



RAY EDWARDS

Ray Edwards Show, Episode 379

All About My Health

- Speaker 1: [00:00](#) Ray Edwards show episode 379, All about my health because everybody wants to know about my health.
- Speaker 2: [00:10](#) The Ray Edward Show. This is the podcast for prosperity was purpose. So today's episode is a little special.
- Speaker 1: [00:20](#) We got Dr Gusset Vickery on is our guest and now all of us can be here for the interview. Sean, what have you got to do this? So important coffee shop. Is that hard? I mean put the filter and you put the filter back. Can you pressed the button? You make the coffee? What's the big deal? It's fine. We should do an episode about the coffee shop at the coffee shop. Then that will be fun noises at the coffee shop in the background. We should ask Katie what she about the way you run the coffee shop? Huh? Not. That would be a fun episode. Oh, that's going to happen. Oh boy. Today today's going to be about health and we're going to talk to doctor Gus and just to give you a kind of a preview of what the discussion is. He wrote a book called Authentic Health.
- Speaker 1: [01:08](#) I'll tell you more about it, but actually did a bunch of tests. I'm gonna have him talking about my specific test results. That would be cool. I don't really know what he's going to say exactly. I sort of know what he's gonna say, but he could say something. I don't expect. We'll find out. Adrian road, coffee shop podcasts on the whiteboard. So now it's real. So it has been written. So shall it to be done. I don't think Katie will be, I don't know if she'll feel free enough on a podcast. I'll talk to her. She'll be fine.
- Speaker 1: [01:37](#) I think she's hoping she won't feel, I know you are. That's why I still want to make it happen. It's going to be fun. On the other hand, she might relish the fact of, so before we get into rather nervous, he does, doesn't he? I don't see him like this very often. This is actually been pledging allegiance, actually him being nervous and kind of blushy. So, um, before we get into the whole health discussion, let's talk about, um, health in general. There's so much health advice. There's all these books. There's books that say like, don't eat carbohydrates, they're bad. There's books to say, don't eat protein, it's bad. There's books. They don't eat meat. It's bad. There's, then there's the Paleo diet is meat. It's all bad. Just be a breath area. I

just eat air. There's actually a group that does that. Yeah, I know.

Speaker 1: [02:21](#) Breatharians, right theory and they don't really do it because if they did they'd be dead. Yeah. So they're lying to us. Right. But how do you sort out the good information from the bad and I think doctor Gus has an approach that is I believe, kind of unique and it makes a lot of sense. And that is our bodies are different. They're constructed in the same basic plan, but they vary and you should test your blood chemistry and your mechanics of your body, your hormone levels and treat yours here. Health according to how you're actually built a test for hormone levels and yes, he doesn't have blood test. Yeah. So we're

Speaker 3: [02:59](#) going to go through my blood test and we can, you can ask him that question when we, when we interviewed him and just a short one word or two and now how our feature presentation, how did we meet, how we met through an email I received from somebody who I had no idea who it was and I have no idea who I ever ended up on that list, but it was touting gear services as caught up for copywriting education. And at the time, I think I've shared this with you, it sounded terribly boring to me and I had no idea what copywriting was and nor did I think I had any interest in it. But nonetheless, I ended up watching the little pug video just because I was curious. I realized, wow, wait a second. This is how you communicate with people so that they take action on what it is you're communicating to them.

Speaker 3: [03:45](#) And I thought, now that's a skill I could use because as a practicing physician, I'm always trying to get people to take actions on whatever it is I'm communicating to them. And I had just written this book that we've talked about. I wanted to communicate why I wrote that book more effectively. So I followed that lead and sign up for your copywriting academy and watch the videos and kind of learned what I could. And then you offered an opportunity to come be with a small group in Spokane and I spoke with you on the phone and told you what I'm doing and you said this could be good. And I did. And I came and then I got to hang out for several days with a great group of people and you and uh, learn and that setting, um, how much I didn't know about communication, writing, et cetera.

Speaker 3: [04:28](#) Even though at that point I was a published author and from there decided to jump on board with your mastermind and continue to get to know you even better. And then you did this crazy thing and invited me to come have dinner with you and Ben Greenfield, who I'd never heard of. I can't believe I've never heard of him. I know I

was surprised as well because you're, one of the things I learned about you quickly as I followed your podcast is how open you are about some of the health issues you've experienced and your own health transformation regarding some of the dietary principles you've embraced, the weight loss, et Cetera. And you know, some of the things you would allude to, it would be in the sphere of biohacking. Something I study and I happened to know that probably the one of the world's most prominent biohackers is a guy named Ben Greenfield who I know personally and who happened to live in Spokane.

Speaker 3: [05:12](#) And I had, I only know two people in Spokane, Washington. And that's him. And you and how on earth, the only two people I would ever know from Spokane, both have personal platforms, podcast produced content for people in two different spheres share the same spiritual foundations. And I thought for sure you must know each other and if you didn't then perhaps you should know each other well. And we should. And I'm glad we do. I, I looked at him up after I agreed to go to dinner and I saw some of his pictures online. I'm like, oh, we're going to get in the hot tub with this guy. Yeah, I know there was an exercise in self confidence. Absolutely. And for me as well, because I've known Ben Greenfield, well who is except for, but yeah. So anyways, so we, we had the beginning to our, then I read your book.

Speaker 3: [05:58](#) So let's talk a little bit about the book. What's the book about? What is, what's the general idea of your book? And it's called authentic health and has a really long subtitle, which is the primary value proposition. It's all about, you know, how to lose, well, it's the definitive guide to losing weight, feeling better, mastering stress, sleeping every night, and enjoying a sense of purpose. Come on somebody. That's good copy. Yeah. So the authentic health was like my contribution and then the publisher actually knows how to sell books that a subtitle on there. So I learned a little bit more about value propositions going through that process. But nonetheless, that's the book was it did encapsulate this subtitles. I, as a primary care physician, I had just observed how many people are sick and sick and uh, unnecessarily that they have been trained into a state of learned helplessness.

