

Sync Your Body & Mind for a More Vibrant Life – Legacy Upgrade ft. Dr. Andrew Weil – #1008

Dave Asprey:

You're listening to The Human Upgrade with Dave Asprey, formerly Bulletproof Radio.

Dave:

I've reached into the thousand legacy episodes of the podcast to bring you this incredible conversation because it's changed so many lives. You're going to get a lot of value from the ideas in this episode. And if you're hearing it for the second time, you're going to get more than you did the first time. And frankly, a lot of people don't hear every episode. This is one of the greats. Stay connected with the podcast and with me on Instagram or Facebook. The handle is @thehumanupgrade. Thank you.

Dave:

Today's episode is recorded live at True Foods Kitchen with Dr. Andrew Weil.

Dr. Andrew Weil:

Hi, Dave.

Dave:

You might hear some kitchen noise and all. That's because actually, we just enjoyed an amazing meal here and just had a chance to talk. 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 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:

Thank you.

Dave:

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:

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. 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:

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. And so studying them together almost requires you to get two grants from two different opposing bodies. And is that why we have such a weird divide in the West?

Andrew:

Well, 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, which can be touched and measured. And that if you observe a change in a physical system, the cause has to be physical. 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:

I was hoping you'd tie it back to that.

Andrew:

Yeah.

Dave:

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 [inaudible 00:04:09] admit it.

Andrew:

But still, our attitudes toward it are so wrongheaded. 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. 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:

And think about what would happen if you were allowed to say what some plant ingredients at True Foods Kitchen actually did for people on the menu. Do you think that would have a placebo effect?

Andrew:

Absolutely. And 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 it is 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 illness, and you can work up from there.

Dave:

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:

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

Dave:

So you start with mindset before either one.

Andrew:

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 might be Maimonides who said that, 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:

Oh wow. 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. 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. And I feel like maybe because of that experience, I see a lot of people who are in that, something's happened, my body isn't getting better. What's going on in those?

Andrew:

Well, I think that when I sit with a patient who is stuck, what's 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 I think that the 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:

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 faced came from this mindset that said that can't be or that can't happen. Therefore it didn't.

Andrew:

Okay. So I have heard, many 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 that 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 to people to work with, but I know it is possible for you to get better."

Now, you mentioned the National Institute 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, 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:

I was just on the phone two days ago, a referral from a friend who is 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. The zest to fight it. How do you advise patients when they come in and they say, "I'm too tired, I can't do it. I can't remember."

Andrew:

Well, I'll just tell you a story. I was just with, I have a longtime friend, a Japanese man who had metastatic renal cell cancer. Metastases 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 for 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:

I absolutely am so impressed that you said it. When you fight something, you give it energy.

Andrew:

Exactly. Exactly.

Dave:

One of my favorite quotes is from Mother Teresa. Sometime in the '70s, someone came up 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 says, "I'll come to a rally for peace, but if we go to fight the war, the war's just going to get stronger."

Andrew:

So I think this is a really important philosophical point that many people don't get. There's so many examples of where we try to fight something or oppose 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 and balance with it.

Dave:

So when someone walks into 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 you're a doctor and you have the white coat power and all of that.

Andrew:

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.

Dave:

Oh man.

Andrew:

I can't do that with everyone. It's like the selected patient.

Dave:

You know how to read them.

Andrew:

But it is a way of 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 and is well. But I can't always do this. This is why I'd like to see a national compilation of people that would make it easier to do that.

Dave:

There's a website, I think 23andMe bought them, and Alexandra started it, it's called PatientsLikeMe. This was 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, 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, movement, stress, social connection, and spiritual wellbeing is the palette you're playing with. Did I miss anything in that?

Andrew:

Well, breathing.

Dave:

Okay, breathing.

Andrew:

I place a great emphasis on that. Yeah. In 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. And 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 I'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, and the communities 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. I think one of the most 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:

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

Andrew:

Good point.

Dave:

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

Andrew:

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:

In your hierarchy there, in 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. How much time do you spend every day doing intentional focused breathing exercises?

Andrew:

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:

Of focused breathing?

Andrew:

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:

What's your best book on breathing?

Andrew:

Actually, I have this in all of my books. I'd 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 of me teaching [inaudible 00:17:48].

Dave:

You have of videos about breathing.

Andrew:

And I think 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, really 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 and place-

Dave:

How old were you when you met him?

Andrew:

I must have been in my 40s.

Dave:

There you go. Twice your age.

Andrew:

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. And 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 could 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:

Well, now that you've said that, I'm sure someone out there is making a little vibrating thing for your belly button as a result of that comment. I'm making fun of my quantified cell friends there. 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 a pranayama yoga teacher, they always just say, "Oh, you know how to breathe." And I don't, on an 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:

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 you want to do. So the simplest technique that I teach, this 4-7-8 breath, it really takes 30 seconds to do it, but you've got to do it religiously.

