

How to Heal Your Gut: Exploring the Latest Bacterial Science and New Treatments – Vincent Pedre, M.D. – #1037

Dave Asprey:

You are listening to the Human Upgrade with Dave Asprey. Today, we're going to talk about something that I almost feel like one day we're going to be done talking about it and then I realized, "No, we're not," and that is your gut. By now, let me just be real straightforward, having a healthy gut improves your quality of life. You might have heard me say that a thousand times and you've read it in my books and you've heard some top experts come on the show.

The reason that I keep going back to this for you is that we keep finding new stuff, stuff that we didn't know. This is the unexplored frontier and you turn away and you come back six months later, you're like, "Oh my god. Look what just happened." We're figuring out more and more about what you can do and especially about what you can do to tweak things to get it back on track when it's off track.

No one knew. Oh, there's depression. Oh, there's suicide risk. Oh, there's going on with your mouth affects, and probably your eyelashes for all we know, affects what's going on in your gut. So I brought a friend on the show who's just written a new book called The Gut Smart Protocol and we've known each other for quite a while, hung out a bunch, and his name is Dr. Vincent Pedre.

What you'll find is that he's been doing functional medicine in Mexico, Australia, in Peru actually, because he is a professor for the Institute of Functional Medicine in those areas, works with NatureMD, and really just has a unique view on gut bacteria. He's someone who's out in the world versus in a lab, in a research facility. It turns out you need both. You need the crazy academic researchers who are saying, "Well, more research should be done but it appears that this bacteria in your gut, if you have it, makes you live longer and be a robust lover or whatever it is. More research should be done."

And then, clinicians like Vincent are like, "You know, I think if I feed the person this food, given that we know the bacteria does that, maybe we'll just see if it works," and when patients come back going, "My life has changed," you're like the frontline. So Vincent, just to open things up, what bacteria should I be taking to get those aforementioned effects?

Dr. Vincent Pedre:

Actually, the answer is there's not one that makes things better. It's actually the combination and really, the word is diversity. That's the word that everybody needs to know.

The combination and really, the word is diversity. That's the word that everybody needs to know, is diversity, because... So the one thing that we've done over the last half century that has destroyed gut microbial diversity is the discovery and the use of antibiotics and the over-prescribing of antibiotics and the ease of getting antibiotics in certain parts of the world without a prescription. So what we've learned is that as microbial diversity decreases, we get an increase in chronic degenerative diseases. You get increase in inflammatory bowel diseases and all that obesity, diabetes, Metabolic Syndrome.

All these things that we used to think came from, we call them chronic degenerative diseases as if they're just happening because the body is degenerating. No one ever thought of saying, "You know what? Let's take a telescope and let's actually look at the body through the gut and through the lens of the microbiome and let's see if any of these diseases are related to the gut and the gut microbiome," and that's what we've been doing in the last 20 years.

It's basically turning science upside down because even something like diabetes that I learned in medical school was caused by an exhaustion of the beta cells, the pancreas just can't produce more insulins-

Dave Asprey:

That sounds so ridiculous.

Dr. Vincent Pedre:

You're thinking like, "Okay. These people, they're getting old. Maybe they ate too much sugar and they made their beta cells run 50 marathons and now they can't run anymore," and now what we know is that it's the microbiome that's fueling increased insulin production that eventually leads to insulin resistance, that leads to obesity that eventually wears out the pancreas and even mitochondrial toxicity that happens inside the beta cells that then you stop producing insulin, your sugar levels skyrocket. So is there a magic bullet? There isn't.

Dave Asprey:

Well, let me ask you this. Does eating too much sugar cause diabetes?

Dr. Vincent Pedre:

It's the avenue to it but guess what it does to your microbiome? So eating too much sugar, so they've shown this in studies, is going to cause shifts in the microbiome that happen even within 48 hours, changes in diet, that will promote the growth of yeast that then will hijack your brain with microtoxins that are going to tell you to keep eating more sugar and it also causes alterations in the gut microbiome that are going to have... So your microbiome is responding to the environment and the environment is created by what you eat. So if you're eating a lot of sugar, it's going to cause a shift in the microbiome and it's going to produce... It's going to favor the growth of certain bacteria that actually scramble the insulin signal.

Dave Asprey:

Okay. So too much sugar messes up your gut bacteria which then messes with your insulin signaling and that's the cause of diabetes or Type 2 Diabetes anyway?

Dr. Vincent Pedre:

Well, can we dive a little bit deeper?

Dave Asprey:

Yeah. Yeah. I want to know your take on this. This is cutting edge stuff and there's a lot of people like, "Sugar is bad," and I'm not so sure that sugar's that bad so I'm going to go deep with you on this.

Dr. Vincent Pedre:

Let's go a little deeper. So if you're eating too much sugar, if you're eating too many processed foods, it's causing shifts. From a study that was done in Stanford University comparing a high fiber diet to a high fermented foods diet, what they found is, and this is not sugar, this is fiber but it's a type of polysaccharide, right? The more you ate, the more you actually favored certain bacteria that have what they call carbohydrate active enzymes so they break down certain types of carbohydrates. So depending on how you eat, you're favoring certain types of bacteria.

Now, when you're causing these shifts in the microbiome towards a more unfavorable organisms or yeast overgrowth, eventually what you get is you start getting a breakdown of the gut barrier. So then, this leads to increase in intestinal permeability. Leaky gut then leads to more influx of inflammatory

molecules from the gut including... I mean, they've tested and found bacterial DNA even bacteria in the bloodstream of people with leaky gut but also lipopolysaccharide or endotoxin.

Now, endotoxin is going to work inside the cells. So endotoxin binds to something called Toll-like receptor 4, then activates the NF- κ B pathway which is inflammatory pathway inside the cells and guess what? Toll-like receptor 4 is found in the liver, in muscle tissue, in the brain, pancreas so it's going to activate these pathways, going to increase inflammation but as a result, what it's doing is scrambling the insulin signal and causing insulin resistance.

Dave Asprey:

That is so interesting. Do we know which insulin signal is being... Is it the TLR4 insulin thing? Which signal is getting scrambled?

Dr. Vincent Pedre:

So when the lipopolysaccharide binds to the receptor and this is actually... Let me reverse it because another study found that when the bacteria in the gut are producing certain types of short chain fatty acids, they're going to actually stimulate the pancreas to secrete more insulin.

Dave Asprey:

Okay. Got it.

Dr. Vincent Pedre:

And then-

Dave Asprey:

So what's going on is-

Dr. Vincent Pedre:

And then, we know that when you have high insulin levels, that's a signal for your body to turn carbohydrates into fat, right?

Dave Asprey:

Okay.

Dr. Vincent Pedre:

So carbohydrates coming from any source so it's going to tell your body, "Switch metabolism, start packing on fat in the middle," and then it becomes this vicious cycle because then the insulin receptor becomes more resistant to the insulin signal.

