

Applying a Multi-Approach Strategy for Better Health

A Special Interview With Dr. David Minkoff

By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome everyone, Dr. Mercola, helping you take control of your health, and today we are joined by Dr. David Minkoff, who is a pioneer in natural medicine and really regarded as one of the best natural medical physicians out there, at least in my view and many others. He happens to practice out of the great state of Florida on a different coast than me. He's on the West Coast. I'm on the East Coast. But nevertheless, he does an outstanding job. But, we're going to dive deep into some of his best strategies to optimize your health and what he's learned from so many decades in the trenches of helping people improve their health and resolve some of the challenges that conventional medicine has been absolutely incapable of resolving. So, welcome and thank you for joining us today David.

Dr. David Minkoff:

Thank you, Joe. I'm honored to be here and talk to you.

Dr. Joseph Mercola:

Great. Thanks for everything you've been doing. I just noticed, as I focused my attention on your face, to the right of that is a wall full of medals because one of your other passions, that I neglected to mention, is that you are an avid athlete. Maybe, we can start there. What got you into that and are you still competing? And, congratulations on all those medals behind your head.

Dr. David Minkoff:

Thank you. I was sort of a very okay athlete in high school. In my first year of medical school, my dad had a near-fatal heart attack-

Dr. Joseph Mercola:

Wow.

Dr. David Minkoff:

I remember coming to the ICU, and he's there, and he's critical. He was only 54 years old, and it really sort of woke me up. I thought, "I better get my fitness together." He had been a pretty good college athlete runner, but then he took up smoking and was very good smoker, three packs a day. I never saw him without a cigarette. He was a business guy, and he just loved to smoke. He has this heart attack, and I decided I should start running. So, I started just jogging. Then, I got into 5Ks and 10Ks. I ran five marathons. Then, when I finished my medical school, went to San Diego for my residency. I did medical school at the University of Wisconsin and San Diego, Frank Shorter had just either won or came in silver medal in the Olympic marathon.

Dr. Joseph Mercola:

That was 1976-

Dr. David Minkoff:

Yeah. There was a running boom in San Diego. I got into the running boom and started running. Then, in 1982, a friend of mine and I were watching the Ironman triathlon on TV, and two girls from San Diego were winning the race. Julie Moss was in front, and she was about a hundred yards before the finish line, and she collapsed, and we were watching it on "Wide World of Sports," which was a show on ABC every Saturday afternoon. They would show epic sports events, and you see her crawling, and she's trying to stand up, and she can't. The second place girl goes past her. Her name's Kathleen McCartney [Hearst] and wins the race.

Dr. David Minkoff:

I'm sitting watching this with my best friend. Then, we looked at each other and we said, "We got to do this race." He has just started a financial services business, and I had just started a medical practice. And he said, "Give me all your money, and I'll invest it and in five years we'll both be rich and retired, and we can train and do the Ironman triathlon." So, we shook hands on that, except that night I couldn't sleep. And, I thought, "What if he lost all my money because that had happened before, and I can't wait that long." The next morning I joined the YMCA (Young Men's Christian Association) and started swimming. I looked in the San Diego Union newspaper and found a used 10 speed bicycle. This was February of 82, and I went online, and I submitted an application for the Kona Ironman, Hawaii in October, and I went there and did the race.

Dr. Joseph Mercola:

Wow. You didn't even start at the bottom. You went straight to the top.

Dr. David Minkoff:

Well, I did one race in between, which was in San Diego. It was a dreary June day. I hadn't been in the ocean before. I was a pretty good swimmer, but the water was very cold. In '82, there was no wetsuit-legal and halfway through the swim I got hypothermic. I got pulled out by the lifeguards. I sat in an ambulance. My body temperature was 92 and that was my first real race. Anyway, didn't dissuade me. I went and did the Ironman. The last four or five miles were very difficult in Hawaii. It's very hot. It's very windy. It's a very hard venue for a race. I decided that I was never going to do this again.

Dr. Joseph Mercola:

That's a rational response.

Dr. David Minkoff:

Yes. On the way home on the plane, there were about 30 guys and gals who'd done the race. So, we spent the six hours from Kona to San Diego talking about our miseries. By the end of the trip, I had decided I was going to go back the next year because the race had beat me kind of mentally and physically, and I wasn't going to let that happen. Now, we're 43 Ironmans later, eight times as the world championship in Hawaii, and I've got an Ironman scheduled for September. I just love it. I love the challenge. I know you don't like endurance exercise anymore, that you were a good marathoner, but I actually thrive on it.

Dr. Joseph Mercola:

Yeah. Well, whatever works for you, and that's a quite respectable commitment, 43. You've been doing it for four decades, four decades. That's crazy.

Dr. David Minkoff:

Yeah. This is my 40th season.

Dr. Joseph Mercola:

That is crazy, so congratulations.

Dr. David Minkoff:

Thank you.

Dr. Joseph Mercola:

Didn't realize the extent of your history, but that's an interesting tangent, at least for me because I'm passionate about exercise. I personally believe, and I think there's some significant support for it, that exercise may be one of the best interventions for anti-aging. It is hopeless unless you engage in a regular exercise program. You aren't going to get anywhere fast.

Dr. David Minkoff:

Right. I do too. Plus, if you enjoy it, it was really a good adjunct to me being a doctor because I could test things, test nutrition and test sleep and test – now, there's so many ways to sort of gauge, Oura rings and glucose monitors and all this stuff and just learn a ton about my own physiology. Then, I can help other people because I've worked with some – most of my practices is chronically ill people, but I have worked with some very high-end athletes, and I can really help them because I understand what kind of metabolism you need to do to be able to perform consistently at a high level. I've sort of been in the laboratory myself, and that's been very helpful.