Speaker 3: [06:46](#) They believe that metabolic conditions or just things that happened to you that it's just normative because every other 40 or 50 year olds they know has blood pressure, medicine, diabetes, medications, depression, medication, sleeping medications. And my own study of the human body and my own diving deep dive into understanding health and human performance was that the body is actually quite resilient, strong and capable of giving you an outstanding experience of life, relatively free of

disease beyond, uh, other than those things you couldn't have controlled for that may happen to you. So I began to study it more intensively root causes of disease, nutrition, behavioral change mindset, et Cetera, et cetera. How the mind works, how you create new habits, neuroplasticity, sleep, circadian rhythm. And I began to teach this to my patients and it's a working, I've learned more and I would reference books. They wouldn't read the books, they'd come back, they were still sick.

Speaker 3: [07:36](#)

And I finally realized what they're saying is, would you please tell us this information? And so I began to summarize it. It was going to be a pdf that I would write for my patients, but it became a full book. And I really tried to simplify the message, write it in a very common sense, uh, uh, narrative that anybody could understand and take an enormous amount of material and learn, earn and practical learning as me hands on with patients plus deep dive into research and create one small, relatively small book that anybody could read and that would tell them the truth about health. And if they would just follow a few key pieces of information, they would begin to experience health transformation. Can you succeeded? I think it's a, it's a very readable book and very informative. Could you kind of walk through what the major pillars are of the premises of the book?

Speaker 3: [08:22](#)

You know, the last chapter is actually one that I believe is the most foundational and my favorite and this on purpose because I believe that having a sense of meaning strong attachment to our life because we have a sense of meaning and they, and then you can have different meaning and different domains, but ultimately that you're very strongly attached to your life and your reasons for being here informs everything else about all of your other decisions. And in my experience as a physician, those individuals who had a strong sense of calling in their life, strong valuation of relationships and uh, or you know, any other important, they tended to self correct if something was taking their energy or taking their health from them. They just needed the information and they would take the action because they were not going to give away their health and their energy to something that they could prevent so that they could continue to live out their purpose.

Speaker 3: [09:11](#)

So I started from that perspective that we all have reasons for being here. We're designed well and were designed specifically to our time to do what we're supposed to do. Then I really got into the mindset aspects of health. Because most of what I see people suffering from the diseases they're dealing with, most of them are directly attributable to the halal choices, but they're not really choices. People made in a conscious way. They're

nonconscious choices things they were trained into early in life and they don't really understand how their nervous systems were formed, that there's a reward system that's more primitive and more powerful than their higher thinking systems. And that if they don't learn to master their own thoughts, feelings, and emotions, which there's a way to do, and it's not as, it's a simple formula. It's just not easy to put in place because it takes an enormous amount of effort that they could actually be getting into, retrain their brains, really stoked the desire for health and what it gives them, and then be able to re automate their habits.

Speaker 3: [10:08](#)

So there are always choosing the habits, the support, good health. So it starts with those aspects, how you retrain your brain in very simple ways. How you understand your desires moves into willpower and understanding how you can be in to overcome the cravings and urges that are keeping you trapped. Then stress using simple cognitive behavioral and mindfulness and breathing techniques to diffuse stress responses and turn that off so you're not just choosing from a sense of fear and anxiety, which will drive you to make choices that don't really support your best health for us. Yeah, there you go. Sorry. Yeah. Excessive alcohol and nicotine, opiates, new name it, you know, porn, whatever, whatever. We'll give you a brief with the dopamine and it help you escape feeling uncomfortable, um, which is killing us. Where our era or distance ancestors just didn't have access to concentrated stimuli that just overpower human reward system.

Speaker 3: [10:59](#)

They just couldn't do this to themselves. The way we're able to in the marketplace profits off of the inso do pharmaceutical companies. So you teaching people to owner's manual or their mind in a very simple way and how they, if they'll apply a simple practical paradigm, the structure to examine their thoughts, calming stress responses that they could actually begin to basically install the programs on their mind that take them where they want to go. Yeah. Can I just go back to something you just mentioned, cause I wanted to touch on this because I, this is something that I struggle with. Um, pharmaceutical companies. There's a whole movement were those companies were referred to as big Pharma and there's kind of a conspiracy theory that they don't want to cure diseases because they don't make any money on diseases. The Cure, they can't get a trademark on an apple, so they're not going to tell you just eat an apple.

Speaker 3: [11:46](#)

And yet, so I hear all that and it makes sense to me. And I think in some cases it's probably true. But on the other hand, other pharmaceuticals I depend on to be able to

function and I'm so thankful for them and I'm so grateful for the doctors, the scientists who invented them and who makes them available and they make it possible for me to live a mostly normal life. So help me out. Gus is are they Machiavellian Evil Corp out to make us sick so they can make a fortune companies or are they here to help us with medicine? That's good for US companies, which is as well as actually in the middle as you would imagine. And there are some that are a Italian companies with this, you know, there are of course read the recent individual who kind of balled up patent rights to specific drugs and then priced them out of the marketplace.

Speaker 3: [12:30](#)

That's not truly a research and development pharmaceutical company, but overall, no, they're just offering products to the marketplace. They're trying to offer solutions to people who have problems and their solutions can be helpful. There are certainly helpful for managing symptoms associated with conditions we may have. And so I use pharmaceuticals. I met MD, I'm a medical doctor and most of the people I saw in my clinic today required some form of prescription. Most of them do have a medicine. It might be for their blood pressure, their diabetes, to help them sleep, to feel better, whatever. I'm not opposed to using this, but they're not a substitute for the pursuit of your actual health. That's where the confusion arises. When you come to your physician and you're diagnosed with diabetes, type two diabetes, and you've slowly been gaining weight and essentially what your hand is a pharmaceutical and a high carbohydrate diet from the American Diabetic Association.