Dave Asprey:

That's one of the reasons I believe that activated charcoal which binds to those gut bacterial endotoxins, in some studies, it's actually tied to extending human lifespan because I think it's reducing exactly the problem you're talking about which is definitely a contributing factor for Type 2 Diabetes and I reject that eating too much sugar wears out the pancreas argument because it just doesn't-

Dr. Vincent Pedre:

I don't think that's the mechanism of what's happening. I think it's related to the gut and it's related to mitochondrial toxicity.

Dave Asprey:

Mitochondrial toxicity, for sure, and probably disturbance in the type of fat. I'm not really sure what percentage of the problem comes from gut bacteria messing with insulin signaling because of toxins because you had antibiotics and junk food and too much sugar versus how much comes because you broke your cell membranes with Omega-6 fats and I think it's some of both. You weaken the cells and then you punch them in the face with lipopolysaccharide toxins. Do you have any sense? I know that we don't have a study there.

Dr. Vincent Pedre:

You want to also think these Omega-6 fats are carriers for lipopolysaccharide.

Dave Asprey:

Oh, yeah. Let's talk about that. Oh, actually that makes me really happy. I'd forgotten about that little aspect of the... I've heard about that in the bulletproof diet. So what do Omega-6 fats do to carry these... What are they called? Polysaccharides which means that they're-

Dr. Vincent Pedre:

Yeah.

Dave Asprey:

Or at least, they're called lipopolysaccharide.

Dr. Vincent Pedre:

They're part lipid molecules, saccharide molecules which makes them able to get through fat membranes. But obviously, if they have a fat carrier, they're going to make it through more easily because the fats can micellize these lipopolysaccharides. They can turn the lipo part out and the saccharide part inward because they're almost like both fat and water-soluble. If they get micellized by these fats, then it just becomes a vehicle to get through that. It's like a way to sneak through the cell membrane.

Dave Asprey:

It is a way to sneak through and it turns out Omega-6 fats which are in processed foods, all the things you're talking about in your book, they carry them through better than maybe saturated fats or especially MCT oils, right?

Dr. Vincent Pedre:

That's a question because there was one study that showed that coconut oil carried lipopolysaccharide through more easily than say, olive oil and maybe this is why the Mediterranean diet is one of the healthiest diets out there because of the consumption of olive oil but that's just one study that I saw.

Dave Asprey:

It wasn't just coconut oil, if you read deeper, it was lauric acid, what I call liar's MCT oil. So lauric acid is technically an MCT oil but it's metabolized like a long chain fat. So unscrupulous companies can say, "Oh, we have MCT oil in here," but it doesn't raise ketones the way CA and the other ones do. There are studies showing that MCTs are protective against LPS in the liver which is one of the reasons that even if you're using something like butter in coffee or whatever, some random idea like that, the butter can escort lipopolysaccharides, these toxins from your gut if you have an unhealthy gut. It brings it in but the MCTs are there to help to protect the liver from that. That was part of the architecture of that original invention for bulletproof coffee.

Dr. Vincent Pedre:

You know what else protects against lipopolysaccharide or as we call it, endotoxemia or diet induced endotoxemia, the influx of lipopolysaccharide-

Dave Asprey:

Let me guess. Anything Pfizer sells will protect you from it, right? No? Okay. Sorry. It was a good guess.

Dr. Vincent Pedre:

It's much simpler than that. No, it's not made by Pfizer. It's made by the earth and it should be organic, not a pesticide-ridden but actually, broccoli so polyphenols. Antioxidants actually reduce endotoxemia related to a meal. So, if you eat a hamburger and French fries with some broccoli, it might protect you versus just eating the hamburger and French fries by itself.

Dave Asprey:

I saw a study too that showed that eating, it was either a quarter or half of an avocado, even with charred meat, which has its own problems, was protective. So there's a lot of goodness from those things and that's part of what you talk about in the Gut Smart Protocol. I'm just hitting you with some weird questions because listeners have heard a lot about the gut and if you're like, "Eat the rainbow." I'm like, "Yeah. Tell me something new, Vincent," but I thought-

Dr. Vincent Pedre:

You know what? I think I don't know that's right, honestly.

Dave Asprey:

Thank you.

Dr. Vincent Pedre:

But let me tell you why I don't think... I think functional medicine has been saying, "Eat the rainbow," and I was one of those who was swallowing that line, hook, and sinker. And then, I went to Africa and I spent time with the Hadza, one of the last hunter-gatherers on the planet. The reason I wanted to go is because they've been studying their gut microbiome. They've been getting food samples from Hadza because someone decided, "Hey, these people have no diabetes, no obesity, no cardiovascular disease, they don't get cancer, and they're basically hunting and gathering. They're not eating any westernized food. They haven't been exposed to antibiotics and they looked at their gut microbiome and found, "Hey, it's more diverse than a western-controlled microbiome."

They used an Italian cohort as the control group. I mean, you can imagine, Italy, it's a Mediterranean diet. They're eating a really diverse group of vegetables, all colors, beautiful rainbow. And then, you go to Tanzania with the Hadza and they're eating some berries, some root vegetables. You know what? I went both hunting and foraging with them. We found there's this honey bee in Africa that basically makes the honey comb inside a tree bark and then just sets up a little chimney. These guys, I mean, this chimney is probably not more than a centimeter and they just spot it.

Dave Asprey:

Wow.

Dr. Vincent Pedre:

They open the tree bark, inside, this beautiful honey comb. Now, these bees... People are probably thinking like I was there and they gave it to me and I ate honey comb with honey and there were bees mixed in there and I'm like, "I'm just going to do whatever." These bees are really tiny. They look like flies.

Dave Asprey:

Wow.

Dr. Vincent Pedre:

So they're eating the full honey. It's not like they're just having honey. They're having the honey bee, the honey comb, everything. They're digging root vegetables out of the ground. Now, this isn't very colorful rainbow and aside from that, they're hunting birds and medium to bigger animals. They have a license to hunt zebras. No one else can hunt zebras but if they want to... So they're eating meats, some berries, Baobab fruit which is huge-

Dave Asprey:

That's a big one.

Dr. Vincent Pedre:

Huge in fiber. So they've calculated that they're taking about 40 to 50 grams of fiber per day.

Dave Asprey:

It's mostly soluble though. They spit out the insoluble fiber so they're mostly getting basically prebiotics. So again, like meat-

Dr. Vincent Pedre:

But-

Dave Asprey:

Some kind of berries and a meaningful amount of sugar from honey and then they're getting prebiotics.

Dr. Vincent Pedre:

Exactly. But this is the other thing which I think is really enhances their microbiome, they're not washing their hands. They're getting dirty. They're getting exposed to their environment. That's, I think, the missing factor why in the west we think like, "Oh, you got to eat the rainbow. That's going to give you this wide range of fibers, soluble, insoluble fibers, and that's going to make for a diverse microbiome," but I don't think it's really that. I think it's not being exposed to antibiotics, getting exposed to the outdoors, getting a good amount of fiber but also... I mean, there's a lot of different things because there's other studies that have challenged that this way of eating also as a way to get a more diverse microbiome.

Dave Asprey:

So what I'm hearing is I should stop washing my hands after I go to the bathroom and thank you for that.

