

Dave Asprey (00:00:01):

You are listening to the Human Upgrade with Dave Asprey.

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You are listening to the Human Upgrade with Dave Asprey. The episode today is something that I'm really excited about because it is with, I'm going to say a hero of lipid metabolism. Now, if no one has ever said hero of lipid metabolism before, that's because it's hard to even explain how important fat is for the way life works. Your cell membranes and a lot of your hormones, they're made out of fats, and different fats do different things. And we have this really simplistic reader's digest food pyramid way of thinking, well, fat is good, fat is bad. If you're going to build a house and said, well, bricks are good or bricks are bad, you'd be kind of dumb because you might want to use cement, you might want to use wood, you might want to use metal, you might want to use whatever. They're all building materials, and you use the right building material for the right job.

(00:01:12):

So simple is good unless it's so simple that it's dumb, and that is where the main discourse around fat is. So when you get someone who's spent a lifetime looking at what do different fats do, what are the role of these in the brain? In biology, I don't think you can get someone who is more studied than Dr. Mary Newport, who's our guest today. And she has a new book called Clearly Keto for Healthy Brain Aging and Alzheimer's Prevention. And I wanted to interview her because she's a legend in the field. And also I went through more than a thousand studies on Alzheimer's disease when I wrote headstrong, my big cognitive enhancement book. And in my longevity work in superhuman, one of the big four killers is Alzheimer's. If we can just fix it so we don't lose our minds as we age, we would have a population of people who have wisdom because their brains work. And if we fix their mitochondria, then they have energy. And all of a sudden we have people who are really well-equipped to help the world be a better place. So Dr. Mary and Newport, welcome to the show. It's an honor to have you.

Mary Newport (00:02:29):

Hi Dave. Thank you. And everybody listening, thank you for inviting me to come. I really appreciate

Dave Asprey (00:02:35):

It is my pleasure. I mentioned your most recent book, which is the clearly keto book, but you have three others as well, and probably your first book was one of the ones that really helped me crystallize some of my thinking out in the Bulletproof diet and things like that. So it's just cool to be able to chat. Now,

Mary Newport (00:02:53):

I have a third edition of it that came out in the fall, 11 years, no, 12 years after the first edition came out. Oh

Dave Asprey (00:03:02):

My gosh. The other thing I love about your work, the reason I want to talk to you is my first book was called The Better Baby Book, and it was How do you have a child without Autism or Asperger's? Because I had that and yes, I'd say had, because you can heal it, and yes, there's some work to be done, some of the functional movement things are a little bit of work, but overall you can fix things. So you spent 30 years working on newborns and then all of a sudden you switch over to Alzheimer's. Why?

Mary Newport (00:03:37):

Right. Well, it all had to do with my husband. My husband Steve. He was an accountant and he worked at home for my practice. I worked in hospital strictly. He took care of our children. I had a lot of

emergencies, but when Steve was only 51, he started having memory problems that got serious fairly quickly. He stopped remembering if he'd been to the bank or the post office, and he was very depressed. He knew something was wrong. He had known for a few years. I found out later, I didn't realize that for a while, but he just kept getting worse. He was diagnosed with early onset Alzheimer's in 2004, and this is at the opposite end of the spectrum from where I had been focusing my career on at that point. And it was just a horrible thing. We thought we'd retire, lived to an old age and then retired together and it just didn't look like it was going to happen. The average person lives about seven years after a diagnosis of Alzheimer's, and he was only 54 at that point.

Dave Asprey (00:04:44):

Wow. 54.

Mary Newport (00:04:46):

Early onset, very early.

Dave Asprey (00:04:49):

Given all the research you've done now, why do you think your husband got Alzheimer's at an early age?

Mary Newport (00:04:55):

I have a few ideas about that. One, there are something like more than 6,000 studies now of various infections linked to Alzheimer's disease, and he had really a lifetime of having fever blisters on his mouth. I mean like repeated outbreaks. It's a herpes simplex type one virus. And there have been hundreds of studies just on herpes simplex connecting it to Alzheimer's, and they've been able to show in mice, for example, that infecting them with herpes simplex will induce formation of plaques and tangles in the brain, which are the hallmarks of Alzheimer's disease and many other studies. So I really felt like this was possibly a trigger. And when he was 29, he had an outbreak of it around his eye and he was really sick. He was sick, he couldn't sit up, he couldn't eat for a week or so. I was really worried about that.

(00:05:52):

I took care of babies that were born with herpes simplex virus infections and they were severely brain damaged. It was just a terrible thing. And I was taught that the eyes are a portal to the brain, so if you get an infection in or around your eye, it could get into the brain and some people will develop herpes encephalitis and it travels in the same locations of the brain that Alzheimer's does as it progresses. And so I really feel like that is the likely trigger. And what lit the match, I think could have been a medication called Vioxx. Oh, interesting. What does Vioxx do? Yeah, so Vioxx was a very potent anti-inflammatory drug. It was used mostly for arthritis. And around 2000, 2001, Steve was taking this for about a year, a year and a half, and his foot, feet would swell if he would be out in the yard working landscaping, and then his foot would swell tremendously and being really extremely inflamed.

(00:06:56):

We found out later it was gout. It's just not the classic presentation. Usually you think of a toe, but this was this whole foot and he responded really well to Vioxx. So he was taking this for about a year, a year and a half. And I later found I'd started looking for different connections, things he had done, and Vioxx had been taken off the market in 2004. So he was on it around 2000, 2001. And the reason they took it off the market was because of several Alzheimer's studies that were done, and two of the studies, the people who got Vioxx had a much higher rate of dying from heart attacks. These were people with Alzheimer's. And then there was another study that had been done of people with mild cognitive impairment, which can progress to Alzheimer's, and they were hoping to prevent it. There's a lot of inflammation in the brain and Alzheimer's.

[\(00:07:48\)](#):

So the people that got the drug, it actually accelerated their progression to Alzheimer's and they would start seeing people convert from mild cognitive impairment to Alzheimer's even at four months on this drug. Wow. And Steve was on it for a year, year and a half, and this was right around the time I started noticing strange things. He was doing memory issues and shuffling papers and missing tax deadlines. He was an accountant. He'd miss a 20 minute quarterly tax return, would take him days to get done, which was just not what had been going on before that. It was really serious. So I think those two things factored heavily into it. And our diet too, I think may have contributed because we were on what I call the convenience food diet. Both of us. I weighed about 60 pounds more than I do now while we were eating this, and it was a low fat, we were told to eat low fat, which means high carb if you're eating a typical American diet and eating a lot of boxed foods from Sam's.

[\(00:08:54\)](#):

I really wasn't into vegetables. I had a little lettuce and corn. And so our diet was just terrible. We were going to fast food places two or three times a week and eating out more often. And so two years before our intervention, ketogenic intervention happened, I came across an article about Alzheimer's and people with Alzheimer's who had eaten the most Mediterranean like diet, lived on average four years longer than the people with Alzheimer's who ate the least Mediterranean like diet. And that was the first time I ever conceived that Alzheimer's could have anything to do with nutrition, that nutrition might be a factor. I mean, we were told it's not what you eat, it's not what you eat. It's not this. It's not that they didn't know what it was, but they were pretty clear. They didn't think it was what you ate. But this article suggests that otherwise.

