Gina Harney:

You're listening to the Healthy in Real Life Podcast, episode number 54.

Speaker 2:

Welcome to the Healthy in Real Life Podcast. Bite-sized tips for healthy living that you can implement right now. Join us weekly for interviews and real life advice. We're creating the happiest and healthiest version of yourself. Here's your host fitness expert, author and mom of two Gina Harney.

Gina Harney:

Hey everyone. Welcome back to the show. This is Gina Harney, creator of the Fitnessista blogging brand. I'm so excited you're here. Thank you so much for tuning in. I miss you guys. I feel like I'm going to say that every episode from now on, that things have just been so all over the place, especially when it comes to childcare. So I feel like the podcast will be a little bit more sporadic until the kids are back in school one day, but I'm definitely planning on posting new episodes whenever I can. I have a handful of really exciting interviews planned to come up. So just make sure that you're subscribed to the podcast so that you'll get notifications whenever I post something new.

Gina Harney:

So before we dive into today's episode, I wanted to tell you guys about Les Mills On Demand. Les Mills has been saving me, especially because we have been home so much more. I haven't been to the gym in months and months. I love getting at home workouts. It's actually really convenient not having to commute anywhere, but Les Mills has been a weekly part of my routine since all of this started and if you guys haven't tried it yet, you are in for a treat. So they have over a 1000 workouts on the platform and all of their instructors are just power house instructors. So incredibly motivational, they are so efficient with their queuing strategies and they always make me want to work hard, even though I'm working out at home.

Gina Harney:

So if you haven't tried Les Mills On Demand, I'm really excited because I have a 30 day free trial for you. And you're going to head to this Bitly. It's a little easier to remember, but it's B-I-T-L-Y /yaylesmills. So B-I-T-L-Y / yay Y-A-Y lesmills. L-E-S-M-I-L-L-S. And I'll also include a link in the show notes. So you guys can check it out and hopefully add some new workouts into your routine. Some of my very favorites from the site are body attack. I love body combat, super fierce and fun and body pump, which is just the classic barbell training workout. So I hope you guys love it just as much as I do, head to bitlyyaylesmills. So check out the link in the show notes too.

Gina Harney:

So I'm a really excited for this week's podcast episode. It is a meaty podcast episode. I have Dr. Minkoff on the show and he is just such a wealth of knowledge. And I'm so excited for you guys to hear from him. I started this interview, not really knowing what to expect and what was going to happen. I just had a handful of questions I wanted to ask him, but everything I asked him, he just continued to expand and provide so many more details and so many things that you can implement in real life. I think especially with the current climate and everything going on, it's so important to hear from medical professionals that we trust.

Gina Harney:

He is just someone that I respect so much and he has such a solid background and he discusses censorship. That's something that I think is worth paying attention to right now, with everything going on. We should have the ability to choose what we want to do with the information we're given. But when that information is kind of filtered away from us, it's really hard to take a view at everything that's going on and make decisions for ourselves. So just something to keep in mind, I'm going to have as many diverse guests on the show as I possibly can and I want you guys to be able to take this information, use what you can, delete what you don't want to use and hopefully be able to make healthier choices that can help you and help your families.

Gina Harney:

So I hope you guys enjoy hearing from him just as much as I did. Here's a little background on Dr. Minkoff. If you're not familiar with him, he is a leading physician, bestselling author, athlete and devoted family man on a mission to help people optimize their health and vitality so that they can live a prosperous life. So he has done some incredible things. He is a pediatrician, board certified pediatrician. He is a fellow in Infectious Disease, and he also is the co-director of a neonatal intensive care unit. So he has a really diverse background. He is the founder of one of the largest alternative medical clinics in the US and he also is the founder of BodyHealth, which is a nutrition company offering a unique range of dietary supplements.

Gina Harney:

He's the author of the bestselling book, The Search for the Perfect Protein and an expert in hormone replacement, functional medicine, allergy elimination, European biological medicine. He is just so... He's a smart guy. So I'm so excited for you guys to hear from him. Another interesting tidbit about him is he's really passionate about fitness. He's 71 years old and he completed his 43rd full Ironman. So we talk a little bit about endurance and his tips for optimal performance and training, so much good stuff. So here's a little bit about what we talk about in today's episode. He shares his background info and what inspired him to practice medicine. We talk about genetics, tips to optimize your genetic potential. He shares his tips on the current pandemic and everything that we're going through and also tips for supporting and promoting a healthy immune system, his tips for endurance sports success, and so much more. Much good stuff. So I hope you guys love this episode.

Gina Harney:

Thanks again for tuning in and enjoy this one. Welcome to the show Dr. Minkoff. Hi, Dr. Minkoff. Thank you so much for being on the show today.

Dr. Minkoff:

Hi, Gina. It's great to be here with you.

Gina Harney:

I'm thrilled to have you here. I would love if you wouldn't mind, just breaking down a little bit of your background and what inspired you to practice medicine?

Dr. Minkoff:

I think my first inspiration was my uncle. I was five years old. He was living at our house. He was in med school and when he talked about biochemistry, for some reason, I thought that's what I wanted So I sort of headed that way, always thinking I wanted to go to medical school. It turned out in college I was a language major. Then when I was in my third year and I thought, "Oh my gosh, I need a lot of premed courses." So I jumped into all those. I still ended up with a major in Hebrew language, which was what I was studying at the time. So, I went to med school, University of Wisconsin then went out to San Diego and did a pediatric residency and then a fellowship in infectious disease. I was always working in emergency rooms.

