



Transcript of “302 with Dan Yachter & Deed Harrison”

Bulletproof Radio podcast #302



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Dave: Bulletproof Radio, a state of high performance.

Dave: Hey, it's Dave Asprey of Bulletproof Radio. Today's cool fact of the day is that people who think they're turning their head further than they are report neck pain earlier than people who think they're turning their head less than they actually are, and that's probably because your body starts sending pain signals when it senses danger rather than when it actually feels pain. It's tricking you without your knowledge or permission which is why you should listen to your body but you shouldn't always trust what it tells you.

If you haven't had a chance to check out the Bulletproof Store lately, we just put up a bunch of real cool new t-shirts, including some that have to do with butter. If you're up for some new threads, check out the new Bulletproof stuff, it's awesome. Today's show is going to be really, really fun because I've got 2 world-renowned chiropractic experts, Dr. Dan Yachter and Dr. Deed Harrison.

Dr. Yachter is one of the 5 chiropractic thought leaders who co-founded Evolution Health, which is a new type of chiropractor that builds international offices based on some standards, and he is the author of the book called The Doctor of the Future. Dr. Deed Harrison is a chiropractic researcher and educator who has developed his own set of spinal rehab procedures, and has lectured thousands of chiropractors and regular MDs in hundreds of educational conferences around the world.

He has written about 100 peer-reviewed spine publications and 5 textbooks on the spine and he's the director of the Ideal Spine Health Center in Eagle, Idaho. Welcome, Dan and Deed.

Dr. Dan: Thank you. Thank you for having us.

Dr. Deed: Yeah. Thank you very much Dave. We are honored to be here.

Dave: I'll admit, I've used chiropractic for quite a long time. Probably the first time I went was 1997. I woke up and my back hurt like I'd never felt before. It was just horrible and I went to work anyway. I was turning green and my boss at the time, she's like, "Dave, something's wrong." I'm like, "Yeah, my back kind of hurts." She's like, "You need to go see a doctor or something." I'm like, "Doctors [inaudible 00:02:15] with back pain."

I just randomly found a chiropractor and he did something that kind of helps and I was like, "Oh, that's interesting." I got more and more interested in what's going on and discovered that there's literally hundreds and hundreds of different ... Belief systems is the wrong side, we'll say sub-specialties of chiropractic where some people are looking at thermal imaging, some people are doing this. I found that it's a real science and it's practiced in many, many different ways yet there's still some degree of, say, skepticism.

I think my father has probably never been to a chiropractor because, "Well, I don't know, they

might crack your back and then you'd be addicted," and all these weird things. My first question for you guys, as people who've spent your career in this stuff, why is there skepticism towards chiropractic?

Dr. Dan:

I think really more than anything it's kind of what we're doing today is we're going to be reaching so many people to help them, it's really an understanding. Once the understanding comes of what chiropractic is about, I think people would be open to it because it's logical. It's common sense when you explain the fact that structure determines function and they're so interrelated, and really as a chiropractor, Dr. Deed and I know the ultimate bio-mechanical and functional performance hack is making sure the spine is in alignment.

Because reason follows where if you have a spinal cord that's running through the spine and it's delivering communication from the system that's running the body, the brain and the spinal cord control, coordinate, harmonize, regulate, direct every single function of the body. Every organ and gland is controlled from air traffic control, [Houston 00:03:53] control. There are 24 movable vertebrae, a sacrum and coccyx and the nervous system is housed within the spine.

Very simply, if any of the bones are out of their normal alignment, they can create a mechanical irritation, an impingement, stress attention on the nervous system itself. That will disrupt the messages, the communication, the transmission through this energy system, this electrical system. That will then cause organs themselves tissues, glands to break down.

It's really just a matter of understanding communication. If the public understood the message in a simple way that way and understand that their health, their energy, their ability to heal is directly related to the position of their spine, to their skeletal structure and alignment and everything that goes along with it. It's a simple message and anybody that Dr. Deed and I ever really explained it to, people say, "Well, of course."

What happens, typically, in the public, there are a lot of messages that are going on and that's why I think the public is never really, on a grand scale, understood but Dr. Deed is one of the top researchers in the world and he can share with you what he's been involved with in the research. There's so much research that's been done that he's been involved with, that he's been bringing to the world and bringing to the chiropractic profession; to really show the power of what happens when you have a clear functioning nervous system. It's powerful on many levels including performance in general.

Dave:

I definitely understand what you're saying there. Deed, you've been doing this for quite a while and I've seen a change in the way people perceive chiropractic. It's much more accepted now than it was 10 or 20 years ago, but it's been going on for a very long time and it seems almost like there's been some competitive stress from other medical professions who didn't necessarily liked what was going on there. Have you experienced that in your career?

Dr. Deed:

Oh sure, and your question and comment hits the nail on the head, the reality that the chiropractic market share hasn't grown in the last 10 years. What's happened is there's just been maybe a louder voice, and so it appears that we have greater public interest and a greater community support. The reality of it is it's still under 10% of the population actually regularly

sees a chiropractor.

That's been going on for at least the last decade, maybe 2 decades. The issue is chiropractic is the small kid on the block. We're the newer kid in the healthcare and always, the group that has the louder voice with the most money and the most resources tends to really influence the public perception. Chiropractic has never really had a really big marketing voice, we've never had the dollars; we don't have industry that backs our profession.

The reality, the profession, isn't well known to the public and it's like Dr. Dan said, if they really knew what we did, there wouldn't be this skepticism. I've seen the skepticism in my career from a clinical point of view but also from a research point of view too where you're kind of ... In some ways, you're not given the same level of entry into research because you are a chiropractor. Yeah, the skepticism runs deep.

