



**Transcript of “Gain Control of Your Biochemistry  
with William J. Walsh, Ph.D.”**

Bulletproof Radio podcast #132



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Dave: Today's cool fact of the day is that the next time you're swimming in a swimming pool and you have to go pee, you shouldn't. A new study just found that when uric acid, which is present in your urine, especially if you eat a lot of fructose, and chlorine, which is there in the swimming pool, they come together and you get trichloramine and cyanogen chloride. That combination, when you breathe it, is linked to lung, heart, and nervous system disorders. The USA Swimmers organization says one in five people admit to peeing in pools, and that it's a common practice for competitive swimmers.

On that note, let's switch gears. It's my pleasure to introduce today's guest, William J. Walsh, a Ph.D. who runs Walsh Research Institute. He's got a new book, a really interesting one, called Nutrient Power, Heal Your Biochemistry and Heal Your Brain. Dr. Walsh here is pretty darned experienced. He's an internationally recognized experience in nutritional medicine, and he's looked a lot at nutrient-based psychiatry and nutritional medicine.

The reason that I wanted Dr. Walsh on the show today was because the connection between food and your brain is so terribly important, and it's oftentimes missing from some of our paleo discussions, or just general nutrition out there doesn't really look at the food-brain connection and the Bulletproof Diet's all about will power and focus and making the brain work really well, which results in the body working better.

Other big highlights about Dr. Walsh's background: Ph.D. in chemical engineering and he's looked at chemical analysis of more than 25 serial killers and mass murderers, which is phenomenal. When someone's so broken, what happened in their brain is such a great way of looking at hacking people to perform better. He's also done nutrition for Olympic athletes, NBA players, MLB players, heavyweight boxing champs, so basically if anyone out there deserves the title of bio-hacker, it's definitely Dr. Walsh.

Dr. Walsh, welcome to the show. Thank you for being on today.

Dr. Walsh: Hi, David. It's my pleasure.

Dave: Now, you were trained in nuclear science and engineering, and now you're looking at brain chemistry and human behavior. What's the connection?

Dr. Walsh: Actually, for the last 30 years I've been engineering the chemistry of people rather than of things. Back about 35 years ago, I was a prison volunteer in the Chicago area. In fact, I founded a group, helped train to do what we could to help ex-convicts make it in society, and even won the ... They gave me an award as Prison Volunteer of the Year for Metropolitan Chicago, so we were really active, but along that way, we learned that if we really wanted to help somebody it was to do it at the time when they were getting out of prison, so I started an ex-offender program and got to know the families that had produced a violent criminal.

I knew several people who were on death row ... most of the people there at Staple Penitentiary where I studied most of this had murdered, so these were a pretty tough bunch of people, and that's when my education began. I began to ask the question, "Why are people violent? What's the cause of a severe behavior disorder?"

The families were telling me ... most of them were saying, "We knew there was something wrong with this child before he was two years old." They were oppositional. They were defiant. They had tantrums. They were harming animals, setting fires, and they were horrifying their families. We'd always thought and had been told that people are violent because of their life experiences and because of their upbringing, so that's what started it.

Since I was working at as national laboratory, 4,500 researchers, my group and I , we started spending a lot of time in the library studying everything we could about psychiatry, mental health, depression, schizophrenia, and that's how it started.

Dave: Which national laboratory was that?

Dr. Walsh: Argonne National Laboratory.

Dave: Argonne.

Dr. Walsh: A major ...

Dave: My grandparents met on the Manhattan Project at Los Alamos National Labs, and my family, my father and my mother, worked at Sandia National Laboratories, so the national labs are these crazy collections of people working on really big problems that take long periods of time that they usually aren't allowed to talk about. It's interesting you're connected with one of the other big labs out there.

Dr. Walsh: Well, I spent my honeymoon at Los Alamos as a visiting scientist. I was doing plutonium experiments that worked out really well.

Dave: You might have known Larry [Aspray 00:04:43] then. He's the guy who figured out how to isolate americium, actually.

Dr. Walsh: Americium experiments, yeah ... a long, long time ago.

Dave: What a small world. That's phenomenal.

Dr. Walsh: [inaudible 00:04:55] several times, too, so ...

Dave: I so admire that you made the career transition because it's a non-obvious one, but also that you were spending time with people in prison because when I look at what's going on nutritionally in prisons and also psychologically from a neuro-feedback perspective, it just breaks my heart because I don't fundamentally believe that most people are evil. Their brains are just not working. If you're human part of your brain isn't working very well, your self-regulation's gone. Then you end up doing these horrible things, and frankly a lot of what's going on, there's automated rules. It's not even you really doing it, so to hear that so long ago you started looking at these people and examining them, I'm awed to know that you've done the work, and I want to know more about what you discovered. What did you find in the brains of these people?