Dr. Joseph Mercola:

So, let's dive into what you have learned for over 40 years in the trenches helping people recover from their chronic illnesses and failures with the conventional medical system. So, why don't you tell us a little bit about your practice and when did you get to Tampa or actually not Tampa, St. Petersburg, is it?

Dr. David Minkoff:

Clearwater?

Dr. Joseph Mercola:

Clearwater. They're all close together, St. Petersburg; Tampa. What was your journey to get from San Diego to Clearwater?

Dr. David Minkoff:

In San Diego, I started as a rotating intern at the University of California in San Diego because I didn't know-

Dr. Joseph Mercola:

What was your residency?

Dr. David Minkoff:

I started – they had a rotating internship where you did four months, three months of peds, three months internal medicine, three months surgery, three months gynecology. I started at that because I didn't know what I wanted to do. The first three months I was in pediatrics and the chairman of the department there one day said to me, "You'd be a good pediatrician." I said, "Okay." Then, I switched it to do a three-year pediatric residency. It was a very good place to be. Lou Gluck, who's the father of neonatology, was there and their infectious disease department was incredible. So, I loved it. Then, I was selected to be chief resident for my fourth year. Then, I still wasn't sure what I wanted to do. I decided to do an infectious disease fellowship.

Dr. David Minkoff:

It was so supposed to be a pediatric infectious disease fellowship, but we spent a lot of time with the adult guys. So, I left there being very comfortable with infectious disease, whether adult and pediatric. I went into practice with a guy who had a combined hospital infectious disease practice and then general pediatric office. So, I was infection control officer in a big hospital, and I also ran a neonatal intensive care unit. I was sort of eclectic in my training. In the early '80s in San Diego, there was a ton of people from the Hmong area in Southeast Asia. So, the infectious disease was very interesting, like tuberculosis and parasitic disease and lots of stuff. There was the beginning of the AIDS epidemic. So, we had all these guys in the hospital with these very complex infections, nobody really knew what was going on. So, it was very interesting and very stimulating.

Dr. David Minkoff:

I stayed on as an adjunct clinical professor at the university where I would attend a couple months a year for the residents and make rounds with them and that was also fun. I did that for 10 years. I had a side job because I had three kids, and I needed more money. I started working emergency rooms and my emergency room was about two hours from San Diego. It was in Brawley, California.

So, I'm in San Diego. It's a two-hour drive. It's right on the border on the Eastern edge of California. It's a border town, but the drug traffickers from Mexico would come across. Our emergency room was the spot where a lot of them landed if they got in trouble, and there was a recreational vehicle park close to there. So, on a busy weekend, there'd be 70,000 people on four-wheelers with lots of beer, and they would end up in the emergency room. My shift was Friday night at 9:00 until Sunday morning at 9:00.

Dr. Joseph Mercola:

The weekend.

Dr. David Minkoff:

The weekend and it would be – when I got there, I was very green, but there was a head nurse there, was a Green Beret medic with two tours in Southeast Asia, and he knew everything. He would just stand next to me and say, "Here's where you put the burr hole. Here's how you do the chest tube."

Dr. Joseph Mercola:

Beautiful-

Dr. David Minkoff:

I learned emergency medicine on the job from him because we were two hours from anywhere. So, that was interesting. I did that until 1990. We then moved to Florida. I originally moved as sort of a six months sabbatical. I had a pediatric practice. We had three offices. We were busy, and we decided we liked Florida better. I got a job in an emergency room here until 2002. But, in 1995, my wife, who's a registered nurse and was always sort of ahead of me in what we should do next, went to some lectures from Jeffrey Bland. Jeffrey Bland, Ph.D., is a genius pioneer in nutritional biochemistry and medicine. One day, she dragged me to a lecture, and I saw him lecture and my lights just went on. It was just like, "Holy smokes, this guy is smart, and it makes sense, and I want to learn this." So, I started going to courses. I went to ACAM (American College for Advancement in Medicine), learned how to do chelation.

Dr. David Minkoff:

In her nursing office, she owns a home health care nursing business. So, we set up a little part-time office in one of the places, and I was still doing full-time emergency room, but I would see people just for fun. I think I met you the first time in Seattle at Dietrich Klinghardt's [crosstalk 00:13:30] course because next door to this nursing office, a guy moved in who had on his marquee, "Natural dentistry." And, one day I bumped into him, and I asked him, "What is natural dentistry?" And, he said, "Well, we believe as natural dentists that the mouth is actually part of the body-

Dr. Joseph Mercola:

Imagine that-

Dr. David Minkoff:

Imagine that, right? And, you wouldn't do anything in the mouth that you don't do in the body. So, why would you put mercury in – you never put mercury in a wound. Mercury used to be in contact lens solutions, and they took it out because it's poisonous. And like root canals, he said, "Where in medicine do you ever leave in dead, infected tissue? Well, never. So, we don't think that's a good idea." So, I said, "I need to learn more about this." This is interesting, and he said, "Well, you should go to Seattle. There's a guy there named Dietrich Klinghardt, and he teaches doctors.

Dr. David Minkoff:

And, I went there, and I think I met you for the first time there probably late '96, '97, somewhere in there. Then, from there, I went to Dr. Omura in New York. I spent 175 hours in courses with him. He was at Columbia. He's brilliant man. Then, Thomas Rau, who's a Swiss doctor, came to

the U.S. and did a couple-year course for a handful of U.S. doctors in European biological medicine. And, I started to get my education, and I started this practice, and we started to get pretty much right off the bat very, very good results with people, like chronic migraine headaches were going away and rheumatoid arthritis pain was going away.

