



The logo features the name 'Ray' in a large, black, cursive script font. Below it, the name 'EDWARDS' is written in a bold, black, sans-serif, all-caps font, with each letter spaced out.

EDWARDS

Ray Edwards Show, Episode 462

How to Come Out of COVID Healthy, Wealthy, and Wise

Automated Speaker (00:00:01):

Ray Edwards show episode 462, How to Come Out of COVID Healthy, Wealthy, and Wise: Authentic Health from Dr. Gus Vickery. This is the podcast for prosperity with purpose.

Ray Edwards (00:00:21):

Okay. The secret is about to be out. We are not socially distanced from each other.

Tiffany Laughter (00:00:27):

No. We are about four feet apart.

Ray Edwards (00:00:29):

And I'm okay with it.

Tiffany Laughter (00:00:32):

Me too.

Ray Edwards (00:00:32):

I am, frankly, I understand all the arguments about why we have been doing what we're doing. I'm over it.

Tiffany Laughter (00:00:40):

I am too. I mean, once they started closing the beaches and stuff, I was like, "Um, how about no?"

Ray Edwards (00:00:46):

What's hard to understand is, why is it okay to go to Costco and go to target and go to Walmart, where people are like two feet apart?

Tiffany Laughter (00:00:56):

Everywhere.

Ray Edwards (00:00:57):

And they're putting their hands, their grubby little hands, all over everything, but it's not okay to go to the park or the beach.

Tiffany Laughter (00:01:05):

Yeah, where it's easy to social distance.

Ray Edwards (00:01:06):

Or the bookstore, I don't know if you've ever been to a bookstore, but people don't tend to crowd up against each other in a bookstore, or TJ Maxx, et cetera, et cetera, et cetera.

Tiffany Laughter (00:01:18):

Yeah, it really makes no sense.

Ray Edwards (00:01:19):

Let's move on. And I hope Governor Inslee enjoyed his time in office.

Tiffany Laughter (00:01:28):

Amongst other governors.

Ray Edwards (00:01:29):

Yes. It'll be an interesting political year. I'm glad I'm not in politics,

Tiffany Laughter (00:01:35):

But what an interesting time to live through, frankly. I mean, looking say we're five years ahead. Looking back at this. This is hugely historical.

Ray Edwards (00:01:43):

It's big, yeah. It's big, it's like one of the biggest moments in history ever of any kind, and we get to live through it.

Tiffany Laughter (00:01:50):

Yeah. And experience as an adult. I mean, I can't imagine what my kids are going to say.

Ray Edwards (00:01:54):

They're going to be like, "That was so fun. We got like a summer that was nine months long." Well, okay. But hopefully, we'll be back. The rumor is they're going to start relaxing some of the restrictions within the next couple of weeks, and we'll see. And then meanwhile, I've noticed more and more people in more and more places like they've decided already,

Tiffany Laughter (00:02:19):

They're done.

Ray Edwards (00:02:20):

I'm done. And restaurants. Please, God, let's open up the restaurants.

Tiffany Laughter (00:02:25):

Oh yes. Although we did order from Grub Hub the other day, it was really good. We got it from Cosmic Cowboy, which is weird because it's like an organic type restaurant. It was super good. It was really expensive.

Ray Edwards (00:02:39):

Cosmic Cowboy?

Tiffany Laughter (00:02:40):

Yeah. You guys should go there. It's super good.

Ray Edwards (00:02:42):

Do they have shrooms in their burgers?

Tiffany Laughter (00:02:44):

They might. We didn't order a burger, though. Troy got a steak, and I got a delicious salad, and then they had brussel sprouts, and it was just really good.

Ray Edwards (00:02:51):

Speaking of steak, our friend Mark Gusman who has a cattle ranch in Colorado, is sending us some steaks.

Tiffany Laughter (00:02:59):

Are you kidding me?

Ray Edwards (00:03:00):

No.

Tiffany Laughter (00:03:01):

He has a cattle ranch.

Ray Edwards (00:03:02):

Yeah.

Tiffany Laughter (00:03:03):

Does he distribute to places or just?

Ray Edwards (00:03:05):

I think locally or regionally. I don't know exactly. He just offered, he said, "Would you like me to send you some steaks?" I said, "Yes."

Tiffany Laughter (00:03:13):

How many is he sending you?

Ray Edwards (00:03:13):

I don't know.

Tiffany Laughter (00:03:14):

Let me know. And we'll come over for dinner.

Ray Edwards (00:03:15):

Okay. Is that allowed? Oh, we don't live in Michigan.

Tiffany Laughter (00:03:19):

Yeah.

Ray Edwards (00:03:23):

Oh my gosh. So, we've got a guest today. Unfortunately, you weren't able to be in on the interview. That would have been cool, but you know, Dr. Gus. So, I kind of put him through the wringer and ask him all the questions like, is this crazy? Should we have been afraid? Should we not be afraid? What should we be doing? How long is this going to go on? Can you please God do something to change this? And he

answered all the questions and in the way that he does very calmly, very knowledgeably and very sensibly. I mean, he said things that will probably piss people off on both sides of the equation, but it all makes pretty common sense to me. And it all boils down to what can we do individually? Because there's a lot of stuff I would change if I could do it globally, but I can't because I'm not in control of the globe yet, but what can we do as individuals to protect ourselves? Because the virus is not going away. It's going to be around. I don't want to get it. And there's some stuff we can do that is very simple.

Tiffany Laughter (00:04:22):

Yeah, like going out in the sun.

Ray Edwards (00:04:24):

And exercising and not eating crap best. That's simple, but not easy. Gus is my personal health optimization specialist. He works with me on optimizing my health because I have some challenges that some people don't have, some people have worse just where you are on the spectrum of health. You make the most of what you've got, and Gus really been helpful to me in that. Gus, I love your grasp of what I think of as an authentic, very sane, very measured, very thoughtful, very free of political agendas, way of looking at health and wellness, and what control we have over all that stuff. So, I'm super happy to have you out to talk about COVID-19 the pandemic.

Dr. Gus (00:05:04):

Yeah. Ray, I always enjoy our conversations and absolutely have enjoyed our prior podcast, where we get to talk about this philosophy of health. That really is transformative for people. If they begin to integrate it into their thinking and apply it to their lives,

Ray Edwards (00:05:18):

I think most people have not been thinking about optimizing their health as much as protecting it lately. Can you talk about where we are with COVID? Just give us kind of a, your brand name, very calm, very peaceful, very reasonable approach to looking at things. How scared should we still be? When will this be over? What are we doing next?

Dr. Gus (00:05:38):

First of all, I don't think we should really be scared. Right? You know that from my writing and teaching, I think fear is a strong force that works against our health and our wellbeing. And I definitely think that in times of crisis, which occur, not infrequently, this isn't the exception to the rule, having the pandemic. Although we haven't seen anything like this in many of our lifetime's pandemics, economic crises, wars, pestilence, and these things have been part of the normal cycle of the human life span of human lives over the course of millennia. So, we shouldn't be looking at this as some sort of crazy exception. This is what humans have dealt with through all

of our existence. And fear tends to just paralyze us in our thinking, and it creates stress, which causes us to go-to habits that tend to be self-destructive that can actually put us into a situation of health where we really are at high risk.