Dr. Vincent Pedre:

If you happen to kill an animal, just leave the blood on your hands. When you see your kids, give them a hug.

Dave Asprey:

Okay. All right. I see your point.

All right. So there's the hygiene hypothesis. Here's where I've been a little confused. Nowhere on the planet do you eat the rainbow year round because only a little bit of the rainbow is available at any one time, usually for two to four weeks. I say this as a guy who's running a regenerative farm where, "Oh, that's funny. You can't eat that color because it doesn't grow right now." And so, the idea, "I'm going to eat the rainbow by flying bell peppers in from Belize," that doesn't work. Furthermore, your gut bacteria change themselves within what? 72 hours? Is that the good number based on what you eat?

Dr. Vincent Pedre:

Very quickly, actually they did another study on the Hadza where they looked at their seasonal microbiome because Tanzania has two big seasons. It has the rainy season, it has the dry season, and throughout the year, what's available to them changes depending on if it's rainy versus dry season, they're going to eat different things. What they found is that the predominant flora in the gut shifted and some of them even seemed to disappear, let's say during the rainy season. So they went through a rainy season, dry season, back to rainy season, back to dry season. When they went back through the cycle, the flora would seem to disappear and then when they started eating the foods that supported those bacteria, they would come back, or they would be detectable in the stool. So you probably always have a certain reservoir of bacteria and it's just constantly shifting based on what you're eating and you're exposing yourself to.

Dave Asprey:

What that means is that if you eat Thai food because it has these colors in it tonight and then tomorrow you eat Mediterranean food and then the next day you eat Borscht because it has red in it or something, I don't really know what eating the rainbow really looks like. I'm pretty sure your gut bacteria are like, "What the hell are you doing to me?"

Dr. Vincent Pedre:

They're probably going to be really confused.

Dave Asprey:

Yeah. Okay. But that leads to another question, how do we know that diversity is actually good for us?

Dr. Vincent Pedre:

Lots of studies are bringing that up. So we know for example that... This is by measures of diversity and it can be confusing because there's so many different diversity measures like alpha diversity, beta diversity, different indexes that they use. But what the studies show is that as you increase diversity, you reduce inflammation and I do think we need more studies for this because we don't really have... The problem, David, is that these interventional studies that they've done so far like these... For example, Stanford University did a study on a high fiber diet versus a high fermented foods diet but it was two intervention groups, they didn't do a control group.

Dave Asprey:

Yeah. How did you know?

Dr. Vincent Pedre:

So it's the high fiber against the high fermented foods, small group, 18 in each branch. But interestingly, in this 10-week study, what they found was that people were eating six servings, about five to six servings of fermented foods, in the peak period. So they had a 4-week ramp up and then 6 weeks where they were told to maintain that high intake of whether it was fiber or fermented foods. Again, as a functional medicine doctor, as I was reading the study, I'm thinking, "Who's going to win? I think it's the fiber people," like, "This is what I've learned. It's going to create more microbial diversity in eating all this fiber," but it was the fermented foods that actually increased microbial diversity and reduced 19 different inflammatory markers. Now, they were looking at immune cell activation and cytokine release, all those things.

Dave Asprey:

I imagine that a combination of those taking a fuel for diverse populations would be your best bet as well as eating the fermented foods if you tolerate them.

Dr. Vincent Pedre:

Well, they found... Actually, I'll comment on that because there was a study that came out at the end of last year and it was looking at the... They were looking at perceived stress in a group of people. What they did is they put them on... They took two groups. This one actually was 45 participants divided into two so still, small study. It was done during the pandemic so they couldn't recruit more people. I guess they couldn't find the people. There was a control group. And then, there was the group that was taught how to eat more fiber so they were getting five to eight servings of fiber per day and they were asked to get two to three servings which is two to three cups of fermented foods per day.

They found that it created changes in the gut microbiome that were associated with reductions in inflammation so it ties in with a Stanford study and as a result, their perceived stress score dropped. So I think we're heading to the place where, and I talk about it in my book, that it's not about fiber versus ferment and it's also not like, "Hey, fiber is the cure-all," because there are doctors out there who are like, "Just eat fiber. Fiber's going to rescue you."

Dave Asprey:

Yeah. Especially if you're eating the insoluble fiber, it doesn't work. It's not good for you. I think, at this point, I feel safe saying that. It might be better than what you're doing now but it's not a good solution, right?

Dr. Vincent Pedre:

It's not the whole thing and it seems like... You would wonder like people might think like, "Well, can I take a probiotic? Can I do this or that?" I mean, with the fermented foods, is it increasing microbial diversity because you're taking in foods that have microbes growing on them? It doesn't. It's not because... When they did the testing initially, you'll be able to detect those bacteria whether it's lactobacillus or whatever in the ferment. But eventually, you start seeing the appearance of all these other strains and it's the ferment are supporting the growth of these other strains of bacteria probably through cross feeding.

Dave Asprey:

It's really interesting. One bacteria eats another bacteria's poop, basically, which does all sorts of unpredictable stuff.

Dr. Vincent Pedre:

You know who else does that? Mice, they like to eat each other's poop.

Dave Asprey:

And, yeah, dogs. All right. I'm going to something that I just formulated. Diversity is the new calorie and here's what I mean. We've had people saying for a long time, "Well, if we just cut our calories, magically, we're going to lose weight," not caring what the calories are and it was an excuse to feed us ultra-processed junk food. It was like, "Calories are bad. Calories are bad."

Dr. Vincent Pedre:

I mean, do you remember the old Weight Watchers?

Dave Asprey:

Yeah. By the way-

Dr. Vincent Pedre:

It was basically point system where you can have ice cream and that's okay as long as you don't pass your points. It doesn't matter that it's a crap calorie and it probably has some crappy oils in there.

Dave Asprey:

No, it doesn't matter at all and it's just provably wrong. Now, we have people go, "Oh, I got nine grams of protein." Like, "Dude, that was gluten. Gluten's a protein. Different proteins do different things," and when you say diversity, "Hey, you want to increase diversity? Add some clostridium difficile," which is what kills people in the hospital all the time but it's diversity. So I'm like, "You know what? Screw your diversity of gut bacteria. You better tell me the composition of it," because just worshiping diversity without saying whether it's good diversity or bad diversity-

Dr. Vincent Pedre:

It's really the metabolomics. It's like, what are they producing? What is that group in your gut? What are they producing as an aggregate?

Dave Asprey:

That's why I've been an early advisor and a big supporter of Viome because they're doing exactly that for you like what's happening? There's a variety of things where we're saying, "What does the system of bacteria do?" because what I don't want is diversity but basically a bunch of chaotic anarchist gut bacteria where I have highly diverse but warring armies going back and forth across my gut which pretty much describes my childhood.

Dr. Vincent Pedre:

You'd find it funny that I've been reading studies on this and some studies will say, "Well, diversity was associated with reduction in depression," and then another study says, "Diversity was associated with increased depressive scores." So then, you're like, "Okay. Where are we sitting here with diversity?"