Dr. Minkoff:

So I had enough time in emergency rooms to be board-eligible for emergency medicine too. My early career was in pediatrics and infectious disease. It was the early part of the AIDS epidemic and I was a hospital infection control officer in California. We had all the strange cases of mostly men who had AIDS or what turned out to be AIDS. I did that until 1990 when I switched careers and went into full-time emergency room medicine and moved to Florida. About 1995, 1996, my wife, who's a nurse and who's also a triathlete decided that... She started studying health. And one of the things that she studied was that the fillings that are in your teeth are 50% mercury and they add silver tin and copper to the mercury mixture and you get an amalgam. So if people look in their mouth and they see the silver colored fillings, about 50% of it is mercury.

Dr. Minkoff:

As everybody knows, mercury at room temperature is a liquid, probably most of us, at least in my day, we would play with it all the time, even though it was very toxic stuff, we didn't know that. If you eat something hot, the mercury will boil at 110 degrees, which isn't that hot, like a hot cup of super coffee might be 140, 150, 160, something like that. So the mercury can boil and it can boil out of the teeth and turn into an aerosol and you can swallow it. You can breathe it. So she went to a dentist who wasn't really fit to remove mercury safely. There's a safe way to do it and he used a high speed drill and he drilled out 14 mercury fillings. It's splurted all over her mouth, she swallowed it and about six weeks later, she started complaining about her thyroid that she had pain over the front part of her neck.

Dr. Minkoff:

I was in the emergency room. I knew all the good doctors. I had her see the best thyroid person. He evaluated her. He said she's got some kind of an autoimmune condition. It's called Hashimoto's thyroiditis of her thyroid, causes unknown. Her thyroid function is okay. Nothing to do at this point. I'll just follow her and I'll see her in six months. Shortly after that, she started complaining about pain over her, right lower ribs over her liver. Her liver felt swollen to me when I examined her and I sent her to the liver specialist and he said, "She's got what looks like some kind of hepatitis. It's probably autoimmune. She doesn't have a virus. She doesn't have a tumor. Her liver seems to be functioning okay. So we're just going to watch that too."

Dr. Minkoff:

Then shortly after that, I remember waking up one morning, she's in the bathroom and she yells over to me. She says, "I can't lift my arm to brush my teeth. It's weak. And I feel weak on one of my butt muscles." So then I sent her to the neurologist and the neurologist looked at her and he said, "It looks like there is, she has some kind of autoimmune condition, it's affecting now her nervous system. This looks like an MS condition. We better put her on steroids." At the time the treatment was a drug called interferon, which people would have to take for a year and it would make them very sick the whole year. It sort of dawned on us that something is wrong here.

Dr. Minkoff:

This is not adding up. I didn't like the treatment options. So she's a nurse and she owns an agency, a home healthcare agency where they send nurses out to people's homes to help them with dressing changes and give them baths and take their medicines and things like that. In the door next to her office, in the office next to hers, a dentist had moved in and on the marquee it said, natural dentistry. I went to pick her up one night, in the middle of this whole thing and he was walking out to his car and I introduced myself. We started talking, he had moved from West Palm Beach up to Clearwater where we live.

Dr. Minkoff:

I said, "Well, what's natural dentistry? I never heard of that before." And he said, "Well, unlike normal dentists or regular traditional dentists, we believe that the mouth is actually part of the body and that you wouldn't something in the mouth that you wouldn't put in the rest of the body. You would never put mercury, which is probably short of uranium the most toxic element known. You'd never put that in someone's joint or their hip or their liver." That was tried in the 1800s. They used mercury as a treatment for syphilis at the time. I remember growing up, there was [Mercuriacom 00:12:18] which was mercury in a topical form, but it's toxic, you can't use it.

Dr. Minkoff:

He said, "We just don't do that." He said, "We don't leave dead organs in either. People get root canal teeth, the organ is dead. It's infected. A surgeon would never leave in a dead infected toe or a dead infected appendix. It would make the person sick." So he said, "That's our philosophy." So we try to do things as naturally as possible and use materials that are compatible with the body. So then I told them my story about my wife, about she got the mercury taken out. She's had all these things and he said to me, "Oh, there's no doubt about it. She's mercury-toxic. When that stuff was taken out improperly, it went into her system and it poisoned her nervous system. And there's nobody in this town that's going to help you. You have to go to Seattle. There's a doctor there who trains other doctors in how to diagnose and treat this."

Dr. Minkoff:

And so the next weekend he had a seminar and I went to the seminar and I learned what he had to teach. I came back and I used it on her and she got better. Over four or five months, all of her symptoms went away. Thyroid calm down, liver calm down, all the weakness in her nervous system went away and she got better. We had a lot of friends that they were watching this whole thing and they started calling me like, "Hey, I've got rheumatoid arthritis. Can you help me? I've got colitis, can you help me? I've got colon cancer. Can you help me?"

Dr. Minkoff:

So I said, "I don't know. I've got a success of one person. But in her office, in her nursing office, she had an extra office. I thought, "Maybe this stuff became very interesting. And I traveled all around the country to try to learn from other doctors who knew how to do this stuff." I said, "Well, I'll be there Tuesday afternoon and Thursday afternoon." I was working in the emergency room and it's shift work. So either it was 7:00 in the morning or 7:00 at night or 7:00 at night 7:00 in the morning, three or four days a week. I had some time and I said, "Just, I come in, I'm not going to charge anybody. I'm going to see if I can figure out what to do to help you."