Dr. Walsh: First of all, I want to say that I agree with you completely. I don't believe people are evil. I've got to know several people who were on death row, and I think, basically, they've done some horrible things, but they're not intrinsically evil.

What we did is, when we were studying in the library, especially biology and medicine library, that they had all this up-to-date science. What we learned delving into the recent science and psychiatry, we learned that there was a revolution going on in mental health around the world. It was a transition from sort of the Freudian approach, where they believed that kids were born with a blank slate and that their whole personality and their behavior was caused, really, by how they were treated and how they were nurtured.

Right around 1965 and 1970 and '75, that's when the revolution occurred. They did a lot of classic experiments where they learned that the number one factor associated with bad behavior or with schizophrenia or with depression was not environmental factors but was whether they had a family history of the same thing. There were a number of classic identical-twin studies and fraternal-twin studies. Then the whole world of psychiatry suddenly realized it had to do with chemical imbalances and neurotransmitters and molecular biology of the brain.

We began to ask could it be that the people we were working with, the violent criminals, might have had something like that wrong with them. We started doing experiments. We had all these ex-convicts and people in prison willing to give me samples, and we did a study ... basically a scouting expedition ... trying to see if they were different biochemically.

I had people who were volunteering to work weekends and evenings. It was wonderful. We didn't have the government telling us how to do the experiments. We could do these classic, double-blind, controlled studies with no one telling us what to do and no schedules.

For about a year, we had a lot of data, and we didn't get anything that really made sense. It was like shooting a shotgun at the wall. We had no data that correlated until the day I met the great Carl Pfeiffer, who was

probably the world's premiere nutritional scientist back in the 1970s and '80s. I got a chance to meet with him for an hour at Argonne National Laboratory, and he said he thought what we were doing was important work. He encouraged us to continue. Then he told me that the very first data he got that was really important and useful and correlated was trace metals, metals like copper, zinc. There's about 25 or 30 trace metals, and he encouraged me to look at the metals. We did, of course, and that's when everything began.

We found that these violent criminals and ex-convicts had very strange levels of trace metals. Then we began to study why are metals important, and we realized that there are a few metals that have a dramatic impact on brain function. For example, copper is a key in the transition of dopamine to norepinephrine. All of your norepinephrine comes from dopamine, and you have to have the right amount of copper or else those neurotransmitters will be at very odd levels.

Dave: It's really funny because on the top-ten list of Bulletproof-recommended nutrients you'll find copper. I actually didn't know the conversion there that you were talking about, so that was validating and lucky.

Dr. Walsh: Copper is essential for everyone, but what's really important is that the body has this wonderful capability of balancing and normalizing copper homeostatically. It's important to get enough copper in your system, however you need to have the ability to get rid of excess copper. Some people don't have that, and a lot of the violent people that we had, that we studied, had extremely high levels of copper. The people with episodic violence, the people who would have meltdowns and do terrible things, they were the high-copper people, but the sociopaths, the anti-social personality disorders, the serial-killer types, they were low in copper, so copper was a significant early beginning.

Then we learned about pyrrole disorders, and we learned about methylation disorders, and a lot of these people had problems with hypoglycemia and others had clear problems with malabsorption, so we began to delve into that, and the rest is history.

That all started about 35 years ago. After I started getting data and doing double-blind studies, he invited me to his annual symposium. He had an annual international symposium. It was a daunting thing because he had me speaking fourth in the morning. The first speaker was Roger Williams, who started all of this, the guy ... He was the one who discovered folic acid, and he started the whole concept of individuality. [Abram Hawthor 00:10:53] was the second speaker. Charles Pfeiffer was the third speaker, and I was the last speaker before lunch. I thought everybody was going to go to lunch, but, no, they all stayed.

Anyway, from that time on, Carl Pfeiffer and I, we started a collaboration. He said, "Bring me some of these criminals. I want to run them through my lab and do the complete biochemical testing." I formed a public charity, a not-for-profit, got some funding, and the first trip I took five ex-convicts, all of them with what we thought was a sociopathic chemistry ... they had done some terrible things ... and the six of us went out to Princeton and had a rather interesting couple days.