Dave Asprey:

Right. So what's your take? I mean, you're out in the world so do we really want more diversity if we don't know what it's doing?

Dr. Vincent Pedre:

I think the weighted evidence is that I think we're ultimately going to see that diversity is good.

Dave Asprey:

I think you're right and I do think we're going to find that some diversity is a lot better than other diversity which is not what diversity is.

Dr. Vincent Pedre:

You know what else I think we... I don't know that we fully admitted is that we need some bad guys in there too. So when I'm talking about diversity, I'm not just saying, "Oh, it's this beautiful diverse group of college professor probiotics that are all good." No, we need some of those evil ones in there too. 10% to 15%, they do something that helps keep everything in balance, almost like predators in an ecosystem. You know what happened when they took the wolves out of Yellowstone Park, it created a complete imbalance in the ecosystem.

Dave Asprey:

Right. Interesting. It really did. I remember that because I used to live around there and yeah, it totally screwed stuff up when they took them out but it screwed it back up when they put them back in, right? Did you see that?

Dr. Vincent Pedre:

No. What happened there?

Dave Asprey:

So when they put them back in, there was such a shortage of deer that now everything's getting overgrown. They used to get pruned back from the deer because it turns out the combination of human

hunting and wolves put too much downward population. So now, they're talking about hunting the wolves again and everyone's all upset.

Dr. Vincent Pedre:

Oh my goodness. See? But it's about balance.

Dave Asprey:

It is about balance.

Dr. Vincent Pedre:

That's the thing. In the gut, it's called quorum sensing and there's certain bacteria that are really good at that where they can... It's almost like, you have to imagine, it's like we're talking about nanometer layer thick. It's super thin. They're all hanging out there and it's precious real estate and certain bacteria can come in and they can claim that real estate and you know what they do? Can I curse?

Dave Asprey:

Sure. Absolutely.

Dr. Vincent Pedre:

Those motherfuckers create their own antibiotics and they kill off the other bacteria. They're like, "We're coming in. We're taking your home," but a lot of these are the spore base. You've probably seen a lot of probiotics now coming up with the spore based organisms while the bacillus subtilis coagulants, all these, they create their own antimicrobial peptides that basically get rid of bad bugs in certain parts of the gut and they claim the territory and they help reduce inflammation. They help the integrity of the gut lining.

Dave Asprey:

They totally do and we think, "Oh, it's just good gut bacteria." It is a war in there unquestionably. One of the other things that gut bacteria do that I found really mean... In fact, I don't trust gut bacteria. I want to be a germ-free guy where I would never have any gut bacteria. If we had one antibiotic that I could take that would get rid of every bacteria in my gut and keep them gone without destroying the environment around me-

Dr. Vincent Pedre:

You know what? It... I mean, it might be... From a certain perspective, it might be a good anti-aging measure because as your gut microbiome ages, then your tryptophan metabolism changes. And so, they find that your bioavailable tryptophan falls and you have more of the kynurenine pathway so your kynurenine to tryptophan ratio starts to change which is going to age you. Partly, it seems to be related to what the microbiome is doing and how it's metabolizing tryptophan but it's the aging microbiome that's causing that shift. So actually, I don't know if you want to be completely germ free or you might want to start eating the poop from younger kids and teenagers that have no health issues.

Dave Asprey:

If you think about it, there are people, one of the safest things you can do if you're going to do FMT, the fecal matter transplant, and you're really sick, and there are tons of people who have been healed by

this, I thought about doing it when my gut was really wrecked but I never did, would be you'd want poop from a baby who has never had antibiotics in utero, right? That's going to be about as good as it gets.

Dr. Vincent Pedre:

Well, but... Okay. Well, let's talk about that because a baby still needs to get their gut microbiome populated and it's mostly going to be Bifidobacterium infantis because of the human oligosaccharides in the breast milk. So you would probably want to wait until age three but make sure that child's never been given antibiotics for an ear infection. And then, of course, you have to, I guess, wonder about the ethics of that but hey, how much poop is thrown out in diapers?

Dave Asprey:

There's no ethics from that. You're going to throw the diaper away and take some poop from that. If people have ethics problems with that, we got to talk.

Dr. Vincent Pedre:

You can desiccate it and encapsulate it. The thing is, what we've learned is that you can actually transfer the obesity trait-

Dave Asprey:

Yes.

Dr. Vincent Pedre:

Through a fecal transplant. This happened to a woman who the mother had C. diff so this was just a case report. The mother had C. diff and they couldn't get rid of it. She had recalcitrant, it wasn't responding to any antibiotics so they were going to do a fecal transplant and the daughter became the fecal donor. The problem is, the daughter had polycystic ovarian syndrome which is characterized by insulin resistance, metabolic syndrome, sugar metabolism issues but the mother did not. But after the fecal transplant, she developed the same thing.

Dave Asprey:

Wow.

Dr. Vincent Pedre:

We know from mice studies where they've taken discordant twins. So one twin is thin, the other twin is obese and they do the equivalent of a fecal transplant because if you poop in the mouse cage, they like to eat poop. That's just what they do. And so, we took germ-free mice and fed them the poop from a thin twin and the poop from an obese twin, gave them the same diet. It was a low fat, high in plant polysaccharides, and the thin mouse stayed thin but the other mouse, the one that got the poop from the thin twin stayed thin. The one that got from the obese twin got fat.

Dave Asprey:

Wow. So what does this means though is that a germ-free mouse can eat whatever it wants and doesn't get fat and doesn't have metabolic dysfunction. So if we make it not germ-free and we give it the right germs, it's okay but it's not better off than it was when it had no germs.

So I mean, I'm just going to go on a limb, and I know this is going to be controversial because you just wrote the Gut Smart Protocol and you and I were both harmed by excessive antibiotics when we were kids, right? You took more than 20 doses. I took them every month for, I don't know, 10 years because of strep throat and sinus infections and I know it was a part of my problem. So not calling in people to do this but I mean, what if you could take an antibiotic every week that just knocked out most of the gut bacteria so there would be none of the ones that make you fat and tired anymore?

Dr. Vincent Pedre:

You have to think you're also going to lose the ones that keep you thin and energized.

Dave Asprey:

Okay. Well, let me ask you this. This is not in the Gut Smart Protocol which is your book by the way. There's all kinds of cool stuff about what to do and I got to ask you about the seven kinds of leaky gut because I've never seen one write about that before. But before we get there, what do you think happened to our gut microbiome as a result of locking everyone in individual houses for the last three years?

Dr. Vincent Pedre:

It could be good or it could be bad.

Dave Asprey:

Okay. Explain that-

Dr. Vincent Pedre:

So some research has been looking at what is it that the aging microbiome and why is it that centenarians maybe age better than other people? Well, we know about the diet and also the lifestyle but one of the characteristics of a lot of centenarians is they live in multi-generational households and they think that because of that, there's some level of sharing of the microbiome. Now, let's interlay this with what was happening during the pandemic. A lot of people were not just isolated at home but they were being given antibiotics when they got sick. Most typically, Zithromax because it was found that Zithromax actually has some certain antiviral properties that could help with the lung part of COVID, the lung infection.