Dr. David Minkoff:

As I got into it, I just sought out the best people that I could find to help me learn how I could do this better. That's been 25 years. So, I left the emergency room in 2002, and we've been just going gangbusters since then. You're one of my major mentors. I have to thank you because your newsletters and the interviews that you do and your books have really advanced my education and helped me help thousands and thousands of people. We have a very big practice now, and it's just so much fun because there is just many, many new ways to help people get better that actually solve the problem with their bodies. If you need a painkiller, fine, and if you need emergency treatment, of course, but if you have a chronic illness, high blood pressure, high cholesterol, rheumatoid arthritis, Parkinson's disease, the repertoire of standard medicine is just not very good. They might help you with symptoms, which is fine for a while, but you are headed toward an endpoint, which isn't going to be what you want.

Dr. David Minkoff:

I talked to three smart doctors over the weekend, saw your interviews on hyperbaric. We have seven hyperbaric chambers. We've been doing it for years. It's a wonderful treatment. I talked to two doctors that we've been doing methylene blue for about five years, but I talked to a couple other guys who had some other ideas on it. Then, I learned about intranasal NAD (nicotinamide adenine dinucleotide). Fascinating. The field is exploding with amazing people who are coming up with things that help people that have a downside that's practically zero.

Dr. Joseph Mercola:

Well, thanks for sharing that journey. It really reminds me that – because, I've shared a similar journey to acquire my knowledge because there is no school you go to. There's no post-graduate residency training to learn this stuff. You really have to hop, skip around and find the teachers and go to their courses in different states or countries like you did. So, it's a great testament to people like yourself who really are able to do the due diligence and make the journey and the efforts and achieve the results. I had met – you mentioned Dr. Bland was the catalyst, and I find that interesting. I had actually caught up with him in like '86 or '87 when I first met him and definitely was intrigued with his biochemistry. But, there were so many other teachers beyond that, that just really catalyzed my interest in learning.

Dr. Joseph Mercola:

At one point, I neglected to mention when you mentioned that you ran the race with Frank Shorter, I think it was your first race. I think it was your first race or no, that catalyzed your interest in triathlon. My first race was in 1976 and Frank Shorter was in that race. I think it was a 20-kilometer race or 20K, so about 12 miles. Of course, he won the race. I'm pretty sure he did because he had just come off the silver medal, and I wasn't anywhere close. I was like thousands back, but it was fun to be in the same race with him.

Dr. David Minkoff:

Yeah. Those are fun days, fun times.

Dr. Joseph Mercola:

Yeah. So anyway, thanks for sharing that journey. But, now what I want to jump into is some of the highlights of what you've learned over these 40 years in the trenches. Actually, pretty much 25 years because the first – actually the question I had as you were sharing your story, I did not realize that you had pediatric infectious disease background. So, I'm wondering if you would consider yourself indoctrinated into the vaccine approach and if your position has changed any since that training, and you've been in the trenches and seen the damage that many of these vaccines can do?

Dr. David Minkoff:

Well, as a pediatrician, I was very much in favor, that they were very important and-

Dr. Joseph Mercola:

You were not just a pediatrician. You were a pediatric infectious disease specialist.

Dr. David Minkoff:

Yes. So, at the time I was pushing people to do it, and I would end up in the emergency room seeing a kid who was 4-months-old, and he had a fever of 104, and he'd gotten his DPT (diphtheria, pertussis and tetanus) shot that day. And, what we were taught is, "Look, this is a reaction, he's going to be fine. Don't worry about it." What I've come to now is just very selective. I think if I was walking through a field and I was barefoot and I stepped on a rusty nail in the middle of a cow patch, I'd probably get a tetanus shot if I wasn't up to date. But, I'm very cautious now about this whole area because there's a lot of data that says that children who get these things don't do better. They have more allergies, all this stuff. So, I'm very careful.

Dr. David Minkoff:

I'm not in a position now where I'm dealing with children or vaccines, but I'm very hesitant. It's not to say that I'm anti or that I would never consider it, but it really would depend on how good is it, and what's the safety profile on it and unfortunately much of the safety profile isn't very good of a lot of stuff. I went through the live vaccine thing, and it was like, "Holy cow, these guys, this was a bad, this wasn't a good vaccine." And, they pulled it. Smartly they pulled it.

Dr. David Minkoff:

My approach really to this is that in virtually everybody that I see, they were fine until they weren't. They had 40 years or 50 years where they went to work, and they enjoyed their life, and they enjoyed their family and now, they can't do it. They've got pain or energy issues, or they got a diagnosis that has been labeled on them. They're not fine anymore. They're looking to get their life back. So, my idea on – this isn't a genetic problem. If I'm talking to the patient, I'd say, "Look, this isn't your genetics. There are causes for the things that you have and if we look at this on a very micro level, the basics of the body are single cells. If single cells have the nutrition that they need, and they're able to create energy from that nutrition and sunlight that they can then do

their work and each cell has a job, and it is able to then detoxify itself of things that come in , and you have health. You have energy vitality, and everything works.

In a body, now we have about a hundred trillion of these cells, and in a sick person, they're not working, and they're not working for basically two big reasons. There's things in those cells that shouldn't be there. We're in an environment with 80,000 chemicals, and God knows how much other stuff, which we breathe and eat and put on our skin, and they get into our bodies, and they poison these biochemical systems. Then virtually everybody that we see has a bad gut. They have parasites or bad bacteria or leaks, or – their guts are bad, and they don't absorb, and assuming that they have teeth, they can chew, and they've got stomach acid, and they've got pancreatic enzymes, which most people don't have. They don't absorb the food that they get.

