Then throughout the month, we're going through our menstrual cycle, and a lot of women are so confused about that.

I just wanted to take all the learnings that I've made in my practice and in my own life and in my own health and put it into a book. Someone recently said, "Molly, you've written the biohacking bible," which is really cool.

Dave:

Nice. It's so true that there are foundational things like mitochondria are important for men and women, and you talk about mitochondria in here. I've said since the beginning of biohacking, and by the way, you guys wouldn't know this, but about 55% of biohackers are women, and it's been that way since I started.

Molly:

Wow. Huh?

Dave:

People go, "Oh, that's such a male thing." I'm like, "I don't know if you guys look at the numbers, but, no, biohacking has always been for men and women," but women are much better biohackers on average than men because men are like, "Yeah, we went through puberty and then we went through some andropause thing that we don't really notice because it takes 10 years and we would just get fat and hunched and cranky, but it was so slow we didn't notice." Then that's that. So we don't have to deal with the change that you'll see on a monthly basis. Your performance was massively different on this day to this day-

Molly:

Oh, for sure.

Dave:

... and you weren't hungover. So guys, we just don't have to train for that, but women usually do. I think it makes you more perceptive of where your body is.

Molly:

Well, it wasn't until I think the last maybe three or four years that even I really started truly tracking my period consistently and doing it in a way that was like, "How do I build a lifestyle around my menstrual cycle?" I didn't really fully accept that I was not a man five years ago. I was like, "I can do ..." I literally dated a guy. I dated a guy, he's like, "You can do anything that I can do."

I was like, "Dude, I'm fasting just as much as you are, and I'm starting to really notice that this is not working for me the way it was before." It was working for a few months, and then I was doing it every other day. I was doing an every other day fast.

Dave:

It happens every time. Women overfast, they overketo. Guys do too. It just takes us twice as long as you till you hit the wall, right?

Molly:

Exactly, yeah. I mean, I've met bodybuilders that are men that have definitely messed up their hormones by doing too much cutting. Obviously, it can happen to guys, but I think women's bodies, because of our biological imperatives, are a little bit different. I mean, women are oxytocin-dominant. We're designed to help create life and to nurture life. Men are really vasopressin-dominant, designed to protect life and to protect against aggressors, to actually defend the tribe.

Dave:

Yeah. There is such a thing as masculine, such a thing as feminine. The energies are different. Yes, women can exhibit masculine like you just talked about. A lot of women entrepreneurs are exhausted from putting out too much masculine energy. Especially if you watch any modern movie, it's like the way women display power is by martial arts. That's not feminine power the way I know feminine power. Guys, same thing. We can express femininity as well. So, there's a whole conversation there that may go

down to mitochondria, but before that, your book is called The Spark Factor, and I was really honored that you asked me to write the foreword for it. So thank you, and first guide-

Molly:

Well, thank you so much.

Dave:

You're welcome. First guide for biohacking for women. I declined your invitation to read the intro because I couldn't do it in the time.

Molly:

It was a really busy time in the year. The end of the year was crazy for me. I mean, it's funny because this is one of those years that I finally reached, I think, I realized I finally hit the wall of performance and stress where I was like, "Okay. I finally hit the amount of stress that I can handle before my performance really declines." The great thing about this book is even just rereading it myself, I realized I'm going to even be returning to this book regularly because our bodies are constantly changing, our demands are constantly changing, and our stress levels are constantly changing.

Last year was a really stressful year for a lot of people. It was a year of a tremendous change. What I really want to teach people is that biohacking is about consistently checking in, getting your measurements taken, actually taking a scientific approach to your body, not just flying blind and just doing things and taking supplements because you think that they're good for you, but because you have data to drive those decisions.

Molly:

It's funny. I'm going to be on Jillian Michael's podcast soon, and I'm a little nervous because she's very much about calories in, calories out.

Dave:

Why are you nervous? You have science.

Molly:

What do I say? I mean, I've always been like, "Calories in, calories out. Actually, the rules don't apply to ... We're not a closed system. It doesn't work that way." I think people need new options for health because things that aren't working just aren't. Christopher Palmer, this new doctor from Harvard, he just started putting up social media. He just published a book called Brain Energy, and I'm like-

Dave:

I just interviewed him a couple weeks ago, introduced him to Dr. Amen.

Molly:

Oh, my gosh! I just love this guy.

Dave:

He's great.

Molly:

The reason why I love his stuff is because I think we're starting to realize there's a common theory of health, and it's all about metabolism. So if your energy flow, if your body is not functioning normally, your brain isn't going to function normally because your brain, it demands a lot of energy, and so does your heart. This is why I wrote about COVID in the book. COVID is a very controversial topic to write about.

Dave:

So how much of The Spark Factor is about COVID.

Molly:

It's really a small portion, but what it's really about is trying to teach people that if you understand mitochondrial health, you'll understand a lot of different conditions. You'll understand mental illness. You'll understand all the major chronic disease, heart disease, cancer, diabetes, and dementia. These are what kills us, right? You'll actually understand immune system dysregulation, immune system dysfunction, which sets you up for infection.

So it's like I wanted to create a book that was a common theory of health like, "What is this common thread?" Because I feel like the medical system has created this ontology of disease that is based on pathophysiology, right? We're taught about all these different ways that people get sick, but I was in the hospital watching over and over and over again that all these people that I was treating had the same risk factors, right? They weren't eating properly. They weren't exercising properly. They were stressed out beyond comprehension. They had a lot of trauma and they lived in environments that were poisoning them.

It's like, "Why? Why do those things lead to all these different manifestations of disease?" It's through the mitochondrial dysfunction, right? This is what the book tries to teach people is like, "Okay. If you want to biohack your body, you got to understand how the body works." It's not simple, but it's certainly not nearly as complicated as what I was taught in medical school.

Dave:

You know what? I love getting to just sit down and chat with you, whether we're on camera or not because you get it. There are some doctors who really see this, but most of the time in medicine, you've fall into this, "If I have a hammer, everything's a nail." So someone is, "Okay. It's all about mold." Well, no. Mold's a common trigger of the actual problem, but it's not the only one. So the person who thinks it's all about mold didn't see EBV.

Molly:

Obesity. Obesity is a great example. One of my friends was saying yesterday, she's like, "Well, didn't you say that obesity is a disease?" I was like, "A disease is literally a term for a condition that we have now labeled as something we can treat medically."

Dave:

Semaglutide, anyone?

Molly:

Exactly, which, by the way, is a really cool drug. I'm pretty sure that Elon or the Kardashians have all gotten super lean on it, which is pretty interesting, and then I just found out yesterday, I was reading on Instagram that Khloe Kardashian is like, "I have not lost weight on Ozempic," and it's like, "Lady, you're tiny. Clearly, you're doing something and it's not just lifting weights. Okay?"

Dave:

Also, it probably wasn't Ozempic, it was probably the new one that doesn't-

Molly:

Wegovy or whatever? Yeah.

Dave:

Yeah, the tirzepatide.

Molly:

Look, I'm grateful that we have these tools.