We stayed in adjoining rooms at this Holiday Inn in Princeton, three in one side and three in the other. I shared a bed with a guy who, when he took his shirt off, had bullet marks right down his chest.

Dave: Wow.

Dr. Walsh: One of the guys was a guy who killed people for hire. It was a pretty interesting group. It was a pretty interesting day, by the way. At around eleven o'clock, I told them it's time to go to bed, and they wanted to start a poker game. I think what they really wanted was to take home some money. I thought I'd exercise leadership, so I told them, "No, we have to get up early in the morning to get to Pfeiffer's clinic, so I'm going to go to bed. I don't know about you guys. I'm going to go to bed." They said, "Okay, Dr. Walsh, we'll go next door in the other room, and you can just go to bed."

I went to bed, and about three o'clock in the morning, I heard this noise. I heard shouting and yelling and stomping of feet around three o'clock in the morning. I woke up and I went over to look in the room next door, and they were watching a movie called White Heat starring James



Cagney. What was happening is every time a policeman got shot, they were cheering. I was just appalled.

I went in, and I said, "It's three o'clock in the morning. We have to get up at 7:00 a.m. To get to the clinic." They said, "Oh, no problem. We'll be fine." The next morning I woke up and I had to wake all these guys up, and I thought, "Well, this could be kind of exciting," but it was fine. I found out they're like that every night. Sociopaths sleep very little.

Anyway, we got them to the clinic. They went through all the testing, and Pfeiffer spent the whole day with these five criminals. When it was over, he called me in, and he said, "Bill, this is exciting." He says, "They're all the same." I said, "Well, what do you mean?" He said, "Well, they all have severe pyrrole disorder, they're all dramatically zinc deficient." He said, "They're all under methylated. They have high blood histamine. He rattled off five or six factors of chemistry. He said, "They're all the same. This is really quite exciting."

I was excited because I thought this all sounded like a pretty neat correlation biochemically that deserves a lot of investigation, so I got up to leave. He said, "Wait, you can't leave." He says, "You need these," and he handed me five pieces of paper. He said, "These are their treatment programs. Everyone of these imbalances can be corrected without drugs, with nutrient therapy." He says, "They ought to do this." He gave me a prescription of nutrients, and he said, "They ought to do this. They'll feel better," were his exact words.

That was how we started with treatment. Then, over the next 12 years, I collaborated with Pfeiffer, and we eventually did 500 people, starting with violent ex-offenders, but then starting to work with kids, violent children, who had the same chemistries. What we learned was that our outcome studies showed the kids got better, but the adult criminals would get better for awhile, and then they would stop compliance. We never succeeded in turning our violent criminals into pussycats, but it worked beautifully for kids.

By 1985 we started focusing totally on children because we were getting what seemed to be enduring benefits with these very violent

kids. About 1987, every time I saw Pfeiffer he would say, "Bill, what's needed is a outpatient clinic in the Midwest working with behavior kids." After a while, I realized he meant me, so we founded our clinic, which we called the Pfeiffer Treatment Center. I named it after the great man because he died just before we opened the clinic. He was going to actually help us design treatments for the first six months of patients, but he died just before we opened, so we called it the Pfeiffer Treatment Center.

Along the way, we started with ADD and with behavior disorders, focusing mostly on children. Then, as time went on, we got into other areas. One of the children that came in happened to be autistic. I wondered, "How did he get into our clinic?" We are not an autism clinic. It turns out we did his chemistry. We found severe imbalances, got them corrected, and the kid got dramatically better, according to the family.

Since that time, we eventually saw 6,500 kids diagnosed with autism spectrum disorders. I think I've seen more autistics than anybody in the world. I know I've got the world's biggest chemistry database. I've always kept all the data, and we have the world's biggest chemistry database for behavior. We have more than two-and-a-half million lab results for behavior and behavior disorders from different types, and autism same thing. They're all under methylated, but they have a variety of problems that are treatable, especially if you get them young.

Then we got into depression, schizophrenia, bipolar disorder, and most recently Alzheimer's. Our work is very scientific, and I have all this huge amount of data. Last month was exciting for our group. I got invited to the annual meeting of the American Psychiatric Association.

Dave: Very prestigious, yeah.

Dr. Walsh: Seventeen thousand psychiatrists from all over the world ... by the way, it's kind of an unusual group, as you can imagine, all psychiatrists in one building, but they're pretty dedicated, wonderful people really.

The talk I gave was on depression because, according to my database, the world of psychiatry has a misconception about depression.