Speaker 3: [13:24](#)

No, I don't even understand that. I don't know how that happened. So then, so then we have an issue because we know that for a fact that even if you have strong genetic determinants for type two diabetes, the diabetes is a preventable and reversible disease if you understand what to do, and most patients don't want to have diabetes, they don't like the idea of it and it makes them feel bad, but they're not really being taught a paradigm of change that will reverse the diabetes. They're not even told that is possible for the reverse them. So they're managed with a pharmaceutical algorithm that always escalates and is simply slows the velocity of the disease in their body rather than curious the disease. Are the medications helpful? Yes they are. They absolutely will use them. But I want to teach people how to give their body the pieces of information that needs so that it can actually restore health and and give them back health.

Speaker 3: [14:16](#)

Because when you truly resolve the disease, you feel so much better than what a pharmaceutical and can give you. So they are useful tools to know the pharmaceutical

companies. I don't think that's an eagle conspiracy trying to keep us sick just so they can sell us medicines, but their job is to sell us the drugs, not to teach us how to be healthy. What about the doctors? Why? Why doesn't the doctor say, look, you have diabetes, here's all you need to do to change what you eat and get more exercise. I'll give you a plan to do this. Why is it so often the first line of defenses here, take metformin and call me if you don't feel better. I can't speak for every physician. I know a lot of physicians are doing the same work I'm doing tried to help reverse these diseases and informed people and inspire people.

Speaker 3: [14:57](#)

That's part of it is inspired them to change. I do know that at this point with the statistics that we see this epidemic of obesity and metabolic diseases that the healthcare system and public health officials feel a bit helpless to how they're going to reverse it. There's a feeling that people won't change, that individuals don't want to change. They won't change their eating behavior, but that's because we're not teaching them what the root issue with eating behavior is, which is their reward system has been manipulated and they're not conscious control of that eating behavior and then you help them restore that control. You don't just give them information. You teach them how they can begin to align their choices with their actual desire, which is to be healthy. You're not getting time for that type of dialogue and a visit. You're not getting that level of education.

Speaker 3: [15:43](#)

You're getting some perhaps some informational handouts and some basic education and then really, uh, and then give, being giving a prescription and insurance companies only cover a very limited amount of time to treat diabetes. They do not pay me a lot of extra money to spend an hour with the patient, begin to help them reverse their diabetes. They pay me a capitated rate based on a level of care, which really covers about 15 minutes and while that patient is there for their diabetes, they're not just there for that. They're there for the fact they can't sleep and their joints hurt and they have gastroesophageal reflux and their skin itches and any other host of issues and in 15 minutes it's doubtful you're going to be able to meaningfully address all those issues and teach them how to reverse their diabetes. Hence why I wrote that book and then we get into the what I think there is a conspiracy about making foods that are not good for us, but they're cheap to manufacture.

Speaker 3: [16:34](#)

They have a high profit margin and they're easy to create them in such a way that they can be addictive with salt and sugar and am I right or am I off base here yet? Yeah, you're totally on on this one and if you, you as you know from reading my book, I do not pull punches when it

comes to the food industry and its agenda and its contribution to not only the poor health of us, the adults, but our children and I go as far in the book to equivalent you to draw an equivalency between these foods and cigarettes as see them as similar industries. They've reengineered the product. That's what tobacco companies did. They change the Ph of the smoke by adding sugar to the tobacco. They hybridized it, they filtered it, they made it. You went from being able to use a little bit of the tobacco that you never could have been held into your lungs, which probably wasn't dangerous for you to being able to smoke three packs a day.

Speaker 3: [17:23](#)

That was purposeful and they knew when they change certain features that they would allow you to inhale the smoke to your lungs. She would deliver nicotine immediately to your brain. You'd get a much greater rush and be much more powerfully addicted to it. That was all purposeful. Well, the food industry has done the same thing with our food. They purposely reduced texture because texture contributes to reward behavior with the eating and also to reduce the chewability. They wanted you to be able to eat more food faster because you can override normal satiation function. That's all clear data that we know that was worked on. I sued chemist. In addition, they concentrated the flavors that they identified trigger the human reward system and control our behavioral responses, salt, sugar, fat, and glutamate. So that's why in the near future you might see a Oreo cookie with sea salt and Bacon bits on top of it because you throw in the, it doesn't.

Speaker 3: [18:10](#)

Sounds good then. Exactly, and actually what people say is, that sounds so disgusting, but I can't stop eating it. I'd definitely, and that's because they don't understand that their reward system that doesn't just respond to food cues is a primitive survival based decision making apparatus. And that system, because of this survival based decision making apparatus that works off of the feeling of euphoria, brief euphoria, it goes away quick. Um, it trumps our higher mind, our neo cortex where we actually make the decisions that are in alignment with our highest desires. And we know that when the reward system, this primitive system or fight or flight system, separate system that's still primitive, are activated, we simultaneously inhibit feed in from the NEOCORTEX, meaning we've lost our ability to choose simultaneously. It overrides normal satiation regulation and satiety regulations. So you can't, you can just keep on eating because at one point in the past, those flavors were associated with key sources of fuel and nutrients and we needed them.