Dave:

Because they're awesome.

Molly:

How does this thing work? This thing improves insulin sensitivity and glucagon balance.

Dave:

Makes mitochondria work better, you mean?

Molly:

Who knew?

Dave:

Maybe it's antiaging. Oh, it is.

Molly:

I mean, this is the cool thing about peptides. The cool thing that I'm seeing in the world is that peptides are becoming medicine. This is a big deal.

Dave:

No, it's terrible.

Molly:

Peptides were-

Dave:

They're just going to get 10 times more expensive and be illegal in the US. We have to go to Thailand to buy them.

Molly:

Well, so here's an interesting peptide, bremelatide, I can't pronounce it, PT-141.

Dave:

Yeah. I love that stuff. I inject it a lot.

Molly:

If you get this from a doctor that's a prescription version, it's thousands of dollars and it's an injection, but you can get it from a compounding pharmacy for a fraction of the cost.

Dave:

200 bucks.

Molly:

150 bucks. Ideally, we want to get medicines that are properly dosed, properly produced, properly regulated in a way that we know are safe. What a lot of people don't realize is that most doctors that are working within the insurance system are basically given a formulary. That formulary says what they can and cannot prescribe. That is actually designed by the insurance companies. So doctors are subcontractors of insurance companies now.

I get messages from doctors all over the country regularly who say, "Molly, things are falling apart."

Dave:

They hate their life.

Molly:

It's not just that. The actual system is breaking down. I knew this was going to happen when I was in medical school because I was lobbying for healthcare reform and I was like, "Uh-oh. This whole Medicare reimbursement rate situation is not changing any year." I come back every year and they're not doing anything about this situation. Then I was like, "Well, we're going to just end up seeing a dual system emerge. We're going to have a public option. It's going to look like Medicare, the VA, and then we're going to have a private option," and that's essentially what's emerged.

What I didn't anticipate happening was the digital option, right? About 10 years ago when I started working in tech and we were both in the Bay Area, I was starting to work with startups and I've worked with over 50 companies in 10 years. That's part of the reason why I got a reputation as an innovator, but I did it because I needed to fund building a practice from scratch and I didn't know how. So I was like, "Maybe I'll go talk to startups and teach them about how the healthcare system works," because I've been working in healthcare since I was in ninth grade.

So I started working with all these companies and I was like, "Oh, my God. There's going to be a tsunami of innovation happening from technology companies that's going to just engulf medicine." Basically, we're seeing all these companies basically go to direct to consumer. They're building these physician networks. They're doing all these online prescription products and experiences. It's not always good. I

mean, obviously, that one company that did Adderall prescriptions is in trouble with the government. Who knew that selling ... I actually talked to one of these investors who is investing in the company. I'm like, "You do realize that this is just a drug deal, right?"

Dave:

You could just invest in the pirates then, anyway.

Molly:

Yeah, but it's funny because I think we're entering a phase of, really, people are looking for truth, and the truth is coming out. I mean, the Twitter files, I mean, all of this stuff is coming out.

Dave:

Can I say something really bad?

Molly:

Sure.

Dave:

Adderall actually works.

Molly:

It's amphetamine.

Dave:

It's a horrible drug, but it works.

Molly:

It totally works to increase stress hormones and dopamine.

Dave:

If you're going to crash the helicopter you're flying, you should take some Adderall because then you'll stay awake and no one will die, except you'll want to kill people more so you might shoot them, which is why they switched to modafinil for the government, which works better than Adderall. I took it every day for eight years.

Molly:

Wow.

Dave:

In fact, I'm on it today right now.

Molly:

Interesting.

Dave:

So it's okay to use pharmaceutical enhancement as long as the benefit is greater than the cost.

Molly:

Totally. You really were one of the first people to start talking about nootropics openly. You were the first. Everybody was like, "What is ...?"

Dave:

I took a lot of hits for that. That's unethical. I'm like, "Yeah." What do they call the guy at the bottom of the class at Wharton who gets his MBA?

Molly:

I don't know.

Dave:

MBA. I use more drugs to get to the bottom of my class. I win.

Molly:

Yeah. Well, it's funny, when I was in medical school, I was basically somewhere in the middle of my class and I was really bad. I had really bad test anxiety. I went to a psychologist and I was like, "All right. I'm miserable. I don't know if I can do this."

He's like, "Look, you're not depressed, you're not anxious. You don't have any diseases. You're just a stressed out medical student who's not taking care of herself."

So I was like, "Oh, wait, so this is my responsibility."

He gave me the biggest favor he could have ever given me. Instead of giving me antidepressants, he was like, "Hey, you need to take care of your body," and I wasn't. I wasn't doing that.

Dave:

Wow.

Molly:

I mean, this was medical school, right?

Dave:

10 years ago or something?

Molly:

This was probably, I don't know. I graduated in 2011, I think.

Dave:

Okay. So yeah, 10, 12 years ago. That's really progressive. That's so impressive.

Molly:

Yeah, but what I did from there was I said, "Okay. I'm a scientist. I'm going to go into the science. What do I need to do to change my health?" So I started doing yoga. I was drinking mugs of espresso. It was not normal.

Dave:

Yeah. You're supposed to do mugs of Americano.

Molly:

Maybe just a little espresso. It wasn't a mug. I was doing all-nighters. I wasn't exercising. I was super sedentary. I was super isolated. I was doing everything wrong with my health because I was trying to study and get the grade. I was not performing. I was not performing at my best. So I changed my lifestyle. I started doing yoga. I stopped doing all-nighters. I stopped drinking so much coffee. I've stopped eating raisin bran for meals, which is ... I started eating real food. I started spending more time with my family, my friends, and my grades started to go up.

My performance started to improve. My mood started to improve. I had more capacity. I had better performance. I had more productivity and I went from average on my first board exam to 99th percentile my second, and nobody does that in medical school. All my peers were like, "Did you cheat?" I was like, "No, I didn't cheat. I just changed my lifestyle."

Dave:

That's cheating.

Molly:

They were like, "Well, what did you do?" and I was like, "Look, I'm not just going to tell you what I did. I'm going to teach you." So I recruited 10 doctors and I was like, "Hey, will you help me teach health to my peers?" because this is not part of the curriculum. I was at the largest medical school in the country and there was not wellness in the curriculum.

Dave:

It's not there at all.

Molly:

They weren't teaching sleep. They weren't teaching fitness. They weren't teaching nutrition. They weren't teaching integrated medicine. They weren't teaching mind-body health. They weren't teaching relationships, and all this stuff was fundamental to health. I was like, "I'm going to create a course." So I got it added to the curriculum and I ended up winning a bunch of awards for this.

Dave:

That's so cool.

Molly:

I was like, "How is this not part of our education?" A medical student shouldn't be the one bringing this to the curriculum. This should be baked in, but our curriculums are largely designed by pharmaceutical incentives. So almost everything we are taught is how to diagnose disease and what to treat it with, and

what do you treat it with? You treat it with drugs and surgery. Don't go me wrong. I've had surgery and I've taken drugs, and they've certainly helped in certain cases.