Ray Edwards (00:06:35):

Now, is there a threat associated with this virus? Of course, there is a health threat, meaning that there is the risk of getting sick. And then there's a mortality threat, meaning we do know 8% of people who get sick end up dead. And then in between this, you get really sick, and you end up in the hospital, and you could end up with some permanent damage to your system. So, there's definitely a health threat. And then there's, of course, the economic threat. I'm not an economist, so that's not my area of expertise to speak to, but regarding the health threat, you know, at this point we won't know statistically what that mortality rate is, but I do communicate with and listen to a lot of what I believe are expert authorities on this, and it probably will be well under 1% across the population, which will be greater than flu, right? It would be more lethal than flu.

Ray Edwards (00:07:24):

"This is no deadlier than the flu" is probably not accurate in that statement.

Dr. Gus (00:07:29):

Not accurate in that statement for a couple of reasons. One is it is more lethal than the flu, right? So, there's a higher risk of death. So, if the flu was 0.1%, this is 1%, that's still ten times more lethal, right? So that's definitely more lethal, but from a population perspective, it's still a relatively low-risk percent. Now at the same time, that part of the reason that this virus is also different than flu is because of how basically sneaky it is. It's a highly contagious virus that has the ability to be hosted by an asymptomatic carrier for some period of time and be transmissible to a lot of other people. And so, with the flu, you got an incubation period of typically three days within three days of exposure, you're sick with this virus. It can be seven days, ten days, even up to 14 days, perhaps. So, the virus is highly contagious and easy to spread. And therefore, that is a greater risk that you're going to probably come in contact with it. And then, of course, there's the fact that it's novel, meaning your immune system hasn't seen it before and that has some risk associated with it. So, it is definitely more deadly than flu, and it is from a statistical perspective. And it also is a higher risk in regard to its transmissibility than flu. So those two things are real concerns.

Dr. Gus (00:08:48):

Now, the first question, "Should we be afraid of that?" I don't think we should be afraid, but we should appropriately cautious. This best calls for prudence. We don't want to necessarily willfully get ourselves exposed. Some people have joked like, you know, about like chickenpox. Getting chickenpox so you don't have to get the vaccine and those kinds of things that maybe they would have COVID parties and go ahead and get it so they could be done with it, but there is a small percent of individuals who are younger and healthier who get really sick with this and die. And I

don't think I would want to risk that just by virtue of trying to get immunity. So, we have to be cautious. There's a real threat to our society. And I think everybody understands the idea that if it's an overwhelming number of people infected at the same time, that can create some really serious issues for our healthcare system and trying to manage that event. Your reality is a really important part of how we approach this, which is why we've done this social distance state. Distancing and slowing our lives down.

Ray Edwards (00:09:45):

So, let me interrupt for just a second. If I may, the social distancing in the lockdowns or shelter in place, whatever you want to call them, those things were not to stop the virus because we haven't stopped it. We don't know how to cure it. It was to not overwhelm the medical system, right?

Dr. Gus (00:10:00):

So, it was to slow the transmission down. As everybody knows the term at this point, flatten the curve. It was to reduce how the overwhelming potentials of this virus for society and for the healthcare system.

Ray Edwards (00:10:12):

So, what does that mean when we start coming back together, we get released to go back and have groups meet in churches and go to movie theaters? Are we going to see more of an outbreak?

Dr. Gus (00:10:24):

Yeah. More than likely. So again, everybody that's speaking about this is hypothesizing, right? They're doing educated guesswork, so there's nobody who knows for sure, of course, but the highest likelihood is that this virus will be continuing to circulate through our population. Until we either one, find a very effective vaccine, which could take a long time or two, we found a very effective drug. On either the immediate treatment side or the prophylactic side. And we might find a drug that's effective at treatment, which could reduce the lethality of the virus. It wouldn't change the fact that many people would still get infected, but that would be very helpful to know if you did get infected, there was a treatment that could reduce your risk. So more than likely, as we re-emerge and begin to adopt our prior patterns, we're definitely going to continue to encounter this virus. It's going to continue to spread among us. And most people at some point or other may likely be exposed, and we'll find out, are they one of those who are going to get really sick or are they going to have minimal symptoms and never really even know they had it?

Ray Edwards (00:11:30):

So, if the question people are asking is when is it going back to the way it was? The answer is not anytime soon.

Dr. Gus (00:11:35):

Not anytime soon and maybe never, and not at least within our, you know, our well within the next generation of our lifetime.

Ray Edwards (00:11:47):

So when we're released to go back to doing business and having meetings, and things like that, what should we be thinking about as individuals about taking care of ourselves, protecting ourselves, or should we continue to take more precautions, be different, behave differently than we did before?

Dr. Gus (00:12:05):

Well, there's going to be a couple of things that can be helpful for this one is that we do now have what we call a serology test, a blood test, to look at the antibodies, the IgM and IgG antibodies. The IgG antibodies are what come later in your immune system. Once you've been exposed and have dealt with an organism, and the IgMs are the immediate response, the first line of fighting. And so, we can order these blood tests. And right now, there's still a question about the accuracy, but ultimately, they will be accurate. This is the same way we can assess people for prior exposures of varicella virus, chickenpox virus, or mononucleosis, et cetera. And as we are able to do this type of testing, individuals who have been exposed will be able to be identified, and they'll know that they presumably have immunity.

Dr. Gus (00:12:46):

There's a question about, can you get this virus a second time? Some individuals do appear to be able to be susceptible to a second round of the infection after having it the first time. We don't know exactly what are the characteristics of those individuals versus others. But what we do see is that it's a less severe infection, much. Like if you get one form of flu, you could get another form of flu, but you don't get it quite as severely because your body recognizes some of that virus. So, we will have ways of testing that will help people have better clarity of where their risk lies. And once people have had exposure and have presumed immunity, the likelihood of a more serious infection will be much lower for them. So that will be helpful for individuals because if they know that they have immunity, then they're going to be in a position to really get back to their usual routines in lives without as much caution about close exposure to others.

Dr. Gus (00:13:36):

Now, for those who don't have immunity, or who've not had such a test, when we moved back into our usual rhythms, it's going to make sense that we do that in a measured fashion, that if we're, if we congregate together in church, maybe we're not all cozied right up next to one another and singing loudly beside each other. I like church. You know, I go to a church. It's very important to me, but it would make sense that we maintain a little bit more distance and that we're probably not hugging as much, shaking hands as much, that we're focusing on keeping our hands washed and clean and taking protective measures for one another.

Ray Edwards (00:14:12):

I can't say I'm unhappy about any of those things.