Dr. David Minkoff:

Half the problem is things in the body that shouldn't be there, and the other half is things missing from the body that should be there. If you can solve the problem with the individual patient of what's in you that we got to get out and what's not in you that we got to get in, and then sometimes in some cases, there's mechanical stuff. We need chiropractors or acupuncturists or massage therapists or things like this because there's a joint out of place, or their cervical vertebrae are out of place, or sometimes they might even need surgical intervention. The big two are you're toxic, and you're depleted. My approach to people then is what are those things? And then what is the priority or what is the order of dealing with those things?

Dr. David Minkoff:

Because some years ago I had a lady come into my office. Now she was the number one real estate broker in Tampa Bay. She's very bright. She's very successful. She went to a practitioner who diagnosed her with heavy metal poisoning, and he gave her IV chelation, and she literally turned into a bag lady. She was brought to my office in a condition where she was wearing grandma dresses, carrying two large paper bags. She had earphones on playing religious music, and she was just about completely out of it.

What happened was that he gave her nutrients and drugs to detox her heavy metal poison, her mercury, and her lead, but her body was in no condition to get rid of it. As these things started to pull these substances out of places where they weren't so much bothering her, they circulated around. They got to her liver. Her liver was already overloaded. It couldn't get rid of it, and these things ended up in her brain, and she was pretty much out of it.

Dr. David Minkoff:

It took two years to backtrack this whole thing, get her gut okay. Get her liver okay. Start to replenish her nutrients, tease out the metals that were in her brain to a point where she actually restored her health. I think it's finding out what's needed.

Dr. Joseph Mercola:

Was she put on IV DMPS? Probably.

Dr. David Minkoff:

Well, you mean early? Yeah.

Dr. Joseph Mercola:

Yeah. That's what caused it. Right?

Dr. David Minkoff:

Yeah.

Dr. Joseph Mercola:

Because there was a lot of controversy about using DMPS.

Dr. David Minkoff:

Yeah. I mean, when I first started DMPS, I went to the chelation course and did DMPS, and the patients were complaining about their kidneys. They were having back pain like it was hurting them. I was like, "No, we're not going to do that. That's not the right thing." I think the priority is find out what's wrong and then work out a sequence where you can actually show improvement as they go along. They're not having big Herxheimer reactions. They're not feeling terrible. You're not putting them in a condition worse than what they are because many of these people are pretty delicate, and they need a very gentle touch to bring them along. We have lots of tools to do it, but I think the genius of it and the guys who do it the best are able to walk this line where they can help people through it and not crash it.

Dr. Joseph Mercola:

Do you have any favorite assessment tools to understand what the issues are? Because I think that's the challenge. There's two components in medicine. One's diagnosis the other is treatment. Conventional medicine is pretty good for the most part on the diagnosis. I used to be very grateful when people came in to see me from Mayo Clinic or Northwestern University of Chicago because they had a really good workup, and I didn't have to do a lot of stuff. They ruled out all the wacky things that could be, and I didn't have to worry about the zebras essentially, but their treatment, they were beyond miserable failures. They were just terrible. The average person has seen 13 other doctors so that they're coming in with a whole diagnostic. You just rely on that, or do you have your own favorite tools to figure out what's going on?

Dr. David Minkoff:

Well, I'm with you on that. I can say to the patient, "Hey, I'm really glad you went through that because you've had an MRI. You don't have a brain tumor. You don't have some crazy biochemical disease," and I don't have to worry about that because these guys are smart. They did their homework. They just didn't make the link of they couldn't find it. "Therefore you are crazy, and you need Prozac." That's where it usually goes to, "Hey, I'm missing something, and I need to just educate myself or listen to guys like you or me" and say, "Hey, why don't you look under this leaf? The leaf is there. Why don't you look under that leaf?"

My standard thing is I do a very careful – we have a 12-page form that they fill out, so I know their whole history, and especially their dental history, and I do a very careful physical exam on every patient I see. There's many patients that are surprised that they got an exam from a doctor because there are plenty of doctors now that don't touch the patient.

Dr. David Minkoff:

I look them up and down very carefully. Then I do this autonomic response testing. I've changed it a bit from what I learned. Maybe I just take a second here so people can who aren't familiar with this is if you look at the system at the body as a system and you say you have an individual cell and that individual cell has in the neighborhood of a hundred thousand enzymatic reactions per second to stay alive, ballpark. Then you have a body that has in the neighborhood of 50 or a hundred trillion cells, and you take this problem to a computer guy, and you say, "Listen, I've got an individual unit that does a hundred thousand reactions per second, and I got a hundred trillion of them. Design me a program and hardware that we could handle all this stuff," and he'll look at you, and his eyes will cross because there's no way that this could ever be done. It's impossible. Now, if you add to that, this standard model of neurology, like nerves conduct at 11 feet per second.

Dr. David Minkoff:

You put an impulse in the toe, and if the guy is 5'5, so half of 11 feet, it's a half a second to the brain. The brain gets the message, and then the brain sends the message back to the toe to move or do something, and that's another half a second. You got a second leg, and you're walking along, and your foot starts to slip in a hole, and if it was really a whole second up and a whole second back, you'd be on your face every time. If you tried to hit a hundred-mile-an-hour fastball or be Tom Brady and get connect up a moving target that many yards away, it'd be impossible because you couldn't do it. Then you say to this computer guy, "Hey, this whole system has to fit in the size of the head, which is a brain, which is about 3 pounds." It's like impossible. The whole model we have for in the neurology and nervous systems and what's happening is just off. It's a laser system. It's speed of light. You get a hundred trillion cells getting the communication virtually instantly.