[\(00:09:49\)](#):

So we drastically changed our diet over to a whole food Mediterranean style diet, which greatly reduced our carbohydrate intake just by default from what we were doing. And then I started looking into this low fat idea and really not finding enough justification for it for why we should eat a low fat diet. I think that was really why I got so heavy. I was always eating skim milk and cereal for breakfast and cereal for a snack in the evening. So Steve, he still progressed and it's hard to know if it slowed it down or not, but it was definitely a healthier diet. So I'm still on it today. We stayed on it and I've been eating actually a low carb keto version of a Mediterranean diet, which is what I talk about in my clearly keto book.

Dave Asprey [\(00:10:40\)](#):

Are you always low carb or do you cycle in it out? Sometimes?

Mary Newport [\(00:10:43\)](#):

I am mostly low carb. Every now and then if I go out to eat, I don't ever buy bread, but some restaurants have really good bread, so I might have a slice or two of bread or something if I go to a restaurant. So I cycle a little bit, but I would say maybe every couple weeks I might take a day or two where I kind of loosen up my regimen a bit. It's helped me maintain my weight too, which is great. It's really hard to keep that weight off. And I have been able to do that for, let's see, since 2006.

Dave Asprey [\(00:11:18\)](#):

It seems to work better. And I went on the Atkins diet, the original keto in late nineties, and you could lose 40 pounds and then you plateau and you can't lose the other 60 no matter what you do. And then I would go to these, I remember Jimmy Moore, I went on this low carb cruise where these were people who were kind of more in that extreme keto side of things. And the rule was, if it's not a carb, you can eat it. So it's fine to add all the chemicals. It's fine to eat bad fats, you just can't eat any carbs. And there was all

these morbidly obese people there. And if that triggered anyone listening, I was a 300 pound guy. So yeah, morbid obese is a medical term, and if that describes you, thank you for listening, you can change it. (00:12:09):

And I'd ask him to say, it doesn't look like this is working in a polite way. I was there as a speaker. There's no judgment. And universally they're like, oh, are you kidding? I used to weigh 600 pounds. I only weigh 400 pounds. This stuff works. The problem is I'm eating 15 grams of carbs, and if I could just get down to eight grams of carbs, I know I'll lose the other hundreds of pounds. But cycling, that's one of the reasons I wrote the Bulletproof Diet, the type of fat matters, and then cycling matters so that you occasionally get some carbs for insulin sensitivity. So it's interesting to hear that you're cycling about every couple of weeks

Mary Newport (00:12:41):

For this. Well, I tend to try to stay under 40 or 50 grams a day. That's my normal routine of carbs. If I really want to go super keto, I'll shove it down to under 20, but I usually kind of stay in the thirties, maybe 29 to 40 or 45 grams a day. So I'm kind of in the range of what you would call mild to moderate nutritional ketosis as far as how my keto levels are.

Dave Asprey (00:13:08):

And you use MCTs, which gives you a boost. You can have carbs and you need MCTs, and it still works,

Mary Newport (00:13:12):

Right? Yeah. Coconut oil and MCT oil. I combine those. I actually have a mixture that I make that I gave to Steve.

Dave Asprey (00:13:20):

Yeah, that's the original Alzheimer formula there. And you still sell that, right?

Mary Newport (00:13:26):

Yeah, yeah. There's a company that sells it and okay,

Dave Asprey (00:13:29):

The good news is that there's availability of it. And anyone out there, I mean you can get MCT by the way, C eight MCT. I wrote about that in my book, but we didn't have the studies yet. But that is the one that works best for raising ketones. You can mix it with coconut oil or any other fat you want and see what happens. And it might be good. I want to talk more about Alzheimer's and herpes before we get into other effects of just keto and cognitive function, other stuff we're going to talk about.

Mary Newport (00:14:01):

Yeah,

Dave Asprey (00:14:01):

There's definite evidence that at least some types of Alzheimer's are driven by infection. I think Dr. Dale Breen as well,

Mary Newport (00:14:10):

Right? Yeah, I do know him. I've met him at a couple conferences.

Dave Asprey ([00:14:14](#)):

He's just a great guy. Just very kind and giving and humble. And he was on this show and he wrote his book, the End of Alzheimer's. And for a real doctor practicing in a big institution to say something that audacious and bold was kind of a risk, but he was the first guy I met who said, look, infectious. Alzheimer's is one type. There's toxic metal, there's toxic mold. And then there's, I think a metabolic, there's a couple others, but to subcategorize them was I think a great breakthrough. And he's had evidence where he is reversed people. And you've also had great evidence for what you're talking about saying you can fix the metabolic things when it comes to herpes. I just feel a moral obligation to share this for listeners. In my twenties, I started running a longevity nonprofit research and education group in Silicon Valley.

([00:15:10](#)):

And my mentors were the legends in the longevity field of that time. And my members in this organization were 70, 80 years old, and they asked me to be president of it when I'm in my twenties. I was the only person under 50 in the room. And my primary biochemical mentor was a guy who's been on the show named Steve Fogs. Steve wrote a book that's available I think for free download called something like the End of Herpes, or there it is Cure Herpes with BHT. And BHT is a synthetic oil antioxidant that's used in food packaging to prevent oils from going rancid. And throughout the eighties, you might remember this, this is a little bit before I was into longevity, but I knew a lot of people who knew about it. People would take BHT to inhibit breakdown of fat in their cell membranes, and it was considered a longevity drug.

([00:16:14](#)):

And it's almost free now. It turns out at very low doses, it can be a mild endocrine disruptor. And if you replace something like half of your food for a year with it, I'm exaggerated of very, very high doses. It might be pro cancer, but at the 300 milligram kind of dose, it stops all lipid encapsulated viruses, including every kind of PX and herpes, all the different simplex. So for about a dollar within three days, you can make a cold sore or a fever blister or a herpes outbreak dry up and stop. Wow. And it's not a thousand dollars drug. It's not highly profitable. And I know a lot of people with shingles, they're just internal pain. I'm like, just rub something, put it in some lotion and rub it on and take a couple capsules and a few days later they're like, I'm fine.

([00:17:12](#)):

So I feel like everyone who has herpes the first time they have an outbreak, and I think half of people have herpes virus in their systems, whether they know it or not. You could just take a little bit of this stuff on occasion and net. It seems like a good idea. And this is what Steve taught me, and he's been publicizing this for years. So you can stop smallpox. Not that we have that running around monkeypox chickenpox, some sort of new invented pox that'll make some government guy the next billion dollars pox, all of the pox. You can stop them and you can stop herpes, and it won't go away permanently. It just cannot replicate at all. And that means it stops replicating. And you do this for a brief period of time. I know people who have done it and never had another outbreak. Other people do it when they have an outbreak, but the outbreaks become less and less. If this knowledge was out there and your husband had access to it, it would've been worth it for him to know that. And it drives me crazy.

Mary Newport ([00:18:10](#)):

Yeah, I had not heard about that at the time. We were told that lysine was effective, and so he was getting lysine all the time. He would still have some outbreaks.

Dave Asprey ([00:18:21](#)):

Lysine helps, and arginine makes it worse. By the way, I've never had never had a problem with herpes. I used to think I did. I was getting autoimmune, little white nodules. Those are actually food allergies. But on blood tests all I don't. But I know a lot about this. I've mentored so many people and because one of my most impactful mentors taught me this stuff, so I just want to pass it on.