Dave: It's very different than Big Pharma and it's not really funded by Big Pharma but I want to hear your story about how you go into this and ended up writing 100 peer-reviewed publications and all. How did you get started Deed? Walk me through what attracted you to chiropractic and then how you built a career doing this.

Dr. Deed: That's a great question, thank you Dave. The reality of it is I got a great start from my father. My late father passed away in 2011, was really a pioneer in the chiropractic profession and his name was Dr. Don Harrison. He graduated Chiropractic College in the late 1970s and in his era, there was really no chiropractic research at all. There really wasn't even a chiropractic professionals' scientific journal.

My dad came from a math and science background. He already had a master's degree in math and a bachelor's degree in Physics, and then when he got into chiropractic, he saw the lack of science and as did many people in his era. He really pioneered the organization that I now head up today which is Chiropractic BioPhysics. Long story short, my dad is the one that started the technique analysis and system.

He started our research foundation in the late 1980s and then I came along in 1994 when I went to Chiropractic College and I went to Chiropractic College simply because I had grown up as a chiropractic child. I had seen it, I've heard it, I was in my dad's practice etc. and I just came along at the right time I think and of course, not belittling myself but I was given a gift and I got to run with it.

Dave: Awesome. That makes a lot of sense because when you see your parents do it and you understand, that there is a certain skill that's involved in being a chiropractor that is different than being a physician. Physicians also have bedside manner of ... Some of the are really good at their surgical thing or whatever else you're doing, some better than others, but I feel like there's a little bit more hands-on manipulation so to speak when you're a chiropractor.

The difference between chiropractor A and chiropractor B is likely to be greater than the difference between physician A and physician B in the same sub-specialty. That's been my experience.

Dr. Deed: Yeah. That's totally true. The reality of it is a lot of it's the connection between the doctor and the patient and then the skill level and the training of the doctor themselves, the chiropractor. This might be some of the skepticism too. People may have experienced a not so good adjustment from a chiropractor and then they have the skeptical mind and they say, "Oh, chiropractors are quacks, I'm not going back."

Well, the reality of it is they just didn't find the right one that connected with them. It's like when you go out to eat. Sometimes you might actually go to a restaurant and you get food poisoning. That doesn't mean you're never going to eat again, right?

Dave: It does mean you should never trust a chef.

Dr. Deed: Yeah.

Dave: In fact, that's a beautiful analogy and there are certainly different levels of experience there. Dan, how did you find yourself in this field?

Dr. Dan: It's interesting. I was at the University of Florida as a premed student and my brother, prior to that, he got into a really bad car accident in his early 20s and severe back pain, very, very severe injury he had to his back, his spine. The only options the doctors were really talking about were surgery; lots of drugs, painkillers. While he was attending University of Florida, his best friend told him, "Go see my chiropractor. My chiropractor, uh, is going to save you from the blades and from the drugs."

My brother went; within a few weeks, he had full function and health back to his body, restored and never needed the drugs or the surgery. Following that experience, he decided he wanted to become a chiropractor. I never had a chiropractor in my family, mother, father, nobody in my lineage was ever a chiropractor. My brother was just inspired by that experience.

He went off to chiropractic school and started learning, started getting his hand skilled and to backtrack a little bit, and you'll see how, I guess, the story unfolds here, my father, when he was 7 years of age, he went down a slide headfirst and the slide ended in a lake and right underneath the slide was a cast iron bath tub. My father's head collided with the bath tub, had a very serious cranial trauma, almost drowned, was knocked out cold but was able to get through that episode.

My father spent the next several decades experiencing crippling migraine headaches and he ended up taking massive amounts of painkillers, drugs, a couple organs got knocked out. He was miserable and I grew up watching my father go through this. It was life-altering, to say the least, for my dad. My dad was always miserable; it was a very serious life-disruptor for my father.

To come full circle back to my brother, my brother comes home after his first year in chiropractic school and says to my dad, "Hey. I think what I'm learning in school may be able to help you." My father is still ... This is 40 years since his headaches, still living in tormenting pain. No doctor had been able to help him. All he was offered were more medications, no one could

figure out what was wrong.

My brother did an evaluation on my father and discovered the atlas vertebrae, the first bone was out of alignment. Most of the time with headaches, most of the literature states that headaches are typically cervicogenic, they typically originate in the upper cervical spine. Now, my father never had pain. He had more of a functional issue being caused by the atlas lack of alignment that was creating a mechanical distortion of the brain stem and that whole area.

No pain, so maybe if a physician would have done a physical examination on him had he complained about neck pain, but he never had any neck pain. My brother, through a discussion with my father and through an analysis, discovered this bone out of alignment, convinced my father to allow him to adjust him and he did it, a series of adjustments while he was home.

It was like a Christmas vacation, he was home for quite a while, a few weeks, maybe a month. He did a whole series of adjustments and that was that. He went back to it, Lance went to Life University which is where we both went to chiropractic school. Then probably 4, 5, 6 months transpired and my father called my brother on the phone and said to my brother, "You know, the headaches are gone. I don't have any headaches, completely gone."

This is well over 20 years ago and to this day, my father has no known anesthetics; he's off all the medications he was on. Because of all the disruptions in his body, he was on also ... They had him on synthroid for 35 years. He's off the synthroid, my dad's getting ready to turn ... He's going to be 75 next week, so no headaches, completely gone after 40 years of suffering, no medications, healthy, strong.

I saw that happen and it lit me up. I was a premed student at the University of Florida and that was the direction I wanted to be go in, had my aspirations there and I saw what chiropractic did for my father. It literally gave him his life back and it turned me around and I was in chiropractic school just like that.