Dr. David Minkoff:

You start to fall, and all your muscles change, and you do this and do this so that you don't fall down. It's an impossible thing. In the autonomic response testing, what we're doing is we're consulting with this system. I just tell patients, "You have an operating system in you that's like a computer. It receives all the information, and our bodies are basically antennas for electromagnetic communication." All site is electromagnetic, and sound is electromagnetic, and our nervous system can get this information. It can process it, and it can react to it. All we're doing with autonomic response testing is putting challenge frequencies of mostly toxins and infections into the body to see what is triggering it. The body is so sophisticated that it will give you a readout of here's my priority levels. "Do the root canals first. Handle the capitations. Oh, yes, there's a parasite there. There's autoimmune there. I've got chronic Epstein Barr virus or herpes type 6."

Dr. David Minkoff:

I get on the first exam, a regular physical exam, the autonomic response testing, which then I get, okay, here's my big list. I say to the patient, "We're going to concentrate on these things." They said, "Well, what about my heavy metals?" You, for sure, got them because everyone's got heavy metals, but not now because the body says here's the priority list. I look at their blood, and I can

show them that you aren't psychologically ill. You have bloods. It's all stacked up, and you have organisms that are swimming around in it.

Dr. David Minkoff:

You can actually show the patient and say, “Hey, look, you feel bad because you are bad, and we have a list of items that we can deal with to help.” Then the next step is I order wide panels of other labs that the other guys didn't do. We're looking at environmental toxins and neurotransmitters and viral levels and all this stuff, vitamin, mineral, amino acid levels. We get big hormones, big panels of information. Now I've got a really good picture of, “Here's what you're toxic with. Here's what you're deficient in, and now I can design a program to walk you through that, so that I can help you.” Here in the clinic, we have all these tools where we can facilitate that process. I find if I had to go to a desert island, I wouldn't take my stethoscope necessarily. Because if I had to, I could put my ear up against the guy back and hear they had pneumonia or they had arrhythmia or something, not to discount those, but the big tool is that.

Dr. David Minkoff:

What I encourage doctors to who are interested in this field is you got to learn a way to dial into the autonomic nervous system. Because if you're not, you really are going to be blindsided because you won't be able to help the person.

Dr. David Minkoff:

I find that over and over and over that you can, as a physician, you can spin your wheels, but if you don't have a way to get at this or look at this, and some people do it with electrodermal screening. Some people do it with muscle testing, but you've got to be able to tune into this if you're going to really help these patients because they're complicated and they're a little bit tricky, and this allows you a tool to be able to really dial into them and get them actually there.

Dr. Joseph Mercola:

Okay. Now I know your secret sauce, but interestingly, I reached the same conclusion when I was practicing that you can get all blood tests and lab tests in the world but ultimately if you're not integrating some type of energetic analysis, you're going to miss the boat big time. We use a variety of different muscle testing techniques from basically based out of the chiropractic world like TBM (Total Body Modification) and NET (Neuro Emotional Technique) and some other derivatives, and it was enormously helpful, enormously. I'm wondering what the ART (Autonomic Response Testing), which is Dr. Klinghardt's version of muscle testing. If you actually did the testing yourself and how long [[crosstalk 00:16:09](#)]. Just curious.

Dr. David Minkoff:

You mean, do I do the testing on patients?

Dr. Joseph Mercola:

For the ART, yeah. I think it can be pretty timely. It's at least a half-hour to an hour for extensive [[crosstalk 00:16:19](#)].

Dr. David Minkoff:

I've modified what I learned from him so that it actually is pretty quick, five to 10 minutes. I can do the complete exam so that I get what I want.

Dr. Joseph Mercola:

Wow. Of course, you're Mr. Efficiency. That's great.

Dr. David Minkoff:

Well, I'm not relying on it as my only tool, but I want this priority, like what's the big ones? What are the big ones? Because then I don't have to wait for lab reports to get the patient started. A lot of people come from out of town, and I can say, "Okay, here's where we're going. I can start them in the IV room or the other stuff because I've got a good handle on it. Honestly, it's rarely wrong. If you're an experienced guy and you've done a lot of this, the things that I find they're actually there. When you do lab tests to try to find is that actually there. Last year, if the opening block of their autonomic nervous system is, let's say, root canal, and I put them on the table, and root canal is the thing that comes up.

Dr. David Minkoff:

I have a biological dentist three blocks from here, and I just write them a prescription for a cone beam CT scan, and I send them over there to get the scan, and my dentist is really good. They don't see him. They don't do anything. They just go there. I order the scan. He does it. He's trained by the University of Florida to read the scans. A couple of days I get the report from the scan back, and it says root canal. There's an abscess visible there, so you know this is really a bad deal. Last year, out of 142 people that I saw that on the ART exam, there was a diagnosable condition with the teeth on 137 of them. It was there. As a diagnostic modality, 137 out of 142 is pretty darn good. I have a lot of confidence in it, and it really helps me to direct people so that we can get them figured out.

Dr. Joseph Mercola:

That's great. It's really cone beam CT is [an] amazing tool. It's so good. You almost don't need a report. You can just look at it and see it yourself. It's so obvious. It's not rocket – a 2D black and white conventional x-ray is not so easy, but the 3D cone beam are just phenomenally useful, so congratulations on that. I also wanted to comment on one thing you sent earlier too, when you were in your practice, and you said about 85% of the people you see get better. That is a sign of a doctor with integrity, and someone tells the truth because, in my experience, anyone who claims the higher rate is deluded because no one has those results because nothing is 100%. If you could have incredible tools, but there's always some version, derivative, that just sneaks through, so I'm just delighted to see that you affirm that [inaudible 00:19:20].