Dave:

4-7-8, walk me through that right now.

Andrew:

It's 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. So it takes 30 seconds, and you do it at least twice a day.

Dave:

Do you hold empty at all?

Andrew:

No, no. You hold on the inhale.

Dave:

Okay. Just on the inhale. I remember I did my first yoga class where, so I 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 I can do 10, 20 seconds with my lung's empty now because the panic response is gone. You realize 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 lung empty at all?

Andrew:

In pranayama, there are hundreds and hundreds of variations of breathing techniques. And it's fine to experiment with them. This one, this 4-7-8 breath that I'd 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:

And your heart rate's in the 40s.

Andrew:

Low 40s, sometimes high 30s. And I think that's from high vagal tone.

Dave:

And you don't exercise all the time then?

Andrew:

I am physically active every day. I try to swim every day. I have dogs that take me for walks. But other than that, no.

Dave:

You're not Spartan Racing and running triathlons?

Andrew:

No, no. 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:

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

Andrew:

I'm not lightheaded, I don't pass out. And I think I can mount an adequate sympathetic response when needed.

Dave:

Okay. Got it. So your nervous system works really well. Do you measure things like heart rate variability, EEGs?

Andrew:

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 a part of the relaxation response.

Dave:

So things are working pretty well for you.

Andrew:

Yeah.

Dave:

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:

Yes. Yes, indeed.

Dave:

You know the book I'm talking about?

Andrew:

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

Dave:

Yeah. Tell me the story about mangoes.

Andrew:

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, 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 a tropical era where they grow and you're eating one, I mean that's all-

Dave:

So amazing.

Andrew:

... everything disappears except for the mango, and it's the texture and the flavor. And 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:

Now at dinner, you were talking about glycemic index-

Andrew:

Yes.

Dave:

... however. And mango tends to be really high on the glycemic index, right? 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:

Well, specifically, let's take sugar specifically. Sugar cane is native to Asia. And in India, in many places, there are vendors on streets that have big carts full of freshly cut sugar cane stalks. And they have a sort of wheel press that's hand operated. And you can have a freshly squeezed glass of sugar cane juice, which they squeeze lime into. And it is absolutely delicious. And 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 a sweet and unpleasant.

But I think taking sugar in that form is just fine. And for Indians, it is a kind of sacred plant. It's a very special thing. I think when you boil that juice down and concentrate the stuff, and then put it in large quantities and eat to every day, that's probably going to cause havoc. I grew up pretty much addicted to Coca-Cola and soda in my teenage years. And I mean, I can't imagine doing that now. It tastes repulsive to me. But I was very unconscious about that. And I think drinking sweetened liquids like that all the time is really not a good thing for you.

But I think naturally sweet things in moderation are okay. And probably tropical fruit, if you're in the tropics and it's in season, I think is probably okay. And if you look up in temperate regions, fruit ripened in the fall just before the winter. And it was appropriate to store up caloric energy as fat-

Dave:

Right. You needed fat.

Andrew:

... 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:

I went to Hawaii for a month last year. I decided, 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 in 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've lost it.

Andrew:

And I think that's okay, and you're going to lose it afterwards.

Dave:

Yeah, I did. The other thing that you wrote about in your book that actually really shifted something for me, this is in the same book, was you talk 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:

Well I, first of all, talked about finding four-leaf clovers. And I met a woman once who her thing was she'd bet you a dollar or \$5 that from the time you said go, if you were in an outdoor area, within a minute she could find a four-leaf clover. And she always won. And 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 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 that. I moved out the 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 would be with somebody, and they said, "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 [inaudible 00:28:12] 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 again. 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. 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:

It reminds me of a legend, one that's probably historical based, is one of the 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 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 toad stools, mushrooms are poisonous. And I had inadvertently been taught a pretty hostile negative view towards mushrooms.

Andrew:

Yes, me too.

Dave:

And I mean Paul Stamets was just on the show, who's the leading guy in mushrooms. And so 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 taught my kids, "Oh look, magic forest mushrooms. The ferries are sitting on the them." So 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:

See, 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 things like synchronicities and all that, which I find fascinating.

Dave:

Do you think that it's possible to create serendipity or synchronicities on demand? Are some people better at that than others?

Andrew:

Yeah. But I think that, again, I think if you start paying attention to them, they're there.

Dave:

Yeah. They're always there.

Andrew:

It's like four-leaf clovers. They're there, but you don't recognize them. And especially, 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:

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've 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-

Andrew:

True food.

Dave:

... true food. I wonder you got that idea, right? Do you see a change in demand or change in how people go to restaurants?