- Speaker 3: [19:10](#) So our genetics were adapted to one specific set of inputs. And then the information has changed purposely to manipulate our behavior and take our money. This is why we eat an entire bag of sea salt, Caramel, sugary bacon, bit Oreo cookies. That's right. And it's why people can't change because they don't understand this truth when they do. And that's what I wrote the book. I didn't write the book if I didn't see results, what I saw in my practice that people were ready for this information. And the to the extent that they felt ready, they could begin to make changes. Just tiny changes. And as they did, it transformed their life. And as I saw the, and I don't want to saw the results, that's how people free of disease, not always losing all the weight cause we've tended to put all the blame on wait, that's the wrong focus.
- Speaker 3: [19:57](#) They would often lose some weight, but not all the way that they would restore health and they'd be free of disease and they would feel great. And when I saw that happening, I knew this was just the truth and people needed this truth. So this, this all rings very true for me. What about somebody who gets to a point in life where they just, they know they have a disease, an incurable, irreversible, degenerative disorder? What we're can that person do? As I'm speaking about myself, I'll just be clear. For those who don't know, I was diagnosed with Parkinson's in 2011 so I've been fighting that battle for those years now and then Gus and I met and we're working together on a plan. What can be done in that kind of situation? Yeah, so the first thing I would state is that everybody has a context of health and it could be that you're perfectly healthy and have had no issues influenced you.
- Speaker 3: [20:43](#) It could be that like a lot of the patients that I see that you're 40 years into your and you have 30 pounds of this real fat and some metabolic conditions that are totally reversible or you could have had accidents, trauma, genetic conditions are things like neurodegenerative disorders at an age you didn't expect. Everybody's got that context. The Re, if you apply the simple truths in the book on or Circadian Rhythm Function, get control of your mind and stress response is begin to feed your body nutritious foods, eliminate nutritional stressors, et Cetera, et cetera. Everybody's context of health will improve. It doesn't matter what they come to the table with, they will have a better experience of health. Therefore, a better experience of life if they honor those foundational truths. So that's ground zero. If you have a condition like yours and you're still eating all day long nutritional stressors and you're not getting enough sleep and you're being overrun by stress and fear, then all the bio hacking in the world isn't going to fix you.

- Speaker 3: [21:35](#) All the medications in the world aren't going to fix you. Ground Zero is give your DNA, your body back, the pieces of information it needs to express a healthier version of view, and that starts with the book because I felt like I pretty much summated that in the book. What people need to know is there, then you can go down to different rabbit holes and individualize it. The next step is individualization. Find out your individual data so you can really understand your own blueprint and then that can be corrected in a targeted way. And as your body heals, as you reduce inflammation in your brain and in your body and improve nutrient concentrations and help yourselves to function better and your Mitochondria to get healthy, not only will you experience better health, better energy, but you may then see some regression and some of these chronic conditions, some healing, which means that you're not just a helpless victim and it's just going to progress and that's it.
- Speaker 3: [22:26](#) You can probably stall how quickly it progressed is, and you may even be able to reverse it a little bit. I loved the, and can you talk more about individualization and kind of the work that you're doing and why you're doing it and why it's so important that people don't allow themselves to be categorized as if it's inevitable, the outcomes, it is absolutely important and the healthcare system is not giving you this right now at treats you as an algorithm, a population health algorithms rhythm and that's just how it works. It's not a conspiracy and it's not a criticism, it's just try it. How it, how it manages the health of billions of people with a finite number of dollars. So the healthcare system is going to tell you if you come in for a checkup, hey, let's make sure you're not hurting yourself doing stupid things.
- Speaker 3: [23:05](#) That's a part of health. Let's make sure you don't have sexually transmitted infections and that you can prevent them in case you're engaging in behavior that could produce those. And let's make sure your cholesterol and your blood sugar and your blood pressure look okay and you have vaccinations. That is a general approach that doesn't come close to approximating what real health is for an individual. So individualization is beginning to understand that you have unique genetics, unique history, unique environment that all have informed your body and it has created the version of you you're experiencing. And to the extent that you can understand what may be helping versus what may be hurting, and you can begin to modify, do more of this and less of that, you can actually begin to transform your health. And a lot of people will come to me this hassle pretty good.
- Speaker 3: [23:50](#) I think I'm okay and then we'll look at more data. This we do in my personalized health program and they'll quickly

realize, Eh, maybe I'm not okay. And that's because they've just gotten used to their new baseline. For the most part, their health issue is not functionally impacting them the way yours is affected you, right where you had to change. You had no choice. These folks are doing just fine. But what's amazing is we begin to correct it and we prove it objective. We see the improvement in these additional biometrics, but we that that subject, if they're like, I had no idea what I could have experienced, which is part of the challenge of what I'm trying to sell people. I'm trying to sell them on a value proposition they may have never experienced. They have no idea how much potential energy can be unlocked from their body and not just in the sense of physical energy, but mental, cognitive energy, this experience of life that could just flip your lid and take away your need for drugs.

Speaker 3:

[24:46](#)

And other substances as you begin to realize how incredible God designed us, what he made us to be, but we can't have the fullness of the experience if we don't have our health. I know I went off on a bit of a tangent there. I love it. I want to give you a big amen because it felt like you're approaching a good sermon. Yeah, good. So you know, we know that Homo Sapiens, we share 99.7% or so of our genetics, so a lot of what we need to do is very similar. It doesn't matter who you are, where you live, and what's happened. These foundational principles that support all, all homosapiens expressing their genetics and the best way are all very similar pieces of information. But that 0.3% can be a big differentiating factor. So one of the visual can come see me to get, bring me two individuals, both of them age 50 in both decide that they want a in more intensive engagement.

Speaker 3:

[25:33](#)

They want more information, they want a better understanding of where, how they can become healthy. I can look at, you can use a few different genetic markers, so few key genetic variance that will tell them things about their metabolic function, their risk of particular diseases in conjunction with, you know, a lot of extra via biometrics, metabolic markers, nutrient markers, inflammation, inflammatory markers, et Cetera, et cetera. One of them will have metabolic syndrome, they'll have high insulin, have inflammation, they'll have omega three deficiencies, et Cetera, et cetera. And they need a specific plant to reverse that. The other will have a completely different set of issues that needs a different plan to address it. All of them may have gone online and read, maybe I should be Quito, maybe I should be fast and hey, maybe I'm supposed to be a whole plant, you know, whole food plant based and they're just guessing and trying things and then waiting to figure out do they feel any better or not.

Speaker 3: [26:24](#) And they had no idea that actually we have really good, relatively affordable blood tests and genetic markers that can tell them exactly what they need to be doing. That's so important. And that's where we individualized. I think people read books or articles or watch a video or a documentary on Netflix. There's a lot of quote documentaries on Netflix that are designed to sell products. Um, nothing wrong with that I guess, but as long as it's disclosed. But anyway, people have symptoms and they think, oh, I've got this disorder, this disease or this problem and I'm going to fix it by eating this special diet. And they don't really know that for a fact. They're just, as you said, they're just guessing. So how, how far out of, I mean most a lot of people can't even afford health insurance. How far out is it to think that everybody could have access to this kind of information you're talking about?