Throughout the world, psychiatrists believe that if a person has clinical depression, their problem is ... and it's a single disorder, basically ... and it involves low activity of serotonin, the serotonin receptors. My data shows that there are ... with all my wealth of data, including symptoms and traits and all this medical history stuff, what we learned is that there are at least five completely different conditions called depression, and only two of them involve serotonin.

Dave: Wow.

Dr. Walsh: I presented this at APA, and I had a large crowd. There were four of us on an elevated stage, and when we had all given our talks ... I was the third out of the four. The moderator said, "Well, the speakers have all agreed to stick around awhile. If anybody has additional questions, you're invited to come up and talk to the speakers." Well, about 15 or 20 psychiatrists rushed up, and they all came to me, which is kind of embarrassing. There wasn't a single one that wanted to ask the other speakers, who I thought were pretty terrific. I had mentioned that we have a physician training program. I've got a team of experts that travels around the world training doctors in advanced nutrient therapy for these conditions, behavior, ADHD, autism, schizophrenia, depression, anxiety, and a number of them just said, "I've got to learn how to do this."

But what I had showed them is I showed them how nutrients have power, which is the name of my book, Nutrient Power. I selected that name because I think the biggest barrier to this has been that most psychiatrists and most people in society don't realize how powerful nutrients can be if you find out what's going on. The beauty of it for us, a really lucky thing, is that out of the 300 or more nutrients that are really important in the body, there's only a handful that are strikingly important in the brain. We don't need to test all 300 nutrients. There's really only about six or seven that dominate mental function. The testing ... a really nice battery of lab tests, blood and urine, it only costs about \$3-or-400.

Dave: What are the nutrients ... the six most important ones?

Dr. Walsh: What we find are, let's say, methylation disorders. People who are under methylated or over methylated ... under methylated depressors, that's about 38 percent of all the people in our huge database. This is all based on about on 2,800 depressors, with all their lab results and everything. They're under methylated. Their problem is actually low serotonin activity and low serotonin levels. They're the people who actually do quite well on SSRI antidepressants. They tend to be people with a strong will. They're self-motivated. Many of them become great athletes or CEOs or people like you, David. They tend to have high accomplishment. However, about one out of four of them, one out of four of the depressant ... of the under-methylated people tend to run into trouble. It's usually depression, anxiety, OCD, and that sort of thing.

Dave: That pretty much describes me. I'm not really depressed, but, yeah, I've had all those things before I got my biology in order, yeah.

Dr. Walsh: I'm the same. Pfeiffer found that in me. That first group of criminals, he made me go through all of his testing. He told me I was under methylated, and my wife was ... He got to meet my wife, and he told her, "Make sure he takes these vitamins," and I do. For me, what it did was it took away migraine headaches that I used to have and no longer have, and it took away my seasonal allergies. I had ragweed every August. It was horrible, and it's been gone for 30 years.

The depressives who are under methylated, most of them are under methylated because of MTHFR or other snips, which are really genetic mutations or abnormalities that weaken these chemicals and functioning, like the enzymes like the MTHFR enzyme. However, if a person has depression and is under methylated, you cannot give them methyl folate because of epigenetics because if you do that, yes, you will improve their methylation, but the patient will get worse. The reason is that ... and we haven't talked about epigenetics yet, but there are a small number of nutrients that have a tremendous effect on epigenetics and, therefore, on brain function. Folates are among them, and methyl and folate have opposite effects epigenetically.

SAM-E or methionine are serotonin reuptake inhibitors. Folates are serotonin reuptake promoters, so they make these people worse

because it's all really ... low serotonin depression has a lot to do with reuptake. Now, because of epigenetic science, we have the ability to do the same thing that drugs do without side effects and with more scientific precision. You can aim it at the right people.

Then there are people who are over methylated. They do terrible on SSRIs. They're the people who ... and we've had hundreds and hundreds of them ... and so many of them said they tried Prozac, Paxil, Zoloft, Serazone ... you can go down the list, and they say every time their anxiety got worse their depression got worse. When I was at the APA, I mentioned in describing this group, I mentioned that a simple blood test can identify who would be intolerant to these. I mentioned that this may be one of the major causes of school shootings.

Dave: Interesting.

Dr. Walsh: Because if ... we've done a study, as have others. There's been about 50 school shootings since 1990 ... 25 years there's been 50 major school shootings where young people, students, have gone and shot other kids or teachers. More than 40 of them involve kids who were okay until they were about 14 or 15 years old. That's completely different from the violent people that we studied. I studied 10,000 violent children and adults, and most of those kids were in trouble by the time they were three or four years old.