Dave Asprey:

Right.

Dr. Vincent Pedre:

Well, another researcher that I saw present at the Microbiome Congress a couple of years ago was studying what happened to the microbiome of people if they were cohabitating and one of them was given a five-day course of Zithromax and the other one didn't. First, they looked at husband and wife and they found that if one was given a course of antibiotics, the other person's microbiome also showed alterations that you would see from someone who had just taken antibiotics. And then, they thought, "Well, maybe the husband and wife are kissing so let's do it just with roommates," people who are not in any an amorous relationship and they found the same effect.

Dave Asprey:

So basically, if someone's on antibiotics, you should lock them in a cell? Is that what I'm hearing you say?

Dr. Vincent Pedre:

You should not let them come back home.

Dave Asprey:

So on a second-

Dr. Vincent Pedre:

Or just have them read the Gut Smart Protocol and diversify their gut microbiome after they've been on antibiotics and then all will be good. Eat more fermented foods.

Dave Asprey:

I want to get into some of the stuff that you brought up here about seven kinds of leaky gut. What are the seven kinds? Because no one else has written this in a book I've ever seen.

Dr. Vincent Pedre:

Yeah. I mean, these are all the gut interrelationships. So we've got the gut-skin, we've got the gut-brain access, we've got certain ones that people don't really think about like the gut-metabolism connection, the gut-joint connection. So it's basically, it's not that there are seven types of leaky gut, is that there are seven big systems that are affected by leaky gut. When you have leaky gut, it's basically causing system-wide inflammation and it's going to show up in a different way for different people. Of course, it's more complicated than that. It depends on what bacteria growing in the gut microbiome, what other fun bugs you have hanging out in there like yeast, parasites, whatever it may be. I've certainly had my bouts of parasites. No fun.

Dave Asprey:

Yeah. Me too. Did you get them when you went to Africa?

Dr. Vincent Pedre:

Oh my god-

Dave Asprey:

When you were eating zebras and all that stuff?

Dr. Vincent Pedre:

After I came back from Africa and I had eaten honeycomb with the Hadza and I also had root vegetables that were just freshly dug from the ground... Well, Dave, I think it turns out that if your gut isn't used to eating stuff like that, it might not be a good idea so I got back... To make matters a little more complicated, I got back from Africa and then a week later, I went to Mexico.

Dave Asprey:

Oh. I mean, yeah.

Dr. Vincent Pedre:

So it-

Dave Asprey:

It's almost like we weren't designed to do that. I mean, who would've thought?

Dr. Vincent Pedre:

So I managed to pick up two different parasites. One, I think, from Mexico, probably amoeba, amoeba histolytica, and the other one from Africa, cureatucurus, and I thought that I was dying. I was in such severe... It hit with nausea that just kept increasing, increasing, increasing and I had such severe pain that it felt like someone was taking an ice pick and punching it through my belly. This was the weekend and finally, Dave, this will be a marker of how desperate I was. Guess where I went? Which is the last place on earth I would ever. I went to the ER and that is the... As a doctor, that is the last place on earth that I would ever want to go to because I know more than they do. And so, I get to the ER.

Dave Asprey:

I know some ER doctors who are badass. They just don't like what they do for their day job, just to speak about that. There are some good ones out there.

Dr. Vincent Pedre:

No, there are some good ones. Yeah. I also know some really good ones. So I get to the ER and I've had experience with severe parasites, severe abdominal pain to the point where I feel like I want to die. I tell them, "Morphine doesn't work for me. You've got to give me something stronger," and I'm like, "I'm a doctor." As soon as I said that, they classified me as a drug seeker.

Dave Asprey:

Well, yeah, I mean, you're a doctor. Is there a difference? I generally say-

Dr. Vincent Pedre:

So-

Dave Asprey:

Know each other.

Dr. Vincent Pedre:

So anyway, they did give me something. It barely touched the pain. Then, she wanted to give me an... I had severe upper abdominal pain and she wanted to give me an NSAID, so Toradol intravenous. I looked at her and I'm like, "I am..." She just didn't want to listen to me. So, when the nurse came, I refused it and she's like, "You refused the Toradol. Why?" "Because I have severe epigastric pain and you have yet to prove that I don't have an ulcer burrowing a hole through my stomach and you want to give me a medication that could make me bleed through my intestines, so I'm not going to take it," and so we negotiated and interestingly, what they ended up giving me was ketamine.

Dave Asprey:

That's good stuff, man. I mean, it works great if you're feeling trauma over pain.

Dr. Vincent Pedre:

Well, actually you know what I learned about ketamine? Is that ketamine actually deactivates the NF-κB pathway so it shuts off inflammation. Literally, when I had this parasite, it felt like I had a fire in my gut. It literally felt like a fire.

Dave Asprey:

Wow.

Dr. Vincent Pedre:

And so, the ketamine shut that down and then I went to see a tropical disease specialist who diagnosed me and the minute I was on antibiotics, I got better.

Dave Asprey:

Okay. Antibiotics can be magic and I want listeners to understand that you've written a book about how to recover from antibiotics. Since I started Bulletproof so sometime in the last 10 years, for 8 months, I had the runs and I had picked up a parasite from salad in Arizona that was some kind of tropical parasite you don't normally see in the US. I mean, I took visits to all kinds of experts before someone finally found it, wrote me a script for a \$1,200 worth of whatever. I don't remember it off the top of my head but that fixed it within three days after every herb, every charcoal, every ozone, all of the stuff that I know, all the herbals and four different lab tests couldn't find it. So there's a whole set of things where sometimes, it's okay to take a drug when the benefits are greater than the damages.

Dr. Vincent Pedre:

Well-

Dave Asprey:

And it-

Dr. Vincent Pedre:

What happens is then you've got to then go and fix the damage.

Dave Asprey:

Yeah, and you have to admit it exists. What the world of business has taught us is that it's cheaper to deny reality than it is to admit reality, take responsibility for creating it, and then fix it. So it's the same thing with many things, we just pretend there's not a problem but just be like, "Hey, you know what? You want a non-caloric sweetener? Okay. Here's the pros, here's the cons. We're just going to tell you about it and you can decide if it's worth it." The problem is it's usually not worth it and then they make less money so it's just easier to lie.

The same thing for is Wi-Fi harmless? No. Is it really useful? Yes. So we could just admit the reality and I feel like a lot of people are waking up to just say, "Nothing's all good, nothing's all bad. Let's choose how dangerous we want our life to be and that's my choice, it's not the bureaucrat's choice." And so, I would say it was a good thing that they gave you an antibiotic to fix the thing in your gut to kill the thing that

would've been hard to kill with herbs or maybe you would just live with it or throughout all of history, it would've just killed you.

Dr. Vincent Pedre:

Well, it was severe pain. I mean, the amoeba histolytica was just making me feel horrible and that's one of the other interconnections with leaky gut is the immune system. So I mentioned brain, skin, metabolism, joint, also energy, immune system, and airway. That was a big one growing up because every time I got antibiotics, it was just messing with my immune system, making me more prone to getting more airway infections. I would've probably been one of those people double masking during the pandemic because I was a complete hypochondriac as a child because I just got sick whenever anybody coughed around me.