Dr. Minkoff:

Over the period of about six or eight months, we started having very good successes with people, they actually got better. And I practice in my hands. And so I transitioned out of the emergency room and opened up a practice. It's called LifeWorks Wellness Center. We've since moved twice because we needed more space. We have about 15,000 square feet of clinic with really the most advanced, both diagnostic and treatment options that are available literally anywhere. About three quarters of our patients come from out of the area. They travel here to get help. The average person has seen about 13 doctors. We are able to help about 85% of those people. Sometimes they come and it's just too late and sometimes people have to go home before they're finished, but about 85% of the time, we really help people.

Dr. Minkoff:

Most of the people that we're seeing are people with cancer or Lyme disease or chronic fatigue or Parkinson's, MS, auto immune disease. But also since I'm interested in athletics and I've worked with some very high level athletes that we see some athletes who come through who want performance increases. The same thing that works to heal a sick person will get a well person even better. So that's sort of I guess the long story of how I got here and what I'm doing. It's great professionally. I just love coming to work every day and we really make a difference in people's lives. So it makes it very gratifying.

Gina Harney:

Yes, that is so incredible. Thank you for the work that you're doing, because I feel like so often we have these symptoms and things that are happening and go to see medical professionals and it's easy to be not brushed off, but they'll run a couple of tests and tell you, you're okay, but in your heart you know something is off or wrong. So it's just kind of a testament that you can seek alternative options. There are people that have all of these other tools and resources and can help you if you know that something is off or bothering you. And it's interesting that you mentioned the mercury fillings, because I think I had six mercury fillings and a new dentist that I switched to in high school. He's like, "Oh, we've got to get these out of your mouth. We have to take them out, put in these other fillings that are safer."

Gina Harney:

At the time, I mean, I was in high school, so I didn't want to do it, but I had them all removed and switched out. I'm so glad that I did that because yeah, it's interesting that you mentioned that. I'm really inspired in your work with genetics and longevity. Would you mind speaking a little bit about genetics because I feel like it's easy to feel like your genetics dictate your future or how can you optimize the good portions of your genetics? What are your tips there?

Dr. Minkoff:

Well, I think there is a very high interest, both from public and on the business end of it, for people to get their genes tested, whether it's 23andMe or there's a handful of companies now that do this. I find that, and I've done my own with three or four separate companies. Every time I've had it done, it's caused me about 30 seconds of depression to think that my genetics are so bad.

Gina Harney:

Yeah.

Dr. Minkoff:

But I'm 72 years old. I work a 50 to 60 hour week. I do Ironman triathlons and I am absolutely very good. Garmin, which is my training partner, says that I have the performance of someone who's 30 years old. And so what that teaches me and what I see in others is that most of your potential isn't in your genetics. If you're a Usain Bolt, you have very specialized genetics so you can run very fast or someone might be blessed with genetics where their muscle power is extraordinary and they can lift lots of stuff. But for most of us in terms of health and longevity, it isn't your genetics that are going to ruin you. It's what you do to your genetics. What you eat and what you breathe and how you act and how you manage your stress. That is going to determine which genetics that are part of you get expressed.

Dr. Minkoff:

You have these genes, 23,000 pairs of these genes that we inherit, but there are this area called epigenetics. These are the things that turn the genes on and off, and the epigenetics are susceptible, or they are influenced by our environment and our habits. And so if you adjust your lifestyle so that the epigenes turn the genes on that are going to further enhance your health and longevity, then you will get that. Now that isn't to say that there aren't some people who have very bad genetics, who no matter what they do, won't get anywhere. But I used to be a pediatrician. When a baby had really bad genes, they didn't survive in utero or they didn't survive along after they were born or they had a recognizable problem when they were born, they might have Down syndrome or some variation on that where, because of their genetics, they had somewhat of a predictable future. But even many of those children, there are all kinds of strategies now for children with Downs, where they can have much higher IQs and much higher performance based on how their parents feed them and treat them and supplement them.

Dr. Minkoff:

So most of this isn't locked in stone ad I think most of us, underachieved what we're actually capable of. So the common things, like especially nowadays, eat organic food as much as you can, because it really makes a difference. Environmental toxins are a plague for our bodies. Get enough sleep, get some sunshine unprotected every day. Manage your stressors. If you have people that when you leave them you feel bad, then they aren't good people to be around. Supplement, everyone needs vitamin D. Fish oil, plenty of antioxidant foods, green mixes or red mixes. Everyone needs essential amino acids because our diet just today, isn't good enough to keep us nourished in the face of the stuff that we experience every day with the toxins that are in our lives.

Dr. Minkoff:

So I think there's big thing made out of MTHFRs. So you've got to... Your body doesn't methylate property, but 35% of the people, of the population, has that. That's a lot of people. So it can't be such a terrible thing. Might you need more activating folic acid? Sure. Might you need some B12 extra? Sure. Might SAM-e help you? Could be. But these I think are minor things. I found even people with MTHFR like myself, for example, my grandfather and my father and my brother all had heart attacks and had bypasses and stents and the whole thing.

Gina Harney:

Yes.