These school shooters are different. They were okay. Most of them were pretty good students until they got to be about 14 or 15 or 16 and developed anxiety and depression, got put on an SSRI, and then disaster hit soon afterwards. I think that ... and I'm not the only one. There's a lot of people who know nutritional science who are beginning to believe that school shootings, many of them might also have to do with exactly that, with a side effect, a very nasty side effect of SSRIs.

These antidepressants, if anyone gets one from a pharmacy, it has a little insert, and they warn about the fact that one of the side effects is suicidal ideation in teenage boys, in young men. I think that, to stop school shootings ... what I proposed to them. I said what I think psychiatrists should do is ... we're not going to solve a problem by

getting rid of the guns because there are 300 million guns in society. That won't happen ... certainly won't happen soon, if ever, and then trying to identify mentally ill people who should not have guns, that will take forever. But the way that they could stop it fastest is to do blood tests before they give the SSRI.

Dave: What's the blood test that you're referring to?

Dr. Walsh: It's a combination of a blood test and medical history information because there's a syndrome associated with this under methylation. A key blood test ... we can't use 23-and-me or genetic testing because that is not a reliable way to determine methyl status. The reason is that the snips, the MTHFR and those snips tend to weaken methylation. There are also snips that can enhance methylation, so you get about three under-methylated people for every one over-methylated people, and you can't tell from the genetic studies because you need to look at all the snips. Actually, it's a tug of war between the snips that tend ... MTHFR and others are tending to lower methylation and those that are tending to raise methylation.

Dave: That is the best explanation of that I've ever heard in terms of why it matters. I've defaulted to 23-and-me when there's a set of behaviors or a set of inflammatory markers usually that aren't explained by diet. Someone's being complaint with the diet. I'm like, "Okay, it's something else," and you look at the snips, and you can predict it. But you're actually looking for blood tests that show actual status versus what the genes would predict. That's really important.

Even if you're listening to this driving in your car, and you think, "This is getting a little bit geeky," but the point is the right nutrients can be the difference between you feeling cranky and anxious and angry and pissed off and being mean to your kids and all that, or just feeling like yourself all the time. If you're anyone anywhere on that spectrum and you don't like how your brain works all the time, this isn't expensive testing. How much is the blood test? You said three, four hundred bucks?

Dr. Walsh: For the whole battery of tests. On this particular test, I think we did it for sixty bucks. But it'd be nice if you can verify it with symptoms and if they have strong will, obsessive-compulsive tendencies. Seventy-five percent of them have seasonal allergies [inhalant 00:27:25] allergies. They usually do not have food or chemical sensitivities. We know the symptoms because we've studied thousands of under-methylated people, and we can predict the lab rat results actually if you do a careful medical history. The labs themselves are inexpensive, and I think psychiatrists ought to do this, especially with young men.

At Columbine, the two young men who shot the kids at Columbine ... one of them had recently gone on Zoloft. I believe the other, Paxil, and they got dramatically worse, according to their parents, and became homicidal and suicidal. That's happened over and over and over, dozens of times. Right now, they're now preventing that knowledge from coming out. The last several school shootings ... For example, the one in Connecticut, which was horrible, the young man who had shot the teachers and all those kids ... it's all been publicly released he was on a psychiatric medication, and they refused to identify it. I'll bet it's an SSRI just like all the other cases.

I think there's a quick answer to school shootings, and I think ... I recently got a chance to tell this to a lot of psychiatrists, and my talk was taped, and a lot of the psychiatrists sign up so they can watch all the talks and not just a couple of them. As I said there are five types of depression.

We find there are three major types of schizophrenia, each requiring different forms of treatment, completely different treatment approaches, different neurotransmitter abnormalities. I think we've ... there's a lot we don't know, but it's really epigenetics that has really pushed this forward so we can have truly effective therapies for most of these people.

The reason is, until now, we've known a lot about diet, how to get good nutrients and quality nutrients into people. We've learned how to adjust chemicals that are in the body and made in the body, but what's been missing are the enzymes, the genetically expressed enzymes that might

be performing wrong because these genes might be misbehaving and giving you too much or too little of a particular enzyme. Now, with nutrient therapy, a natural therapy, we can fix this. I think we're on the verge of a new era in psychiatry.

We had the Freudian era that lasted until 1965. Then there was the biochemical revolution in psychiatry from 1965 until the present, and I think we're right on the edge of a new era where we'll be able to fix all these psychiatric problems without foreign molecules. We'll be able to normalize the brain, and we can do it naturally without drugs. That's the era that's beginning. It's just beginning, but I think in 50 years we're going to be there. My group is planning to do everything we can to speed that up.