Andrew:

Yeah, I mean I think you still see a lot of the other stuff out there. People want huge portions of really unhealthy stuff. But 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, I see this being copied and a lot more restaurants offering healthy options. So I think all that's to the good.

Dave:

There's one burger on your menu and it's grass fed. Why is grass fed important?

Andrew:

Actually, grass finished is more important than grass fed.

Dave:

I totally agree. Walk me through that.

Andrew:

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

Dave:

Yeah. Give them some diabetes, right?

Andrew:

Exactly right. So one of the reasons for 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. And so, if they're on grain diets, it wrecks havoc with their digestive system. And this is one reason they have to be given antibiotics and that creates a whole other series of problems.

Dave:

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:

And feeding cows grains, that's bad enough. But how about feeding them other cows or sheep? And that's what produced these mad cow disease break out.

Dave:

What do you think about vegetarian versus vegan versus grass fed omnivore versus give me the steak?

Andrew:

Well I think human beings are omnivores. And when I was in, most recently in Okinawa, which was earlier this year, I went out to this famous village called Ogimi 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 asked about what the secret of their longevity. Every one, the first words they said were eat everything. Very interesting. Now they have a lot of great food available.

Dave:

Yeah, that helps.

Andrew:

There's also growing numbers of fast food restaurants, and I don't think they meant that when they said eat everything. And Okinawa and 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'm personally a pescatarian or a vegaquarian, if you want to call it that.

Dave:

I'm octo, ovo, beefo, porko vegetarian.

Andrew:

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:

The data's really clear on that, and that's a part of my aging book as well. It's like you're eating too much meat.

Andrew:

And I mean particularly beef because the planetary and environmental consequences of raising cows for food is pretty bad.

Dave:

Yeah. The way we're doing it, especially with corn and soy and all that land, 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, I don't care if it's chicken or whatever, it's just too much animal protein. But I think going, oh, if too much is bad, none is good might be extreme.

Andrew:

Yeah, I think 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. 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-

Dave:

Blueberries.

Andrew:

... you should not eat it. Well, fruit in general, high in sugar. And if you're a macrobiotics, you don't want it too yin. Don't want all that yin in your body.

Dave:

What do you think of macrobiotics?

Andrew:

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, fruit is obviously meant to be eaten. It was designed to be eaten. The people that I've known 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 a diet. 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 craving cycles.

Dave:

So that gets rid of the Ben and Jerry's bucket at the end-

Andrew:

That's exactly right.

Dave:

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

Andrew:

There's problems with being pescatarian.

Dave:

Yeah. Okay. And 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:

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 high mercury levels in the blood of adults has any clinical significance. It's very bad for fetuses.

Dave:

High ethylmercury or high any mercury?

Andrew:

High mercury.

Dave:

Okay. Whoa-

Andrew:

I see people who are-

Dave:

... this is mind blowing. All right.

Andrew:

I see people that come, and 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 fish have adequate selenium in their diets, it really neutralizes the problems with mercury.

Dave:

There is good evidence that selenium it helps with it. And those levels are much higher than they used to be.

Andrew:

But clearly, it is better to eat. And it's not 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. Better to eat small vegetarian fish like sardines for example. Or wild tuna that are off the BC coasts. 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. And I think you want to really know which species are ones like things like Chilean sea bass that you should never eat because they're not going to be there anymore.

Dave:

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:

Complicated issue. Very divided data there. Personally, I think we've made people too afraid of salt. I think some people are salt sensitive.

Dave:

That's true.

Andrew:

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 unsalted 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, before they taste the food, put salt all over it.

Dave:

Now, did you notice I did that?

Andrew:

I did.

Dave:

Here's why I do that. I have low blood pressure. So 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. And 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. So it's just like meat. Way too much meat is bad for you, but zero isn't good. 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 get a bunch of people who are bloated all the time and eating tons of salt and their kidneys don't work.

Andrew:

Yeah, you're right. Do you know about the dangers of low cholesterol?

Dave:

Oh, do tell.

Andrew:

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

Dave:

And stroke.

Andrew:

And stroke.

Dave:

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. And it is a complex subject, but when I was a raw vegan, and I got my cholesterol down into the 160s, I don't think that was good for me at all. And I am much happier, higher performing, less inflamed person when I'm around between 200 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 on cholesterol particle size. So I'm hopeful that if people listen to this and they get one thing out of this, it's that maybe there's some moderation in there.

Andrew:

How about the dangers of being too lean?

Dave:

Oh, do talk about that. Yeah.

Andrew:

I would love to talk about that, since I'm not one of those people. And I think there's several dangers of being too lean. One is if you fall, you're much more likely to injure yourself. It is good to have some padding. Another is that it's good to have some caloric reserves. Because for example, it's quite common that if people get acute pneumonia or influenza with a high fever, 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. And plus I think being very lean is also associated with less good mental and emotional wellbeing.