Dr. David Minkoff:

There's always a patient. I say, look, this is two-way. I'm going to tell you what to do, and you got to do it.

Dr. Joseph Mercola:

Well, that's right. Compliance. Sure.

Dr. David Minkoff:

We do a medical symptom questionnaire at every visit on every patient, and that's very helpful. You get a sick patient, and the symptom questionnaire goes up to 200. If they mark everything positive and you get someone in with 179 or 175, these people are really sick. They have all systems affected, and then you see them six or eight weeks later, and it's gone from 179 down to 59. "Well, how are you doing?" "Well, geez, I'm doing way better, way better." Then you see them two months later, and they're down to 19. Usually, people that are under 25 or 20. They're doing well. Like, they're doing well. They're not coached on this. Before the visit, they fill out this form, and they gauge themselves on all these different organ systems. I find that enormously helpful.

Dr. David Minkoff:

If I see someone back and it hasn't changed, then I'm like full alert mode. I must have missed something. I've got to go back through it, but by and large, they just go down, and they get better. They're enormously grateful. I mean, so many of these people have been through the wringer, emotionally and psychologically of, "I know something's wrong with me, but no one," and especially my medical professionals, and sometimes the spouses too, they just get so sick of this," dealing with people that this person had had a chronic illness, it's very difficult. The key thing and I learned dark-field at my infectious disease fellowship.

Dr. Joseph Mercola:

Wow. Wow.

Dr. David Minkoff:

Abraham Braude was the chairman of infectious disease at UC San Diego, the world-famous infectious disease doctor. In fact, while I was there in my fellowship, he was asked by Cecil, which was the best internal medicine textbook, Cecil and Rhodes, to edit a new version of Cecil, where there would be a second volume, which just did infectious disease. He edited it, and we were all fellows in the program, and we got assigned chapters to write. I wrote two chapters in the original Cecil infectious disease textbook, and we would have lab rounds with him every day. We would go to the lab, and we'd look at all the blood cultures, and we would look at all the gram stains and the sputum stains and the rest of it, and if someone was suspected of having tertiary syphilis, a spirochete disease, we would look at the dark-field, and you could see the spirochete swimming around. He'd say, "That's the diagnosis." I learned how to do that.

Dr. David Minkoff:

Then years later, when Thomas Rau came to the United States and had the course for doctors. Well, he would do a dark-field in every patient, and so I learned how to do it his way. I find that it's very helpful because sick people have bad-looking blood. I'm not talking about people who take a weekend course and set up shop and try to tell people what's wrong with them based on their blood, and it's their sole diagnostic thing. That is problematic, but you have a medically trained person who's well-trained, that this, as a part of a physical exam and labs and ART, this can be a very helpful, and it's very helpful because this person in limbo or in a dilemma of, "No one thinks anything's wrong with me. Because I look fine." Indeed their physical examination is often fine.

If I just went by their physical examination. Their reflexes are fine and their heart sounds fine, and their liver and kidney are fine. And she says, "No one thinks anything's wrong with me but I feel terrible." And we throw the blood up on there and we look at it and we've got like, "Holy smokes." There are bio-films all over and there's fibrin deposits and there's organisms and it's like, "Honey, you are right. You aren't crazy. You are sick and look at this blood." And then two months later, "Hey, look at this blood. This blood's looking better." And two months later, "This blood is really looking normal. This looks good. And your symptom score is now 20. And you're telling me that you've got your energy back and you're not having diarrhea anymore and stomach cramps and your sleep is improved and you're starting to exercise." And that's like a complete picture where, yeah, we are restoring healthy physiology to this person and that's what health is.

Dr. Joseph Mercola:

So, is that your dark-field behind you on the left?

Dr. David Minkoff:

Yeah.

Dr. Joseph Mercola:

That's what it looked like. I just wasn't sure.

Dr. David Minkoff:

Yeah. That's it.

Dr. Joseph Mercola:

All right. So do you distinguish dark-field from live-cell microscopy, which-

Dr. David Minkoff:

Same thing.

Dr. Joseph Mercola:

Same thing, okay.

Dr. David Minkoff:

You can do live-cell with – there's two sort of ways to do it. There's a phase contrast, which is also very interesting and there's dark-field. I'm doing dark-field, but guys do phase contrast with microscopes and it's also interesting. You would see lots of stuff. So I think that it's just helpful, it's a tool, it's a medical tool, and doctors that have more than one tool in their toolbox do better.

Dr. Joseph Mercola:

If you only have one tool and it's a hammer, everything looks like a nail.

Dr. David Minkoff:

Yeah. Or if it's a knife, everything looks like it ought to be cut.

Dr. Joseph Mercola:

Yeah, that's right. That's for darn sure.

Dr. David Minkoff:

Or if it's prescription-

Dr. Joseph Mercola:

That's probably a better analogy with surgeons, for sure.

Dr. David Minkoff:

Yeah. Or if it's a prescription pad and you got five minutes with the person or six minutes, in the emergency room, we had six minutes. You got to come up with something quick to do the best you can.

Dr. Joseph Mercola:

Yeah. But drugs and medicine is the best application of conventional medicine. And frequently five minutes is all you need, it's a gunshot wound or twisted ankle, or some type of acute trauma, which can be not easily addressed, but at least assessed pretty quickly.

Dr. David Minkoff:

Right. Maybe I should have said, there's a pediatrician. So you see 35 or 40 kids a day. And you got that ear infection and there's the amoxicillin. I mean, that was what the practice was.