Dave: Are you hopeful that this is going to take root because, right now, if you say taking this methyl donor, which is just a natural amino acid, let's say ... if you say that that cures depression in this one ... you've made a drug claim for something. The drug companies will either take your license or prevent you from selling the nutrient, or they will then classify something that's in every piece of meat you eat as a drug, and then restrict it and charge a lot of money for it. How are we going to get around that problem?

Dr. Walsh: Well, we have learned a way to get around it. What we do is be very careful to say, "We don't treat depression. We don't treat anxiety. We don't treat violent behavior. We treat chemical imbalances." We study people, and if we find zinc deficiency, we fix it. We normalize it. If we find a methylation disorder, we fix it. Somebody has pyrroles with obesics and zinc, extraordinary deficiencies, we normalize them.

We don't claim ... but what we do show is outcome studies. We show the outcomes of what is reported. We don't claim that any one person ever got better, but we have studies that we've published in peer-reviewed journals that show that when you study hundreds of people ... like, once I think we did 700 violent children and adults, and published what happened to their violent behavior episodes, and 91 percent of the families said that they were less, and more than I think it was 57 percent or 58 percent said their violence had completely disappeared.



We don't claim anything, and we don't say it works because that would get us in trouble.

What we can show is what happens with the patients and what their doctors report. We might do something like Hamilton B scales or Beck scales that are respected by psychiatry for depression, for example. We've done hundreds of these, and actually the numbers fit better after we fix these other problems. What we do is not really opposed ... we're not opposed to drugs. Actually, psychiatric medications help millions of people.

Dave: Sure.

Dr. Walsh: It was the best they had in 1965 and for the last 50 years, but now we're learning how to do things better without side effects, normalizing the brain instead of putting horrible foreign molecules into the brain, and that's the way that I'm sure society and science will go. As science advances, the need for psychiatric drugs fade away.

Dave: That is a remarkable vision based on not just any one domain where you've spent your career and your life, but for people who want to perform better at whatever it is they're here to do, what are the three most important pieces of advice you have for them? This isn't just about Nutrient Power, your book, or anything like that, but just your entire wisdom of your life.

Dr. Walsh: Well, I think a person needs to have quality nutrition. In many ways, we are what we eat, so I think you need to do that. However, people are biochemically unique and individuals, and the best diet for one person is not the best diet for someone else, but I think diet is very important. I think physical fitness is really important. You need to keep your body active, and then third, I think you really need to keep your brain active. Those are the three ... if you had to list the top three, those would be the three that I would go for.

Dave: Thank you so much for both the work you've done to expose some pretty amazing things about nutrition and also just some of the non-

profit things you've done, things you've done around people in prison, around autistic kids. It's an impressive body of work.

Dr. Walsh: Actually, if I could, my organization now is still a not-for-profit. We're a 501(c)(3) public charity, and we're still doing research. We're still doing active research. We've got a really exciting autism research study where we're trying to prove decisively that autism is epigenetic, but our main activity is training doctors. We have a team now that travels around the world to places like Australia and Ireland and recently in the USA. In October, we're going to have our next training program for doctors who want to learn how to do these kinds of therapies. It'll be in Oakbrook, Illinois, in October should if any doctors are interested in that sort of thing.

Dave: I will definitely post links in the show notes on [bulletproof.com](http://bulletproof.com), but in the meantime, tell everyone ... people who are driving their cars, people who have mobile phones, what's the URL for your book and what's the URL for your training program? How can they get a hold of you?

Dr. Walsh: Well, they can get the book ... of course, they can get it from Amazon, but they can also get it directly from our website, which is [www.walshinstitute.org](http://www.walshinstitute.org), o-r-g, [walshinstitute.org](http://walshinstitute.org), and that has all the information, and a person can purchase the book directly from our website if they would like. It only costs fifteen bucks or something. We made it as cheap as we could trying ... We're not interested in making money, but we do want to get the word out. The name of the book is Nutrient Power, and that was carefully selected because that's the message. We want people to realize you don't necessarily need a drug to help a person with depression or anxiety or even autism, and that nutrients have the power to do this if you know precisely what a person's deviation is in the nutrients they have, what their chemical imbalances are. If you can understand who a person is that has these problems, you can usually help them with nutrients.

Dave: Thank you, William. It's been an honor and a pleasure. Have an awesome evening.



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