Speaker 3: [27:11](#) I wish they could. It's a challenge. At the end of the day, there is a cost, a cost to getting this kind of information. And we're a long ways away from insurance companies beginning to consider covering this level of information. But it would make so much sense if they did cause people would get better in the insurance claims would go down and Yup, it does make sense. But here's the bottom line. Insurance companies are risk managers. That's the perspective they have on life and on people. Risk managers don't know how to manage human engagement and they don't know how to trust people. I'm not vilifying the risk managers. Their role is to manage risk. They see a big sick, unhealthy population getting sicker. They're going to try and manage that risk they had, but they have no idea what they're managing, their managing human beings, how we're choosing things.

Speaker 3: [27:56](#) And you know, it's interesting cause you probably would look at the investment portfolios have made these insurance companies and they're probably invested in foods and pharmaceutical and other industries. It is a very industries that are making their consumer base sick. Hey costing. And that seems confusing and they're not even seeing this. They're not even recognizing yet this very clear link, the tween goods and services that manipulate the human brain and control our behavior and what's happening in the disease where they're still looking at it as John can't make good choices for himself. So we need to police John. So, okay. So it's not affordable for everybody, but it's not as expensive as people may think is no, it's not as expensive. You know, there is a certain cost to the technology and the time, but comparative to what people might be spending on just their monthly cable bill and their data plan bill and the updates on their cell phones.

- Speaker 3: [28:44](#) It's really not that expensive. No. Your, when you put it that way, seems kind of stupid not to do it. But I mean if people don't recognize what health could be for them till I had no choice, it seemed way too expensive for me to do these kinds of things. So can we go into a little bit about uh, what, what do you want to kind of work you did for me and why we would do something like this and does everybody needs to kind of thing that we did or is this a little bit of overkill? I think everybody could use this level of testing, get some point, or at least at some interval in their life. The younger you are, the more likely that you're going to do just fine for awhile because your detoxification systems and cellular health, it has an enormous amount of reserve.
- Speaker 3: [29:24](#) But especially as an additional approach, age 40 and 50 this kind of information could be a major game changer for not only their health now, but their health in the future. Uh, and it's a lot like if you were to meet with your accountant or your investment manager and they will tell you that as you approach certain age it becomes imperative that you're paying attention to particular details or you're not going to like the future. You're going to walk into it, you know, depending on the attribute with there, it's your spiritual health, your relational health, your financial health. Well, I can clearly see that with health health that your actual physical, emotional, mental health based on how your body functions. If you don't start dotting i's and crossing t's, you're not going to have a good experience of life later. Your body's resilient. You can restore a lot of things and can still experience improvement, but you're losing opportunity to, to have the best experience.
- Speaker 3: [30:13](#) You could have. What we did with you, you know when we met and we went to Ben's house, we just started having a conversation, getting to know each other and we talked about your weight loss and you were shared with me how during that period of time you experienced uncontrollable hunger, like a crazy hunger and Adam began to explain to you about some ideas like Leptin, Adiponectin, and I didn't get too deep, but just that as you begin to lose weight, this area of your brain, the lip, a stat, and the hypothalamus that regulates energy balance and it's controlling that for you, that it's not that you're out of control while you are at it controlled, but it's, you'd never had control of that kind of hunger. And usually we're kind of like, Huh, that explained some things to me and I realized, right, you're a smart guy, you're educated, you move in circles with high performers, you pay attention to health and you read a lot of this stuff.

- Speaker 3: [31:01](#) You're an expert copywriter so you know how to read Oh under the bowl out and yet even with this journey you've been on that you still don't even really know. Some of this is just you know how to put the puzzle together for your own self. And after my experience with you and the time I had, I was very grateful for a lot of what you did for me in that time that I wanted to offer you an opportunity and I, and because I thought the work you're doing is important. We, I just, I decided to offer you, the guest of the console had said that, hey ray, let me order these blood tests on you. We'll see what these markers show and I can probably tell you that'll give you some good information that you can use to reshape your approach and not be so confused by this.
- Speaker 3: [31:43](#) Does that sound like an accurate, a remembrance of that went down lesson. So what do we do and what do we learn? Yeah, so you as the to the a kit to get all of the blood testing that I would order on a patient who was doing this assessment and you have agreed you've kindly agreed to share with your audience whether this results showed and we did a, that's the assessment looks at a lot of different categories. It looks at what we call your lifted cycle via something called particle distribution. It's not just cholesterol concentrations. We've looked at multiple markers of inflammation as well as a marker of oxidative stress called oxidized LDL. We looked at two key genetic variance. One's called Mthfr, the other is called apoe e because those are very important and primary cellular processes and can make a difference, especially with conditions site neurodegenerative disorders.
- Speaker 3: [32:30](#) We looked at key nutrient levels. The ones I'm most often find deficient, which is a good assessment of someone's nutrient balance and addition. We looked at cortisol, thyroid levels go nat or reproductive hormonal levels to look at how your endocrine system or your hormonal systems for signaling the body metabolically. We looked at blood sugar stabilization and the Loeb in a one cs and hormones like Leptin and Adiponectin and insulin that help regulate energy balance to better understand where you are on your weight loss process and how your current diet is working. And you know, all of that data together is a good comprehensive look at how was your body functioning right now. And then you put it together with the survey you filled out for me, explaining how you're feeling, uh, your history, any medicines or supplements you're taking. And then when we met and we walked through the static piece by piece so we could help you fill in any blind spots.
- Speaker 3: [33:22](#) So do you mind taking a look at some of the highlights of the most significant things you think we found and what

can be done about them? I'd be happy to do that. And just so you just want to say real quickly as you listen to this, this is not intended to diagnose or treat anything that you may be experiencing and not to telling you that you should do what we're suggesting that I ended up doing it. Dr Gross's, uh, instruction. It's saying you can get information specific to your body and your health condition and your answers may be different than mine, but still give you an idea of what's possible. Is that a fair way to put it, Gus? Absolutely. Everybody's data could be different. Again to Jay if you're looking for the simple formula that I wrote up based on my study and my work with people, including what I learned when I get to do this type of work, read the book, it's in the book, sign up for my blogs, I produce it all there as well.