Dave: You basically saw how it worked. Both of you had an opportunity to see big changes from it. I have found that many chiropractors that I have come to know over the years are classical biohackers. They are much more connected with the ... [Coming 00:15:12] to make a change and then see what the results are, which is actually like the scientific method. You do this and one of the most profound experiences that made me really pay attention to this, when my son was born, I caught him.

We had a birth at home which is kind of cool. We had an emergency room physician standing by because my wife is an emergency room physician. She was the one pregnant but what the heck! We also had other helpers very close to the hospital so it was very safe. I delivered my son but it was relatively tight coming out, and unlike my daughter, he wouldn't sleep for more than 20 minutes.

He would move his arm in a weird way and I'm like, "You know, this baby is in pain." Just through a random connection, we got introduced to a guy who's written the only chiropractic textbook that's used for babies in regular hospitals. He lectures around the world teaching at,

basically, birth wards like, “Here’s what to do.” His most famous trick was to find the infants on oxygen in the ICU and touch the back of their head with one finger at just the right spot and their oxygen saturation would just go up and up in ways that are supposed to be impossible, but he’s teaching it to doctors.

He took my son, 5 days old, I’m like a little nervous here, I don’t want to see him holding him by the head and shaking him, kidding, no chiropractor would ever do that. What he did is he said, “Ah, okay. Yeah, there’s something in the upper back right, probably the atlas for all I know.” He put the pressure, he described it as the pressure of a nickel resting on your hand, that much pressure in just the right spot and for the first time in 5 days, literally, Allen just sat there for a second, melted into the bed and slept 12 hours straight.

He had something going on, his arm were like ... He had something pinched up there and he literally couldn’t sleep because of it. I imagine if I had not been fortunate to meet ... His name is Dr. Peterfish, to meet a chiropractor who had the right skills at the right time, it’s entirely possibly the first 2 years when Allen’s brain is really cooking in there and doing what it does, it would have been distracted by sleep and chronic pain.

I feel like there’s a whole branch of science here that’s totally worth exploring, that is non-drug and the innovations I’ve seen, probably because of the internet because chiropractors are sharing knowledge and techniques and science, that it’s actually a really good time for chiropractic. Because the people who are not skilled, well, they have Yelp reviews, and the people who are skilled and they’re writing textbooks and end up getting more patients and more acclaim for the work they’re doing.

I think the cat’s out of the bag in terms of whether or not it works. In the hands of a good practitioner, I think there’s so much evidence that good things are happening here that I don’t worry about it so much.

Dr. Deed: You both, Dr. Dan and Dave, have brought up wonderful, beautiful, basically, case studies, Dave, with your child and Dan, with your father. The challenge is this and as a researcher and a clinician, I’m in a unique spot. The clinician in me, I look at every single person that comes in as a case study and my job is the needs of the one. It’s not the needs of the many. It’s that person, that individual right there in front of me, it’s a case study.

The researcher in me and the skeptics out there, the medical research community, the surgical research community, any other scientific mind that’s not a chiropractor, they look at these cases and they go, “Interesting coincidence.” This is our challenge. The clinician and the parent and the person, we know what’s real. We experienced it; we were there.

This is the problem with chiropractic is, we’ve never had a large scale industry fund that we could take 1000 cases like Dan’s dad or Dave like your child and say, “Okay. Let’s randomly assign them to, you know, conservative care which is traditional, you know, medical intervention versus conservative care which is chiropractic intervention, and then let’s really see what happens.”

Now, these things are starting to be done but they don't exist on every type of outcome. Like in your case Dave, there's not 1000 cases that we have on a child that's not respirating normally. Then Dave, we do have a lot of evidence on ... Oh sorry, Dr. Dan, we have evidence on headache but the real challenge is doing large scale trials to really confirm what we already know as a clinician and what we already know as the patient.

Dave: Also, large scale trials, there's this bizarre thing that I believe is fundamentally unscientific that comes from Big Pharma. They don't measure tons and tons of variables that probably have a big say in the outcome here like, "We're going to test medication but we're not going to test the diet or even record the diet of the people taking the medication, even though there are known interactions between certain foods and certain medications."

One of the biggest things that happen when you're trying to measure a modality, is you have patients and of course patients are all different genetically, in lifestyle and whatever else, but you can identify it. X number of patients with some kind of condition and 80% certainty that they actually have that condition. If it's chronic fatigue, who knows, if it's broken legs, then okay, we can really know you have a broken leg.

Then you have a modality we're going to treat like some way of treating them. Those are 2 variables and that's what we want to match up and then that's supposed to be it. The healer is another variable and it is entirely possible in acupuncture, chiropractic and even traditional medicine but more so in the other so called alternative medicine or even a functional medicine doctor.

The quality and perception and skills of the caregiver are a variable that is just as important as the patient. When people say, "Well, you know, there's no double blind studies on that," yeah, one of the problems is that the way the doctor acts can affect outcome. We know this because we have placebo and nocebo effects. I don't understand how we're trying to remove the care provider from the science when what we're doing here is not paint by numbers.

If we were to evaluate an artist or a chef, you wouldn't say, "Well, you know what? This chef cooking technique, sorry, it doesn't work." Well, it's applied differently by different chefs. That's why they have different restaurants and that's funny. When you put a paint brush, unless you doing paint by numbers which no one likes, when you put it in the hands of Monet or Picasso, you get very different outcomes yet they're both art. What do you guys have to say about just the validity of this kind of double blind clinical trial towards something that has the care providers so integral to what it does?