Dr. Gus (00:14:16):

Exactly. It's it really won't be that hard. And then, you know, it's some of the other things we like in our lives like concerts and big events. They probably won't be on the horizon for some time because those will be a significant risk for a lot of transmissibility of the virus. And to set off the little pockets of, you know, community spread and infection. So more than likely, the first phase of this is that we just get to get back out and walk through our downtowns and stop by the local coffee shop and meet our friends for a beverage or some food. And, you know, you have some meetings in small groups together, and things of that sort, which I think will be great. I think that's going to be really good for us as human beings to have that. This can be good for our communities and for our businesses to have that support. I know that we'll miss out on some of the bigger sporting events and things of that sort, but that will come with time.

Ray Edwards (00:15:06):

You mentioned the flu and getting different forms of the flu, and the flu changes every year. So, what's the likelihood that the Coronavirus is going to mutate and change as time goes by.

Dr. Gus (00:15:15):

Yeah, Coronaviruses do tend to mutate, but it's also important to recognize that oftentimes those mutations actually cause it to be less pathogenic, less likely to cause severe infection. So it could actually have a genetic drift in a direction that is less harmful to us, and that's certainly possible, or it can have mutations that just affect surface proteins and things that allow our body to recognize it, that cause it to be able to reinfect us. But usually, in those situations, your body still picks up, you know, the presence of the virus more quickly. It has a more prompt and robust response, and the infections are less severe, but I think there's a reasonable likelihood that this is going to be another circulating Coronavirus that we will be dealing with on an ongoing basis.

Ray Edwards (00:16:03):

Is this going to make long-term changes in the healthcare system?

Dr. Gus (00:16:07):

It needs to, right? I mean it better. It's not that our healthcare system is not good. It's very good at a lot of the things it's been doing, but clearly, we weren't prepared for this situation, and clearly, levels of bureaucracy that have layered themselves into how we deliver healthcare, hamstrung the system and its ability to respond effectively to this on multiple levels. The first level is the actual response to the pandemic. The fact that we weren't able to really quickly upregulate the manufacturing of personal protective equipment and protect our healthcare practitioners from the virus. Secondly, the testing that's a huge debacle. We

absolutely should have been able to very quickly regulate the manufacturing of testing and fast-tracking approval of testing. And instead, many of the bureaucracy or much of the bureaucracy of healthcare slowed that down. And we lost time with our ability to manage this pandemic.

Dr. Gus (00:17:00):

And then there was, there's the aspect of continuing to help people who have other health issues in a setting of a pandemic when everything shuts down. Right? And so, the prior system is based on in order to get paid. Doctors have to see somebody face to face, and they're not doing the work face to face. They can't get paid. And the insurance companies like it that way, because they kind of get to control utilization patterns. So the consumers who use their products, but yet what we really needed to be able to do to help people be aware of the virus, to get properly triaged for diabetics, to still get managed, you know, long lists of people who have medical conditions that need help. We needed to have a system where we use effective technology to help people get the care they need in the safest, most appropriate fashion, whether that be through telemedicine or other applications. Thankfully, we quickly moved in that because insurance companies knew there was no way for the outpatient care system to stay in business. If they didn't begin to authorize those payments for those forms of utilization, but all of that bureaucracy and red tape and controlling how we do healthcare was absolutely a barrier to one responding effectively to the initial sign, to this pandemic and to continuing to have a functioning healthcare system in a setting of a pandemic.

Ray Edwards (00:18:15):

One thing I hear you say is that we're not going back to the way things were. It's a new normal, it's a phrase that gets tossed around a lot, but I have lots of listeners and readers and clients and colleagues who are in businesses that involve large gatherings, being a public speaker, traveling around, going to lots of large events speaking to audiences. And that doesn't sound like it's coming back anytime really soon in the form that we knew it. Is that right?

Dr. Gus (00:18:40):

I agree. And even if it could come back, many of the people who would have participated may not. I think people are going to be hesitant to get on airplanes for some time, as much as we, you know, I enjoy live events. I get inspired and motivated, enjoy the networking and meeting people, but probably it's going to be several seasons of reduced number of infections and people not getting sick from this virus before people are really eager to jump on airplanes to go to such an event. So I think for many reasons we're going to see that return very slowly, on the other hand, you know, and I know that people still want to be part of such events and while it's not the same to do it via zoom conferencing and as being in person and meeting the people and having the live experience, a lot of the, you know, a lot of what we gain from going to such events could still be received by using technology effectively. And I also think it gives people a chance of being, again, I'm not advocating that this was a good thing, this pandemic, but it gives us a chance to up our game to get better at what we do, right? If you've got a very important message for people, that's

going to make a difference in their life, and it involves you having to be able to communicate with them in groups. Then there's finding ways that you can use technology and still be effective with that message. It's a great challenge to work on.

Ray Edwards (00:19:59):

I agree. And I don't think I'm not glad they've pandemic happened. I wish it had never happened. I wish we'd never heard the word Coronavirus. However, the things that we've been forced to do, I believe, have accelerated our economy and our way of thinking about doing business in a way that would have taken maybe 10 or 15 years if we had just left it to our natural evolution of processes and learning to, to just do it with no urgency attached to it. Now it's like we had to figure it out fast. And like, we had a family zoom with my wife's side of the family last night, where everybody who would normally get together, like for Christmas or Thanksgiving, from different places around the country, we're all together on zoom that never would have happened before, but it did happen. And that's one of the good outcomes from all this. How do we think about going forward? How do we think about staying healthy and being healthy, and like nutrition and supplements and all? I mean, we thought about all this stuff before, but I think now everybody's taking a little more seriously. Are there things we can do to make it less likely other than washing our hands and not coughing on each other when you're less likely that we're going to get sick?

Dr. Gus (00:21:02):

Absolutely. We have, you know, there's so much empowerment we have over our health destiny. And as you know, this is obviously one of the main messages that I'm constantly preaching, and now more than ever is the perfect time for people to really understand that self-efficacy they can have over their own health. We know that very clearly from statistics that, I mean, this is absolutely clear data-based that the people who are most likely to get really sick and hospitalized, and those who are going to die are people who have chronic health conditions right now, I'm not talking about aging, right? Obviously, if you're older, you're at greater risk, and I'm not saying that's a chronic disease that's, you know, a natural evolution of your life in terms of chronicity. But when we look at immunosuppressing conditions, obesity, cardiovascular disease, diabetes, hypertension, the list of conditions that cause people to be susceptible to severe disease and death, there's so much that we can do to actually improve our health and minimize those conditions on our lives and on our health rather, and both now and into the future. And then it's also interesting to think about why. Why is that the case? Well, of course, obviously, if a person is in a poor state of health, then they're more susceptible to dying from a severe infection. That seems pretty logical. But, you know, when you think about how this virus causes disease in an individual, the primary theory originally, which seemed most obvious, this is a respiratory virus that attaches to cells and the lower respiratory tree, it then begins to reproduce itself and then gets released and creates infection, or creates an immunological response. And then people go into respiratory failure. And that is absolutely still one of the primary working theories. This is a respiratory infection, and there were two primary phases. There was the initial respiratory phase. And for people who got really sick, I'm not talking about those who got sick and then got better. And it was over. I'm talking about people who kept getting sick, and then you would see some of those develop into what we call acute respiratory