Dave:

They're awesome.

Molly:

I take a little bit of thyroid medicine, a very small amount, and it's great.

Dave:

I take a relatively large amount. It's even better.

Molly:

There you go. It's awesome.

Dave:

There's nothing wrong with using medical technologies for biohacking. I'm so glad you said that because a lot of people, and I feel like more women than men, they're purists like, "I would never use a drug." I'm like, "That's ridiculous. You should use a drug."

Molly:

We're lucky to have drugs. Some of these drugs are life-changing, but we shouldn't depend on them completely and we shouldn't be using them instead of lifestyle changes, right? That's one of the things I've been trying to hammer into my family members. I'm like, "Yes, you can take these medicines, but we really got to do all these other things too." Have you seen this woman Train with Joan on Instagram?

Dave:

I haven't.

Molly:

She's got to be in her 70s, and she went from typical overweight, middle-aged woman to being fit as fuck. She is strong. She is a bodybuilder and her body is incredible. I'm like, "I think now people realizing we don't need to age the way our parents did and our grandparents did. We can get stronger as we get older."

Well, there is this argument about ... I'm really blown away by just how much of a controversy fasting is. I took out about four different sections of ... When it comes to fasting, I have a whole program of how you start with ketosis, whole foods, ketosis, cutting back on snacking, intermittent fasting, and then going into longer fast. I cut out all the prolonged fasting stuff because I was getting shamed by people who were like, "You are going to be ripped to shreds for recommending this to women."

It was really just this realization that there's this ... Even Valter Longo, who is supposed to be the father of fasting, is now cutting back on his stigmas on fasting.

Dave:

He's funny because I asked him about that. Have you had him on your show?

Molly:

Mm-mm.

Dave:

So, I asked him about that a while ago and he's like, "Well, that's what the mice did, so that's what I'm going to do." The bottom line is fasting for a long period of time every day, it doesn't make a lot of sense, but you can look at people like Mindy Pelz, Fast Like A Girl. So there's room for looking at fasting as a tool, but just doing Adderall every single day is probably really bad for you, so is fasting every single day.

Molly:

We also need to think about, are you insulin sensitive or not? Do you have insulin resistance? Do you have metabolic dysfunction? Do you have pre-diabetes or diabetes? Do you have polycystic ovarian disorder or are you underweight, undernourished? Did your period stop because you have REDS, relative energy deficiency of sport?

Fasting is a tool in the toolbox that you need to use for your life. You may not need it. If you're young, fit, healthy, fertile, you may not need to do a lot of fasting, but as you're hitting menopause and you're noticing your metabolism is shifting. I find women that are going through perimenopause, doing some of these short-term fasts are really helpful for maintaining their weight.

Dave:

It changes their whole life and their energy comes back and it's magic, and if those women went vegan, they'd feel great for a month and then hit the wall.

Molly:

Oh, I did veganism for a month and I definitely hit the wall and it was like, "Did not work for me," but I do think that there is something to be said about different body types, right? I think I'm more of a mesomorph, and I definitely lean a little bit more paleo primal than anything. I'm not really into grains. I do some beans occasionally, but not a lot. I think we're entering a phase of deep personalization of nutrition. We have more tools than we've ever had before, and this dietary dogma stuff, to me I'm just like, "I'm sick of hearing about carnivores. I'm sorry." I love meat. I eat it, but I love vegetables.

Dave:

I actually think that the carnivore diet and the vegan diet do very similar things over time.

Molly:

They eliminate a lot of processed foods, unless you're a vegan who eats processed foods.

Dave:

I did about three months of carnivore when I was testing the edges of the Bulletproof Diet back in 2012 or something. I gave myself leaky gut and I gave myself an egg allergy.

Molly:

Oh, wow. Wow.

Dave:

I felt amazing. I was doing 4,000 calories a day too, and not exercising. I was trying to gain weight just to show this diet was superior.

Molly:

So is thermogenic.

Dave:

I felt so good. I ended up doing it for that whole time. At the end of it, I was waking up sometimes 40 times a night without knowing it on my sleep monitoring. I used to zero back then.

Molly:

Oh, wow.

Dave:

I'm like, "Oh, that's funny. It was great in the short term, and it breaks from the long term." That's why I'm like, "Guys, you need to have some less inflammatory plants and have some carbs and cycle," and that's where carnivores are like, "Oh, I do carnivore, except I eat fruit and honey and dairy products." I'm like, "That's not-"

Molly:

I love non-starchy vegetables. I love making veggie purees and soups.

Dave:

Yeah, I do too. That's not carnivore if you're eating fruit. I'm sorry. That's another thing. In fact, it looks a lot like the original recommendations I have, which is cycle. You eat grass-fed meat, cycle. Have some carbs, don't have some carbs. So you don't have to have a name. Some people need more carbs than others. I think there is an argument that says if you eat grains and you eat legumes that you will be mineral deficient almost by definition because of phytic acid.

Molly:

There you go.

Dave:

That's why Danger Coffee has all the minerals and all.

Molly:

Yeah, and coffee is great, by the way.

Dave:

Oh, thank you. I appreciate that.

Molly:

I mean, I go back and forth on and off of coffee because my cortisol levels, but when I'm on it like, oh, my God, it's just like jet fuel. It's great.

Dave:

Oh, we're on it right now.

Molly:

I know. I'm loving this because I measure my cortisol and I think it was after Burning Man, and I remember saying, "Oh, shoot, my cortisol's way too high." So, I had to cut back on the coffee, but I definitely go in and out of MUD\WTR versus coffee and your coffee's awesome.

Dave:

Oh, thank you. The point though about minerals is that matters. I like it in your book that you're not like, "You have to be carnivore." I don't think carnivore works well long term for women, but short term it can change your life by shifting your gut. Same thing on the vegan thing, but when you-

Molly:

I do know some people who go vegan as they get older and they've lost weight and they feel healthier, but the thing about veganism is that I feel like people have wrinkled faster because they're not getting enough fats.

Dave:

You don't get fat and you don't get collagen, and their bone density goes to hell-

Molly:

Oh, yeah, the bone density is a big problem.

Dave:

... and sarcopenia happens. They lose muscle.

Molly:

That's one of the things. When I was trying to write the section on protein, I was getting a lot of pushback from my editors because they were like, "Everyone in longevity space is saying like Sinclair and Longo, they're all like, 'Protein, protein, protein, too much protein is mTOR, mTOR, mTOR,'" and it's like-

Dave:

Carbs raise mTOR more than protein.

Molly:

Boom. The thing is is that your muscles are filled with mitochondria. They're red for a reason. So we need muscle to maintain our health long term. Having had two grandparents get completely frail and immobilized through one was a fall after a surgery and the other was due to rheumatoid arthritis, knowing what frailty does to health and seeing it deteriorate my grandparents, I don't want that to ever be me, and I want to stay strong and healthy. I know that muscle mass is the way to do that.