Dave Asprey:

Wow. I was the same way. I don't know if I was a hypochondriac. I just knew that I was sick all the time and finally, by the time I was maybe a teenager, I could feel three days before a sinus infection happen, I'd call the doctor and just be like, "Hey, man. It's happening again. Give me antibiotics," and they just call them in. All right. What's your take? I know in the Gut Smart Protocol you talk about grains but talk about whole grains versus refined grains versus glyphosate American grains. Just give me the Dr. Pedre grain 101 from the book.

Dr. Vincent Pedre:

Yeah. I mean, basically stay away from pesticide-ridden food regardless of where it's coming from because glyphosate is an antimicrobial agent. It's like eating an antibiotic. It basically is a chelator. It's destroying the soil microbiome to say the least. So if you care about our soil that's going to be... We're going to deplete our farming soil, you should stop buying anything that's made with glyphosate. The question, "Do we need grains? Is grains part of a fiber rich diet?" I mean, the truth is that most people don't eat enough fiber. So in that study, when they looked at the fiber versus the fermented foods and had people increase their fiber intake, some people were eating only 10 grams of fiber per day and they increase it to 45 grams. On average, we should be eating somewhere between 25, 35, maybe up to 40 grams. What did it do? It helped modulate the immune response.

Dave Asprey:

What if you eat too much? I went up to 60 grams of only soluble when I was writing my anti-aging book because I just looked at the evidence for aging and I got a lot of soluble fiber. I 4xed the diversity in my gut bacteria during that time as measured by Viome but was 60, 80, 100 grams of soluble fiber like how much fiber-

Dr. Vincent Pedre:

You're going to feel really bloated.

Dave Asprey:

I actually didn't. Not with the blend-

Dr. Vincent Pedre:

You could feel really bloated eating that much fiber but true, soluble versus insoluble because insoluble is going to be really hard to digest. But the other thing is that, a lot of people do is they hear health advice and they're like, "Let me just go 0 to 60," and you should never do anything 0 to 60. You should dip your toe, dip it a little more, a little more, a little more. Give yourself a ramp up period that's probably at least four weeks long to let your body adjust to the changes in the diet. I still believe that you do need insoluble fiber just to move things through.

Dave Asprey:

But not maybe excessive amounts.

Dr. Vincent Pedre:

Not excessive amounts and honestly, being Cuban, I love white rice and-

Dave Asprey:

Yeah. It's better than brown rice.

Dr. Vincent Pedre:

White rice, actually, it doesn't bump my blood sugar and it actually makes my microbiome really happy.

Dave Asprey:

I like that. Okay. I got to ask you this. There are studies that show vegans fart seven times more than non-vegans and this is affecting the carbon dioxide layer on the planet. What do you think of this?

Dr. Vincent Pedre:

I think there are potential benefits to the vegan diet but the problem is-

Dave Asprey:

Don't you love Mother Nature? What about-

Dr. Vincent Pedre:

No, no, no. No, listen. Listen. Listen.

Dave Asprey:

Keep going.

Dr. Vincent Pedre:

I think every everyone should be eating a... The majority of the planet isn't eating enough fruits and vegetables.

Dave Asprey:

All right. I'm with you there.

Dr. Vincent Pedre:

But the other half is if you deprive yourself of the proteins that are necessary to make all the important enzymes that your body needs, you're not going to be walking around very happy. Now, the interesting thing is, so if you look at TMA production so it's Trimethylamine which is this molecule produced by gut bacteria like... God, I'm trying to think of the name. Oh, you're going to like this one, Dave. It's called hungatella.

Dave Asprey:

Hungatella?

Dr. Vincent Pedre:

Yeah.

Dave Asprey:

That's one my favorite mans from the '80s.

Dr. Vincent Pedre:

Hungatella produces Trimethylamine so it's one of the groups of bacteria in the gut that produce Trimethylamine from things like Phosphatidylcholine, L-carnosine. So this is the argument why a meat-based diet might not be good for you because you start producing more Trimethylamine. Now, the thing is it's dependent on genetic variations because the Trimethylamine in itself isn't the problem, it's what it gets metabolized to in the liver to Trimethylamine O, oxide, which is TMAO that then increase the risk for stroke and heart attack and actually has been associated with depression as well.

Dave Asprey:

Wow.

Dr. Vincent Pedre:

So what they found is if you eat more vegetables... So they were doing meat eaters versus vegans. I came to the conclusion that eat meat but have more vegetables to counter it because they also found that the more vegetables you eat, you can counter that effect of producing more TMAO. So yeah, I mean, let's save the planet. You know those Frankenburgers, those vegan burgers?

Dave Asprey:

Yes.

Dr. Vincent Pedre:

That are using corn. They're using ingredients that have been shipped from all different parts and no one ever talks about the greenhouse effect of building these vegan meat lookalikes that are full of... Usually, they have some sort of Omega-6 oil in them. They've got a lot of corn-based ingredients. I mean, they're not only horrible for you but they're also horrible for the environment because of the way all of these ingredients are being sourced.

Dave Asprey:

All right. TMAO is this thing that's made by bad bacteria in the gut in the presence of fish or eggs or Phosphatidylcholine or soy lecithin which comes from soy. Oh, and red meat. Yeah. But all of the

headlines are always like, "Red meat rahhhh!" Number one, if you don't have TMAO farmers, you can eat all the meat you want and it doesn't matter. You can also eat all the eggs, all the fish, and all the vegan processed foods that contain-

Dr. Vincent Pedre:

If you don't have a lot of hungatella in there, then go to town.

Dave Asprey:

So I did test mine, even though I have a history of taking a lot of antibiotics but I don't eat industrial meat. So what that means is you can measure this and just know. If you have TMAO formers in your gut, maybe you should do something about that instead of trying to eat Franken food on a desire to fix things.

The other thing that no one talks about, guess what else? You might not even know this part because I really did a lot of digging. It was two weeks to write this piece. It's on my blog. You know what else forms TMAO in the gut besides-

Dr. Vincent Pedre:

TMA-

Dave Asprey:

Lecithins... No. Actually, it's nitrite and nitrate so burning your meat does it and you can also get it from vegetables.

Dr. Vincent Pedre:

Interesting.

Dave Asprey:

I reference all the stuff in the-

Dr. Vincent Pedre:

You mean charred vegetables, if you overcook them.

Dave Asprey:

Or even just regular vegetables that have nitrate in them like celery. So we're like, "Oh, it turns out bad gut bacteria, no matter pretty much what you eat are going to be causing-"

Dr. Vincent Pedre:

You mean, we shouldn't be drinking celery juice?

Dave Asprey:

It's funny. Celery juice, I don't think is bad for you because you need some nitrates. You should have healthy gut bacteria. I don't think it actually cures diabetes and is the Lord's second coming like some people but it'll hydrate you nicely. It's got structured water in it but it's not worth \$20 and if making it a major part of your diet is foolhardy unless you just like it and you have a lot of money.