Mary Newport ([00:18:44](#)):

Yeah, no, I appreciate that. I mean that coconut oil was the intervention. The first intervention with Steven, half of the coconut oil is lauric acid, which is C 12, and lauric acid is also highly antimicrobial. So I think that that factor factored into controlling and helping him improve. It kills all of the viruses in the herpes family. It kills bacteria, fungi, spire, keets like the Lyme, which causes symptoms very similar to Alzheimer's. It's a very common infection. I think about a quarter million people in the US have this infection every year, and it kills that Spiro Keets are in the same family as syphilis. I mean, spiro, Keets cause syphilis and syphilis is known to cause dementia if it's not treated. So after we started coconut oil with Steve, it was really rare for him to have an outbreak over the next eight years. He had four tiny outbreaks, and it was usually he would have a cold or some other infection, and then he would break out with a small fever blister. He used to have a big fat fever blister every two or three weeks before that. So it really did help control it. But I'm definitely going to check, check out BHT too.

Dave Asprey ([00:20:04](#)):

It goes so well with a high fat ketogenic diet too.

Mary Newport ([00:20:08](#)):

Yeah.

Dave Asprey ([00:20:09](#)):

And so I know some families with kids who get chicken pox because they're, their parents believe that you might only want to vaccinate for life-threatening illnesses and chicken pox is not life-threatening.

Mary Newport ([00:20:25](#)):

Not usually in it as an adult. It can be really serious.

Dave Asprey ([00:20:30](#)):

Yeah, that's true. Which is probably why you might want to get it as a kid. But that's old way of thinking, and I would never ascribe to old way of thinking. But anyway, I know some people who do that and they're like, well, what can we do? Well, the answer is you want the immune stimulation effects it. So after the first wave of little itchy whatever, you have the get some bht, they don't have to go through seven waves of little things, and they get the lifelong reduction of their respiratory illnesses. It turns out that having an exposure there, a brief one that the body handles probably has some benefits that aren't talked about. And I'm not saying, guys, you should go out and get chickenpox on purpose or not. I'm just saying that evolutionarily, there might've been a reason it was there, and if it did happen for whatever reason, you can reduce the severity of it very, very quickly with BHT and Vanni Hari, who's been on the show, the food Babe, who's a friend, that's when I talked about business a lot.

([00:21:32](#)):

She's on a war path, get BHD out of packaging. And she probably has a point because very low dose BHD, it has an endocrine disrupting effect. It's a very low effect. I don't worry about BHT that much compared to BPA and all the other endocrine disruptors, atrazine and microplastics. But the risk of herpes long-term and what it does is higher than you think. So if anyone listening has that going on, the book is

free. Steve folks, F-O-W-K-E-S. Listen to my interview with Google, Dave Opr, Steve, folks, you'll find it, or the book's free. And it's was the HT book is what it's called now. So there you go.

Mary Newport ([00:22:10](#)):

Yeah. Well, relative to the herpes simplex virus, the shingles virus, which comes from chickenpox or zoster virus, there are studies now really large epidemiological studies that were conducted in the uk, two different big cohorts that they had. And they found that people that got the shingles vaccine to prevent shingles, it was much less likely. It was maybe 27 or 30% less likely to develop dementia and people had not gotten the vaccine. And then there was another study that showing that there's a treatment for shingles called acyclovir, and acyclovir is a close relative to that that penetrates the brain better. So people that had shingles and got treated with this particular medication were also much less likely to develop dementia.

Dave Asprey ([00:22:58](#)):

Interesting.

Mary Newport ([00:23:00](#)):

So avoiding these infections and that whole herpes family is pretty serious. Epstein barrer virus has been associated, and that's the one that causes mononucleosis associated with multiple sclerosis

Dave Asprey ([00:23:13](#)):

Ms and also, which is chronic fut fatigue syndrome, which I had mine was caused by toxic mold, but it's a very complex bundle. And even your husband's gout that's linked to oxalate and it's linked to mast cell activation, and these viruses activate mast cells all over the place. So we get these things, what's the chicken? What's the egg metabolism is the chicken and the egg.

Mary Newport ([00:23:42](#)):

Yeah.

Dave Asprey ([00:23:43](#)):

And that's why in your work, in your books on ketones and brain health and all like, let's fix that. And then these other things, the body becomes more resilient. Yeah. Talk to me about insulin resistance and brain inflammation in Alzheimer's, and what do you know about that?

Mary Newport ([00:24:00](#)):

Okay, so yeah, this is something I've been looking into and reading about for a long time. So Steve, for those who don't know, he had a big improvement when we introduced first coconut oil into his diet. And the reason I did that was because it contains medium chain. Triglycerides, which is medium, NCT oil, medium chain triglyceride oil is extracted from coconut oil. And I had come upon a press release about a medical food that was going to come out about a year later, and it was C eight, it was the MCT C eight, and I knew what MCTs were because I'm a neonatologist. We used to add 'em to the feedings of our tiniest preemies, these babies under two pounds to each feeding, and they would get home faster and they would thrive when you would give this MCT oil. And then they started adding it to premature formulas and then newborn formulas.

([00:24:56](#)):

And if you look on pretty much any commercial infant formula, you'll see coconut oil or palm kernel oil on the label even now because they're trying to provide these medium chain triglycerides that are in human breast milk. So that's why they include coconut oil in infant formulas to try to provide these fats

that are in human milk, but they're not in other common oils or not like soybean oil, olive oil, peanut oil. They don't contain any of these medium chain triglycerides. So I came upon a press release and they had done, the company that was coming out with the medical food had done two studies. One was a pilot study. They gave 20 people on one day a placebo on another day they got C eight, MCT, and nine out of 20 people had an improvement in their cognitive score compared to the day that they got a placebo.

[\(00:25:50\)](#):

And then they did a long study was they tested 'em at 45 days, 90 days, and some stayed for six months, and it was 152 people. And they found that nearly half of them also had improvement in their cognition and that it was sustained over this period of time that they were in the study. And this was so interesting to me because none of the drugs for Alzheimer's ever have claimed that they improved cognition. They only claim the slow decline. And Steve was on a couple of them at that time. He was on Aricept and NANDA at that point, and he was declining. He was declining, nevertheless, never saw any change or improvement in him from that. So he happened to be trying out for two clinical trials two days in a row. So it was a really interesting coincidence that it happened about the press release I was looking for the risks and benefits of the two drugs he was going to try out for.

[\(00:26:47\)](#):

They were both drugs that were removed, plaque from the brain. And I happened on a press release about this medical food that was going to come out in about a year about these studies. And I was able to find a patent application. And that's when I found out about insulin resistance as being a major contributor to Alzheimer's disease. And the thing about MCT oil and the coconut oil because of it is when you consume MCTs, your liver will convert part of it to ketones no matter what you eat. And ketones are taken up and can bypass the problem of insulin resistance. So with insulin resistance, there's trouble getting glucose into the brain and into brain cells, and cells need fuel. Brain cells are really active. They need fuel continuously 24 7. But ketones, they'll require insulin to get into the brain or into cells, and they could bypass that problem.

[\(00:27:43\)](#):

And so that was their theory of why they came up with this medical food, this MCT, all medical food. And now they had studies showing that they did see improvement and in almost half the people that took it. So I was really kind of blown away, and I was familiar with these ideas. They talked about during starvation or fasting, prolonged fasting, after 20, 36 hours, you use up the stores of glucose in your liver and then you start breaking down muscle if you didn't have fat. But instead, we start breaking down fat, and most of our organs, except the brain, have access to fatty acids that can act as fuel. The art loves fatty acids. The kidneys love it, but they don't cross into the brain very well. But ketones do cross. And so when you're in the starvation or fasting phase, some of the fact that is presented to the liver will be converted to ketones and provide fuel to the brain.