distress syndrome, where they're low. They would show the characteristic findings on the chest X-Ray. And it said an appearance of both sides of the lungs, you know, having a lot of fluid and damage. And then, they would begin to go into respiratory failure and cannot maintain oxygen saturation. Now, there's a mechanism in which the virus directly could damage the tissues. It impacted infecting. And then there are secondary infections, bacterial infections that can cause pneumonia, which would contribute. And then there was this late phase called a cytokine storm, which is your own, sort of a hyperinflammatory response to the virus. And so, your body ends up producing an enormous number of what we call inflammatory cytokines in an effort to fight the virus that ultimately results in damage to your tissues and shutting down your body and causing multi-system organ failure, including respiratory failure.

Dr. Gus (00:24:07):

Now, we also see that when individuals often, when they present, they do have what's called hypoxia, meaning a lower oxygen saturation. Their oxygen is lower than you would expect to see, which is common in pneumonias and respiratory infections. But what's interesting is these individuals are often showing up with lower oxygen saturation, but they're not actually labored in their breathing the way they would be if they had pneumonia or respiratory infection; they actually seemed to almost be comfortable. And this phenomenon has been being reported by emergency department doctors and intensivists saying this is unusual. The setting seems the way these people are presenting seems different. And then, when we measure their blood gases and their oxygen saturation, we see that their blood gas is normal. I mean, they're getting oxygen in their bloodstream, but the actual percent of that oxygen that is saturating the hemoglobin molecules, which carry oxygen is still low. And so, it's started looking more like a presentation of what we'd call high altitude, pulmonary edema. Hey, which is how people go into respiratory failure when they get altitude sickness, as opposed to a primary respiratory infection. And this is still being worked out, but there's also a mechanism where it appears that the virus itself actually directly interferes with the iron molecule and your hemoglobin, which is your carry oxygen, carrying little, a part of your red blood cells. And it causes a disassociation of the iron, which means your red blood cells can no longer carry oxygen. So, you are hypoxic, meaning you have low levels of oxygen. You're not able to provide the levels of oxygen to your heart and your brain, and your lungs that you need to maintain normal function. And then that disassociated iron, which is a powerful oxidant, begins to create damage to your system, which also can include the pulmonary damage. And there's been some experimental treatments for that specific condition where you're treating it primarily as a red blood cell disease, not a primary pulmonary disease that has also found to have been found to be effective. And if you look at hydroxychloroquine, what it is, is a malaria drug, and it actually works to protect red blood cells from malaria. I won't get into the biochemical details, but ultimately why it might be effective, why it might, we haven't proven it yet in some individuals it's targeting that mechanism. So that's just so people understand that there's an emerging understanding of what is the real mechanism of disease and that there are some treatment protocols that doctors are engineering at various locations, and that they're sharing these through open-source documents that are showing some real promise in treating the most severe cases, preventing the need to go to a ventilator.

Dr. Gus (00:26:38):

Now, no matter how you slice this, there's still the evolution of this disease is it infects your lung tissues, it causes damage. And ultimately, you develop cytokine storm at a later phase, and you die now who is most susceptible to a severe infection that causes that? Well, a person whose immune system is unhealthy in any way, that's just not fully functioning. So, if you have an immunocompromised disease and maybe you have one that you couldn't help, that you had no say in, then you're more susceptible because your immune system has a delayed and less robust response to the infection. The virus can replicate itself more. In fact, more cells, and you get a much greater viral load, which creates much greater damage. So obviously, having a well-supported healthy immune system is your first line of defense to possibly mitigate the severity of the infection. And then there's this enhanced or inflammatory response cytokines, a storm that not everybody goes into. Well, a cytokine storm tends to occur in individuals at a higher rate who have chronic inflammatory conditions. So, these are individuals who have, and I'm not picking on an individual. If this is you, I'm not saying that this necessarily means you're in this state, but people who have diabetes, obesity, high levels of visceral fat, elevated blood pressures, arterial disease, chronic inflammatory conditions who are in a state of persistent elevation, which is probably one of the greatest influencers of the progression of chronic diseases and the development of dementia and arterial disease and all the effects on your health span. Well, these individuals, while simultaneously having a poorly functioning immune system, so they're more susceptible to infection, are also the same ones who tend to have this hyperinflammatory response and go into system shut down because of it. So, it's an interesting thing because you would think, okay, if the immune system doesn't work well, then you're probably going to have just a blended response, no matter what, but it's not true. Actually, these individuals have this simultaneous greater susceptibility to infection, and then they have this immune system that overreacts to triggers that it should not. And so, these same individuals are also often more susceptible to autoimmune conditions and other chronic inflammatory diseases. And I hope I didn't just get too technical, but.

Ray Edwards (00:28:54):

No, it was very informative. Does any of this explain why what was surprising to me has been the young people, apparently healthy, robust young people, who get this virus and they die? I mean, it's not surprising, it's tragic, don't get me wrong, that older people are dying, that people with other chronic diseases or compromised immune systems are suffering. But the young people who apparently are healthy do we know what's going on there.

Dr. Gus (00:29:20):

No, we don't. We don't know specifically why they're susceptible. There's definitely going to be some genetic variations and, you know, that influence the viruses, the viral load that they encounter, and the higher the viral load, the greater the likelihood of you having a problem. Also, there could be some genetic differences influencing the potential disruption of red blood cells. If that is, in fact, one of the mechanisms with which this virus is causing disease. So that's one of those where we might, we

might figure out what those differences are, but there's a good chance that we won't. And it's just like with any condition, there's always a small percentage of individuals that you can't predict why, but the disease just overwhelmed them and killed them. But that's a very low percent of the people who get severe infection a very low percent. And so, we won't probably know that answer, but we do know that a high percentage of individuals who have this greater risk if today they begin to change certain habits, they can lower that risk. Right.

Ray Edwards (00:30:19):

Okay, great. What do we do to be less likely to be at risk like this?

Dr. Gus (00:30:24):

Okay. So, if we are saying that a compromised immune system in combination with a pro-inflammatory state in your body is a setup for more severe disease. Then we would look at strategies today and tomorrow that can actually improve the health of your immune system and reduce this chronic inflammatory state. And this is where we get back to the foundational principles of what keeps human beings in their best state of health, and to what giveth health and what taketh it away. And it's not unique to the COVID pandemic. This is true, no matter what the pandemic is. This is true, no matter what particular situations are going on around you. These foundational habits are what build a robust antifragile human system that is resistant to disease.

Ray Edwards (00:31:17):

Can you walk us through this, so we know what to do?