Dr. Deed: This is my field and my issue. I'm a clinician at heart but I'm a researcher now in practice, that's what I do. We know this, we know now that evidence based medicine and evidence based healthcare, evidence based chiropractic, we know it depends on at least 3 variables. It's the needs of the one, the patient, and that's the unique person like you've said Dave, their genetics, what they do, what they eat etc. so the needs of the one.

Number 2, it's using the best available evidence that we have at this time. Maybe it's not a double blind randomized trial, maybe it's just simply case studies and that's all we have on a

certain topic, so it's the best available evidence, whatever it is. Then the third one is exactly what you've said at the end. It's the training and the expertise of the provider. All those 3 come together to paint this picture of an outcome.

The problem is when we talk about industry and funding and insurance and governments, they're interested in one thing and it's called their bottom line and it's cost savings. It's really odd that they'll cut out certain things like chiropractic when it's less than 1% of an annual healthcare budget. They do it anyway under a cost savings umbrella and the reality, as the clinician, we know that those 3 things play a role no matter what we do.

We know that some people need 1 visit and some people don't need dietary modifications. Other people might need 100 visits and a full spectrum of dietary and nutritional modifications. When we try to do a randomized trial, a double blind placebo control trial, there's always constraints and it never allows freedom of the clinician to truly do what they would actually do if they weren't part of an experimental design.

By nature, randomized trials force a certain thing. They force either a start or an end or they force a certain type of treatment intervention over a certain time and this is the challenge. In reality, it takes the doctor-patient relationship out of it.

Dave: There's something else you mentioned. You're talking about this evidence-based medicine which is actually a really pejorative term, equivalent to non-shitty medicine.

Dr. Deed: Yeah.

Dave: I practice non-shitty medicine because everything else other than what I say is obviously shitty.

Dr. Deed: Yeah.

Dr. Dan: Mm-hmm (affirmative).

Dave: Well, here's the deal, there are many forms of evidence and people who are worshipping irrationally to the evidence-based gods, have chosen to ignore, I think it's 6 or 7 kinds of evidence that you can accept in favor of basically saying, "This one, anyone who doesn't use the kind of evidence that I like is, is basically a quack, a fraud, whatever else," and all that kind of BS.

It is fundamentally anti-science when someone says evidence-based and start to call you out there Deed but here's the thing. You better say what kind of evidence you're talking about because clinical evidence, as in, "This guy was sick and now he's better." That is an observation, the scientific method where you start with an observation, you form hypothesis and then you test it.

If you reject clinical outcomes and clinical observations from hundreds of thousands of care providers because there aren't double blind studies there, what you're actually doing is you're practicing this bizarre form of ... I don't even know what to call it but it isn't medicine and it's not even evidence-based. It's actually selective evidence of voidance to support whatever your

hypothesis is, and it is no different than practicing, well, I would call it witch doctory.

Dr. Deed: Yeah. We're on the same page Dave. I always take the clinical side in my profession. I'm really a black sheep researcher even though I'm one of the top in the profession. I'm like I'm really not well thought of in the research community and it's for what you've just said. The best available evidence to me, it could be a case study on a topic. That's all we have and so to me, that is evidence.

The reality of it is we try use what's called expert opinion and analogies and anecdotes and the reality of that, it doesn't matter who the expert is, that is actually the lowest form of evidence. A single case study like your child and Dr. Dan's dad, that is evidence and so ... We have this double edged sword so I think I've said enough and I'll turn it over to Dr. Dan.

Dr. Dan: Yeah. The concept here is that it's not an allopathic model, it's a vitalistic model that we're dealing with. It's a different type of paradigm to begin with and there's a, what's known as really a dynamic essential, an esoteric that you can't leave out of the picture; it's what you touched upon Dave, is what the clinician is bringing to the arena, to the office.

I just got finished getting a diplomate in pediatrics so that's one of the things I heavily focus on in my office. I'm one of just a few in the country, a handful of doctors who are really heavily focused in that arena and we had ... In order for me to complete the studies, I had to do a lot of research. We had to gather up questionnaires through the NIH and a lot of data had to be ... We had to put patients in a room by themselves and they had to do questionnaires.

The outcomes were great, the quality of life assessments and everything that was recorded but it also goes back to the fact is what type is a healer, what type of environment are you setting up? As a vitalistic healthcare provider in a vitalistic paradigm, we're very conscious, we're very aware of what we're bringing to the table as well. That's a huge piece of the puzzle and many chiropractors, like you said a little while ago, are very focused on that.

That's what really drew me to you to begin with. I ran into you and heard you a couple years ago at JJ Virgin's seminar in Tampa in January, 2014. My wife, the first thing she does when she wakes up in the morning, besides changing the diapers because I have a 1 year old and a 3 year old, she goes to the kitchen and gets her Bulletproof coffee and we have all of these ... It's part of our life, the Bulletproof lifestyle we've incorporated because I know as a clinician too, I want to bring my best to the practice.

Really, what we're looking at when we're talking about the paradigm is yes, we can't leave the practitioner out. For example, in my office, one of the things we try to do to these office like-minded chiropractors is we try to set up an atmosphere feeling. What does that look like? It's very supportive, it's very nurturing, it's providing information, it's empowering; it's a different type of environment outside of being dictatorial.

It's more of a partnership, it's more of an alliance, it's more of your facilitating the process. It's a very different mindset in a vitalistic paradigm or a vitalistic healthcare model. When you set it up that way and it's fostering a sense of nurturing and support and people feel like they're

growing and they're learning and they're really getting fed knowledge and they feel like they're healing and growing and learning and they attend workshops and they're getting knowledge, it's a whole different experience, it's a different paradigm.