Dr. Minkoff:

But I don't have that. I had a homocysteine, which is one of the sort of cardinal signs of having a methylation problem in your body. I had a homocysteine that would run between 14 and 16. I took all the supplements that I was supposed to take to make it go normal and it wouldn't go normal. And when I went on a pretty strict sort of paleo keto diet, my homocysteine went to eight. So I think part of the puzzle of your genetics is, what are the correct foods that you should eat so that your genetics are maximized?

Dr. Minkoff:

It might be different for someone whose whole family history is they've been in Siberia and in the cold, their whole... For generations and generations and versus someone who grew up in the tropics. So what we try to do with people when I see them, is how can we optimize you with the genetics you have and with medical problems that you have, and that tends to be unique for each person.

Gina Harney:

Okay. That's really good to know. So with the MTHFR, do you think it's advantageous to be tested for that, if you don't know if you have it or not? Or is it one of those things where-

Dr. Minkoff:

Here's what I tell people? I think there are some screening things that are worth knowing about. We do in our routine screening, a level of methylmalonic acid, which is a precursor to B12. If methylmalonic acid is very high, it means that your body is unable to convert it to active B12 and you may have low B12 levels, because your body can't do it. There's an enzyme missing. It's one of the MTHFR pool.

Gina Harney:

Okay.

Dr. Minkoff:

Same with folic acid. If you have un-activated folic acid in very high levels and your activated folic acid is low, you may actually have a problem. Same with homocysteine. Sometimes to some extent also with urinary sulfate levels. So I screen people for these and if I find it, then I treat them, I might give them a supplement that has the activated folic acid and methyl B12 and B5 and B6 and trimethylglycine. Every company has products that have these things in mixtures and try someone on it at three months later, retest them and see if their levels have gone into normal. Then I think you know... Because, what you care about is not what are the exact genetics that you have necessarily. It's can you get all the things functioning that are supposed to be functioning? And so if your homocysteine is normal and your B12 is normal and your folic gas is normal and your high sensitivity CRP is normal, you are doing it, irrespective of what your genetics are, which is what we want.

Gina Harney:

Yes. I feel like it empowers you more that way too. It's like your jeans are like these little lockboxes in your body and then your habits help to dictate which keys turn, which locks. Is that correct?

Dr. Minkoff:

Yeah. Or could be you could put a key in to open up the lock. I think if people are on pharmaceuticals, if most of their direction is pharmaceutical medicine, that then some of the genetic stuff is really good and I think the future is going to be, you know your genetics. It goes to the pharmacist, the doctor prescribed X drug. You are going to have trouble with that drug? You can't metabolize that drug, but there is another drug in the same category. You've got high blood pressure. And maybe you can take a beta blocker, but you can't take a calcium channel blocker or something like that. That, that could be helpful.

Dr. Minkoff:

So I'm not negative on it. I just find that practically someone comes in with me and they've got their whole gene sheet that I don't look at it very carefully because it doesn't seem to really help me very much with what I need to do to get them better. I find it's very, very rare where, "Oh my gosh, you have a methylation defect and that is why you have chronic fatigue and brain fog and arthritis. I'm going to give you a methylation supplement and by golly, you're going to be fine within three or four weeks." I almost never see that, that's the solution. I just think practically it doesn't seem to make much difference.

Gina Harney:

Okay. That's good to know. So you mentioned the importance of vitamin D and fish oil. What are the recommended doses that you would suggest, for those?

Dr. Minkoff:

Well, again, it's individual, the average person in my clinic needs 10,000 units a day of vitamin D. Now we live in Florida. There's 300 days of sunshine a year here. Almost nobody has normal vitamin D levels. I consider a normal... LabCorp's vitamin D level is 30 to 100, but really we know from epidemiology studies, if you want to reduce risk for cancer and heart disease and high blood pressure, that above 50 is really, really important and I think 70 to 90 is ideal. That most of the people walk here, virtually everyone that I see, who's not supplementing vitamin D, even if they're tanned and they're in the sun and they play golf twice a week with no sunscreen, their vitamin D is probably going to be 25.

Dr. Minkoff:

I have an idea that the reason why the sun doesn't work anymore in this country for raising vitamin D levels is the amount of the herbicide glyphosate is so plentiful in our food, in our water, in our air, that we all have lots of it in our body. I have measured thousands of people for glyphosate levels in their urine. I haven't found one person yet that didn't have any. Glyphosate blocks the conversion or the activation of vitamin D in the skin to active vitamin D. I think that may be only one of the things there may be other things, but you got to supplement it. The easiest way is just measure your serum Vitamin D level, D3 level, 25-hydroxy vitamin D.

Dr. Minkoff:

If you have a level that's above 50 or in the 70 90 range, you don't need vitamin D. But if you don't, you do. I find that most people need about 10,000 units a day. I need about 12,500 units a day to keep mine in good range. I'm in the sun a lot. I don't use sunscreen unless I'm doing long rides or long runs. But my vitamin D level is about 34 if I don't supplement. If I take 12,500 units every day, I'm in the 78 to 80 range, which is kind of where I want to be.

Gina Harney:

Okay. That's reassuring to hear, because I think the recommended doses are really low for vitamin D. If you look at the bottle, it's like 1000 I use. So I'm always tripling it, quadrupling it. Is vitamin D toxicity, very common or is it more rare? Should people be worried about taking too much vitamin D?