Dr. Gus (00:31:19):

I sure will. So, step one, it always starts in mind. I know Ray talks about mindset all the time, and I do as well, but it starts with getting your thinking right about this. And beginning to examine your emotional responses to your thinking and beginning to deal with, you know, your restless, fearful, worrying, thoughts about whatever is going on. Because when you are in a chronically fearful state, you are sending a signal it's sent down from your central nervous system to your body, that things are not well. And that sets off physiological responses involving your adrenal glands and other hormones that ultimately create disturbed homeostasis and affect your body's performance. So, it always starts in mind and the simple things you can begin to do today. To work on your mind, because it's so long, it's a long road, correcting your thinking and correcting your mindset. But are to one, recognize, fear. Recognize fear, and worry. Before, you know, the first time you begin to sense them and not let them don't get lost in the woods of it. See that you're entering the wood and stop and really examine your thinking. And if you have a hard time right now redirecting your thoughts, you should practice that. I can't go into the full process. I know Ray has a lot of content about that, but you can begin to control your breathing. That's one thing you could start with that you can control today that will reduce stress responses. Even if you can't control your worry. Because when you get into a fearful state, you'll tend to begin to breathe at a more rapid rate and from your chest and instead of your belly, and that affects your body's oxygen, carbon dioxide balance,

and it affects your stress systems. So, if today you just begin to practice breathing quietly through your nose and into your belly at a nice, even slow rate breathing in, for perhaps three to four seconds and out, for seven to eight seconds. And you just sat, and you felt yourself doing it. And you did that for five minutes. You're going to begin to reduce stress responses and balance your nervous system. And then throughout the day, stopping and doing a quick inventory on your breath, beginning to breathe through your nose, into your belly and breathing at a nice, slow, easy rate. And you can do a lot of different forms of breathwork, but the easiest one to remember would just simply be a one to two ratios, breathe in for, you know, for a certain count and then breathe out for double that count. Double that count. So, I would suggest today that you begin to examine your own thoughts, your own worries, your own fears, dig into that begin to create a healthy thought belief matrix that supports your health. But the one variable you could take control of right now would be your breath; begin to create a healthy breathing pattern that reduces stress responses and helps calm your thinking.

Dr. Gus (00:34:04):

So that's always going to be first is the thoughts and the stress. Now, most people would think I would jump straight to nutrition next because I'm always talking about reversing obesity and weight gain and diabetes, but actually, the next one is sleep. Sleep is so important. Sleep is more supportive of your immune system of your, of the health of your body, of your body weight of all these other variables than actually your nutrition. Sleep trumps them all. And so, if you know that you're not getting the adequate amounts of restorative sleep that you should be getting, which typically would be somewhere between seven and eight hours for most individuals of actual sleep, then you need to start today, prioritizing sleep. Because if you have insufficient sleep, your immune system is compromised, and your body is compromised. And over the course of years and decades, you will get diseases. Whether it be diabetes and metabolic diseases or autoimmune conditions. You must prioritize sleep. It's just part of the engineering code of your system. It's how God designed you. It's a faith thing to close your eyes and give up a third of your day to just rest and recovery and accept that life will go on and things will be okay if you give yourself that time if you don't prioritize sleep if you do not allow yourself to get sufficient sleep, then all of the other strategies could help you, but they won't offer you the level of protection that you need.

Ray Edwards (00:35:34):

What are some good practices for people who've never worked on this before? What are some things we should do, and some things we should avoid?

Dr. Gus (00:35:42):

Yeah. So, the most obvious is the lighting piece of it, right? Getting exposure to natural light throughout the day and beginning to reduce your exposure to artificial light, especially in the evening time. I think probably everybody is aware that looking into computer screens, apps, I mean, phones and tablets include even when you're screening it and using blue-blocking glasses and things like that, you're still sending a stimulus to your brain to, to shut down production of peptides and melatonin that

tell your body it's time to go to bed and to get rest. So, you have to be willing to turn off that stimulation, that light stimulation, and try to maximize your exposure to natural light throughout the day. So lighting is key, and then there are stimulants the use of coffee, other stimulant medications that can be stimulants decongestants. You need to stop putting stimulus into your body at some point in the early afternoon, or they're going to interfere with your ability to get restorative sleep. Even if you go to sleep, you're going to actually impair your sleep cycles and get less deep sleep, which is the part of one of the two components, deep sleep, and REM sleep, that you need to have a healthy body. So, the lighting and the stimulants, and then finally the other form of stimulus, which would be okay. I like to watch television before bed. Okay. If you do, and it really relaxes you, that's fine. But if you're watching, you know, series, that might be very exciting and suspenseful, but that is also kind of arousing your nervous system. You're going to have a hard time winding down from that, and I would also put into that same category cable news. If you're watching cable news personally, I think at any time, but especially in the evening time, then you're compromising your sleep because I don't care what your, you know, which way you politically lean in, which is your preference. Any of those channels, all you hear about, for the most part, is fear and how one party or the other is destroying the country. And it's just not a good narrative. It's not going to help you. And you're very little of what you're hearing is actually really good, accurate reporting about this virus and what we really should be doing or not doing in response to it. So, creating the soothing routine, reducing your stimulant use and the lighting are the key strategies for that.

Ray Edwards (00:37:54):

So, what comes after sleep?

Dr. Gus (00:37:55):

The most powerful medicines that we have to help people with metabolic diseases, such as diabetes, obesity, and cardiovascular disease, and arterial disease, these inflammatory conditions, the most powerful medicines we have are nutrition and exercise right now. Again, this is on a platform of not allowing your body to be in a chronically fearful state, always stressed out, and also not getting enough sleep. So, the platform is you've got your thinking, right? You can control your emotional responses or at least redirect them, and you can get proper rest. Now your most powerful medicines will be your nutrition and your exercise, and they're both very powerful. So, when it, let's take the exercise first, because it's a little bit easier. Obviously, physical activity is really good for you, but we are in a time where you're trying to protect your immune system to some extent. So actually, training for a marathon right now, or doing your hardest, most intense CrossFit workouts is not necessarily the best strategy because really intense exercise is a positive stressor on your body. But if done too frequently, it does create a form of stress that could affect your immune system. So right now is a great time to do good moderate physical activity, and some strength training and maybe some more intensive things if you like to sprint, but not doing, you know, to try and breakthrough and have new performance, benchmarks, just simply moving and using your body and staying physically active, taking long walks outside. If you like to jog, taking easy runs, swimming, cycling, and again, weight training is very, very important for the body

because it increases growth, hormone, androgen hormones, brain-derived, neurotrophic factor. It improves deep sleep. So certainly, have some form of resistance training, but exercise is absolutely one of the most proven, powerful ways to improve your metabolic health, but if done too frequently and too intensely, it will create inflammation and create a problem.

Ray Edwards (00:39:56):

What I hear means as much as I love Ed Mylett; this is not the time to max out.