Dr. Vincent Pedre:

Exactly.

Dave Asprey:

Yeah. It was funny because I've been on Dr. Oz, we actually talked about it. Even Dr. Oz as well and I have so much respect for him as a doctor and we talked about celery juice which was on there and I'm like, "Yeah. Absolutely. It's got some minerals in it. It's got some benefits." But then, you have someone who came out, the medical medium, who's like, "I downloaded something from the 1970s that's like celery juice will cure cancer and diabetes, all these crazy stuff." There is no evidence of that and people who try and do that do not get those results. I have been a raw vegan. I have drunk more celery juice than most humans. It's not that but it's not bad for you. It's one of those crazy things. I'm still very mad that vegans are farting when they eat Franken meats. This is still traumatizing me. Is there a cure for that, people who fart too much? I mean, you wrote the Gut Smart Protocol. If I have a problem with flash farts or well, I'm just asking for a friend here-

Dr. Vincent Pedre:

First of all, stop eating all those beans that are mass-made like if you go to the hot bar. If you want to eat beans, they need to be soaked and rinsed overnight and you actually have to cook them with some sodium bicarb and then also put some Kombu seaweed in there and that's going to reduce the gas forming properties of it.

Dave Asprey:

Are you saying this as a medical doctor or a Cuban?

Dr. Vincent Pedre:

Look, Cubans, we love our black beans. Don't take my black beans away.

Dave Asprey:

Is this traditional from what you learned growing up? We've talked-

Dr. Vincent Pedre:

Oh, like how... Oh. No, no, no. No, this was not done. We were a fartathon in my house when we had the black beans because my mom didn't know how to do this. No, this is stuff I've learned since then.

Dave Asprey:

Medical stuff. Okay. Got it.

Dr. Vincent Pedre:

But the other thing you can do actually is take and coat it with peppermint oil and it's going to reduce gas in your belly.

Dave Asprey:

There are bean enzymes Beano and things like that that can help but let me ask you this-

Dr. Vincent Pedre:

Actually, the more beans that you eat, the more carbohydrate active enzyme producing bacteria start growing in your gut. So eventually, you start becoming resistant to it. You're able to process this food a bit.

Dave Asprey:

All right. There is more though that I want to ask you about when it comes to beans. So Dan Butner is a guy I really respect. Dan, he's been on my show. He does the blue zones and I respect Dan because he's tirelessly worked for 25, 30 years to try and figure out what do people who live longer actually do. But the algorithm then is like, "I don't know. I'll just do that," but there isn't a question when I chatted with him. There wasn't like a, "Why is it happening? Why does it work?" and he still just eats beans every day and legumes and that's what everyone does. If you could just do one thing, be plant-based-

Dr. Vincent Pedre:

But what else are they doing?

Dave Asprey:

Well, that's my-

Dr. Vincent Pedre:

I'm going to say I bet you because beans are a source of prebiotic fibers, right? But they're not just eating beans, they're also eating fermented foods as well. So they're eating, what I think we're going to come to a conclusion on, is the best diet for people to have on the planet which is a combination of fermented foods and fiber daily which is what I came up with in my book after looking at the research and seeing where things are going.

We don't have enough dietary intervention studies looking at what happens if you combine fermented foods with fiber over the long term? What is that going to do for a lot of things, including aging and how does it change the gut microbiome and that kynurenine and tryptophan metabolism ratio, all those things. So I think you can't get so micro and be like, "Well, they're eating beans." Well, what else are they eating? Not just the beans. The diets are different, right? Because there's a lot of blue zones around the world, they're not all eating the same diet. There's blue zones... By the way, a lot of people don't know this and I don't know that it's on the map but Cuba is a blue zone because there are a lot of Cubans who live to very old age and they eat a lot of black beans.

Dave Asprey:

It's true. There's something else that's present in Cuba that's present in many of the other blue zones and I talk with Dan about this. It's that poor record keeping and poverty which means sometimes it's cheaper to take your parents' identity when they pass than it is to pay inheritance taxes. So there may be a few 120 year olds walking around going, "I hope no one knows that my mom had me when she was 25 and I took over my mom's ID." I'm just saying. This has happened-

Dr. Vincent Pedre:

Oh my goodness.

Dave Asprey:

And there's this strange correlation with blue zones and bad record keeping. To his defense, Dan did talk about how he believes he's accounted for those problems but just saying. In Cuba, I don't know how good record keeping for the last 120 years is but my guess is like everywhere else on the planet, there's been a little bit of fraud and that's-

Dr. Vincent Pedre:

No one gets paid a lot of money there so you're certainly not going to try to be your dead relative so you can get some great inheritance in Cuba.

Dave Asprey:

That's a fair point so maybe not.

Dr. Vincent Pedre:

Because there really isn't.

Dave Asprey:

Yeah. It's just so they that-

Dr. Vincent Pedre:

They do keep really close health records.

Dave Asprey:

Oh, they do? Okay.

Dr. Vincent Pedre:

This is fascinating so let's go all the way back to the beginning of this talk to sugar. So Cubans love their sugar, right? They love their sugar. Now, I don't know if you remember the special period. The special period was when Cuba lost its Russian subsidies. In Cuba, they called it the [foreign language 01:00:06], the special period so I guess it made it sound better than it was. It's like we're in a special period. It means we've lost our fucking subsidies so we can't feed you so what they did is they rationed sugar so sugar consumption dropped dramatically like 75%.

This was in the '90s and they were keeping track of health records. They keep very close track. Guess what happened? Sugar consumption dropped, obesity dropped, diabetes dropped, heart disease dropped, heart attacks dropped. All health measures in the population improved and guess what happens when sugar was reintroduced when the special period ended? All of these markers started going up. Now, you could say, Cuba's an isolated incident. Is this something... Can we replicate this? Actually, we had already done that because Great Britain during World War II rationed sugar. They also keep really close health records and they found the same thing. Dramatic drop in heart disease, in diabetes, obesity-

Dave Asprey:

Okay. So that goes back to the beginning of our interview where, "Okay. Sugar is not good for you but the Hadza were eating it," and in my original-

Dr. Vincent Pedre:

But they're eating honey, so let's... They're eating honey and they're eating the honeycomb which is full of fiber and they're also eating the honey bees. They're getting some other, maybe some bee poison in there.

Dave Asprey:

Okay. Got it. Yeah. Like some bee poop maybe that they're refertilized-

Dr. Vincent Pedre:

Some bee poop as well. They're getting microbiome enhancements.

Dave Asprey:

All right. So let's actually talk about the fructose in the honey though. After looking at a bunch of data when I wrote the Bulletproof Diet, this was a long time ago, what I came up with was about 25 grams of fructose maximum per day to prevent the damage that it does and you might have some more sucrose as well. For listeners, table sugar is basically glucose... Well, sucrose. Table sugar is glucose and fructose stuck together. So basically, you can have a little bit. You shouldn't have too much. You should eat a lot of vegetables with some fiber, you should have enough protein and all that but there's room for that and that raw honey was preferable to the other sources. But even if you have white sugar, if it's a little bit, and-

Dr. Vincent Pedre:

You got to make sure it's real honey when you're buying it at the supermarket.