[\(00:28:42\)](#):

And if you're on a really long period of starvation, we're talking 10 to 20 days, ketone levels will get extremely high and be able to provide about two thirds of the fuel to the brain. And there's still some glucose, but the body's capable of making glucose from proteins and from the glycerol part of the fat, it can be converted to glucose. So the brain will still have access to glucose if you're as long as you have fat to burn. So anyway, this thing about insulin resistance, what they talked about was that it was present in people. They had studied, done autopsies of brains of people who had died with Alzheimer's. And these were people that did not have type one or type two diabetes, but they found that they did have insulin resistance and insulin deficiency in their brains, and that this was in the area where Alzheimer's starts and that it progressed through the brain worsened steadily as the disease progressed. So they were able to show that insulin resistance is a big part of this problem. And this has been known since the 1980s. They do FDG PET scans. These are glucose uptake PET scans, and they've shown that people with Alzheimer's and people that are going to get Alzheimer's can have this problem 10 to 20 years before they ever

develop symptoms. So you might already be on a track heading towards Alzheimer's because of this insulin resistance problem in the brain long before you have symptoms or aware of it.

Dave Asprey ([00:30:23](#)):

I was on that track.

Mary Newport ([00:30:25](#)):

Me too. Me too.

Dave Asprey ([00:30:26](#)):

I'm very firmly off this track now. Yeah, me too. All the data, one of the things I came across both for Alzheimer's and also just for cognitive enhancement in general, is nasal insulin nasal spray. And I mean, you take a little thing like this, if you're just listening, it's just a little metered dose spray bottle, and you put it in your nose and you spray it and you do it once or twice a day, and it directly affects glucose uptake in the brain. And it's something that helps with early onset Alzheimer's, kind of like treating type two diabetes with insulin. You don't necessarily want to rely on it, but it's better than having Alzheimer's. And from a cognitive enhancement perspective, if you have no metabolic dysregulation, you want to just be dialed in, you're going to meditate and download your next whatever, or you're going to just work on a really focused project where just full presence and openness is required, small amount of nasal insulin is a very potent nootropic. It seems like it's probably good for you. What do you think about that?

Mary Newport ([00:31:32](#)):

There have been a few studies of it, and at Wake Forest, Dr. Suzanne Crafton, her group have been studying this and their pilot studies look really good. One of their longer studies, it didn't show as much benefit, I think, as they hope that it would. And I kind of have some ideas about that. Number one, if you're still eating a poor diet, high sugar diet, you're going to perpetuate the problem of insulin resistance. And I think it would be ideal to try to reverse the insulin resistance by eating a healthier diet. The other thing too, I wonder the way it gets in, there's these little perforations in the base of the skull, and it can get up to the brain that way, the insulin, but I wonder how well distributed it is throughout the brain. So that's one of my questions about it.

Dave Asprey ([00:32:24](#)):

I don't know either.

Mary Newport ([00:32:26](#)):

Yeah. Yeah.

Dave Asprey ([00:32:27](#)):

One of the other longevity therapies that I do specifically for Alzheimer's and just for general health is I take a microdose Cialis. Now, Cialis is an erectile dysfunction drug at full dose. You use it for sexy time, but we're talking six milligrams, which is a very, very low dose to increase blood flow in the brain. In my case, I know I need that because of all the health problems I used to have. And when I did my first scan with Dr. Daniel Amen, many years ago, I was several standard deviations lower on blood flow in my brain than average, and I had damage to my brain from mold talk. And so since then, I've brought my blood flow in my brain back up to slightly below normal levels through great effort, and I'm actually doing things to keep my blood pressure high enough to make sure my brain is perfused. And it turns out Cialis helps. So it seems like if you were to take Cialis or something like N 1 0 1, the nitric oxide

lozenges and do nasal insulin at the same time, you'd probably get really good perfusion of it. And then you'd have a brain that's like, wow, I remember my brain used to feel this way. I want that back. Yeah. Yeah. I haven't stacked them, but I think I would try that.

Mary Newport ([00:33:45](#)):

Yeah. Well, they're actually doing studies for Alzheimer's with that to try to improve blood flow to the brain. And they're also doing studies in newborns

Dave Asprey ([00:33:57](#)):

With the,

Mary Newport ([00:33:58](#)):

Yeah, and there's a condition called persistent pulmonary hypertension of the newborn. And it's a terrible thing. I dealt with it a lot as a neonatologist, and this would be usually a full term baby and the arteries, after a baby's born, the lungs have to expand and the arteries open up and blood flow just starts pouring out to the arteries before the baby's born. It's about 10% of what it's going to be after the baby's born, the blood flow to the lungs. So this has to happen very quickly, but in some cases, the baby's arteries don't dilate normally.

Dave Asprey ([00:34:35](#)):

Oh, of course. It would work for that.

Mary Newport ([00:34:36](#)):

It's serious. It's very serious. And they would be on a ventilator. You'd have to hyperventilate them for days and days and any had a pretty high mortality rate. And then someone had a brilliant idea to actually use the gas nitric oxide directly that we would put in with the oxygen. And I had so many babies that almost immediately responded to that. And then they were off a ventilator a day later, got to go home. But they're also studying Viagra to and maybe salis to see if it could have a similar effect, a medication that would help dilate the arteries. So just another point opposite end of the spectrum, but

Dave Asprey ([00:35:27](#)):

It makes so much sense. My gut says for that, you should just give him one breath of carbon dioxide and that's going to fix everything because you get a physiological response from that, that's going to increase oxygen uptake. Everything will dilate.

Mary Newport ([00:35:44](#)):

Yeah. It didn't work in the newborns.

Dave Asprey ([00:35:47](#)):

You guys have tried that.

Mary Newport ([00:35:48](#)):

Well, the babies would actually have very high carbon dioxide levels too. Their lungs weren't really expanding. Normally are getting blood flow. So for carbon dioxide will build up in the lungs and in the blood.

Dave Asprey ([00:36:02](#)):

You don't want to build it up.

Mary Newport ([00:36:04](#)):

So that's why we've hyperventilate them to get their carbon dioxide levels down. And the babies, before we had nitric oxide that came along, that's what we did to save those babies to

Dave Asprey ([00:36:16](#)):

Drop it. It's a different thing.

Mary Newport ([00:36:20](#)):

It's just very complex.

Dave Asprey ([00:36:21](#)):

Yeah, James Nestor and I talked about something like this, and yeah, complex, you're an expert in the neonatal care. It's just one of those things where you take people who are having panic attacks and having constriction and just one breath. It's not going to raise levels physiologically over time, but the body goes, oh, I should do something about that. It's like a strong enough signal to then cause an opening, but who knows? I mean, like I said, it's way more complex outside my pay grade, but I'm always interested in what happens with carbon dioxide, oxygen and ketosis. Can you walk me through your understanding of ketones and being on this high fat diet or using MCTs or ketones supplements? What does it do to carbon dioxide and acid alkaline basis? Walk me through the metabolism.