Dr. Gus (00:40:02):

Yes, exactly right. We do not need to max out right now. We just need to stay physically active, engaged, and preferably outside as much as possible if you can. All right. So exercise is critical if done in the right dose and duration, then you're going to ultimately have a stronger immune system and a healthier metabolic system and a reduction in chronic inflammation and reverse the issues like diabetes or insulin resistance and lose visceral fat, which has an inflammatory tissue. And then finally, it's the nutritional piece, and there's, you know, two main components or strategies you could consider today for your nutrition. Now the first one, I think again, is now obvious to most people. I don't get a lot of arguments about this. Like I used to, when I was talking about it years ago, you must minimize as much as possible or fully eliminate pro-inflammatory nutritional stressors foods that are actually not food at all. That has been engineered to be addictive and actually make you sick. They really need to go most of the time, right. Now, when I say most of the time, it's because if you know, it's your birthday, you should celebrate your birthday and make a cake and enjoy the cake, right? I'm not saying, don't ever eat the cake, but the fast foods and the processed foods and the junk foods and all the foods that contain all of the seed oils and processed oils and high fructose corn and dyes and additives, those foods are making you sick. They're making them chronically sick.

Ray Edwards (00:41:40):

What about sugar?

Dr. Gus (00:41:41):

So, sugar in its natural form like fruit, it could be fine in appropriate portions, and sugar that you would get in from the starches that have natural sugars from, there's starch chains like carrots and sweet potatoes. And things of that sort are perfectly fine but adding sucrose or table sugar to your food and eating foods that have high levels of sucrose, corn syrups, you know, maltose dextrose, corn syrup derivatives, high fructose corn syrup. Those are terrible for you, right? And they will cause significant spikes in your blood sugar, which will cause significant insulin responses. You might not be susceptible to insulin resistance and type two diabetes. So, some people can get away with eating a lot of that, but it still makes you sick. It's an inflammatory food and not only that, it's an addictive food. Now once again, like I've got three children, they're at home, they're bored. They might bake some cookies and eat them. I'm fine with that. They're kids, they're lean, they're running around. They're healthy. They can handle it. Am I eating it? Very little, because I'm 50, which

means my risk is greater in my risk of diseases are greater. And so, I'm very careful, but sugar should be minimized, enjoyed on occasion and in proper amounts, but it needs to be minimized.

Ray Edwards (00:42:56):

Wait a minute. You're 50?

Dr. Gus (00:42:58):

Yeah.

Ray Edwards (00:42:58):

I'm slightly annoyed with you right now.

Dr. Gus (00:43:00):

Why is that?

Ray Edwards (00:43:02):

Because you don't look anywhere near 50.

Dr. Gus (00:43:03):

Oh, well, good. Well, thank you for that.

Ray Edwards (00:43:06):

Sorry.

Dr. Gus (00:43:07):

No, that's okay. Yeah. And I probably would, if it wasn't for the fact that seven or eight years ago, as I began to learn this truth of health in my practice and medicine, I began to slowly adopt these habits for myself.

Ray Edwards (00:43:19):

So, I get what you're saying. I don't think anybody would argue with you, but what I see, I see two difficulties rising. Maybe you can help us deal with these. One is it seems so complex to figure out what's okay to eat, what's not okay to eat. There's food at the grocery store that says it's all-natural, it's all healthy, keto-friendly, or whatever. That's one thing that complexity of making the choices. And then the second thing is the willpower. I know a lot of people right now that because of the stress of what's happening with lockdown and shelter in place, they're like eating an entire bag of Fritos. I know people, I haven't done this, but I know people who've done it.

Dr. Gus (00:43:59):

Yeah, I know it is. It's the same challenge that's been there all along because these foods were designed to trigger dopamine and serotonin responses in your brain. They have been engineered to be addictive and give you pleasure, but it's not a real pleasure. It's a fleeting pleasure at the expense of your health and changing any potentially addictive pattern is always going to be hard. And willpower, you do have to, you do have to harness your willpower, but power will never be enough. Willpower, which is really just a processing state of the brain. It erodes over time, especially throughout the day. You tend to have less willpower by the end of your day, which is when we tend to give in to our bad habits. Now, so the best way to improve your willpower is to clean up your environment, hands down, proven over and over again. It seems like the most obvious answer, but it's just the truth. Whatever it is that you're struggling with, if it's drinking too much alcohol, if it's eating too much sugar, eating too many potato chips, whatever it is, if you just simply clear it out at your home, you just make it hard to get. Then you will actually be able to conquer that habit. It won't be fun in the first week or two. You'll be wishing you could, opening your cupboard and looking again and crawling through the back recesses of the places where you always kept such things. We've all done that, and you won't find it, and you'll get disappointed, but ultimately, you'll just accept that, right? And eventually, of course, what I tell people to do in my book, I teach the craving gloop, what creates it, what's going on, and what are the exit ramps from the craving gloop.

Dr. Gus (00:45:37):

Obviously, if you redirect yourself into pleasurable activities that also boost your dopamine and serotonin, without having to put unhealthy things into your system, then you can get the same neurotransmitter response and feel really good. So when you recognize that you truly cleaned out the cupboard and there's nothing hidden, and you can't get to it and you move to something that gives you genuine wellbeing and pleasure, such as, you know, playing music, dancing, working in your garden, playing with your pet, spending time with your spouse, be having a fun conversation with friends or family or connecting with someone you care about the long list of habits that we know create wellbeing and help us be better people. You will begin to get the pleasure from that, and the power of craving will reduce. But the willpower issue is you got to clean up your environment, but now's the perfect time to do it because it really is hard to run out to the convenience store and grab whatever it is you want. Like this is the perfect time because once you get home, there's a lot of inertia going back out and risking exposure and going into the store and wearing a mask. And if you ever really wanted to change a habit, and that always involves creating environments that will support that change. Now is the time to do it because you can clear out the cupboards and really do this, but then you simultaneously stock the cupboards with really nutritious foods. And that's the next piece of this question? What are those? Right? So, you'd make sure you have food to eat. You make sure you have food that you can enjoy eating. That's nutritious for you. That's your option. You don't have the other option. And within one to two weeks, the intense cravings will have passed. You will be done with this. And when they reopen up things, and you could go back out, you could have mastery over something that has had mastery over you for a long, long time and begins to reverse this pattern.

So, the environment super important, and then substitution of things that truly give you pleasure for the things that you thought gave you pleasure.

Ray Edwards (00:47:30):

So, can you give us just some simple guidelines? Like if we don't want to become like a crazy diet-obsessed, I've got books and apps, and I'm trying to find what nutritional content is, what are some guidelines just as we go to the grocery store, what should we buy and what should we not buy?