Dr. Joseph Mercola:

All right. So thank you for reviewing your diagnostic strategy, which is very interesting. And I think really crucial to have that type of tool. And I find it fascinating that you use the feedback from the patient, which is probably the single best barometer of their progress. So better than any test you can do, I would think, because it's ultimately, it's how they're feeling and their ability to answer a 200-question survey is going give you a really good clue. So that's a great way to monitor them for follow-up.

Dr. Joseph Mercola:

So I wondered if you could, you have so many different modalities in your office and I've never been there. I plan on being there at some point, cause I want to get my VO2 max measured based on Dr. Frank Shallenberger's setup for mitochondrial, actually it's mitochondrial assessment I think is what he uses. And I understand you have one there. So at some point I'm going to make my way over on the other side of the state and visit you. But some of the modalities you have included the oxidative stress therapy. So you do hyperbaric, as you mentioned, how many chambers do you have in your office?

Dr. David Minkoff:

We have seven right now. We actually need more. [Crosstalk 00:49:41]

Dr. Joseph Mercola:

Seven chambers. That's crazy. That's a major medical set.

Dr. David Minkoff:

But they're full from morning to night.

Dr. Joseph Mercola:

Oh, I know I get it. It's a useful tool. It's phenomenal. So, but you've got not only got seven chambers, you've got ozone as another oxidative therapy, you do chelation and I'm sure photobiomodulation and probably a dozen other interventions that I'm not even sure of. So I'm wondering if you could outline what those are and then list us your favorites and the ones that, in your experience, have been the most useful so that people who don't have access to someone like you in their location — although pretty much anyone could because they can fly in, and many of your patients do — that they could seek some of these treatment modalities out.

Dr. David Minkoff:

I think the thing that changed things more than — first, recognition of dental stuff is a game-changer.

Dr. Joseph Mercola:

Yes.

Dr. David Minkoff:

But the second biggest thing is in 2010, I think I went out to Frank Shallenberger's course and I did his course in ozone. And I had been doing prolotherapy before that. I had learned it from Dr. Hauser, Ross Hauser. In fact, we used to come to Southern Illinois because Ross donated a bunch of his time to people who didn't have any money. And we would fly into a church basement in Southern Illinois for a whole weekend. And it was free care for anyone that had an anchor of pain and we would inject prolotherapy solution into theirs. And there was usually three of us there and we would treat 600 people in a weekend to the point where I could hardly even push my thumb anymore. You introduced me to Dr. Todd Ovokaitys, you know-

Dr. Joseph Mercola:

Ovokaitys.

Dr. David Minkoff:

Ovokaitys. And I went out there and my wife and I got the VSEL treatment (very small embryonic-like cells), the stem cell treatment. And we were so amazed by the results that I said, you have to teach me how to do this. So he came down to teach us how to do it. Now we've done. We're doing tons of them. And it's a game-changer again, you put these young cells, you activate them and you put them back in the body. And they produce fantastic effects. I have gained 7 pounds of lean body mass since getting — and with really no change in my training. I do some strength training, but I haven't changed it. But it's because of VSEL.

Dr. Joseph Mercola:

That's good to hear.

Dr. David Minkoff:

Yeah.

Dr. Joseph Mercola:

The VSEL, I gained 30 pounds of lean muscle mass, but I did have a significant change and I radically increased my protein intake. So this is probably the combination that did it. Yeah. VSELS are just the bomb. I'm so glad you had no failure to implement in. I think we discussed that at the biohacking event in Orlando in last year. It's maybe.

Dr. David Minkoff:

Yeah. Well you told me and I saw the video.

Dr. Joseph Mercola:

You listen. Yeah.

Dr. David Minkoff:

Oh, I listen. I want the best.

Dr. Joseph Mercola:

You obviously do. So, I am so overjoyed that you did that, because I knew you would benefit from it and I'm glad you followed through. So I just want to take a little aside. You mentioned Shallenberger was the person who got you into ozone therapy and that was in 2010. Well, a dozen years later, 2022, you and I both will be speaking at his event in June in Denver. And we're going to put a link to that event here because if you're watching this and you say "God, I wish I had a physician like Dr. Minkoff. Well, but I love my current doctor." Well, tell your current doctor to get his butt over to Dr. Shallenberger's because there's plenty of time to set up and you can get initiated into the ozone and also hear me and see Dr. Minkoff personally and get inspired and catalyzed to start the journey, because it is a journey for everyone.

Dr. Joseph Mercola:

So we're going to be there. This is for professionals only it's not for laypeople. So you really need to be a registered professional to attend. But if you are, it's the opportunity of a lifetime, if you're interested in this field. We're both going to be there. I think you're first or I'm first, but we're lecturing back-to-back on the same day.

Dr. David Minkoff:

Yeah. Frank Shallenberger is an innovator, amazing innovator. And he's also another mentor for me and his meetings are really good. So if you're a physician, chiropractor, naturopath, this meeting is a great meeting. The people that he has coming are really good and you will learn a ton and what you don't hear in the meeting, you'll listen, you can learn in the lobby talking to people because it's an open group and it's – my interest is that I want to create a healthy society

and there's 7 billion people on the planet and we need millions and millions and millions of us to start to get people thinking of health.

Dr. David Minkoff:

I believe the only way to transform the system is by what people do and what people buy. And if people buy organic food, then the guys who make food will supply organic food. And if they buy Fritos and McDonald's, they'll buy that. And it's sort of a one person at a time thing. If we can change people's minds, we can get glyphosate out of our, out of our crops and we can get biodynamic farming and we can get, the new drug are supplements and we can transform the society because it's going down pretty fast.