Speaker 3: [34:09](#)

There's an enormous amount of free information I provide people. I regularly, uh, can accumulate case studies where a console like I do with ray and then I depersonalize it meaning, so the person's not identified and I'll produce that case study and I'll say, this is what I would have done for this individual. And that way if you can't find or afford this type of console can find that information because you'll learn a lot of what I would instruct you to do. The commonalities. All right, so let's take a look at all the good news I learned. Yeah. So overall, ray is a healthy individual because of what he's done for himself over the past years. Clean eating, intermittent ketosis, using fasting, all principals. I would regularly suggest for virtually anybody over the age of 40 as ways of improving health but done in an inappropriate cyclical fashion.

Speaker 3: [34:54](#)

What we found out was that his, uh, when I'm going to really focus on the highlights that his cholesterol was not too high. If anything, it may have been a little low for someone who has a neurodegenerative condition because cholesterol is a vital nutrients, not an enemy at the body. It's a vital nutrient. We need cholesterol for cell membrane integrity, steroid hormone synthesis. And cluster also is a major constituent of Myelin, which is coach your nerves and helps them to try and communicate. So you know how cholesterol is distributed. The body is incredibly important. And what we identified was that the good cholesterol was a little lower than I would like. And the overall cholesterol was probably a little bit lower than I would like. So we want to look at his dietary fat intake, not saturated fat intake but overall fat intake, but really it's cholesterol is not so much attributable to what you're eating as it is what, how, how has your body distributing lipids and we wanted to improve that so I wanted to see his good cost or I'll come up.

- Speaker 3: [35:46](#) The great news was we looked at four specific intravascular inflammatory markers as well as something called oxidized Ldl, oxidative stress and for someone with, for anybody, this is very important information. It might be the number one driver of any disease is chronic inflammation and oxidative stress burden. In race situation it's far more important because of this Parkinson's, because of the risk to more cell death. If he has chronic inflammation, the radius for ray because of his health, he attention to food and what he's doing. All those markers were positive. They were normal, meaning positive means they were negative. We couldn't measure act to them formation and that was the first place I was looking for. Right, because that is more than anything, something that has to be managed. If you identify it, it being present. He the genes that I checked, the [inaudible] gene is often referred to as the Alzheimer's gene.
- Speaker 3: [36:32](#) It is not an Alzheimer's gene encodes for a cholesterol transport protein that there are multiple variants of this gene. The forest felt to be the most ancient one and therefore most susceptible to damage from modern lifestyles such as industrial as fats, sugars and exposures. Excess has technology exposures, etc. Circadian Rhythm Disruption. The four is the one that is highest risk for that type of damage and can increase your risk of neurodegenerative conditions as well as other chronic disease conditions. Ray happened to be homozygous for the variant. Very important information. I think most individuals would want to know they're a boat he variant. Most don't because they think that it's the Alzheimer's gene and if they have a four very that means they'll get Alzheimer's. Not True. If you know it, you can then manage the factors that influence it. Anybody that has an API e four we immediately look at inflammation.
- Speaker 3: [37:24](#) We look at homocysteine levels, we look at key nutrient levels. I can make it. The reason we look at insulin resistance, so that's what we did for Ray. We doubt and on those points and we saw the inflammation looked good, but we also saw that homocysteine was high. Homocysteine is an inflammatory marker, but it's more than that. It's an indication of an impairment and something called methylation. I won't go into all the biochemistry that if you have have impaired methylation, then you has impairment and in genetic expression, energy approach production and detoxification. People who have a specific gene variant called the MTHF are, which makes me laugh every time I see it in writing. Yeah, I know. It's really funny isn't it? If you read into that acronym, Mthf are and you understand what certain variants are, you'll know that that that God in his wisdom, it's something really funny with that.

Speaker 3: [38:17](#) It is. In fact they have a variant. I happened to have the same variant is ray compound heterozygote and I also had elevated homocysteine, so I'm having to make the same adjustments. But this is incredibly important for somebody with an APO e four variant to understand because you can address this while a complex issue and methylation is this amazing process, billions of times a second. The actual correction is relatively straight forward. It's a nutrient correction and you just need to take a couple of key supplements and methylated folate, methylated B 12 check your B six levels and look at the balance of the food you're eating. It's an easy problem to correct even though it's representative of a complex process, but anybody who has those specific data points, those gene variance needs to go where their homocysteine. It's a critical point for someone to know ray with all of this attention to his health did not know he had an elevated homocysteine level.

Speaker 3: [39:09](#) Yup, Yup. But you can ask any doctor to order a homocysteine. They may or may not feel comfortable with it, with the interpretation, but that's it. And expensive blood tests and virtually I think everybody should have their levels checked and then it's pretty simple to know what to do with it. Also, another key nutrient deficiency for Ray Vitamin D deficiency and also the other was the Omega threes and something called cocuten. So what we saw with ray was this trend for these fat soluble vitamins and nutrients to be deficient along with as good cholesterol levels being efficient. And so when we see that pattern, we know that there's either an issue with the Diet or there's an issue with his body's ability to make and transport vitamin D or there's an issue with not getting enough sunlight. Well guess what? Almost every American has those issues in an a misdemeanor.