Dr. Gus (00:47:48):

Yeah. So generally speaking, obviously, any kind of clearly processed food that, you know, most people, most of us know what those are. They're not organic. They're, you know, they don't have any of the buzz words on them. And yes, I know that just because it says organic doesn't necessarily mean everything, but it means something, right. So that can be a good starting place. Is that if you're not really skilled at reading labels yet, and recognizing all the ways they disguise unhealthy ingredients, you could start with, okay, the label does say non-GMO organic, no artificial ingredients. Does that mean that product will be perfect? No, but it means it'll be substantially better than the products which don't carry that label. So, you could just start with that and say, okay, I know they may still be tricking me in small ways, but at the very least, I've made a really good positive step forward. And that could be a canned good, a boxed good, or goods you find in your produce section. It could be any of those things but making sure that at very least those are the labels you're picking is a good starting place.

Ray Edwards (00:48:47):

And then if we're looking at the label and there are lots of words we don't understand or know what they mean, that's also a good clue, right?

Dr. Gus (00:48:53):

Yeah. Typically, if there's a long list of potential chemicals and now sometimes foods may have some vitamin fortification, whether that's good or bad, nobody really knows. And so, if you're not familiar with the chemical terms of vitamins, you could see those and mistake those for additives and dyes and things like that. But for the most part, you know, you're going to look and see, and, you know, if there are one or two words at the end that, you know, sound like chemicals. A lot of times, those are just going to be some preservatives that are probably not that bad for you. Now, if I could convince you to do it, and it's hard at this time, and that's why I'm not going to tell you, you have to do it. It would be good with whole natural foods, right? Spend more time in the produce aisle, get fresh eggs from pasture-raised. And just remember this term, when it comes to your beef, your pork, your eggs, your milk, look for pasture-raised, not just organic. Pasture-raised animals that were raised in a pasture eating their natural diets and that were not treated with GMOs are foods that are not natural for those animals. So that means that the product that animal produced, whether it be its eggs or its flesh or its milk, is going to be better for, you know, significantly better for you. So, you can start with pasture-raised, and you can

stock up. If you're able to, with eggs, pasture-raised, grass-fed beef, fish, frozen or fresh, but probably frozen wild-caught fish chicken from pasture-raised chickens, you know, and then, of course, there are lots of vegetable proteins that you can get through fresh beans. You can get dried beans and soak them. I mean, so you've got beans, you've got eggs, you've got, you know, the beef, you've got the pork, you've got, as long as it came from a healthy animal, you're probably fine. Now some of you might have to watch your saturated fat intake. Some of you may have reasons why you wouldn't eat animal products, but anyway, you get the point, and then you go, and you look for your produce, and you get whatever fresh produce you can, preferably organic. If you need a list, the environmental working group, ewg.org list, the produce that really should be organic. They call it, you know, the dirty dozen, it's really the dirty 13 now, and which ones you can, you know, go ahead and buy non-organic, you know, but as much as possible, try to get organic produce that was grown in more nutrient-dense soil, free of pesticides and herbicides. That's going to make a difference in your health.

Dr. Gus (00:51:10):

So, you know, and then if you're going in the middle aisles and you're going to buy box foods, try for the box to actually be non-GMO organic, no artificial ingredients. Look for those labels. And for the most part, you probably be doing okay. Also, if you know that there's like a particular cereal that you like that says all that, but when you start eating it, you have to eat four bowls of it. Then more than likely, that is just a substitution for sugar, and you're best off not buying that particular cereal. Maybe you get some steel cut, organic oats, and you cook them up yourself and some fresh oatmeal, and you put some cinnamon in it and some raw honey in it and sweeten it that way. I know that that's getting probably a little too into the details because we're not here on the podcast to create a menu plan for people, but.

Ray Edwards (00:51:59):

No, it's good stuff. I think these are, this is good information, and it's a good time for I think people are hungry for these hungry tips.

Dr. Gus (00:52:08):

Yeah.

Ray Edwards (00:52:09):

Probably should leave my box of sugar, curly twist, crunches alone, and go for the oatmeal instead.

Dr. Gus (00:52:15):

Absolutely. That's what it means. You know, I mean, if I could pick breakfast for most people, it would be something like, and again, you know, that the other most powerful medicine that you can use from a nutritional standpoint, the nutritional approach is fasting. Fasting is incredibly powerful. You don't want to overdo it in this time, cause it's also a form of stress, but reducing the feeding period that you have

each day, reducing the number of hours within you eat is really good for the body and can improve detoxification and lower inflammation and rollover insulin resistance. I'm a big proponent of it. I think it's one of the best things you can do for your body and for your health. But let's just say, you're going to eat breakfast. Then you would typically be looking at something like steel-cut oats if you can do oatmeal. Okay, and adding into it, you know, you could put some nuts, some cinnamon, some honey, some berries, fresh, organic blueberries, whatever it is that you like. And then the other alternative breakfast, if you can do this, would be, you know, farmer pasture, raised eggs, sautéed with vegetables, or maybe some sliced avocado and sliced tomato. That would be really good for you. My favorite lunch for most people would be if they can do it a salad, I know that the produce might be limited this, or I understand maybe everybody can't do it, but chopping up different vegetables and getting the fiber, the nutrients, the hydration from that, along with protein, whether that be fish or chicken or egg, or, you know, putting nuts and seeds on there, some form of olive oil-based dressing, it's always delicious, and it's really good for you. If you, you know, if you can't do that right now, then maybe you do make a small sandwich with a form of sprouted grain bread that you put some, whatever ingredients you like on there. But I would avoid the potato chips, cut up some fresh vegetables, dip them in hummus, you know? Try to avoid these processed foods and make substitutions with other foods that are nutritious and tasty and good for you. And then for dinner, cook, you know, cook, whatever kinds of meals you like, but try not to use the industrialized oils like vegetable oil, canola oil, corn oil, soybean oil. Cook with olive oil, avocado oil. If you don't have a saturated fat issue, then maybe coconut oil or butter. Cook, you know, use spices. Buy fresh, organic produce, sauté it, put things that you like in there. It's okay to have some rice, if you like rice, or if you're a big pasta fan and you want to have a small portion of pasta, and you don't have blood sugar issues with that, have that. I mean, you get the idea. It's really not that hard. What are the things you enjoy? Buy fresh, natural ingredients for it, as healthy as possible, and prepare them at home and do that in substitution for box foods and processed foods,

Ray Edwards (00:54:48):

You were talking about grass-fed beef, and this is totally tasteless and probably inappropriate. But one of my favorite memes I've seen on Facebook in a while was one that said, you know, if it comes down to cannibalism, the vegans are the grass-fed humans.

Dr. Gus (00:55:06):

That's exactly right. That is kind of funny. I know. And if people prefer veganism, that's fine. I find veganism more challenging to get the comprehensive nutrition that a human being is designed to have.

Ray Edwards (00:55:20):

I find veganism impossible to stick with.