Dave:

It's funny because there is overwhelming evidence that too much protein containing methionine and tryptophan sure does raise mTOR chronically. There's an amazing solution for that. It's called intermittent fasting.

Molly:

Yeah, and exercise.

Dave:

Right? So it's just not a problem. In my anti-aging book, I went through all this stuff. On average, if you do 0.6 grams of carbs per pound of body weight, that appears to be optimal, but that doesn't mean that on one day you don't have 1.5 grams and the next day you eat nothing and it works out to 0.6. That's where I think a lot of people get confused to stuff.

Molly:

It's funny because everybody has such strong, strong opinions, and I'm always asking myself, "Where is the truth amongst all the arguments?" I really tried to sit with all of these arguments and be like, "Where's the science behind all this? Where is the science?"

Dave:

That's the challenge.

Molly:

I mean, I know for a fact that if you live in Guatemala and you're hiking up those mountains every day, you can justify that corn intake that you're consuming. I've seen those people.

Dave:

As long as you process the corn traditionally to remove phytic acid-

Molly:

They do that. They do that.

Dave:

... but we don't.

Molly:

We don't. So I ate some corn in Puerto Rico recently, and boy did my body, and rice.

Dave:

Did it shred your gut?

Molly:

My body just got so swollen.

Dave:

I can't handle corn.

Molly:

It's crazy how fast you can just go from lean to swollen and just eating the wrong grains.

Dave:

It's a food baby.

Molly:

It's a food baby, yeah, but the cool thing about biohacking is that, literally, I take photos of my body more than I weigh myself just to see my body change. It's amazing how biohacking can teach you. You can get into shape in a couple months.

Dave:

It's not hard.

Molly:

A month of just eating lower carb and exercising more and boom.

Dave:

Lower carb, higher protein, and the right kinds of fat, and it's like, "There you go."

Molly:

Yeah, and boom, you're lean. It's wild.

Dave:

I hit 7.1% body fat accidentally last month.

Molly:

Uh-oh. That's pretty lean, man.

Dave:

I know. I was like, "I need to eat more carbs."

Molly:

I'm pretty sure some of the evidence suggests that we do need a little bit more body fat than that.

Dave:

No, that's not healthy. I think 10 is a good number. So I'm up to 8.5, but I've been adding fruit in the morning, which is the worst recommendation ever. I'm like, "That makes you hungry all day," but my metabolism is working so well that I'm just trying to pack on a little bit more fat.

Molly:

How fun is that to get to eat fruit?

Dave:

I know, right? I have a lot of extra skin, especially on my low back in my butt. I'm going to do some radio frequency thing that heats the tissues, but-

Molly:

Oh, cool.

Dave:

... as a doctor, how do you get rid of ... I mean, you have all these women who they read The Spark Factor, they're going to lose all this weight.

Molly:

I mean, I have to say that for all this stuff like that, Amy Killen, she is-

Dave:

She's good. She's been on the show a few times.

Molly:

She's so smart. I go to her for a lot of questions, but she also just seems to always be on the cutting edge of regenerative medicine.

Dave:

Yeah, she is. Yeah, she's great.

Molly:

Yeah, I mean, I definitely, I would say for at least, I don't know, when it comes to skin, I really look at, I don't know, "What do I do for my skin?" I mean, I'm constantly ... The main thing I do is I exfoliate and I moisturize and sunscreen.

Dave:

You're still relatively young or you just have antiaging genes. So then-

Molly:

Well, it's funny, I don't want to say this. I don't think my sisters are listening, but I do think I look younger than all of my sisters and most of them are younger than me, and it's because I don't drink a lot. I wear sunscreen and I don't eat a lot of carbs.

Dave:

Oh, okay. Hold on. You're into mitochondria and you wear sunscreen. Explain.

Molly:

Personally, I do think that I love Young Goose, their products.

Dave:

They're so good. I like their stuff too.

Molly:

They have great stuff. They have a very, very non-toxic sunscreen.

Dave:

A mineral-based one.

Molly:

It just prevents wrinkles. To me, it's one of the secrets to-

Dave:

You just put it on your face.

Molly:

Just my face, yeah, face and neck. I don't want it on my body, no, no, no, never.

Dave:

I want to be really clear.

Molly:

The secret to the body is omega-3s. I do mega doses of omega-3s.

Dave:

Really? You don't think that's dangerous?

Molly:

No.

Dave:

How much is a mega dose?

Molly:

I take four grams.

Dave:

That's pretty heavy for your body weight.

Molly:

Yeah, but it's made a huge difference in my labs. My labs look completely different. Now, the guy who sourced my omegas is a total insane human being. He does have the best products in the world, and I tried to get him to bring his products to America, and he just wouldn't take any advice. I was like, "Look, you got to get Shopify, Amazon, marketing." Some people just won't do it, but if you want good omegas, you got to go to the source, and they're made in factories that pharmaceuticals are made. You got to get pharmaceutical-grade omegas.

Dave:

That's what I used at [inaudible 00:28:23] pharmaceutical-grade herring oil in our [inaudible 00:28:26] I mean, herring egg oil.

Molly:

Yeah, and you to break it open in. You got to taste it, and you got to know the difference between rancid and non-rancid. Rancid is going to taste like fish guts dead and non-rancid will just taste lightly fishy. [inaudible 00:28:41] was producing a supplement brand in 2020 that was basically a COVID treatment and it had omegas in it. I opened up our omega and I was like, "Crap, I can't sell these." They're totally rancid. The company that was producing them was like, "Well, these are the ones we use," and I was like, "Well, I can't sell these anymore." So the problem that's wrong with omegas is that most of them are rancid, vast majority of them are rancid. So you really got to do your homework.

Dave:

You're right. I add rosemary extract and hydroxytyrosol, which is the stuff that keeps olive oil pure when I'm formulating those, and that makes a big difference because you can stabilize them. I would also, and this is going to sound really bad, and food babe, I'm sorry, Vani, I would support adding BHT to fish oil.

Molly:

Oh, is she anti-BHT?

Dave:

Oh, my God. She's rabid about it.

Molly:

Why?

Dave:

Because BHT at very high doses in rats in a study in the '70s was an endocrine disruptor.

Molly:

Interesting.

Dave:

Vani and I are friends and we support each other's work. I love it that she takes on big food, but BHT, I've recommended it to dozens of friends who have cold sores and herpes or chickenpox or shingles.

Molly:

Oh, yeah, you told me about this.

Dave:

It fixes it in three days.

Molly:

That's crazy.

Dave:

Any pox virus goes away with this 10 cent antioxidant that people took in large doses.

Molly:

What about HHV0-6?

Dave:

I don't know if that's a lipid encapsulated virus. Anyone in the herpes family, it'll do that. Here's the thing. People took BHT to prevent oil oxidation in their cells in large doses for 20 years, starting in the '70s through the '90s. So it's not particularly harmful, but at high enough doses it does disrupt endocrine system stuff, but having a little bit of that in your food is probably the least of your issues compared to artificial colors and flavors and artificial sweeteners and heavy metals and all this other stuff. So I'm like, "This is a medically useful thing that shouldn't be demonized when-"

Molly:

It should be studied.