The outcomes have to be measured maybe with standard models but also, you have to look at how do you encompass all of the different dynamics that are involved in this vitalistic paradigm which is different and it's not easy to measure, and it's very easy to discount. When you have 100, 200, 300 babies in my practice that have all had similar experiences to your son, it's like, "But okay, go back and try to track scientifically exactly how it happens."

It's not as easy in a vitalistic model and I think that's where sometimes chiropractic finds its challenges in regards to research and otherwise.

Dave: Is it possible to get hurt by a chiropractor who doesn't know what they're doing or even someone who does know what they're doing? I mean do people get paralyzed, do people end up with headaches, is there a risk?

Dr. Deed: That's a great question. The general answer is there's a risk to everything that we do. The perspective is you're 1000 times more likely to get injured by taking an over-the-counter painkiller like an aspirin or a Tylenol than you are by going to a chiropractor for the same condition. The perspective is people don't hesitate to take an Advil, a Tylenol or an aspirin yet, you're 1000 times more likely to be injured from that than by seeing a chiropractor.

Are there some injuries that have been documented under chiropractic care? Yes. In trials that have been done, they look at, "Did you have a negative experience." Negative means do you have a subtle increase in neck pain, do you have a subtle increase in back pain or etc. following a certain visit. The reality is those things do occur but they're transient, they tend to be very, very short-lived in nature and they tend to be very mild in nature.

Then once in a while, there is a much rare injury that is very significant, but that's with everything that we do.

Dave: It's a fair point because no one's ever injured by their allopathic physicians either.

Dr. Deed: Correct, right.

Dave: Last statistic I saw was like 40,000 deaths a year through that kind of medicine that are unnecessary, so there's risk any time you do anything and I don't believe that there is undue risk in my experience with chiropractic. I've also heard some other pretty substantial claims like, "Oh, chiropractic can help you with heart disease or diabetes," and these things that western medicine doesn't necessarily ... Well, I'll say westernized likes to ignore cures for it like, oh, food. What's the chiropractic take on diseases like these?

Dr. Dan: I think it's really ... Chiropractic more than anything is about getting the body to perform its best and recognizing the philosophical tenets of chiropractic and the fact that the body is a self-healing, self-regulating organism. It's got innate intelligence and we honor that as chiropractors



that the body can and will heal itself. It needs no help, it just needs no interference, and so chiropractic is not necessarily a treatment for things.

I make sure that the folks and Dr. Deed and his clinic and whatnot, when folks come to the door with any condition, and there are a lot of different conditions that walk through the door, the first conversation we have when we're bringing them through the initial intake consult and exam, is that we're not going to be treating their illness, sickness and disease.

In my estimation, we're doing something more superior which is removing interference to the body's innate healing expression. The first place we start is with their spine. One of the things I do a lot in my office is I have a degree in nutrition as well along with being a chiropractor, so I'm very, very heavy into nutrition. We're going to look at that whether it's a neonate, a toddler, a small child, an adult, but all in an effort to remove interference not necessarily to treat.

That's really the first place that we start. If we can get the interference removed or remove as much as we can biomechanically, chemically, maybe help them emotionally or help them find maybe mental, emotional stress reducers in this holistic approach, allow their bodies to perform at their best. The body, by default, wants to be well. It wants to heal, it wants to perform well and express great healing potential and great function. It knows how to do it. It just needs no interference or minimal interference in doing so.

Dr. Deed: Yeah.

Dave: It sounds suspiciously like this Bulletproof idea which is, "Remove the things that make you weak and do more of the things that make you strong."

Dr. Dan: That's it. I love it. I just got done reading the book here that you guys sent in my [crosstalk 00:34:51].

Dave: Oh, the book, in fact, yeah.

Dr. Dan: Awesome, just got the cookbook too and that's the concept. The body is smart. How do you biohack the body, how do you biohack the nervous system, how do you get the body working at its best which is a concept? It's removing interference. The body by its divine designs is to be well, to express energy and that's where we lead our patients and that's why so many chiropractors resonate with you as well and in your philosophy and your science and your vision.

Dave: Well, thank you and Deed, you were going to say something in there too.

Dr. Deed: Yeah. I just wanted to add what Dan said and what you've been saying too Dave. The reality of it is we intervene and we look at the person as a whole. The person might have cardiovascular disease. There's not an adjustment in the spine that says, "You adjust this vertebrae and the heart will function better." That's not how it works. What we do know though through science and research, we know that there is a link between cervical spine, degenerative disc disease and bone spurs and cardiovascular complications.

It's exactly what you two have both said. It's a breakdown of the system as a whole, so yes, we need to intervene to the spine, yes, we need to make also dietary and nutritional modifications and then ask your doctor if getting off your butt is right for you and let's exercise, right?

Dave: Now, in your training, did you guys get training in nutrition?

Dr. Deed: Yes.

Dave: How many hours would you say, just ballpark?

Dr. Dan: Well, Life University, I mean there were several classes, so I don't know what the hours add up to but it was an integral part of the curriculum and-

Dave: Like 100 plus, probably way more than that if it's an integral part.

Dr. Dan: Yeah, it's baked into the curriculum. I mean there's a lot of it.

Dave: Compared to the 8 hours in medical school that the average physician gets, so you're probably more trained than the average MD although there are MDs who are not average. I mean like there's Mark Hyman, I think is a mutual friend and David [Promata 00:37:00] and they're guys who are incredibly knowledgeable in nutrition and who have MDs. It's usually not from their MD studies where they got unless they're a clinical nutritionist and an MD.