Dave:

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. You're a doctor. I'm not. But I have a friend who's down to 4.8% body fat, and he's a picture of health. Ripped, lean. And man, you 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, the lowest possible healthy body fat for the average person you come across?

Andrew:

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

Dave:

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 because when I finally got my food and my sleep and everything right, I went from being the 300-pound, God-knows-what-percentage-body-fat, to the 200-, 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:

And you'd be unpleasant to be around.

Dave:

Even more unpleasant. Thanks Andy. Now I've been asking people on the show lately, because I'm focused on anti-aging right now, have been for 20 years, but this is my big book just came out on that. And I've been asking them how long are they planning on living? So I'd like to know your number. As a guy's written a very readable book on healthy aging, what's your number? How old-

Andrew:

Well, I'm 77 now. Which I don't know how I got here, 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:

That's it?

Andrew:

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

Dave:

But you're comfortable. I mean-

Andrew:

Yeah, I'm fine.

Dave:

... you have full energy, your eyes are sparkling, your brain works.

Andrew:

Yeah, brain works well.

Dave:

You feel like you're done. You did what you came here to do?

Andrew:

Yeah, I guess. I mean I could probably do some more stuff, but I'm quite happy with what I've done.

Dave:

All right. So you're like-

Andrew:

And I see people, 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's not a lot of fun. And I quoted a woman who, I think she was 102, and 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."

Dave:

So a couple-

Andrew:

So I don't know. I'm not going to make a prediction. I'll wait and see.

Dave:

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 at least 156. And he talked about the same thing. And he said, "I decided I have to get myself a bunch of younger friends because all my friends are starting to pass." And he's like, "And they all want to sit around and do stuff like play cards." And he said, "I need to move." And 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 saying, ah, maybe other five, 10 years, and then I'm kind of done. Are you one of those-

Andrew:

I don't know.

Dave:

... advanced people. I'm going to pass consciously, I'm going to sit cross-legged for three days, and upload yourself to the...

Andrew:

Maybe. You'll like this. When I was writing Healthy Aging, I got to know a lot of the aging research community. And 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:

If I don't have to do dishes, I live 1,000 years.

Andrew:

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:

I like that. My number of 180 is, well I know 120 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, they're not very good at their jobs.

Andrew:

Well, we'll see. We'll see.

Dave:

And also that's assuming we have enough soil. We only have 60 years of top soil.

Andrew:

All that. All that.

Dave:

There's that.

Andrew:

Can I say some words about matcha, my favorite beverages?

Dave:

Oh my goodness. 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:

Okay. That's well put. That's my favorite alcoholic beverage.

Dave:

Oh yours. Okay. Mine too.

Andrew:

Absolutely.

Dave:

Excellent.

Andrew:

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

Dave:

I have exactly the same experience. That's why I like it.

Andrew:

The same.

Dave:

Plus it tastes good. Okay. So sake has magic powers. All right. We're there. But let's talk matcha-

Andrew:

Matcha.

Dave:

... because-

Andrew:

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.

Dave:

I love Japan.

Andrew:

When I was growing up, tea was what old people and 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:

Because it was 60 years ago.

Andrew:

Yeah. A long time ago. Japan was very different. And I was blown away by the color of matcha. I had never seen anything of that vibrant green.

Dave:

It looks like green paint.

Andrew:

Unbelievable. And then the complex flavor and the act of whisking it, that fascinated me. So I made a number of trips to Japan in the 1970s, 1980s. And I'd always bring matcha back and turn 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, becomes bitter, loses its flavor, and probably many of its helpful qualities.

So I started a 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. And 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 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.

Dave:

Oh yeah. What is it?

Andrew:

It's [Bulletproof15](http://Bulletproof15.com). 1-5.

Dave:

Thank you for that.

Andrew:

And that will get you at discount. Wonderful matcha from-

Dave:

So matcha.com.

Andrew:

... matcha.com.

Dave:

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

Andrew:

Thank you.

Dave:

It'll change your life.

Andrew:

By the way, a very good thing to eat with very good matcha-

Dave:

Oh, what is it?

Andrew:

... a piece of dark chocolate.

Dave:

Oh yeah.

Andrew:

That compliments the flavor of matcha very well.

Dave:

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

Andrew:

Yeah, not-

Dave:

... doesn't seem to work.

Andrew:

No. But having a bite of good dark chocolate and then a sip of matcha.

Dave:

It's something with the bitterness of the two.

Andrew:

Yes, exactly.

Dave:

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

Andrew:

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

Dave:

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:

Great. I will.

Dave:

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:

I enjoyed it very much.