Dave:

... the risk of a herpes virus and side effects or any pox virus, including monkeypox.

Molly:

Yeah. You know what's funny? Because I did look that up when you told me this last time we spoke, and I didn't find ... There's not a lot of literature on it.

Dave:

Steve Fowkes is the guy who wrote the whole book with all the studies in it, F-O-W-K-E-S. He was one of the inventors in the early days of learning anti-aging to become a biohacker.

Molly:

Amazing. Gotcha. Cool.

Dave:

The book is called Cure Your Herpes or something with BHT, and it's a free download.

Molly:

Oh, my gosh! Amazing.

Dave:

So I'll find a copy. You can talk to Steve if you want. I'll hook you up.

Molly:

Cool. I'd love that.

Dave:

Yeah, you'd like that. Okay.

Molly:

Yeah, awesome.

Dave:

So we got to BHT in the context of non-oxidizing oil. So if you added a little BHT to fish oil, it would be stabilized.

Molly:

That's amazing.

Dave:

You're right, you need it. It's funny, I see people who take too much fish oil and too much is probably highly variable, and this happens to me.

Molly:

I think the inflammation is from the rancidity.

Dave:

It could be.

Molly:

I think a lot of these study ... I mean, there's also Lovaza, people can get prescriptions for, which is technically pharmaceutical-grade omegas, but the hard thing about supplements is that there's so many different factories around the world producing different quality and then they put it under one brand. So you don't actually know unless these things get tested.

Dave:

The supplements that I formulate are a little bit more expensive because I do the testing and I insist on this manufacturer and people wouldn't know.

Molly:

Exactly. You know what gets me is the vitamin D controversy. There are doctors. There's literally, I used to be friends with this ... I used to actually be on the Tufts Nutrition Council.

Dave:

Oh, wow.

Molly:

Dariush Mozaffarian, I really admired this guy. I really looked up to him as a hero, and I realized that he's super against vitamin D supplementation and I'm like-

Dave:

Does he just hate humans?

Molly:

I just don't understand how people don't take vitamin D. It's so game-changing. It's one of the first things I read in one of your first books that you've published, and I test everyone for this. I think it's vital if you want to avoid infection, and bone density.

Dave:

The data's pretty clear on that.

Molly:

There's so much data, and yet in the mainstream medical community, it's still controversial. It's still something that people are like, "I don't know if people needed this," and I'm like, "Oh, my God. Literally? How? How?"

Dave:

Let's face it. Most doctors are still telling you to eat less cholesterol even though the American Heart Association has labeled dietary cholesterol as a nutrient of non-concern. They're like, "Guys, we were wrong. You can eat all the cholesterol you want. It doesn't affect you." So just medicine doesn't follow it, and that's why I love it that you wrote a guide for women to biohack, The Spark Factor, guys. It's part of what made biohacking into a thing. It's why my new book that comes out, I guess yours is on the market now, right? What was your launch date?

Molly:

January 31st.

Dave:

January 31st. Okay, cool. So it's coming out and mine's a month after yours.

Molly:

Awesome.

Dave:

Smarter Not Harder, and same thing in there.

Molly:

Ooh, Smarter Not Harder. Love this.

Dave:

It's got more biohacks in it, but the idea, same thing. You're talk about vitamin D, but then there's the co-factors that go with it. I call it vitamin DAKE, D-A-K-E. If you get those fat solubles and you get your minerals, then all of the biohacks in The Spark Factor, all the biohacks, any, meditation, lifting weights, walking, all of it works better. I feel like D without K might actually be dangerous.

Molly:

Oh, I do D with K1 and K2.

Dave:

Good.

Molly:

Yeah, you have to for cardiovascular health, but one of the things that's in the book that I think is unique is the biohacking relationships. So we have just all went through a massive social experiment of isolation. I don't know if you noticed, but diseases of despair like alcoholism, drug addiction, suicides, and even homicides, which a lot of people kill people because of despair-

Dave:

That's right on track with-

Molly:

... these are all going up and they're really problematic for society. I don't think we realized just how bad isolating people was until after the fact, but I can't tell you the number of people I talked to who when you ask them about their social lives, they're like, "What social life?" One in 10 men or, sorry, one in 10 women and one in five men don't have any friends. This is dangerous to health because that sends signals to your nervous system that you're not safe. If you don't have a tribe of people around you, if you don't have friends around you, if you don't have social interaction, your brain is set on safety. Think about China right now. I mean, China's doing this massive social experiment of social control and people are starting to revolt. It goes against the fundamental programming of our genes, the fundamental programming of our bodies.

Dave:

You can't suppress people for very long because even if our brains aren't in there, our meat will rebel against that.

Molly:

It's the mitochondria, right?

Dave:

It is.

Molly:

They're social organelles, which when I was reading Martin Picard's work on social organelles, I was like, "Wait, so you're telling me that the patterns of life are conserved on multiple levels? Who knew?"

Dave:

You know what the F words in my books, right? If you're just tuning into the show, all life in order does fear, food, the other F word we'll call it fertility, and then friend, in order. So if you try to take away friends from people, we are not nourished. If you take away sex and love from people, we're not nourished. You take away food, we're not nourished. You could take away fear and we'd be happier, but then we'd put all into the bottom ones. So if all of our energy is on fear, you can starve people of food. You can starve people of love, and you can starve people until they explode, and when they explode, they do not go quietly. You think everyone will figure this out because those people also have mitochondria unless they're robots. Do you think they're robots?

Molly:

I mean, I definitely have met some robots in my life and they're scary.

Dave:

I know that.

Molly:

I mean, the thing is I didn't really fully understand how ... I mean, I really want to understand love. For the last two years I've been studying love and I-

Dave:

What did you learn?

Molly:

Oh, my God. I mean, I thought love was this Disney movie. I was like, "Oh, Beauty and the Beast," all these stories were told as kids about love being these songs we hear on fucking Spotify. Then I really started studying love from a scientific perspective and I was like, "Oh, wow. Love is not this beautiful story," and it's actually really challenging. When you have high quality, healthy social relationships and social connection and healthy families and partners, it will transform your health. It will literally transform the quality of your existence. It's the greatest factor we know in long-term health and happiness.

The flip side of love is that there's things like stalking. There's things like harassment. There's things like domestic abuse. There's things, I mean, you hear these stories of women who are abused in their homes and men and they come back to their partners because they're attached, right? We have this thing called human attachment, right?

Dave:

Stephen Porges talks about that.

Molly:

Stephen is amazing. Stephen Porges and Sue Carter became mentors of mine in the last couple years.

Dave:

Oh, really? Oh, that's so good.

Molly:

Yeah. So Sue has led my advisory board. Sue has taught me so much about love. Her and Helen Fisher are my mentors. So grateful for them because they basically schooled me. They were like, "Molly, we love that you have this company around the science of love. Here we're going to tell you what it's really about."