A lot of people who have not ever been to a chiropractor don't understand that chiropractic includes a lot of nutrition whereas, you might not get that. One of the things that really piss me off, when I was living in a house that had water damage, had toxic mould in it and I was having all kinds of stuff happen to my health. I ended up doing a documentary about this really common problem.

By the way, one of the big problems was ribs would become ... They pop out of my upper back, my rib heads would pop out of my spine, it was terribly painful. This would actually happen in response to toxins and all this crazy stuff was going on. I went to the doctor and I had all these weird symptoms including these rib heads popping out and things like that, and I started gaining weight again even though I'd lost about 50 of the 100 pounds I needed to lose.

The things that I had done before weren't working; I just felt like a zombie and he said, "Maybe you should lose some weight," and I said, "Yeah, that's a really good idea. How do you recommend I do that because nothing works and I've tried all these things?" He goes, "You should try eating a healthy diet," and I was like I wanted to kill him. I'm like, "Really? But like that's all you have for me?"

Compared to the chiropractors I've seen, they would have at least said, "You could try this, you could try that, you could try not eating stuff that's inflammatory." I was blown away, but that leads me to, assuming everyone listening now, understands, all right, you're likely to get a more holistic point of view from a chiropractor than you are from your GP although, if you have a broken bone, you might want to go to your GP. Both practices are very useful.

I also wanted to ask you a question. One is, I am sensitive to lectins, the nightshade vegetables, at least some of them. When I eat one of my favorite foods which is New Mexico green chili, I grew up in Albuquerque, New Mexico, I never knew this. I just always had upper back and neck pain and all but one of my vertebrae moves a half inch to the side a half hour after I eat green chili. It literally shifts. What the hell? Why does that happen? If we push the vertebrae back in, does that mean I can eat green chili?

Dr. Dan: Deed, I'll let you start off then I'll finish.

Dr. Deed: Okay. The perception there is you feel this issue and really, what you're feeling is, it's a muscle spasm, it's a nerve irritation that's driven by an organ irritation. We call it visceral somatic reflexes. It's been known for a long, long time that organs just don't do what they do on their own. They communicate via the central nervous system and peripheral nervous system to the brain and they say, "Hey brain, something bad is going on here," and then brain tries to do some things too.

Then there's this cross circuit that goes from the organ to the spine and to the muscles. When you have a visceral irritation from eating whatever food it is, you're going to have spinal consequences. It's no different than a person that's having a heart attack; feeling chest pain or arm pain or numbness and tingling in the hand. It's a visceral somatic reflex. The adjustment will help quiet that down but the reality of it is it's driven by the visceral system in that case, so you need to not eat that food again. That's the reality of it.

Dr. Dan: I think, yeah, that's a great explanation, how everything is just intricately connected. Likewise, it's the conversation that chiropractors will have with their patients. If a patient comes in, for example, with a thyroid issue or a liver issue or they're feeling tired, fatigued or they have hashimoto thyroiditis or graves' disease or any one of these conditions or a reflex, the conversation always has to go back to what Dr. Deed was saying, is that there is a direct somatic visceral, visceral somatic influence as a reflex or it could be flexive [inaudible 00:41:11] going on in there neurologically.

For example, someone has been diagnosed with a thyroid issue. The conversation the chiropractor may bring up during a consult, an exam, would be that, "Well, let's look at the nerves in the back that are coming out, for example ... What should we look at? Look at the, uh, the liver. Is the nerve innervation, the nerve connection, the spinal ... The part of the spine that controls the liver, is it getting information there? Is the liver even getting right neurological control?"

Because if you have a thyroid problem, well, we know that over 60% of T4 is converted to T3 in the liver. What happens if you're not getting nerve supply or signals to your liver? It doesn't matter and you could be completely off balance; you may never heal or get better from a thyroid issue if you don't have good nerve supply and functions to the liver or the stomach. Between T5 and T9, that's the primary gastric distribution, neurological distribution to the stomach.

We know that you have to have good nerve supply for everything going on in the stomach including hydrochloric acid, you need high levels of acid in the stomach to digest food, break down proteins, get to the B12, get to the minerals, get to the vitamins and all that, and if you can't get to the minerals, especially things like zinc and selenium and all these other things, then you can't make thyroid hormone, you can't convert it.

The immune system is going to get driven down and you're going to have all these complications across the board including T8, 9, 10, the adrenal communication. Again, the chiropractor is looking at everything, not just disease conditions but just to begin with, start with the foundation, is life flowing from the brain through the spine over these nerves and bringing to these organs to begin with and has any doctor ever checked that?

Not that there aren't other considerations going on downstream, but just starting upstream and helping the patient; facilitating that understanding of connecting the dots and it all starts with function, nerve system is fine, that's where a chiropractor will start. Even if it's someone like me who focuses heavily on nutrition and organ phenomenon, you've still got to upstream to the spine and look at that visceral somatic, somatic visceral deal there.

Dave: People often times don't know about something called event correlation. Where I come from in high tech, there's whole systems that we've developed that are around looking at events that happen in on system and then correlating them with events in another. We use this line in computer security. We use this a lot in figuring out when someone comes to a website, what are they going to do next.

On the human body, there's this whole bunch of event correlation things and I just brought up this example of one. When I eat X, Y happens in my spine and probably a bunch of other stuff happens like they tell there was inflammation and there's changes in blood clotting, things that happened because lectins are a part of that whole story. We know that's going on and that's one insatiable thing, and I find that the best clinicians are usually subconsciously or consciously really good event correlation machines.