Mary Newport ([00:37:10](#)):

Yeah, pH balance is very complicated, and that was one thing I was constantly getting blood gases on newborns mostly with who had respiratory problems. And there's really two types of acidosis. One respiratory acidosis, and that's where the carbon dioxide levels are too high. They'll develop respiratory acidosis and then you can correct that by hyperventilating the patient to get the carbon dioxide levels down, but the body also has buffers, so your buffers will come out in full force to try to correct that problem. But you can have it the other way around. In ketoacidosis, you have a metabolic acidosis, not a respiratory acidosis, and it basically is driving your pH down. And when it happens, I mean all the enzymes in our body require a very specific pH, a very narrow range of pHs to operate appropriately. And the reason why acidosis can be harmful is because it will basically get out of the range that these enzymes function normally in and mean.

([00:38:24](#)):

There are so many enzymes, I mean hundreds and hundreds of different enzymes that could be affected with acidosis, and it can only be maintained for so long. So diabetic ketoacidosis is a perfect example of where ketosis gets out of control. But this happens in people who usually have type one diabetes. It can happen in type two diabetes when the pancreas just isn't functioning or putting out insulin anymore. But the glucose level gets extremely high. There are basically effectively no insulin on board, and insulin is required to really control blood glucose. And then if this isn't corrected pretty quickly, if the person doesn't get insulin, the ketones will start pouring out of the fat. None of this, the organs aren't getting glucose. The brain is because there is an insulin to get it into the cells and basically all of the organs. And so fat starts breaking down to try to provide a fuel fatty acids and ketones, but it gets out of control because it's not been corrected. And ketones at extremely high levels do become acidotic and can really lower the pH and it can kill somebody if it's not corrected. I mean, this used to happen before insulin was

available. That was 1921, that it came out before that people would die with type one diabetes because of this diabetic ketoacidosis.

Dave Asprey ([00:39:58](#)):

It's amazing. I mean, you're an early voice in the keto movement. So am I. And the number of doctors who would look me right in the face and say, you can't have ketosis ketoacidosis, you're going to die. And I'm laughing. I'm like, dude, I pee on a ketone stick to measure my ketones and it's pink. That means I'm in ketosis and I'm talking to you. There is abundant evidence. This is not true. Not to mention the hundreds of thousands of people are losing weight on this weird butter coffee thing. And so there's an almost religious fear of it, but it seems like in ketosis, especially if you're eating a lot of protein, you do raise tissue, not necessarily blood, but you raise tissue acidity. And in my longevity book, there's this amazing thing that extends lifespan by about 15% in mammals in some studies. It's called baking soda, a quarter teaspoon or half a teaspoon of baking soda, and it gives you a carbonate buffer so your body can better manage this. It seems like a cheap longevity hack for people in ptosis. What do you think of that?

Mary Newport ([00:41:07](#)):

Yeah, I agree with that. In fact, some of the ketone, exogenous ketone products have free beta hydroxybutyrate, which is an acid. And so they, they'll use that as a buffer or some other similar buffer to help keep the pH in line basically, so to speak. And it's possible to get too much of a ketone er. For example, you could take very high doses, stack 'em two close together, and that will put you in ketoacidosis. But it's not diabetic ketoacidosis. It's really a temporary situation. And there is a study, it was done with athletes here in Clark, and they reported that the pH and the bicarbonate levels, that's another measure of acid base that they were normal in the study, but in actuality, the pH did drop when they got a really high dose, it was 25 grams of, well, for somebody that was 150 pounds, that would equal about 25 grams of a ketone ester. And I'm a big fan of the ketone ester. You just got to be careful. But the pH did drop, it did drop, and it was below what critical care specialists would consider normal. It was below that level, and the bicarbonate level dropped very substantially, and it was below the normal level, what we know as the normal range. And two hours later, it still hadn't corrected yet.

Dave Asprey ([00:42:43](#)):

It seems a little sketchy to me, and for listeners, if you're new to this world, raising ketones is metabolically beneficial and doing it sometimes, but not all the time seems to be the right way to do it. That was the whole basis of the Bulletproof Diet book. It's almost at a million copies, I think, globally. And here's the way to think of ketones. You can get them for free by not eating for several days, but it's hard and it feels like it feels crappy. You can get them much more quickly by not eating and having, well, let's just say danger coffee, my new brand of coffee with butter and MCT oil in it. Yeah, danger coffee, because who knows what you might do. So we have this idea, okay, don't eat or eat fat and C eight MCTs only, and you will be in ketosis, which has all kinds of metabolic benefits, brain benefits, you feel good.

([00:43:37](#)):

You're not hungry, you lose weight. It feels kind of magical. But then you could go beyond that and you could say, all right, I'm going to take ketone salts. And there are risks with salts. I'm not as big of a fan. One of the preeminent researchers for 40 years of ketosis and mitochondria, Dr. Veech, in his last interview before he passed away, it was on the show, a total hero for metabolic nerds. And he just said, ketone salts are harmful for mitochondria, and I think he's right. So I don't use them, and I've just never felt right on them. And then we have ketone Ester and I synthesized some back in 2014. They're very expensive. They taste bad, but they uncontrollably raise ketones. And the newest thing on the market is called a ketone diol. Ketone IQ makes it, and D will raised ketones substantially, but it's rate limited by the body, so there's no risk of acidosis. So for me, when someone says, Dave, how do I go in ketosis? I'm

like, well, for free, don't eat for cheap. Have some CMCT and butter. And if you want to spend more and get more results, an athlete or you're, you have Alzheimer's, or you're just really focused on that, I just say skip straight to the ketone. And Ketone IQ is the one that I've taken, I actually take when I travel. I just did an interview with those guides.

Mary Newport ([00:44:58](#)):

Yeah, it's one of the components of the ketone esto that Dr. Vita developed. Yeah. And it's converts to beta hydroxybutyrate that that's the trick. That's why he used that. He created his ester as a combination of the free beta hydroxybutyrate and butane nyl that are linked together as an ester so that it's not acidic when it hits your stomach. That's kind of the beauty of it. He was worried that too much free acid would burn a hole in your stomach. He used to tell me that all the time. So to bypass that problem. And so you get right away, as it breaks apart, you get the beta hydroxybutyrate and then the butane dial will convert to more beta hydroxybutyrate. Each molecule will have two more molecules of beta hydroxybutyrate from butane dial. So it was really a beautiful way to do it. And my husband, Steve, I don't know if you know this, but he was the first person with Alzheimer's to be in a pilot study with Dr. VE Ester.

Dave Asprey ([00:45:59](#)):

I didn't realize that. Oh, that's so cool.

Mary Newport ([00:46:01](#)):

Yeah. So I was sworn to secrecy when I was writing my books, when I wrote my first book and the second addit edition of my first book in 2013, Steve was taking it in a pilot study, and he had, so he improved a whole lot with coconut and MCT oil. He was really at stage five to six of Alzheimer's.

Dave Asprey ([00:46:24](#)):

Wow. He was far along.

Mary Newport ([00:46:26](#)):

He was very far along, and he came back closer to stage four, which was really pretty functional. People couldn't get along. He was able to work as a volunteer in the hospital that I worked at, talking Better, walking Normally. Again, tremors gone on knowing family members, being able to talk fluently and remember things that happened hours earlier, just incredibly better. That over time, over about nine or 10 months, we saw improvements. And then he kind of stabilized, and then he was in a clinical trial, and it was semi gasta. It was a drug that removed plaque from the brain, and he was on the placebo for 18 months. Oh,

Dave Asprey ([00:47:06](#)):

No. What was the drug?