So basically, a lot of what love boils down to is essentially we have three different drives. We have sex drive, we have the romantic love drive, and we have the pair bonding drive, and the pair bonding drive extends to familial bonds and social bonds because when we feel safe with our friends and our family, we get oxytocin. We feel connected, but when someone threatens our friends and family, we go vasopressin-dominant. We go attack. We defend. We take care of our people that we love.

So there is this flip side of love where love is not just about feeling warm and fuzzy. Love is also about protection and defense. Love is part of the reason why people do attack people that, for example, people are getting divorced or people are going through breakups. When you lose love, it sets off alarm signals in the brain.

Dave:

It really does.

Molly:

Big ones, and it's because when you lose love, it's targeting your survival. So love is so deeply tied to our survival because we evolved our social connections and our love specifically to propagate the species. So there's this woman, Emily Nagoski, and she wrote a great book called Come As You Are.

Dave:

Yeah, great book.

Molly:

She's an absolute bra badass.

Dave:

It's a sex book though.

Molly:

It's a great book on sex, but the one thing she gets wrong is she says we don't have a sex drive. She says, "We don't have a sex drive."

Dave:

I would just raise my hand and say, "Yes, we do."

Molly:

100%, we do. The sex drive is what drives so much of our decisions in life. It's running the fucking show in the background. I think I'm a lot more ... After dealing with someone who has a cluster B personality disorder and thinking that I could help a person who has trauma and realizing that some people cannot be helped-

Dave:

Only if they're open to help can they be helped.

Molly:

Only if they're open to help. Realizing what happens when you break off communication with someone who's got trauma and personality disorders-

Dave:

They can become stalkers.

Molly:

... it's really ... I have a stalker.

Dave:

I'm sorry.

Molly:

It's really hard. There's a great Ted Talk about unhealthy love, healthy and unhealthy love. Young women are particularly at risk for unhealthy love because men are designed to go after what they want. Not all men are stalkers by any means, not all men are aggressors, but men have programming for essentially they're stronger, they've got more aggression.

Dave:

In a healthy society, men are absolutely free to inquire as to availability, and that's not an insult and that's not harassment even if the woman didn't like it.

Molly:

Absolutely. No.

Dave:

As long as when she says no, the guy stop.

Molly:

Sure. Exactly.

Dave:

The first, "Hey, are you available?" that is not stalking, and some women now they think that's stalking, and it's like, "Get a therapist."

Molly:

Actually, we have a big problem with polarity drop in the society.

Dave:

Yeah, we do.

Molly:

So we're creating a society where we're saying gender isn't real. We're saying that masculine, feminine-

Dave:

Are you saying gender is real?

Molly:

Yeah.

Dave:

What? High five.

Molly:

Here's the thing. I have friends that are trans and they're phenomenal people, and I'm all for people who want to change their gender. Go for it.

Dave:

Masculine, feminine are real, and men can have both and women can have both.

Molly:

Exactly. Well, we have polarity within us, but one of the things that we're forgetting is that polarity is life.

Dave:

You sound like David Deida all of a sudden.

Molly:

Well, I'm not David Deida by any means because David Deida has his own issues, but I like his work. I really do.

Dave:

I do too.

Molly:

I love his books, but there's actually a couple in Austin that you should meet. They're Alex and Annie, and they teach about sex secure attachment, and I love-

Dave:

With sex? That's interesting. I'll sign up.

Molly:

... I love these people because I saw that one of their talks, and they gave a talk on how important it is for people to maintain polarity in relationship, and we need gender roles for polarity.

Dave:

We do.

Molly:

When we flip those roles, polarity drops and the energy between two people drops. One of the biggest problems with long-term relationships is people become less attracted to one another because they become habituated to each other and they stop playing the social roles that they were playing before when they were dating. So I know that I feel best when I'm with a man and I can drop into my feminine, but when I need to go ... It's funny because sometimes I need to be in CEO Molly-

Dave:

You have a pretty big masculine when you want to, but with more than average.

Molly:

I certainly do, but I'm also realizing that that masculine charge isn't always serving me.

Dave:

It costs you if you do too much of it.

Molly:

It's cost me too much cortisol. It's cost me having to deal with ... I mean, it's cost me a lot and realizing that I do need to drop ... My feminine is power and we're not taught that as women in modern society.

Dave:

It's a different kind of power than masculine power too.

Molly:

It's a different kind of power and it's very special. I've had some great people who I've interacted in business who say, "Molly, when you're in your full feminine, you're even more powerful. I want to listen to you more."

Dave:

Exactly.

Molly:

That is not taught to us. We're told as women in modern society that we need to be strong, we need to be powerful, we need to lean in.

Dave:

Like men, and that's not how female power works.

Molly:

It's not. In fact, what I think we need to move into is we need to actually return to ... Not saying that I need to go into the kitchen and only cook and build a family that way.

Dave:

That's not female power.

Molly:

That's definitely not what I'm saying. There's a lot of people out there like Carnivore Aurelius, who's a guy on Instagram.

Dave:

That guy's hilarious.

Molly:

He's great, but he and a lot of people like Andrew Tate, they're like, "Women belong in the kitchen. Women shouldn't be seen and not heard," but I also think that, at least for me in my own experience, is what I'm aiming to cultivate next year is more of my feminine polarity because I got the masculine down. It works.

Dave:

Good. That's such a magical path. You mentioned some of this in The Spark Factor, which is very leading edge for the world of biohacking. In this year, I'm bringing more of the sex polarity into the world of biohacking. I have a roadmap for what I'm introducing into like, "Well, let's be curious about this. Let's get the data. Let's do it." That third F word is the most charged, it's the hardest one to write about, but I'm bringing in experts, I'm writing about it.

Molly:

I mean, the biggest challenge we have right now is sex in society.

Dave:

I agree.

Molly:

I mean, it is causing so much havoc. The Me Too movement has been a movement around shame and blame of men who have honestly a lot of cases not known that they were doing something wrong, and that's because the space between emotional intimacy and physical intimacy is a black box gray area that people are confused about that space. So I'm working on a sex therapy and we're going to create language for this space, and we're going to create an entire protocol for this.

Dave:

You have to come back on and talk about that because-

Molly:

Yeah, it's exciting.

Dave:

... I believe it's wrong to blame anyone for the color of their skin or for what's between their legs, even if it's a penis, and that's just how the world works.

Molly:

Where are people getting educated about sex? I was educated about sex through pornography. That's where I learned about it, honestly. So what we're doing for our sex therapy we're building is we're going to build ... You know how OMGyes was able to build actual sexual demonstrations? We're going to build those and we're going to teach people like, "This is modern sex education," but it's from the perspective ... I started as a psychedelic company, but it's morphed into a drug agnostic path because there's a lot of different medicines that can work to help enhance sexual function.

Dave:

Well, you could take oxytocin and APO.

Molly:

Oxytocin, PT-141, even Viagra works for people, and yet there's also things coming. There's certain versions of psilocybin that are profoundly arousing and that are not hallucinogenic. They don't make you trip hard, but they get you into your body and they're beautiful and they have no come down.

Dave:

I would like to try that.