Dave Asprey:

Oh, all the honey from China's real, it says right on it.

Dr. Vincent Pedre:

I buy my raw honey at the farmer's market.

Dave Asprey:

I think that is the right thing to do. I am 100% with you there or from small beekeepers. Unless you're vegan, at which point, you have to eat processed raw sugar sprinkled on a meat like substance-

Dr. Vincent Pedre:

You should put a lot of agave on your food.

Dave Asprey:

Yeah. No, agave is fertilized by bees so you can't eat it.

Dr. Vincent Pedre:

Every plant is fertilized by bees.

Dave Asprey:

Oh my gosh. We better stop eating plants. You're totally right. Thanks for that. Thanks for convincing me to give up my vegan background. Vincent, what did you eat today?

Dr. Vincent Pedre:

Ooh, what did I eat today? Let's go backwards in time. I had just eggs. I had two-

Dave Asprey:

Just eggs? You had two eggs-

Dr. Vincent Pedre:

No, listen. I had-

Dave Asprey:

Did you have Just Eggs, the fake product called Just Eggs or you had real eggs?

Dr. Vincent Pedre:

No, no, no, no, no. I had eggs and egg whites so two things, one with mushrooms and the other one with red peppers. I know you don't like red peppers but-

Dave Asprey:

No, no. If you're not sensitive to lectins, I like them a lot. For me, I'm sensitive-

Dr. Vincent Pedre:

Oh, no. I'm okay with them. They're also Cuban diet approved.

Dave Asprey:

Yeah. I love them.

Dr. Vincent Pedre:

And then, for lunch I had wild salmon and a salad that I just threw together. I put some-

Dave Asprey:

Kale. I saw a recipe for kale In your book. Did you eat kale today?

Dr. Vincent Pedre:

No. There is a kale, a kale recipe. You're going to kill me.

Dave Asprey:

There's actually a kale recipe in my cookbook too. When people demand it, I'll tell you how to cook it to taste good but I don't recommend you eat it.

Dr. Vincent Pedre:

There's also a beef pho recipe which is so good. Yeah. I just made a big salad and I had some paleo bread and some hummus.

Dave Asprey:

Okay. You said paleo bread that's made out of nuts and seeds and stuff?

Dr. Vincent Pedre:

Yeah.

Dave Asprey:

Okay. Got it, and some hummus so some carbs, some complex carbs and stuff like that. Okay. What are you going to do for dinner?

Dr. Vincent Pedre:

What's my dinner tonight? Oh, man. Can I tell you what I ate for dinner last night?

Dave Asprey:

Sure. That counts.

Dr. Vincent Pedre:

So last night, I reinvented a dish called Cuban Picarillo and I've remade it many different ways so this one way that I make it is with ground lamb. And so, I made it with ground lamb, some red onions and then stuffed olives, red pepper stuffed olives and I use a little bit of vinegar in there. So it's a ground dish and I had it with white rice and-

Dave Asprey:

Do you cook and cool your white rice? You cook it with a little fat and then cool it and all to make more resistant starch. Are you one of those guys?

Dr. Vincent Pedre:

I do and I don't. So sometimes, I like eating it straight hot but I also... I usually make a lot of white rice. So then, I'll take it out of the fridge the next day and I'll just eat it cold because then I know I'm getting those resistant starches which are good for my gut bacteria.

Dave Asprey:

Okay. I do the same thing. I cook it with a little bit of MCT or Ghee in it which makes more cross reacted stuff and I think there's enough evidence for that for gut bacteria that it's worth doing. Okay. Very cool. All right. So that's what you eat and I want to say good job on the book. It's getting to be really hard to write a book on gut bacteria that doesn't say the same thing that every other gut bacteria book says.

You and I are professional authors, this is your second book, it's got endorsement from me, foreword by our friend David Perlmutter who's just an amazing human who's been on the show several times. So there's a network of authors and we all talk with our publishers and they're like, "We want a book on this," and we're like, "Yeah, but we don't want to write a book on that. You have to give me something interesting here." So then eventually, you succumb, "Okay. I'm going to write something," but it has to

be different. Otherwise, it's boring to write it, right? So I think you met that bar which is just hard to do for the gut. I wouldn't have wanted to write a gut book right now.

Dr. Vincent Pedre:

I think I also did something that's going to really be a trendsetter and it's going to make everybody else look at the way they're writing books on gut health because I created a personalized diet based on a quiz and that was a huge challenge but most of the books out there for the gut are not personalized to the individual. Honestly, no two guts are the same so you can't say that the diet is the same for everyone.

Dave Asprey:

Very well said. So it's funny, your book comes out I think a week after mine.

Dr. Vincent Pedre:

We're like book twins, man.

Dave Asprey:

Yeah. We're book twins and they're both personalized things and this is the biggest trend. So guys, if you're looking for knowing what to do for you that's not the same as your grandmother. Literally, you're different. Pick up the Gut Smart Protocol which is Vince's book and it's going to tell you what to do for your gut, not any gut and you might as well do Smarter, Not Harder. If you buy them together, then magically the Amazon algorithms, or if you like to buy them, will know this book is bought with this book because we're both biohackers and you want to know-

Dr. Vincent Pedre:

I'm a good hacker.

Dave Asprey:

Yeah, a good hacker. So it's like, "What's going to work for you?" because it's just not the same as everyone else and you did do that well. I think you covered new ground in the book which is just hard to do so kudos, man. Thanks for writing it.

Dr. Vincent Pedre:

Thank you. Yeah. I think it was a bit of a risk because my old publisher rejected having me write another gut book. They're like, "It's overdone," but I just felt that I had a very fresh idea and that I was going to come with a different angle. We didn't even get into the vagus nerve and the whole mind-body connection and breath work and meditation and how that affects the gut but I've got that in there as well so I think my book is going to bring a fresh angle that a lot of people out there don't talk about.

Dave Asprey:

It's very true. You've done that. So thank you for being on the show. Thanks for writing a good book and I look forward to seeing you at a book launch event for one or both of our books coming up here.

Dr. Vincent Pedre:

Sounds awesome, man. Thanks for having me on.

Dave Asprey:

You got it. Guys, if you like the show, you know what to do. I wasn't even kidding. If you really like the show, go out there, pick up Smarter Not Harder and order the Gut Smart Protocol. Buy them together and you're doing this because you're supporting people who are writing books because there aren't that many of them and we may be the last people who write new things because a bunch of people are going to go to ChatGPT and write a bunch of crap that's recycling all of the old pharmaceutical garbage that's been used to train ChatGPT so we have a wave of books that don't say anything new that are going to be coming out here. Vincent did something new in this so Smarter Not Harder. So reward the people who do the work instead of just scalp the algorithms and it's like leaving a tip for a barista but you're buying a book and you get to keep it. See you all on the next episode.