Mary Newport ([00:47:07](#)):

The drug was called semagacestat. And he was in a crossover trial, and that's why we did that study. We were so hopeful this was be a cure for Alzheimer's disease, and he was already improving with the coconut and MCT oil before we started the study. And they let 'em be in any way. They had participated in the studies of that medical food, so they knew exactly what it was that we were doing, but he was on placebo. We found out later for 18 months. So he wasn't getting the drug. Well then in 2010, early 2010, so two years after he improved with the coconut and MCT oil, he switched over. We found out later, he switched over. We kind of thought he did because his hair started coming out a different color like gold,

which was a known side effect of the drug. But he had a big setback. Over six weeks. He developed all kinds of new symptoms, weird things, abrasions that wouldn't heal. He fainted, which he'd never done before. Just really strange things. And he broke out and a fever blister. That was one of the few times he had done that. He had a cold, he had diarrhea. I mean, he had all these problems. So I pulled him out of the study. And then we were told a few months later that this drug actually accelerated.

(00:48:23):

Oh, no. So Steve had a setback, and Dr. Beach, they had just finished toxicity testing of the ketone ester. And he said, why don't we do a pilot study? Since I was an md, I could monitor him closely for symptoms or problems. And so beach was really comfortable with doing that. So we did a pilot study of one person with his ketone ester, and it turned around. There were some things he had to be at the point that he started the ether. He needed help, which he hadn't needed for a couple years at that point with he had to be talked through taking a shower step by step, put the shampoo in your hair, okay, now rub it around. Okay, now it's shaving, brushing his teeth, all of that. He had to be prompted for each step. And the very next day, he could just do it again.

(00:49:15):

He could just do things by himself. And all the new symptoms that we saw within about six weeks were completely reversed again. So it was quite a miracle. And Steve was getting a hefty dose. He was getting 25 grams three times a day. We had experimented with different doses. Dr. Beach didn't know exactly what dose a human would need up to that point. It had been mice. And I think he told me that he had been taking it himself for the previous year to make sure it didn't kill anybody before he gave it to somebody else. He told me he was a character. Anyway, so Steve dramatically it turned him around, and then he was stable for another 20 months. And so it was almost four years of improved, better quality life that Steve got from taking coconut and MCT oil. And then this ketone ester.

(00:50:04):

We did continue the coconut and CT oil too. And sadly, he did die from Alzheimer's disease. And he turned out to also have Lewy body dementia along with it, which is common to have those two together, especially in younger people that get it. But he had a seizure one day. He looked great. He told me he loved me, gave me a hug. When I went out the door, I had a lady that stayed with him when I worked, five minutes later, she called me and he had fallen straight back, hit his head, and he went into a seizure that lasted 20 minutes. He was blue, and he wasn't breathing off and on. And when I got home, he still was blue when EMS hadn't arrived yet. And it was just horrible. He, he just became completely dependent after that. And he lived another two and a half years.

(00:50:52):

We kept the ketone ester and everything going, and he looked perfect from the neck down his body. I mean, hips a great shape. But Alzheimer's did get him in the end. And I can only imagine when the first study of the medical food came out, it was 2004, which was the year he was diagnosed. And if only I had known about it, had seen the article, which was an obscure journal about this CT product. It could have made a big difference. And we got started in 2008 with it, but it got us four extra better years, and a lot of other people have learned about it. I wasn't going to let it wait a year for a medical food to come out. It was on the shelf. It was sold online. And he had a couple types of MCT, and you can find it in some health food stores. And coconut oil was everywhere in health food stores. Even my grocery store had a brand of coconut oil at the time. So I thought, why should people have to wait for a medical food? They need to know about it. So I went, I was obsessed with getting the message out.

Dave Asprey (00:52:03):

I hope that this story gives hope to listeners. Look, you may have Alzheimer's, your parents may have it. Your partner may have it four more good years. In the very early days of understanding what we

understand now, if you read Mary's book, you read Dr. Breen's end of Alzheimer's, and you read Headstrong, my book, there is so much you can do, including with ketones and with other things, and even something we mentioned, nasal insulin. You can also use nicotine patches or nicotine spray. I've had Dr. Nicotine from Vanderbilt on since 1986. He's been publishing what pharmaceutical nicotine not smoking does. And if you were to stack these with all the other mitochondrial things, there is a very great likelihood that at worst case, whoever has Alzheimer's might have a really good day today. And there was also a strong argument that they might have a lot more of those good days than they otherwise would. And we have people who have fully reversed Alzheimer's disease, especially early onset, early stage. It's doable. It's not a death sentence. And it's serious. It's serious. Like diabetes of the brain, which is what some people call it. You can reverse diabetes too. So I hope that the hope is there

Mary Newport ([00:53:21](#)):

And diet has so much to do with it. You probably met Dr. Eric Westman, maybe from Duke University. He has helped over 4,000 people with type two diabetes completely reverse, get off all their medications, insulin, and get their hemoglobin A1C into the normal range and fasting glucose and fasting insulin. And they also lose weight in the process. And there are a few case reports of people with Alzheimer's, like the mini mental status exam. It's 30 points. So these were people, two of the case reports a man, one was a man, one was a woman. Their mini mental status score was 21 for the woman, 23 for the man. And they went on a ketogenic diet and also a program with some exercise and brain training. After 10 weeks, all of their numbers for, they also had diabetes type two diabetes. All of their numbers reversed to normal for glucose control. Their blood pressure came down, their lipid profile looked really good, they lost weight. And there are many mental status scores went up from 21 to 28 in the case of the woman and the man, 23 to 29 out of 30. So they were diagnosed with mild Alzheimer's, and now they had normal scores.

Dave Asprey ([00:54:45](#)):

It's doable.

Mary Newport ([00:54:46](#)):

It's doable. It's doable. And they were aiming for mild to moderate ketosis. They were hoping to get ketone levels of 0.5. People that know ketone levels, that's kind of at the bottom of mild ketosis. And the man averaged like one millimole levels. And he had that a dramatic improvement from 23 to 29 out of 30 points and all of the other benefits. So diet can really help a lot. Staying away from sugar fructose especially is especially bad.

Dave Asprey ([00:55:22](#)):

Yeah. Fructose, omega sixes in excess, all of those, I'm thinking back to around 2004 when that first study came out. I was running the longevity nonprofit group in Palo Alto. And these guys, they were just ahead of their time. So in the early nineties, you couldn't really buy coconut oil in the us. It was just off the market. It was a hard tropical fact.

Mary Newport ([00:55:49](#)):

Yeah. I could find two brands when I started.

Dave Asprey ([00:55:52](#)):

I don't have this for a fact, but this group started in 1993, and they told me that they were the first group to import coconut oil in the nineties, and that they'd found a supplier and they bought a 55 gallon drum of it because they couldn't buy it in the Bay Area where you can buy most things. And that they were hoarding it because they'd heard about this metabolic increases. And then around that time, let's see, around 2004

around there, that medical study came out and we were already starting to use MCT oil back then. So I'm blessed. It was turning my brain on. I had profound chronic fatigue. I was worried about getting MS or my brain was cooked. So these very early innovators mentored me, taught me about MCTs same as you. I got to put this out there. My first blog post about biohacking was, here's my recipe for bulletproof coffee. But people would buy MCTs and they would get disaster patch that burning throat, and then you poop on yourself. Oh,

Mary Newport ([00:56:53](#)):

Yeah.