Molly:

Yeah. So I've got a team of people that I'm working with, collaborating with on the West Coast that are building GMP-certified lab that's creating extracts that are basically going to help people with sexual function. Then I mean, obviously, MDMA is on its path to getting approved. MDMA healed my sexuality accidentally. I didn't know what I was doing when I was doing it before I got a medical license. I was experimenting with MDMA with a partner, and I went from having three different sexual dysfunctions to having zero.

Dave:

Wow.

Molly:

I didn't realize I had trauma.

Dave:

No one who has trauma knows they have trauma.

Molly:

That's the thing.

Dave:

It's invisible by definition.

Molly:

We don't know we have it until the thing ... I didn't know I had it until the symptoms of it had evaporated. I was like, "Wait. So medicine in the context of a sexual experience that was very safe, took a memory that was unsafe and programmed it as safe." I was able to take an implicit memory and put it into explicit memory.

Dave:

Do you know how that works? I think I know how that works. So this is at the core of what 40 Years of Zen, my neuroscience company, does. You take an experience that's profoundly negative, the sensation of this experience, right? You might feel that during-

Molly:

Yeah, and the memory.

Dave:

Yeah. You might feel that during sex. Well, not the visualization, but it's how you felt during the memory, not the way it looked, but the visceral feeling.

Molly:

It's more like when you're in that experience that resembles the original triggering experience, the original trauma, you get triggered.

Dave:

So it's when you get triggered-

Molly:

Your body goes into either hyper arousal or shut down.

Dave:

There you go. At 40 Years of Zen, we use neurofeedback to teach you an exalted state that cancels it out. There's another way to do it, which is called orgasm. Some of the kinkiest sex practices are actually people reaching cathartic healing as a part of that.

Molly:

Yeah. Well, this is the thing I've been talking to a lot of people in the BDSM community, and I have to say out loud for a period of time, early in my 30s used BDSM as a healing technology.

Dave:

Tons of people do that.

Molly:

I don't actually crave it anymore, but it's interesting because it played a role. It wasn't until I was studying sex actively and studying love and building a protocol that I was like, "Oh, my God. BDSM played a role in my healing. Who knew?" It was interesting because when you take experiences that you didn't have control over, and then you now have an experience where you are creating the entire scenario, you're creating the entire context-

Dave:

You're safe.

Molly:

... you're creating safety, you're creating trust, and you're going into that trance, then you can ... Something flips in your brain and you're just like, "Wow. I am no longer afraid of this." I didn't think the MDMA did make a big difference in the arousal and the pain and the orgasm, but it was definitely a journey I went on the last 10 years of healing. I think healing, I'm not trying to sell people like, "You're going to be fixed overnight by this protocol."

Dave:

No, it's a work.

Molly:

It's about learning the practices of healthy sexuality. Honestly, a lot of sex therapy that exists is basically sensei therapy, which is 50 years old, cognitive behavioral therapy, which focuses on the mind, and mindfulness-based therapy, which is all about mindfulness, which is great, but where's the sex therapy that focuses on pleasure?

Dave:

It's like if the mindfulness you're talking about is the mind down here, that's different, but that's actually where a lot of the healing comes from.

Molly:

Mind is embodied in our body. Mind is not separate. To me, I believe Dan Siegel's definition of mind is energy and information flow.

Dave:

I love that.

Molly:

I love his stuff because he's like, "Look, the mind is a product of physics, and if you study the physics on the body, you can understand how the mind can be dysregulated through metabolism, dysfunction, and trauma."

Dave:

This is why I always do a sex panel at the biohacking conference. I've had a dominatrix on a couple times and sex therapists and energy workers with sex, and it's like one of the branches of biohacking, but if you try to ignore that and say, "Well, I stopped eating corn flakes and I started eating, whatever, butter and protein and coffee or whatever," that's not going to get you to that point where you're in the state of flow a lot of the time. You have to address this depending on your age, depending on all sorts of stuff. Some people don't have much trauma, but even then, there's the whole world of this is what's average and this is what's possible.

I'm looking to highlight for people these are the things that are possible if that's what you are interested in, and maybe you just want to be ripped and you don't care about your life in the bedroom very much so you put your energy into the physical, but for the spiritual side of sex, which is what we're talking about, it's the healing and trauma and spiritual side. It's different for men and women too. You do go into some of this in The Spark Factory.

Molly:

I did try to touch on it a little bit, but I didn't want to write a book fully on it because that's what the next book's going to be.

Molly:

I think a lot of people are functioning on a level of sexuality where it's just about friction. It's just about in and out, in and out, and you're done, and that is just not great for most women, to be honest with you.

Dave:

Last night, I was listening to one of Osho's books on tantra or something translated or written down from what he was talking about, and you almost quoted the book and it's like coupling is different than coupling with a lot of friction even if there's lube. So there's magical exalted places. 20% of people report that they meet God during sex.

Molly:

Oh, God. I definitely do.

Molly:

I see God every time I have sex, and it's one of those things where it's like you can't really have casual sex if you see God every time because the person next to you is like, "What just happened? What was that?"

Dave:

You have to warn your partner.

Molly:

You'd be like, "Look, so this thing's going to happen," but the thing is that when I'm learning ... I have some great sex therapists that I work with. They're helping me design this protocol, and they're like, "The reality is that sex has a lot." There's this quote, "Everything in life is about sex except sex. Sex is about power." The reality is that when you start tapping into these powerful states, you do feel like

you're a God. You feel like, "Okay. I am now on a whole another level," but you have to check yourself. You have to check your ego.

One of the things that's really come clear to me in my own life is there's this goddess in Hinduism called Chhinnamasta, I believe her name is, and I can't pronounce her, but she's this super badass goddess who cuts her head off to feed her maidens, and she's standing on these two people having sex. It's the weirdest scene you've ever seen. She's got a bunch of-

Molly:

... human heads around her neck. She's fierce, but what came up for me in a recent ... I was hanging out in the jungle with some friends in Puerto Rico, and what came up for me was for me to take this sexual power that I have and to use it for good, I have to check my ego, and I absolutely have to check my desire. When you have this-

Dave:

It's very tantric.

Molly:

... energy flowing through your body, you realize that it's very powerful, but if you don't harness it, then it can take over. It can lead you into relationships that you shouldn't be in. It can make you do things you shouldn't do.

Dave:

I've been working on teaching my kids that desire is natural, but it's not what you base a relationship on.

Molly:

The beauty of desire is that what we're losing in our society is we're so biased towards action that men and women are seeking immediate gratification through pornography, masturbation, and sex. Oftentimes, what's really sexy and what really turns you on is waiting, is that charge, is that not acting on things, is actually letting the arousal build, is actually relaxing into your arousal. When I learned that I was like, "Whoa, this isn't something I need to actually act on it every time. I can use this as fuel. I can transmute this into energy. I can actually feed it into whatever I need to do in my life." That's what we need to be teaching young people. Yet instead, we're teaching people that you should collapse your sexuality, or you should go out and have sex with everything you can find.