Dr. Gus (00:55:22):

Yeah. It's, and there's pretty good science that it might not necessarily be the healthiest, most comprehensive diet for human beings. But if the person has very strong, spiritual, ethical reasons for it, that I completely support that I just would suggest they have to work harder to get certain key nutrients and adequate protein into their diet, which can be done. Of course, it can be done. Again, you know, these strategies, it sounds like a lot, but it's really not. I want to back up and just say like, all we're talking about doing it, and we said, you could start today. Meaning you could literally today begin to pay attention to your breathing and focus on calming your body by using your breath. You could turn off the television earlier in the evening, maybe take a warm bath of Epsom salt, soaks, spend some time with someone you love, turn on some soothing music or meditation track, or something like that. Do some reading that you enjoy and go to bed a little earlier and just try to get a better night's sleep and understand that if you've been getting a lot of poor sleep and that's the cycle you get into, and you just have to keep practicing this until it gets better. And then you can get up during the day and spend some time in natural light, whether you go outside or you find windows, but exposing yourself to natural light, move more throughout the day, get up stretch, squat, kneel, you know, push, pull, take a walk, get some exercise, And then be mindful about what you're eating clean up the environment. Get rid of the things that you know are making you sick right now is the best time to do it. Replace them with foods or whatever it is that you enjoy that doesn't make you sick and just simply give that to your body. And if you do these things, full things, your body will return to better health. It will happen every single time because that is how your body was designed.

Ray Edwards (00:57:09):

Would it be possible for you to just write all this out in a convenient guide for us?

Dr. Gus (00:57:13):

That's a leading question there. Yes, of course, I have, and Ray, you've been kind enough to talk about my book before and how much of a fan you are of it. And I did write this up for my patients because years ago, I kept having these same conversations, and I knew what they were ultimately asking me for was to give them my version of this. And so I wanted to write, as what I thought was as simplistic, as simple as possible of a basic guide to these different categories, not with any dogmatism to one specific diet or another, just simply the general principles for each of these things, with some action steps that would enable people to put it into play right away and just make stepwise progress in reversing disease and restoring health and optimizing health. And so, I published this book. It's been almost two years now, and it really has helped a lot of people. I've gotten a lot of great feedback. People they read it; they like it. It's easy to read, and they apply it, and it works. They keep getting healthier day by day. So, I wanted to share this message for recently with anybody who could use it. Because I think now more than ever, this is the time. The best thing you can do to protect yourself from Coronavirus is to optimize your health, to get your body healthy. And then you have really nothing to be afraid of. Yes, you could be one of the tiny percent of very healthy people who the virus infects and kills, but that's out of our control, right? Just like you could be one of the numbers of people today that a car accident happens, or a plane falls out of the sky or whatever. Right? So, we can't really live in fear of these very small percentages.

The bottom line is though you have an enormous amount of the ability to actually provide yourself the health. You need to not worry about this virus other than being a good community steward, about how we respond to the virus. And so that book is free, not the hard copy, but we have set up a landing page, and the eBook version, meaning you can download it and put it on a Kindle or an iPad or anything like that is free. It's a free download for anybody who wants it. And we also have the audible version. That's, it's the files you actually download the files, but you can play them on any computer or any device. You just have to kind of download the files and the audible version for those if you would rather listen to it than read. It is also free. And that website is www.ebook.DrGusvickery.com. And I'll share that link with Ray so he can share it with you guys. So, if you want a simple guide that's easy to read, that will give you these straightforward steps and explain all this to you. Then you can have it for free via the eBook or the audible version. The only caveat I have to say is that the audible version is getting loaded to the site this week. And I don't know what day that will be. So, if you go to that site today, you'll only find the eBook, but you can also go back later this week and get the audible book, but just be aware that the audible book will be there by the end of the week.

Ray Edwards (01:00:03):

So, we'll put the link in the show notes for this podcast episode. And what's the title of the book?

Dr. Gus (01:00:10):

It's called authentic health. And then it has a really long subtitle. I can't. The definitive guide to losing weight, feeling better, mastering stress, sleeping well every night, and enjoying a sense of purpose.

Ray Edwards (01:00:26):

Bam! That sounds super powerful, Authentic Health by Dr. Gus Vickery, you can get it for free. We'll have the link in the show notes. You can also get the physical book, which I personally when it comes to a book like this, that's this important that I know I'm going to be referring to more than once. I actually always get all three. I get the audible, I get the eBook, and I get the physical book, so I can write notes and highlight and dog-ear and bookmark pages in the physical book. And that's a process I like. I just enjoy that. I can listen, and I can also have it on my Kindle. I can have the electronic version, and I can take notes, and that is digital forms. So that's just me. If you're book crazy like me, you want to get all three, but if you want to go, just get the free stuff, then you can go to the website, say the link one more time. And we'll also put it in the show notes.

Dr. Gus (01:01:20):

It was www.ebook.DrGusvickery.com. And that's off my personalized website, which is just www.DrGusvickery.com, which has blogs and other resources.

Ray Edwards (01:01:37):

Highly recommended both the book and the website, the other resources. Gus, thank you. I know you're very busy right now. You've got a lot of things going on. Thank you so much for taking the time to share with us.

Dr. Gus (01:01:50):

Yeah. I'm so happy to and thank you for the privilege. And just one last time, I want to tell everyone that yes, this is going to be with us. Yes, we're going to be dealing with it. But I do not think it's the time for fear. I think it's a time to explore the opportunities. The time to get healthy in mind, body, and spirit, and to actually foster some sense of excitement that we can create a better future together.

Ray Edwards (01:02:12):

Love that. God bless you, my friend.

Dr. Gus (01:02:13):

God bless you too. Thank you, Ray.

Ray Edwards (01:02:15):

Okay. That was fun because all we did was pause, and the recording got inserted into the podcast, and now we're done. That went quickly.

Tiffany Laughter (01:02:23):

Yeah, that was a really good fast interview.

Ray Edwards (01:02:24):

It really was. We should do this more often.

Tiffany Laughter (01:02:27):

I like it.

Ray Edwards (01:02:29):

Okay. So, we'll be back again next week. God knows what we'll be talking about then because it seems like everything's up for grabs these days.

Tiffany Laughter (01:02:34):

It is God only knows what next week will bring. I can't wait. I really can't wait.

Ray Edwards (01:02:39):

That's fun. Fun. Let's have fun with it. Folks. Get up there and do something fun. I'm not telling you to break the law, but.

Tiffany Laughter (01:02:46):

Storm the beaches, people.

Ray Edwards (01:02:47):

We live in a free country.

Tiffany Laughter (01:02:49):

Yeah, don't forget that.

Ray Edwards (01:02:51):

Let's keep it free.

Automated Speaker 2 (01:02:56):

Thank you for listening to the Ray Edward show.

Automated Speaker (01:02:58):

Find the complete archives of all episodes at Brittany Edwards, podcast.com or subscribe for free through Apple Podcasts and never miss an episode.

Automated Speaker 2 (01:03:08):

This program copyright Ray Edwards, international incorporated, all rights reserved.

Automated Speaker (01:03:13):

Each week we bring you a message of prosperity with purpose and freedom with remembering that true freedom is available to all through Jesus Christ.

[END OF AUDIO]