Dr. Minkoff:

I think you don't have to worry about it. You start taking... What I usually do, start taking 5,000 units a day. Let's measure your vitamin D. It's not an inexpensive test. It's a routine blood test, all labs do it. Okay. What's your vitamin D level? And do it for a month. What's your vitamin D level? If it isn't up 70 to 90, add another 5,000 units. Measure it again in three months. It tends to be very stable. So once you're on a certain dose, it tends to keep your serum level in a range that's good.

Dr. Minkoff:

Now, some people have trouble with absorption. They may need to take more. Some people absorb really well and they may need to take less, but you don't have to guess. It's an easily measured test that the doctor can write for along with whatever other lab work he's using and then you know where you are.

Gina Harney:

Perfect.

Dr. Minkoff:

People that are darker skinned, they usually need more. I think half the epidemic of high blood pressure in dark skin people is that they don't get enough vitamin D. Those cultures, they were equatorial cultures. They lived where there was sun all the time and they've worked in the sun and their body had to get a protection from the sun and part of the protection was that they didn't get too much vitamin D. Now, you stick them in Chicago or New York, where the sun is limited except for selected months of the year and their vitamin D levels are low, and high blood pressure is many times help if you just take vitamin D. So these are easy things that any physician can test and I think that any person should be watching out for, but we know that with this whole COVID business and with influenza, people who have good vitamin D levels are much better off than people who are low. Your susceptibility is much higher if your vitamin D level is low, same with cancer.

Dr. Minkoff:

People who have vitamin D levels in the 70 to 90 range have 50% of the incidents of cancer of people who don't. It's the most protective thing that a person couldn't do if they're worried about cancer is keep your vitamin D level in the 70 to 90 range. Simple, costs nothing. A bile vitamin D is probably 10 bucks at Vitacost or somewhere like that. I mean, it's cheap, but it's really important. It's really needed. There's an epidemic of osteoporosis in this country or vitamin D is really needed to keep calcium in bones. So on many levels, it's a very important substance for our bodies and it should be measured and then you can find out where you're at.

Gina Harney:

Okay. That's good to hear. And like you mentioned, it is so inexpensive. So it's such an easy thing just to add into your routine. So you mentioned COVID and I can't have a doctor on the show without talking to you about the pandemic. I would love to hear your thoughts on things that listeners can do just to help protect and promote a healthy immune system, especially right now, with everything going on.

Dr. Minkoff:

Well, I think, stop all your fast food, eat organic, make sure you have bowel movement every day, get some sunshine, keep your vitamin D level in good range, drink plenty of water. These are just basic things. Get enough sleep, so immune-wise you're better. I think you want to make sure that your zinc levels are good. If you're not sure it takes some extra zinc, we know that this helps the immune system against viruses like COBIT. I think taking extra vitamin C at this time is worth it. Take 1000 milligrams three times a day. Won't hurt you. It can be helpful. Quercetin is a cousin to vitamin C. We have people taking 500 milligrams three times a day as an extra, because it looks like a combination of quercetin and zinc can even help you either not get COVID or protect you from it.

Dr. Minkoff:

I find that you're getting on airplanes or you're around people that if you just take some of the silver gel and put it up your nose every couple hours, I don't if it's proven, but silver kills most things and it is protective. I think the fear that's going around is unwarranted. I think there are good treatments. This weekend or today, I just saw this coming home. There are several hundred or maybe thousand doctors in Washington, D.C. talking about how this thing should be handled. They're getting thrown off Twitter for saying it, but I have treated people. We do not treat COVID here. Or patients are mostly sick. We don't treat any acute illness. So I have had some people, patients who were exposed or who were actually positive, we treated them early with Plaquinel di-hydroxychloroquine and Z-Pak and zinc and Quercetin and they sailed through it and nobody got really sick and everybody got better.

Dr. Minkoff:

So that seems to be what most physicians that are on the front line are saying, if you suspect you have it and you'll test positive for it, if you treat it early, you're very unlikely to end up a statistic, a bad statistic from this thing. That's what I'd say to people. I think, it is a crazy time and it's gotten very political, but I think if you sort of watch what are the doctors on the ground saying? Now, what are the high ups saying? What are the doctors on the ground who are working with people all the time? There's an emergency room doctor from New York, 699 cases treated with hydroxychloroquine and zinc, not one death.

Dr. Minkoff:

So I think these are easy things that you probably want to line up your doctor upfront so that if you get sick, you can get help with this. I was an infectious disease doctor for a long time, and sometimes people need drugs when they have serious illnesses. And I think these are very, very safe. To me, it's just kind of a no brainer. Now there's lots of reports, mostly from foreign countries where IV vitamin C and IV Ozone and IV ultraviolet blood irradiation, they treat this disease very well, but the people that are doing in this country are very sort of far, they're few of them. And so that may not be an option for people who are sick, who need acute care.

Gina Harney:

Okay. So many helpful tips. Thank you for that. And I did watch the video of the doctors in D.C. and it was so insightful and empowering. I just feel like so much of it is coming from a place of fear right now, instead of helpful tips and advice that people can use, but it is reassuring to know that they have found treatments on the frontline that have worked.