Some of the events that I've seen measured in some chiropractor offices that are fascinating to me are ... Well, clearly x-rays, you can see alignment, but I've also just a thermal graph, a picture of infrared coming off the spine. In fact, you can get a \$300 camera that goes in your iPhone and do the poor man's version but you can actually see. There's a part of the spine that's hotter than the other parts of the spine. What's going on there and why does it matter?

Dr. Dan: Well, I'll let Dr. Deed get into more of the science behind it, but we use thermal imaging, we use EMG. There's a company called Chiropractic Leadership Alliance, Dr. Patrick Gentempo who had created this ... There's a whole package of the insight technology which combines actually, and you'll find this fascinating, heart rate variability, thermal imaging, EMG, it's also got a couple other things that ... There's range of motions digitally and algometry to testing.

They actually combine all the scores from these and create a wellness score, but thermography, what it's reading is heat differentials in different areas of the spine that are related to vasoconstriction, vasodilation. Of course, the nervous system is controlling the diameter of the

arteries around the spine. When we run a thermal image or a scan of the rollers of the spine, it can show indirectly because of the heat differential, it can be indirectly interpreted or secondarily interpreted as a neurological disturbance in that area.

That's just one of the tools that we use in our office along with several ... Especially x-rays being primary to identify where as the primary biomechanical, neurological impediments, interferences. Just one more way of looking at the body so yeah, it's a fascinating technology. A lot of chiropractors are using it.

Dave: Cool. Deed, what do you think?

Dr. Deed: All these outcome measures are very important. It paints a picture of there is some type of disturbance to the system. There's asymmetry, there's asymmetry in heat, there's asymmetry in muscle activity, there's an alteration in visceral function with heart rate variability etc. That's the clinical side of it, we know that. The challenge is what does that mean science-wise and research-wise.

It's really hard to put that into research context, for example, to play the skeptic. The issue is how long does it take to normalize temperature differentials in the body when I do a thermography scan? Well, you have to be in a contained room with no airflow and it's got to be the same temperature. The patient has to be in the nude for 20 minutes to normalize their bodies overall temperature across the skin because if I sit down, if I lean on one side, if I touch a structure with my arm, I'm going to get a temperature differential.

We've got this, again, this interplay between the research problem and the clinical interpretation. The reality, I think the clinician doesn't really care, we just know there's a problem. The clinician looks at this and says, "You've got the following problem with your wellness score," like Dr. Dan brought up. "All these things put together, they show me there is a problem somewhere. Let's see if we can normalize this and let's see what happens."

Dave: That makes good sense. It made think about how I could speed up that 20 minutes. There are a bunch of chiropractors that use the Bulletproof Vibe, the Whole Body Vibration platform that I make in their practice. Are you guys fans of Whole Body Vibration or not fans and couldn't like shaking the body up, like getting things moving a little more quickly?

Dr. Dan: Well, I got 8 of them in my office and I know Deed's got ... He's got a whole collection of them too.

Dave: I didn't know that, that's cool, all right.

Dr. Deed: Yeah, I'm sorry. I've got 8 Power Plates, that's what I use, the Power Plate Pro 7s, so-

Dave: Yeah, those are really nice machines.

Dr. Deed: Yeah. We use them for 2 things. Number 1, we use it in actual fitness classes that we do, a true functional movement fitness class with proper trainers. Then we also use it for spine

rehabilitation and injuries, so huge fan of Whole Body Vibration.

Dave: Now, why do you like that? A lot of people ask like, “Dave, you’re crazy. You have this, this thing on your website, it’s not coffee, it’s not a supplement, like because it sort of kicks ass and it’s not at the same level as the Power Plate.” The Power Plate is extremely nice and clinically expensive, but I’m completely a fan of it because it moves in the right axis. Why does it work for functional movement? I’m sure people are saying what ... Because most people have never even heard of this stuff, what does it do that’s special when you’re working with someone on movement?

Dr. Deed: Yeah. Whole Body Vibration is really interesting. It’s accelerating you at different G forces or at different intensities multiplied by gravity. Like the Power Plate, for example, that’s the one I’m trained in, that’s the one I use. With the Power Plate, I can set it at 1G, 2Gs, 3Gs, all the way up to 8Gs. What that means is I’m training you either at 1 times the acceleration of gravity or in the extreme setting, 8 times the acceleration of gravity.

That’s a lot of acceleration and what your body has to do when you’re on the Power Plate, your body has to contract and coordinate its orientation under gravity to these whole body vibrations. I have high acceleration and I also have some amplitude in there that’s going up and down as well as left and right, forward and backwards. It creates what’s called perturbations to the system meaning it’s creating instability in your system.

Your body then has to contract and control these perturbations and maintain stability in an unstable environment. What it does is it triggers a neurological as well as a physiological response out of bone, muscles etc., and you’re ... Basically, what you’re doing is retraining your body’s movement, you’re retraining your body’s balance, you’re increasing the strength of the connective tissue and you’re increasing the density of the bone, and so you do those all simultaneously.

Whole Body Vibration is really an amazing tool. The last thing I’ll say about it and I’ll turn it over to you guys is, most people, they go to the gym and we look at the force equation. Force is mass times acceleration. When you go to the gym and the guy or the gal puts mass, weight in their hand, and so they’re increasing force on their body by increasing mass.

Well, we’ve forgotten about the A side of the equation. A is the acceleration, that’s what the Power Plates or any Whole Body Vibration system does. It works on the A side of the force equals mass times acceleration part of the equation.

Dave: Very well said and I just noticed huge differences, not just muscle but more lymphatic and circulation, and I’m a big enough fan to go out and get one made. I broke some of the really cheap ones probably because I’m 200 plus pounds. Now, we’re running up on the end of the show here and I want a chance to ask both of you the signature question for Bulletproof Radio. Dan, let’s start with you.