Dave Asprey ([00:56:54](#)):

It's because of impurities in the process. So then I'm like, okay, CA works better, and it's pure, and you don't have the gastric distress. It was this evolutionary thing. And now people say, ohm, CT, everyone knows about, no, it was a few weird weightlifters. And the GI disturbances were great,

Mary Newport ([00:57:12](#)):

Right? Yeah. Malabsorption syndromes. Yeah. Yeah. And for premature newborns and regular newborns that had intestinal distress, they added MCT to their formulas.

Dave Asprey ([00:57:21](#)):

It's true. You knew about that in the neonatal stuff. I knew

Mary Newport ([00:57:26](#)):

About it in the seventies that it was beneficial for that malabsorption. I didn't know about the cognitive effects. That was new to me when I read about this in 2008, and I wish I'd seen that in 2004 like you Han.

Dave Asprey ([00:57:44](#)):

Of course, the timing would've been great, but it goes to the reason that I think you do a lot of your work around just education, and certainly why have the show, why I started this biohacking movement is if you just know that it's possible and you have a short list of the possible tools, if it's important to you, now you can do it. And for me, I was desperate. I spent hundreds of thousands of dollars trying to get my brain back and just not be in pain all the time. I was afraid I wouldn't be able to keep working in my twenties, and I'm just profoundly grateful for my elders who mentored me that way and showed me that they could do it. I'm like, well, if you're 80 and you can do it, I could probably pull this off. And so it's your job. It's my job. Everyone listening, it's your job too. If you know this stuff and you see someone with Alzheimer's, it's like, maybe she'll listen to that episode, maybe get a

Mary Newport ([00:58:38](#)):

Book. Some of 'em will listen to you and they'll do it. And others will say, that's just too simple. That is not possible. A lot of doctors react that way. They won't even take the information from their patients, which is really sad. But then there are other open-minded physicians who are listening and they have patients that improve. And then they start telling their other patients about it and they start attending metabolic conferences. At the last one, metabolic Health Summit that I went to, it was over 350 physicians that attended that one, which was really great. And a lot of other researchers, a lot of the public, a lot of people interested in metabolic health really. So it's getting out there just not quickly enough. And you probably are aware of the metabolic psychiatry component of it. You mentioned Asperger's, autism, all of that, and they're finding that ketogenic diets, they haven't done too much in the

way of studies yet with MCT or coconut or exogenous ketones, although I think those are kind of planned. But with a ketogenic diet, they've been able to help people tremendously that have schizophrenia, bipolar disorder, depression, anxiety. It's really incredible. And then children with autism too, will respond. Many of them have seizures and they'll respond to a ketogenic diet and they'll see improvements in their behavior and their mood too when they go on a ketogenic diet and people with Alzheimer's have improvement in their behavior and mood,

Dave Asprey ([01:00:08](#)):

They become less violent, which is important because when you have more advanced Alzheimers, they don't really know what's going on. So when they'll locate you or something in care homes, and if you can just reduce that, I am firmly to the point in just my understanding of consciousness and meditation and all the neuroscience stuff that I do with 40 years of Zen, my brain upgrade company. But when you have enough energy in the body, it creates peace. And if you have medical dysregulation, it creates physiological stress that feels like emotional stress. The body's like something's not right. And then you're going to treat other people without kindness. And if your brain is not working well because of Alzheimer's metabolic dysregulation and someone's trying to help you, of course you're going to push 'em away or whatever, because of the physiological effects of lack of electrons, we can fix all of this. And it's not even that hard with what we know today versus what we knew well ago and what we're going to know over the next two years and five years and 10 years. I think Alzheimer's is going to become an optional illness for the vast majority of the people who have it. And it's not going to be a blockbuster drug that does it.

Mary Newport ([01:01:20](#)):

Yeah, no, I agree. They have been trying. There are hundreds, hundreds of studies, 40 of 'em with these plaque reducing drugs. They've, all of those have failed or made people worse. A couple of them, these really expensive ADU helm that came out. It was out for a couple of years. They actually took it off the market. The company did extremely expensive, over \$30,000 just for a year, just for the drug. It's an intravenous drug. And then you have to pay for all the doctor visits and the supplies and everything to give you the infusion of the IV on top of it. So extremely expensive, but it had really a very tiny slowdown. 20%, what do you have side effects and that we're talking swelling, fluid leakage in the brain and blood leaking into the brain were common. I mean, 20% side effects. So one out of five chance you'll have a serious side effect versus possibly slowing decline, which was equivalent to maybe slowing it by four months.

([01:02:23](#)):

Extreme expense, just really not worth it. And a couple others have come on the market recently that basically do kind of the same thing, but wouldn't it be better instead to focus on a healthier diet and avoiding the things that we know could possibly reduce that. The book, clearly keto, a big chunk of it is devoted to talking about diabetes and the problem of sugar and insulin resistance, and then it goes into a Mediterranean diet and each of the food groups, why is this food group important, really explains it and then has a plan for it. But the rest of the book, I talk about other things, other lifestyle choices that people make, and they're experts out there now that say that as much as 40% of cases of dementia could be avoided just by making lifestyle changes. And number two, diet is number one. And number two is exercise. Getting more physical activity, controlling blood pressure. A lot of people don't even know they have high blood pressure, much lesser. They're controlling it, getting enough sleep and not getting too much sleep, treating sleep apnea. There are a bunch of things like that. So really the second half of my book is devoted to things beyond diet.

Dave Asprey ([01:03:40](#)):

You've got a master list in the book of all the stuff that you should

Mary Newport ([01:03:43](#)):

Do. It's everything I could find. And certain medications, over the counter medications, anticholinergic drugs. So these are things that you use for decongestants and called syrups, antihistamines, sleep aids, they're anticholinergic. So cholinergic, there's a neurotransmitter called acetylcholine, so that's a cholinergic. So an anticholinergic keeps acetylcholine from being produced normally. It inhibits production of it, and it's already deficient in Alzheimer's disease.

Dave Asprey ([01:04:18](#)):

So taking anti-allergy drugs like Benadryl or something could make Alzheimer's worse

Mary Newport ([01:04:23](#)):

And make you more confused because you'll have even less acetylcholine, which is involved with learning and memory and a lot of other functions. So that's another example. I go into detail about that. And other types of medications that can mimic or worsen or make somebody look like they have dementia or contribute to it, possibly even trigger it. So there's just a whole lot of information in the book beyond diet that I think people would find really helpful.

Dave Asprey ([01:04:53](#)):

It's a really good compilation from someone who has a really personal experience with it, and that's your motivation and 30 years of experience working in one of the most clinically difficult environments with neonatal kids. So I think that combination of deep knowledge and experience plus motivation on the personal front equals a book that's willing to some boundaries. And that's why I wanted to have you on the show because I genuinely, yeah, I appreciate your work and I think the audience will as well. There's so much power that we have, and I imagine my life would be like had I not stumbled across this stuff in the early aughts, in my late twenties and early thirties, I went from working my ass off in my career and struggling and hiding that I couldn't remember stuff and that I was exhausted all the time to my body changed, my brain changed, and I have never had a better functioning brain now.