Dr. Minkoff:

Yeah, and I mean, I think the thing that bothers me the most about this is that science is supposed to be about honest inquiry. Science really are the actual truths about life and living and biology and geology and astronomy. The pursuit of science is to define what is the actual laws or truth about nature in these various forms. In this disease, it is very far from known. When you censor people who are asking legitimate questions or have solutions that look practical and safe and you say you can't talk or you can't be heard, I find that's where my fear... My fear doesn't come from the disease. It comes from the censorship that is going on about people who are actually trying to find solutions that are outside of some very limited options. That's where my high level of concern is.

Gina Harney:

Yes, I completely agree because that video of the doctors speaking has already been blocked on various platforms and quote, fact checkers are saying, it's false. It's like, "Well, this is a group of doctors speaking." The second thing is, "I don't care if it's false, we should have access to all information." It doesn't matter. In this case-

Dr. Minkoff:

Right, exactly. I mean, ultimately it's your life and it's your personal decision. If you have the facts, then you can make a decision. If you think that you need a COVID vaccine, when it comes out, or you need Remdesivir or you want to try Plaquenil it ought to be your choice.

Gina Harney:

Yes. 100% agree with you. So yeah, it's an interesting world right there, but thank you for your insight. I really appreciate that. I would love if you wouldn't mind chatting a little bit about your experience with endurance sports. I think you you've done 43 full Ironmans. Is that correct?

Dr. Minkoff:

That's correct.

Gina Harney:

Oh my gosh. Okay. So I would love to hear some of your tips just for performance advancements, your training strategies, anything that you've discovered along the way that you found to be really helpful?

Dr. Minkoff:

Well, I started doing these in 1982. When I was in my first year of medical school, my dad had a heart attack and I had done high school sports, but through college, I wasn't doing much. Then when he had a heart attack, I thought, "Oh boy, I've got to start exercising." So I started running and then in 1972, Frank Shorter won the Olympic marathon and I moved to San Diego shortly after that. It was like the running capital of the world and people were outside and they were into fitness and it was exciting. I joined some groups and started running marathons. Then in 1982, I saw the Wide World of Sports Julie Moss crawl across the finish line at Ironman and I knew that, that's what I had to do. Six months later, I went to Hawaii and I did Ironman Hawaii for the first time.

Dr. Minkoff:

As my professional and family career has changed when I was younger, I had more time and I could train more and now I'm probably busier than I've ever been. So I'm working in the 60 hour a week range, and I do a bunch of volunteer work and I do a lot of teaching. So my time is much more limited and I've gotten more efficient. So I think my rules right now, are more isn't better but you have to do enough to get through it. Then you have to work with your own sort of biomechanics and your own biology of when is it too much and when is it not enough? And most people err on the side of doing too much, rather than too little.

Dr. Minkoff:

They go too hard and their testosterone goes down and their cortisol goes down and then they have fatigue and then their training doesn't really get results and then they're frustrated. So, we evaluate people for these things, including really high level pro people and we find that there are some sort of standard things that make a difference. Essential amino acids are really important, because almost everybody has them too low. Since they're the things that the body's made out of, you need to have plenty of them in. And so, I have a vitamin company called BodyHealth and we manufacture a product called PerfectAmino and there are thousands of success stories from athletes and fatigued people and just menopausal women and depressed men, who take perfect amino.

Dr. Minkoff:

It's essential amino acids and they add it to their daily supplement routine and they see a huge improvement and anywhere from better mental clarity to their hair grows better to their nails are harder to their chronic injury got better finally to "Boy, I'm getting more strength gains than I've ever seen before with whatever I did." Kind of thing. So I think that, that's... There are some things that can make a difference and those are some of them that I found. I think the other thing, probably your audience has seen the Oura Ring.

Gina Harney:

Yes.

Dr. Minkoff:

I have found that it has vastly improved my health and my training. Last summer, I just heard two... I've had it for two years. So two years ago I got it in March and I sort of decided that I would do whatever it took for me to keep my sleep score. So for those of you that don't have it, you wear this ring, you basically leave it on all the time and it tracks your emotion and it tracks your heart rate variability and it tracks your sleep patterns. It has a whole algorithm, but it gives you a score every morning from zero to 100 for sleep and zero to 100 for what they call readiness, which is you're recovered and you're ready to go.

Dr. Minkoff:

So when I got the ring, I decided that I was going to do whatever I had to do so that my sleep score was above 80, which on their scale is very good or excellent and that my readiness scale was above 80. Now, what I found is that I had to sleep more. I was always a five and a half to six hour a night sleeper, but my ring gives me terrible scores when I sleep that little. So I switched to getting at least seven hours of sleep. So I try to be in the bed at 7:30, I mean, sorry, at 10:30 and I try not to get out of bed until five 30.

Dr. Minkoff:

So, that gives me seven hours. I also had to watch how much long or very hard training I was doing because my readiness scale would go down. So starting in March, two years ago for three months, if I would do an Ironman sort of endurance workout on the weekend, long bike ride Saturday, four to six hours, long run Sunday with a swim that on Monday morning, my readiness score would be 50, which is really low. Normally I would take Mondays off and then Tuesday I would be doing interval bike workouts and an interval swim workout. Wednesday, I would be doing a track workout and weights. Thursday I would do the bike swim thing again, but I found on Tuesday morning, my score was still under 60 and on Wednesday morning, my score was under 70 and now I'm sort of mentally going a little nuts, because I'm used to this and I like the feeling, I like working out. And I like the endorphins that I get. And I like putting in my log book, what I did.