If someone came to you tomorrow and said, “Look, I want to kick more ass at everything I do. I want to be better at being human.” What are the 3 most important pieces of advice you have

for me? What would you say?

Dr. Dan: Well, get adjusted, regularly have your spine checked because it's about performance. It's not about sickness and disease necessarily. Chiropractic, it's about ... That's why we take care of kids and babies, the ones who are challenged with issues, but I delivered, like yourself, I delivered my babies at home, my Bell and my Juliet, with a midwife supervising and I checked their spines immediately.

They've grown strong and healthy over the years here and that's it. It's really bulletproofing our kids first but chiropractic has the ability of bulletproofing you in a way to really prevent many issues down the road; to give you a great quality of health, great quality of life now instead of ... Be proactive instead of reactive. Be open-minded, this program that we just recorded may have presented a lot of new points, new ideas and paradigms, maybe challenged some folks out there.

All in all, I think the greatest thing is for you to be open-minded to new ideas, new concepts and that's the only way you can learn and grow. Then I think one of the greatest ways to ... Develop a strong purpose in life. Because more than anything, that's going to get you up in the morning, give you energy, give you focus I think more than anything. Like yourself, you have a strong purpose, you want to reach the world with a great, great message and great company and it's helping so many people.

It's energizing, so find a very strong purpose serving others and improving and adding value to people's lives. I think that's one of the greatest ways you can biohack.

Dave: Thank you and Deed, what do you say?

Dr. Deed: That's awesome and I know you said 3 but I've got a 4.

Dave: All right, you get a bonus one just because you've written 100 papers. Every 100 papers, you get 1 extra.

Dr. Deed: This is the culture that I've set up for my office. When I train chiropractors, this is my culture. Number 1 is better posture, better spine equals better health. That's number 1 for me as a chiropractor. Your spine and posture dictate the health of the human body. You look at somebody, "Yeah, thanks for sitting up straight guys." You can look at somebody without even knowing them and you'd judge them instantly on how healthy they are just by their appearance, so better posture, better spine, better health. That's 1.

Number 2 is you are what you eat and this is a huge deal. You guys have both touched on this. If you don't feed your body the right type of fuel and put in the right types of nutrients that are missing, your body is not going to heal, so nutrition and diet, huge role and lots under that umbrella of course. Number 3 is if you don't move, you lose. People are so damn sedentary that a lot of things we see that are health disorders, it's simply because your body is breaking down due to lack of proper strength, stability and movement. You've got to exercise, you've got to do it.

Then number 4 for me is you've got to focus on your personal and emotional needs. What that encompasses is lifestyle relationships, personal time for you, for your friends, for your family and connecting with other human beings on this planet. You know that when you're in a crappy mood, if somebody comes to you that's in a great mood, they pick you up instantly, they do.

Conversely, you're in a good mood, somebody is in a crappy mood, they can also bring you down. If we all try to resonate at a little bit of a higher energy level, things will improve and will be better.

Dave: Very well said. Now, for listeners who are interested in checking out more of what you're doing in each of your clinical practices, Dan Yachter, what is the URL they should go to?

Dr. Dan: They can go to elevationhealth.com or they can reach me directly at dryachter@gmail.com. It's D-R-Y-A-C-H-T-E-R@gmail.com.

Dave: Now, you realize a quarter of a million people are listening to this. Are you sure you want them to email you?

Dr. Dan: Well, actually, we could edit that and just put Dr. Deed's email in there but ...

Dave: Like-

Dr. Dan: No, I don't mind. It's all good. I'm here to help folks and we could screen them out if we need to [inaudible 00:56:45].

Dave: All right, you're going to want some help with your email if you get it.

Dr. Dan: I do have also one other resource to anybody out there, any parents out there who want to learn more about chiropractic pediatrics, what it can do for kids, how it can help performance case studies, more research, additional references, icpa4kids.org. ICPA, it'll be number 4, kids.org. It's a great resource for folks to get to, especially parents with kids.

Dave: Thanks, and Deed, Deed Harrison, what's your URL?

Dr. Deed: Yeah. I would really love the listeners to go to idealspine.com, so ideal, I-D-E-A-L, spine, S-P-I-N-E.com. That's a resource for both chiropractors and for patients. There's a consumer side to it and they can see some nice information about what chiropractic biophysics is all about from a holistic treatment approach.

Dave: All right. If you enjoyed today's show, go to one of those URLs and if you didn't get those, don't worry about it because the transcript for Bulletproof Radio is available for free on bulletproofexec.com. You can read everything we said, it's entirely searchable and you can click on any part of it you like and it will take you to just that snippet on YouTube, so you can actually hear that part of the conversation that you found.



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It's one of the first interactive transcripts that was even available on the web that we pioneered that technology. It's coming along nicely where you can just find all this information in any way that you absorb it best because it's really important that you be able to see it, and it includes the URLs that you can go to. I'd also love it if you checked out where we are on iTunes and just click the lever review and say what you think about this show.

That really, really helps and it helps other people find the show as well. We're regularly ranked number 1 on iTunes in the health and fitness category, and I'm not going to stop till we're number 1 ranked on iTunes, period. When we get there, I'm not going to stop either because I'm having fun and because the feedback that comes in from the show, I know that it's helping literally millions of people.

I mentioned a quarter of a million of you may have listened to this episode. That's just in the first month or two; pushing now 25 million downloads of Bulletproof Radio. This is reaching huge numbers of people and it's helping them and they keep listening because it works. Thank you for listening, thanks for your time today. Hopefully, you got some really valuable stuff from the show and I look forward to seeing you on the next one.