Speaker 3: [39:55](#) Every person that test is vitamin D deficient. If they are not taking a vitamin D supplement but be the recommendations are confusing cause population health studies haven't supported it yet. But I'm here to tell you vitamin D is a critical, critical nutrient. If our body was designed to get it from the sun, meaning we didn't even have to ingest it, it has a strong influence on the health of our mind. All right? Just think about that. So you should have your vitamin D checked and you should probably consider supplementation if you're going to do that. And there's a form that you needed to have in d plus k two it's beyond the scope of this to get into. But we saw the vitamin D deficiency, coenzyme Q 10 which is a critical cofactor in producing energy in your mitochondria will contribute to mental fatigue and physical fatigue and your body's ability to manage oxidative stress burden by do we sell the Omega three deficiencies, which was a critical deficiency for Ray.

- Speaker 3: [40:45](#) Seriously low. Um, and, and if you stop on those data points right there, if you have any chronic disease but especially a neurodegenerative condition, what's your thinking about your mitochondrial function? Your Mitochondria need to function well to improve cellular health. And also you need to have adequate levels of antioxidants to manage oxidative stress. Bird. And in the case of Ray, when you see a high homocysteine, a low co Q 10 you know that they're from Mitochondria are probably not getting the benefit of optimal production. So by targeting supplements to these levels, we're able to improve mitochondrial function and hopefully improve how race hills. A great news is we can remeasure, these are objective measurements. These are, we're not just guessing here. We know these need to be improved and after three to four months we get to recheck the levels, improve. What he's doing is improving it, which it will because I know it will.
- Speaker 3: [41:37](#) So we address these key nutrient deficiencies that ray had no idea that he had that could have a strong influence on his, not only as neurodegenerative condition, but his overall health and how he fills out. Some of the good things is cortisol levels look good is thyroid functions look fine. Reproductive hormones looked good, liver, kidney function, all of these basic assessments of health that would indicate he's trying. He really is making an effort to eat nutritious foods and manage help. All of those were in order, but when we it not, but the in one other area that still showed issues, but that actually is probably substantially improved with his metabolic functions, and this is one of the major areas where I was always find issues even in lean equal because they don't get this level of check. They get a blood sugar, it's under a hundred they're told they're fine, that's it.
- Speaker 3: [42:24](#) Or it's 102 and they're told don't worry about it. It's fairly elevated. But actually I'll check this individual, but some we already see high insulin, low adiponectin and an elevated hemoglobin a one c they're on track to diabetes and they don't even know it. And they're at a stage where it's imminently reversible, which just a few tweaks. So the greater the data, the better raise. Fasting Glucose was 78 that's exceptional. It's a great fasting glucose. His hemoglobin a one C was 5.3 nowhere near prediabetic, but I would wager it would have been prediabetic a year or two years ago. So right now we look at that data, we're like great. His glycemic variability as well controlled, which is a very important thing for longterm health. But then we look at some other metabolic markers, they'll leptin and we talked about that rate helps regulate appetite and energy balance while it was a little high, only a little high, not majorly high.

Speaker 3: [43:15](#) That's great news because ray did have leptin resistance. I know it from what he told me, and I know it because it's still actually a little high, but compared to what it probably was, and I'm speculating, I bet it was 70 or 83 to four years ago. So there's a process if I no longer have the urge to go in the middle of the night and ripped the door off the refrigerator and he did everything inside of it. Yeah. So He's been through his lifestyle change. She's been resetting his lip, a stat, and his body is now accepting his new weight is a appropriate baseline, which means it could lose more weight if it needs. If he, if he continues on this path, it'll lose whatever weight the weight it needs to lose weight. But it had re, uh, those stages just tried to force his body to lose weight.

Speaker 3: [43:56](#) Like, I'm breaking through this plateau. I will not be stopped. This weight is going to come off of me and I'm going to reduce to 600 calories a day and I'm going to exercise in the gym every day. He would have crashed and burned. And because he had a history of obesity, he would've blamed himself out, lack willpower, and can't control my appetite. That's what got me here. Or at least willpower when it comes to eating behavior, not other areas of life, which always falls on me. Yeah, exactly. Exactly. I know. Well, it shouldn't now that you know that the reward system and manipulation of that, right. Cause we don't have willpower wants the reward. What's the reward systems? It's games off willpower's gone. You got to go to plan B. Right, right. Yeah. But um, the uh, we know that when, if ray had tried to force that he would have crashed his body.

Speaker 3: [44:40](#) He would get blamed himself for the problem. He would have just given up. Instead of understanding what was happening. His body had been regulated to a new baseline homeostatically. He now operated in new baseline and part of this brain that regulates autonomic function said, this is where we ought to be. This is the amount of fat we should have. This is our energy balance. And as you begin to change that equation for your body, it begins to one a balance back unless you do it the right way, which is totally doable, but you've got to have the right information. So when we look at this, we see most likely ray has made an enormous amount of correction and metabolic function. It's definitely improved. The one thing still hanging out there was insulin fasting insulin was 13 ought to be closer to a seven or an eight maybe even a five or six that's the one indication there could be a tiny bit of residual insulin resistance still hanging around for Ray.

Speaker 3: [45:31](#) So He, the Guy Sema control is great. We've controlled that variable that the body is still slowly getting back to the healthy baseline it needs to through what he's doing.

So my recommendations for Ray, where to continue his current approach to eating, where he's using sichlid Keto and fasting, but eating adequately, not under eating and when he's consuming carbohydrates, using those that are natural whole food, carbohydrates that are rich in fiber and nutrients and I believe that six months from now we'll see insulin lower left him lower in a year from now when we retest wheel, it could be another year and a half. It can take time, but I'm confident with this current plan, he'll reach a point to where the metabolic column is all green and there's nothing of a harm in that area, so that's pretty cool to see. But you can imagine some of my patients who come to me and they can't lose weight and they're stuck, how that category can inform how we move forward, because I never take someone with massive insulin resistance and Leptin resistance and placed them on a low calorie diet.