([01:05:57](#)):

And if I had not come across that, I'm pretty sure I would either be on disability or dead today. I was not headed in a good direction. My doctor told me high risk of stroke and heart attack. I'm not even 30, so no should have to go through what I went through and no wish have to go through what I'm your husband Steve went through either we know now, we didn't know in 2004, we didn't know in the nineties. And if you're listening to this in your twenties or thirties, it's really cheap. Start now. You'll just make more than your friends and be metabolically more fit and have more energy, and you'll win now. But it costs pennies to not age, and it costs hundreds of dollars to reverse your age. If you did it wrong when you were young, and since you get payback now doing it in your twenties or thirties, you might as well do it now because cheap and because so good.

([01:06:52](#)):

And when you're 40 or 50, which is hard to imagine, if you're 20, well, you'll just look back. I still feel like I'm 20 and it's that easy. And I would like to have not had to spend 2 million reversing my age, and at least a million of that came from making bad decisions or even make decisions I didn't even know about when I was young. But we can do this now, and your book is a great primer for what to do for your brain at any age to make people just feel better. So thank you, Mary.

Mary Newport ([01:07:22](#)):

Oh, you're welcome. Yeah, and I totally agree with that too. From my own point of view, changing my diet around, I have Alzheimer's, my grandmother, maternal aunt, and two of my cousins who are just a few years older than me have already died from Alzheimer's disease. So I was really worried and I thought, if this could help somebody with who already has Alzheimer's, it could help prevent it. And so when Steve started taking coconut and MCT oil, I did too right away. And I found that I had greater mental endurance. I called it. I had a demanding job, but even so, sometimes I'd be like, now, what was the name of that medication? Something it should be on the tip of my tongue. That went away immediately. And I wasn't even really feeling like I had that much brain fog, but just slightly noticeable. But that went away and I just felt like I had greater mental endurance, which I needed because I was constantly writing and reading about all of this.

(01:08:19):

And I feel great. I'm 72, I've been doing a Mediterranean diet for 18 years, and then coconut and MCT for 16 years and a few other ketone supplements I take as well. But no prescription medications, completely normal blood pressure, not a hint of diabetes, really good fasting blood sugar. And you can do this with really a mild to moderate level of ketosis, cutting way back on carbs. I mean, the average, I think in the US is about 300 or 400 grams of carbs a day. So if you can cut down to 10% of that, which is where I'm at, you can still have little portions. I'll have a little thing of oatmeal with some sunflower seeds with it or something like that, and still enjoy a few of those things. And you have some carbs, mostly fiber, low glycemic, and have a very enjoyable diet. I love the diet that I'm eating and I'm not thinking about sugar all the time. And I used to constantly think about sugar.

Dave Asprey (01:09:25):

You don't have to be carbohydrate free. In fact, I don't think it's good for your gut bacteria. I went through several months of what we would now call carnivore when I was stress testing the bulletproof diet, and I got leaky gut and it ruined my sleep and I got more allergies from it. But should you do that for a week or two weeks of time? Sure, it can be really good, especially for performance or weight loss. It's funny where I am now that I really fixed my metabolism, I got my cell membranes composed the right way, and my oral, or I eat 250 grams of carbs a day, I'm 4.8% body fat.

Mary Newport (01:10:02):

Yeah, that's half of what most people are eating.

Dave Asprey (01:10:06):

Yeah, it's still not crazy. I eat a meaningful amount of white rice and some honey or fruit or something, and I get enough protein and I get the right kinds of fat, and I would not have been able to do that when I was 40 because my metabolism wasn't yet repaired. And if I did that, I would just blow it up like crazy. I get fat really fast over time, your carbohydrate tolerance increases. But the question is, do you want to do that? And this is probably beyond the scope of our full interview here, but you might want to look at your blood sugar and if you're getting a big spike, don't do it. If you're not getting a big spike or you're doing some squats after you eat or something, then you should be okay. Where can people find you online? What's your best URL?

Mary Newport (01:10:53):

Yeah, the best way to get to me is through my website, coconut ketones, oddly enough. Coconut ketones.com, C-O-C-O-N-U-T-K-E-T-O-N-E-S. Some people try to put a Y in ketones, but there isn't one. And if you Google me, usually coconut ketones will pop up if you can't remember the name of it. But I have a contact email address in there and just a ton of information. I started the website at the end of 2008 after my husband approved to provide information, and there's a lot of good information. There's

page on the keto diet start here, and it's kind of a modification, very similar to the diet that I'm on, and another page for Alzheimer's and dementia and Parkinson's disease. Really, a lot of people with Parkinson's improved dramatically with ketogenic strategies. There's some long-termers. They're in my books. Some people that have had really long-term success. I have their stories in my books. So that's the best way to get ahold of me. And of course, I wouldn't mind if you decide to buy my book. People listening, there's a lot of information in it and very specific information about how to incorporate these lifestyle changes into your life.

Dave Asprey ([01:12:10](#)):

And guys, what Mary just said there, it is really important you vote with your dollars. In fact, I would argue that voting with your dollars and buying a book to improve your metabolism might make a bigger difference in the world than voting the old fashioned way for the evil of two lessers. So it really matters. So it's not going to probably change Mary's life if you do or don't buy her book because authors of books make almost nothing on them. You

Mary Newport ([01:12:36](#)):

Don't get much,

Dave Asprey ([01:12:38](#)):

But it does matter, especially your review. So if you buy her books, buy my books, but any of the guests, I bring you the very best people I can find who are doing good work in the world, who have a new way of thinking, and get the book and check it out. And if you do, if you still drink moldy coffee at a big green logo place, I hope that you tip the barista. And the way you tip an author is you just leave a review, right? Just go on Amazon or Barnes and Noble, wherever you like to buy books, leave a review. Same thing with the podcast. You like the podcast, share with a Friend, leave a review. So buy Mary's book, go to coco and ketones.com and check it out if you're interested in cognitive function and brain health. And if you are, let's see, what are the three pillars of biohacking? It's life extension, living forever, longevity. It's cognitive enhancement and it's increasing of consciousness. If you get your ketones up, it will help you with all three. And that's why ketones are central to this, and that's why I like your work. Thank you, Mary. Thanks for being a guest on the Human Upgrade.

Mary Newport ([01:13:38](#)):

Thank you, Dave. I really, really enjoy this conversation, and I just know it's going to reach a lot of people out there.

Dave Asprey ([01:13:45](#)):

That's the goal. And the goal is if you listen to this episode, it should return more than an hour's worth of value to you, and it's very easy to kind of just get caught up in scrolling on Instagram or whatever, but this podcast has to date consumed 792 entire human lifetimes. So I don't want to be a mass murderer. So it better be worth your time. And I would ask for listeners, do this for Mary and for me, if there's something that's lacking in her research, leave it interview. Say, Hey, you didn't talk about this on the podcast. Leave it interview. Leave a thing on my website. It's like, Hey, Dave, you're not talking about this. Whatever. I'm always interested in improving too. So let's make the show more worthwhile. Let's make Mary's work more worthwhile. And as always, be kind. I don't care if you're really kind to me because I'm a big boy, but be kind to other people when you talk about this. I see people come online and get all angry and stuff. If you do that, I'm going to make fun of your mom in the comments on Instagram. You don't want me to do that, so let's not bully each other. I promise you that. I'm going to make fun of you. So let's just be kind. And if you're unkind, it's you're lacking ketones, so let's just fix it.

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Mary Newport ([01:15:02](#)):

Yeah, kindness means everything. It's a better way of life. I agree.

Dave Asprey ([01:15:07](#)):

There you go. Thanks for listening, and I will see you in the next episode. You are listening to the Human Upgrade with Dave.