Dr. Minkoff:

Now I'm not writing down very much. I walked the dog for half an hour was my workout. Or I did some stretches or I did some very light swim workout. It would take five days after a weekend like that before my score was above 80. Then the thing says, "Okay 82, very good. Do what you want today." So then I would have a hard workout and I just sort of followed the direction of the ring. Then that summer I did five triathlons. They were all either Olympic distance or half Ironman races. I won four of them and I was second place in the fifth one, which is the best I'd ever done and I trained half of what I was used to.

Gina Harney:

Wow! That is incredible. Incredible. And thank you for encouraging my shopping because I'm listening to superhuman right now by Dave Asprey on Audible and he loves the Oura Ring.

Dr. Minkoff:

Yeah.

Gina Harney:

And so about two weeks ago, I was like, "Oh, maybe I should order this thing. It looks pretty cool." And I think that you've just convinced me that I need it.

Dr. Minkoff:

You want data feedback on your body. It's great. I tell you, I had a coaching program and what I realized is my coach has no idea what the rest of my day looks like besides the hour or two or five that I'm working out. What are the work stressors? What are the family stressors? Did I sleep well enough? And he's got a workout for me to do that next morning and I'm not ready. My body's not ready. If it's not ready and you're doing it too hard, you're not helping yourself. You're actually hurting yourself.

Gina Harney:

Yeah. You'll get diminishing returns.

Dr. Minkoff:

I found that now I've got my own internal, I can monitor my own internal system for when has it recovered from the stressors, all of them, added up? It just isn't your run mileage. But it's what happened that day? You had patients that were very tough or that you're worried about, or that they got an allergic reaction to whatever you gave them or the office managers on a period and I can't get along with her today. You know what I mean? The dog pooped all over the house, because they've got diarrhea and everyone has a unique life and all of these things go into the equation of have you recovered from the day before? If you haven't then pushing it doesn't really work.

Gina Harney:

And at that point you get diminishing returns anyway. So like you said, it's better to just take the dog for a walk that day or a stretch or take a nap, do something restorative so that the next time you have a intentional, real workout. You're ready to go.

Dr. Minkoff:

Right.

Gina Harney:

Yeah, absolutely. So I have to ask you, because you had mentioned that you did more of a paleo type high protein diet. Do you still follow that today? Because I feel like there's conflicting info out there, performance versus longevity when it comes to protein intake. So if you want to perform really well, you need to eat a bunch of protein, but then studies are saying for longevity, you should follow more of a low protein diet.

Dr. Minkoff:

I think there's one ideal where people are very small, their bodies are cold, they have no muscle mass and they live for a long time. If you follow the... I'm just going to be on a plant-based diet with low protein and my thyroid levels are going to be low and my testosterone is going to be low and I'm just going to do very gentle things, you end up with a certain kind of body. And on the other extreme, there is a muscle head who's eating 200 grams of protein a day and juicing up with hormones and you get this other kind of body.

Dr. Minkoff:

I think that there is a happy medium depending on what your interests are. I find that I have... I was a vegetarian for 30 years. I know that pure vegetarians, 99% of them, when I measure them, their bodies are undernourished in protein. Their amino acid levels are low. Their hormone levels are low. Their muscle mass is low, their enzymes are low and most of them don't feel well. They're tired. Is there a lot of good stuff that they're eating? There is, but they're not nourished. So I don't know of any longterm vegetarian populations on earth. For 99% of the history of human beings, we were omnivores and that certainly included a lot of animal protein. Because it was ice age for a lot of the planet's life and there weren't many vegetables or nuts or fruits and they ate what they could find and that was fish and squirrels and deer and walruses or who knows.

Dr. Minkoff:

So I think that's where our genetics came from. The paleo period from minus two and a half million years ago to minus 10,000 years ago, that was the paleolithic period. So I have done the grains, beans thing myself. I was undernourished with protein. That's how I got into the immuno acid thing because I had an injury and I couldn't heal it. And the amino acids healed, healed up my injury. I think you can be vegetarian, which you need to supplement amino acids and Omega-3 fats and maybe iron and probably B12. Those things are the common deficiencies for people who are vegetarians.

Dr. Minkoff:

I think they can do it if they pay attention to those things. But most vegetarians don't and they're on high carb diets and mostly they weigh too much sugar. I don't find that they're healthy. I don't think vegetarians live longer than people who eat paleo type items, any evidence for it. I don't think the cancer incidence is any less. I just think that there is a right way to do it for your unique genetic and part of the experiment... Phil Maffetone has this really easy system of go low, no carbs for two weeks and just see how your body and your gut reacts. Eat vegetables, red and green and white vegetables eat some animal protein, avoid the beans, grains, fruit and many people... So I start people on a paleo diet. Meat, fish, eggs, fruits, vegetables, nuts, and seeds for six weeks. Just eat that, make sure it's organic. Don't eat any grains, don't eat any dairy, don't eat any nightshade vegetables.

Dr. Minkoff:

That's my standard thing. 80% of people at six weeks, their bloated gut is gone, their gas is gone, their constipation or diarrhea is gone. They feel better. Now, there may be some other foods that agree with them and they can experiment at that point. Virtually every one we test now has a gluten sensitivity and so I just basically have them avoid that. So I don't think it's a one system fits all, but I think that like for my body, I do really well with lots of vegetables.