Speaker 3:

[46:30](#)

It will not work. You have to correct the hormonal balance first, which you do through proper eating, not under eating. And then as we correct it, then we can use targeted calorie reduction to help them lose fat mass over time. But just correcting to proper eating often they never have to lower calories because the body will slowly lose this weight. What I, it was a lot. I know what was good cause what I love about this is it's not guesswork and it's not, you can't, even if I feel better six months from now, you can't say, well this is a placebo effect. We have measurements, objective measurements where we can look and say, no, these factors are improved. So this is why he's feeling better, looking better, has more energy, et cetera. And I love this. I believe in, there's so much that I actually bought this kind of consultation for my entire team and it's um, I tell people now that I have a, how do I say this?

Speaker 3:

[47:18](#)

A health optimization medical doctor who helps me optimize my health, how play that role. So I love playing. Talked about this, this service that you do offer for those who are able to afford it. Um, I know that not everybody can pay to have your books, they have your blog and other information you provide. But if somebody wants to service like what you just described you're doing for me, what does that look like? Yeah, so it's, if it's very similar it areas, I use the comprehensive blood testing. I have people fill out a survey so I can understand who they are, what their goals are, what their issues are and their genetic history to the extent that I can get it, cause I, I can then understand better where I'm going to go, uh, with my diagnostics. And once I can look at that information and I will have them do the blood testing, the company that I use can arrange for that to be done wherever a person is.

- Speaker 3: [48:06](#) And then I get that data back and I take some time to process the day. Then the light of the information they've sent me and once I have my mind around it, I'll meet with them. Virtually. Most of my patients are forced here in my region and they meet with me in person in my office, but otherwise I'll meet with a person virtually and we will walk through the data, usually over about an hour and a half. It can take longer depending on how much we're unwinding. And then I like I write him a summary letter that explains our findings, have tried to simplify everything and make it really easy to understand and I tell them the specific action steps we're going to take and those action steps include what supplements they probably should be on it because we know they need them, not because I don't sell any supplements, I tell them where to get them, what we need to do for Circadian Rhythm Function, what we need to do for exercise.
- Speaker 3: [48:51](#) And in some cases that have high performers that I make exercise less because that's the intervention they need. They don't need more exercise, they need less exercise and they need more rest and, and then I coach them on their nutritional paradigm as well. Am I teach them how to use fasting or how to rate lower carbohydrate or they could be someone who wants to go plant based. It doesn't matter. Whatever the nutritional paradigm we think they need autoimmune Paleo. If they have auto immunity, I'll coach them on that program or give them a resource that'll take care of it. Also, we might identify additional diagnostics. In some cases I might want them to consider screening urinary neurotransmitters and salivary cortisol because we may want to look at that balance as well as something that we can correct cause that could have improved sleep stress, mood, help them get off a psychotropic medications and a graduated healthy way.
- Speaker 3: [49:39](#) Um, in addition, there might be some biohacking to the extent that they're open to it. Photo biomodulation, infrared sauna, cryotherapy, pulsed electromagnetic field generators. You know, the list goes on. It's whatever, how deep they want to go down the rabbit hole. Depends don't damn, but I can call down some holes if they want. So you know, and people can work with you even if they're not in Asheville, that can work with you virtually and you can do the same kind of program. Yes I can. And then the goal would be of course, once we understand that baseline, I can do a onetime consult and just tell them where they stand and what they should be doing. Uh, it's more fun when if we know we have issues that about every four months we can reassess the biometrics and measure change and then maybe meet again and adapt the plan.

- Speaker 3: [50:19](#) And that gives me a little bit more engagement. People who participated that are participating at a higher level because they're participating in coaching, not just the assessment. And along with that comes, you know, some email access so that we can banter back and forth about stuff. And Yeah, I'm working on things like including monthly meetings where whatever I've been learning about that I think could be interesting to the people who are into health optimization could go, I've with me and actually learn the technologies that I had no health benefit. And also ask me questions really. That would be awesome. Yeah. I think, I think it'd be a, you know, the people who were in this program, most of them are truly into experiencing their best help. They may sign up cause they need to reverse a lot of conditions, but once they begin to have the experience, they just stay on the journey and they want to know more.
- Speaker 3: [51:06](#) They want to know what I'm doing, they want to know what I've learned. Because as you know, ray, my hobby is just is to learn. I don't do all of this because I'm so professionally driven. I do this because this is what God made me to do. I just love to read books and to study and learn about health. And I do it as much for me and my family is for anybody else. Yeah. Yeah. And I encourage anybody who has even a mild interest in doing this to get in touch with Gus. How do people do that? How do they get in touch with you about this? Um, we're going to give you a link that they could use if they're interested in more information. And so it seems to be in the show notes and if they click that link, it'll take them to my website, into a page that is specific to the virtual program.
- Speaker 3: [51:46](#) What are the details, what does it cost? And then if they're interested, they'll be able to fill out a form and we'll be in touch. I highly recommend it. I get no kind of commission or kickback or anything of this. I'm just doing it because once I discovered this, I felt like, oh my gosh, everybody needs to do this. And it doesn't matter if you feel like you're totally well and you want to stay that way, then you should do it. If you have a problem like I have a problem, you can, no matter what your problem is, you can still experience your best health. So the question is, would you rather be continued to decline or would you rather experienced the best you're capable of experiencing? The answer is obvious unless you're an idiot. So go to the link in the show notes and for God's sake, get Gus book is called authentic health. You can get it on Amazon. It's a, it's the bargain of the decade. Gus, thank you so much for doing this. Thank you for your friendship and the opportunity and the opportunity to help you with your health. It's just a great privilege for

me. It is for me as well. It means a lot to me and I love you like a brother and a hope. See you soon.

Speaker 1: [52:39](#)

Same thing to you. Great interview with Doctor Gus. He makes us smarter about health. That wraps it up for the show. Shawn, close us in prayer. All right. This is my prayer that you would subscribe to the podcast mine to test the writer. You would leave a positive review on iTunes and if you would like the show notes or whatever else who might be offering with this podcast, go to [inaudible] dot com four slash three seven nine three seven nine okay. Enough of this ridiculousness. We're done. Goodbye Kay. Bye. Feed her saying goodbye.

Speaker 2: [53:16](#)

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