Dave:

This is why I think in 2014 I published a year's worth of my ejaculation and happiness data.

Molly:

I love this.

Dave:

I'm like, there is an ejaculation hangover and ever since, and I was trying to disprove the Daoist stuff and I'm like, "You know what?" This is for men, not for women. The equations are different, but I'm like, "Ejaculating every time I have sex is a stupid thing to do."

Molly:  
Totally.

Dave:

It depletes men, but that means also you're ready for sex more often and you're happy to have sex, and it's not about getting to the end. It's about having a good time. It's really been transformative for me to know that because I have my energy way more often, and there's these people who come out, "There's no evidence for that. Men should ejaculate all the time," and I'm like, "You're not a very conscious person or you don't have a penis, so you just don't know what I'm talking about." Sometimes you just have to feel that, but I was so desperate to prove that ejaculation was good for me because, I mean, hey, I would do it twice a day if it was going to make me live longer. It doesn't, right?

Molly:

Yeah. I mean, that's definitely Daoist practices, for sure. What I didn't realize is there's all sorts of lineages that are out there.

Dave:

So cool, right?

Molly:

Karmamudrā is this lineage that this guy broke off of Buddhism and got ... It's funny because you read about these people and they all face controversy. Anybody who deals with sex-

Dave:

Always.

Molly:

... you deal with controversy inevitably, but it is the frontier of biohacking, right? It's like we got to do it because if we don't, then society's going to continue to devolve in this area.

Dave:

100%. The mission that I have for my group of companies is actually to upgrade humanity. We need some software and maybe even some hardware upgrades. If we don't get those in place soon, we'll probably be a failed species.

Molly:

I know.

Dave:

It's time, and it's interesting that about a year ago, I consciously uncoupled and what you're saying because thankfully my former wife and I both have done enough of our work, we managed to do it without going into the fighting and anger.

Molly:

That's awesome.

Dave:

We're friends and we talk and we're co-parenting. It all worked.

Molly:

Wow.

Dave:

It was still not painless, but now that I'm single, it's like, "Okay. I can go to any of these classes," and I've been studying this stuff for many years and you can tell if I'm publishing stuff on Daoism 10 years ago. It's one of those things where biohacking had to reach a critical mass globally for this to be taken seriously. I think we're there. There's tens of millions of self-identified biohackers. I just published a picture from downtown Austin, two of the different high rises. At night, it's all just normal lights, and then there's one place that's entirely red and over there on another building. These are biohackers who are like, "Oh, my God, when I have red lights at night, I can sleep."

My house, everything's red. The neighbors think it's for Christmas. In July, they're going to figure out something else, but I do that because it's worth it, and that's just an indication there's enough of us that now we can be like, "All right. Let's use science around sex instead of shame and Catholic guilt or something and do it in a way that's not icky, that's not porn, but it is going to be sticky if it's not icky," because sex is messy. It just is, right? So just to be humorous, but to be curious and open and recognize the spiritual side of it, it's one of the paths to enlightenment and it's not the only one.

Molly:

Absolutely. I mean, I've had experiences in the last year that were so profound that I was like, "I didn't know my body could do that. I didn't know that that was even remotely possible." Then you're like, "What is next? How is this ..." It's just profound, and it is a path for spirituality, and it can change your life, but also, I think with-

Dave:

Can take over.

Molly:

... with great power is great responsibility. The more you build this power within you, the more you are responsible for it.

Dave:

Well, I didn't think we're going to talk about all this cool stuff, Molly. You're always full of the latest biohacking goodness.

Molly:

Cool. Yeah.

Dave:

I want people to recognize the work that you put into your book. Now, you are trained in medicine and you're not just trained in medicine. You just talked a lot about tantra.

Molly:

Sure.

Dave:

You talked a lot about psychedelics and trauma healing. So I would say you're a well-rounded biohacker.

Molly:

For sure.

Dave:

You focus on specifically women for The Spark Factor, and I-

Molly:

Although I say men could read this book too, specifically because so many men are so confused about their partners and they're just like, "Why is she a different person every part of the month?"

Dave:

Oh, my God. In fact, one of the laws in Game Changers, my big personal development book, I don't know if that's one that you read or not, is specifically around what you write about in The Spark Factor. Men, if you don't know when day 22 is, then you're fucked, okay?

Molly:

So true.

Dave:

Am I right?

Molly:

So true. I mean, your luteal phase is a challenging period because you're just basically, your estrogen is low and your progesterone is all over the place. It depends on where you're at with your stress levels, but basically, you just feel like crap and you're just like, "I don't want to deal with anyone right now."

Dave:

Nothing that your man does can be right that day. You can show up with flowers and chocolate, "That wasn't the right chocolate and I'm allergic to those flowers," and it's like, "For God's sake," but if you know this as a guy, you're like, "It's okay, babe," and you just let it go.

Molly:

That's the thing. I think there was one actress who was pointing out that she had to train herself to behave differently during that phase. She got so much flack for it for just saying, "Look, I know myself, and I'm not always an easy person this time of the month." There's a lot of women like me who are in

their late 30s, early 40s and your progesterone levels are shifting. Actually, I don't think enough people are measuring their hormones. Not enough women are looking at the hormones. When my cortisol was high, my estrogen was low, and it was because my body was prioritizing threat over reproduction, and it was clearly a response to heavy, heavy stress. Once my stress levels improved, my cortisol resolved, my estrogen levels resolved and everything got better, but it was definitely a period where I was like, "Okay. I can definitely see this firsthand. I need to chill out."

Dave:

Okay. I think we said a lot of things that were important or truthful.

Molly:

I think we're saying a lot of things that people want to say but they're too afraid to say.

Dave:

Yeah, exactly. You know what that means. That means you're dangerous because who knows what you might do/

Molly:

I've been told I'm dangerous.

Dave:

Well, you drank the coffee. You must be dangerous, right? I think we can wrap the show up in saying I hope that you are dangerous as well because there's two kinds of peaceful people in the world. There's people who are beaten down and weak and tired and malnourished and don't have any love or community, and you're peaceful because you don't have any choice about it. That's a dark feature. The other kind of peaceful is that you are so eminently powerful that you can choose to be kind and peaceful, and you can handle anything that comes your way. That's the world that we're both working on building.

Molly:

Exactly.

Dave:

That's what people learn about, especially women and the men who love them. The Spark Factor is the name of the book. Is there a URL, Molly, for this?

Molly:

Just go to [drmolly.co](http://drmolly.co). It's on the homepage.

Dave:

You're doing good work-

Molly:

Thank you.

Dave:

... in medicine and biohacking in the world.

Molly:

Thanks.

Dave:

Even with a medical license, you're talking about the hard stuff like orgasm and sex and relationships and all, and kudos because that actually takes courage and integrity.

Molly:

Thank you.

Dave:

You're doing good work. I've known you for a few years now, and just watching your focus and keep it up.

Molly:

Appreciate you.

Dave:

All right. Thanks, Molly.

Molly:

All right. That was great. Thank you for having me.

Dave:

Oh, you're so welcome.