Dr. Minkoff:

I get high triglycerides if I eat a lot of fruit, it's not good for me. I can have a cup of blueberries a day, but if I start piling on a lot of fruit, if I go on one of these fruit only in the morning type diets, it's not good for my body. Okay. So you have to sort of see what your genetics do with what you put in. I think some of it is how you feel and how you look to yourself, but some of it really, you need to objectively test and see, how are my inflammation markers? How is the homocysteine, high sensitivity CRP? What's your fasting insulin? What is your hemoglobin A1c? Are you getting the results from what you're eating that are sort of compatible with today's idea of what do healthy lives look like?

Gina Harney:

Absolutely. Like you said, it's not one size fits all. So what works really well for one person might not work well for someone else. You kind of just have to experiment on yourself and notice how you feel and like you said, how you look like I can look in the mirror and tell if I'm inflamed or swollen. If I had too much sugar, too much alcohol, I can see it in my face. So I feel like a lot of us can kind of be the judge as to what foods work really well for our bodies and which ones don't. So the title of the podcast is Healthy in Real Life. What's something that you do and your own routine to create a healthy, sustainable lifestyle for yourself?

Dr. Minkoff:

Well, I think the whole day is sort of oriented, I mean, that's how I just sort of orient orient it so that I set up an advance all my food. I know in advance what I'm going to do that day. Like I knew today when I got up what my routine is and I really can keep mostly control over everything. So, I take the dogs for a walk and I drink some mushroom tea and I did an interval bike workout in a weight workout this morning and I was in my office at eight o'clock and I knew I was going to have a swim at noon. So I went swimming and I'm going to do you now and then I'm going to see patients till six o'clock and then I'm going to go home. And my wife knows, we eat the same way. So we're going to have a paleo type dinner. It'll be a gigantic salad and probably some kind of meat.

Dr. Minkoff:

I might have an Apple for dessert, something like that. And so I think the design of your day, so that you can meet your personal and professional and health goals is pretty much under someone's control for let's say 80% of the time, sometimes things go foul or there's a snag in it and then you just deal with it. But I think that I am going to be in bed with the lights out at 10:30. I just know the things that I have to do so that I can be bright all day and feel good. My body isn't really in a cope situation, it's in a very stable situation. I find that that bodies generally like routines and that if you have predictable routines for your body, so it knows when it's going to eat and it knows when it's going to go to sleep, that then it knows when it's going to exercise. That then it works the best.

Dr. Minkoff:

Then if it's all over the place, for a long time, I was in emergency room work. We would work a 7:00 in the morning till 7:00 at night shift. Then the next day we would work a noon till midnight shift. Then the next day would work a 7:00 at night to 7:00 in the morning shift and by the next morning, I didn't really know where I was. Then we would be off two or three days and then we would do it again. And it was just impossible. I couldn't exercise it. My body had no predict and I didn't know... I did this for years. And finally a guy joined our emergency room group who said he liked nights.

Dr. Minkoff:

So he would take 14 nights a month. Then we didn't have to do this crazy shift thing like we did. That we could look either work the morning or the middle shift, which still meant that you could get a decent night's sleep that was predictable and it changed my whole life. It was just so much better. So I think these are things that people can put in and you get your Oura Ring. I don't work for Oura and I get no commissions for Oura, I just think it's a great tool that when my patients get it, they're just like, "Wow! I had a great big bowl popcorn last night and my sleep was terrible." Like, "Okay, I'm not going to do that tonight."

Gina Harney:

Yeah.

Dr. Minkoff:

Or, "I took melatonin, man, look, my deep sleep went from an hour to an hour and 20 minutes." I just read this book, this guy named Joel Green, he has a very interesting book about the immune system in your gut. He had some suggestions about take fish oil at night and then take some zinc at night and do something else. I'm experimenting with it now. I'm like, "Well, will that work for me?" Measuring how much REM sleep? How much deep sleep? What's my heart rate variability. And I can tell in the morning and do the thing for a few weeks and then see, is this actually making a change for me? For some other person that might work, but then you can tell and if you want to live a long time and be as active as you can for as long as you can and I think if you pay attention to these things, you can do better.

Gina Harney:

So many amazing tits. So where can everyone find you online?

Dr. Minkoff:

My clinic's web addresses lifeworkswellnesscenter, L-I-F-EW-O-R-K-S wellnesscenter, one word .com. So if you want to inquire into our clinic and what we do and all those things, it's there. My vitamin supplement company is called BodyHealth. So it's bodyhealth.com. So on those sites, there's tons of hundreds of videos and information that if you're interested in health, athletic performance, longevity, you could get and you can try a product or you want to refer someone or you want yourself to be a patient here. There's phone numbers on there you can call. There's another website, dr.minkoff.com is more a personal one, a lot of the videos and things are on there. So that's probably [inaudible 00:59:37]. We have Facebook and I think we have all of them, but those are two websites have the most information.

Gina Harney:

Okay, perfect. So are you on Instagram or no?

Dr. Minkoff:

We are.

Gina Harney:

Okay, perfect. So I'll include links to all of those so that everyone listening can find you and connect with you online, but thank you so much for being here and for sharing all of those tips and amazing knowledge. I took like four pages of notes here next to me. So I genuinely appreciate you taking the time and thank you for the work that you're doing as well.

Dr. Minkoff:

Thank you Gina. It was very fun to talk to you.

Speaker 2:

Thanks for listening to the Healthy in Real Life Podcast. For more info, check out Gina's blog at fitnessista.com