Dr. Joseph Mercola:

Yes, indeed. So part of ozone therapy, you alluded to it earlier was EBOO or EBO2, which is similar, but not the same. So I want to discuss that a bit. The reason I got interested in is that I have an energetic, analytical person who gave me guidance that this would- she actually found it first and had it done herself and said, this would be unbelievable to precede the VSELS. So just personally curious, are you doing that like a day or two, maybe even or four days before the VSELS to create a healthier environment for them so they can nurture and grow well.

Dr. Joseph Mercola:

And then I'd like you to go into deep because there was, when I first found out about that last year, there were less than 10 clinics in the whole country that were doing this. And yours was one of them. I have not seen you or anyone in your office for this, but I actually sought two clinicians in California because that's where Todd was. Dr. Todd to get the VSELS. So I thought, I just got the treatments there and then went and got the VSEL therapy. So, enlighten us about EBOO.

Dr. David Minkoff:

Well, I heard about it from a doctor in Santa Monica on a blog and I called him and said, "What about this?" And he said, "Yeah, it's great." So we got one and we started using it.

Dr. David Minkoff:

So EBOO is, what it actually means doesn't matter it was stands for, but it's a way to deliver oxygen and ozone to the body in a setup that's like dialysis. So one IV goes in one arm, it goes through a machine that has a pump. So it can pull the blood out of the body. It goes through a system where the blood is exposed to oxygen in very high concentrations and ozone in low concentrations. And then it's recycled back to the body. Some of the new machines also then are exposing that blood to ultraviolet light and for about an hour, the blood circulates around through this machine and it's highly oxygenated and it isn't really filtered like dialysis would be, but it's exposed to this high-oxygen concentration.

Dr. David Minkoff:

And I don't exactly understand how it happens, but there is a runoff container where if you are really bad and sick and toxic, you get a lot of this runoff collected in this container. And sometimes it's foamy and yellow. And so the sick person, our record is 2,000 CCs-

Dr. Joseph Mercola:

Wow.

Dr. David Minkoff:

-of this foamy liquid in a real sick person. Okay. And I've done four of them and I'm like 175 to 200, which is what healthy should be.

Dr. Joseph Mercola:

Yeah.

Dr. David Minkoff:

So I just did one last week.

Dr. Joseph Mercola:

And clear.

Dr. David Minkoff:

And clear, no foam, no yellow, and clear. So I'm careful, my food is really careful. I'm just careful, because I know what kills people and I want to make it as long as I can. So, and then you'll see, there are 2,000 and then the next one, they're 1,500 and sometimes it's four treatments. Sometimes it's six.

Dr. Joseph Mercola:

Yeah. But you obviously, you're going to have to have professional training and just wanted to make a few comments on the EBOO, is actually short for extracorporeal, means outside the body, blood oxygen and ozone. And as you very well stated, it's not just ozone, even though it's an ozone generator, but the ozone generators hook up to an oxygen cylinder. So you're getting both. Actually, I think 95% of the treatment is oxygen and the rest is ozone. And that filter that it goes through a lot of people get confused. They think that's doing the magic, but it's only a catalyst for it because it creates a much larger surface area so that you could actually expose much larger volumes of blood than the traditional ozone administration. And I think that's my guess is one of the reasons why it's so effective.

Dr. Joseph Mercola:

So, but you've done both for a long time. And I'm wondering if you could share your experience because there's not many people who are able to from their experience actually compare them. And you've got one of the most longstanding experiences in the country. So I'd love to hear your opinion because many of the people who have been doing it tell me that the traditional, best treatment of ozone was a 10 pass. And this seems to be far superior. So I'm wondering what you're seeing.

Dr. David Minkoff:

So what I found is that on a naive patient who's sick, that has lots of symptoms, a high symptom score. I will, get them safely through using ozone first. So major autohemotherapy or UVBI, where the volumes of ozone are much lower. On a sick person, I'll give them 50 CCs of 54 gamma ozone just a little bit, and then make sure they don't have a reaction if they're okay, give them a hundred, give them 150, work them up to 250. They're stable on that. And they're doing okay, because I don't want big Herx[heimer] reactions. And they're going to get a lot of ozone. This machine's going to run for an hour and flush their blood with oxygen and ozone for that hour. And so once they're through usually eight or 10 of the regular ozone treatments, I will then graduate them to doing an EBOO. And I think it's stronger. It's better. But again, better is they can handle it. So-

Dr. Joseph Mercola:

If they can handle it, right. So you got to, you have to be careful and just don't throw someone on that initially. Or if you were to, you can dial back the amount of ozone that's being generated on that.

Dr. David Minkoff:

Yeah.

Dr. Joseph Mercola:

Lower the dose.

Dr. David Minkoff:

I love emergency medicine, but I don't want any of it in my clinic.

Dr. Joseph Mercola:

As a result of your treatments.

Dr. David Minkoff:

You have an ambulance come here.

Dr. Joseph Mercola:

Not good. Not good for business.

Dr. David Minkoff:

Not good. Okay. So it's maybe happened twice in 25 years. I want safety, do no harm. I want to do no harm. And for some Americans that's hard, you get a European and you say, "Well, your testosterone's really low and you say, well, we could add some testosterone to the mix." And the European says, "Well, why not? Can't you handle it by doing blah, blah, blah." I said, "We could, but it might take six or 10 months." And they said, "Well, that's fine." But if you, if you have an American and you say that to them, "Are you kidding me? No. No I want it right now." So-

Dr. Joseph Mercola:

So you had mentioned that in the patients you're treating recurrently, once every week, and you don't want do EBOO more than once a week, it's just your body won't be able to tolerate it. It's not necessary. But for those patients who are, I guess, living locally and seeing you for that, you were administering the NAD IV, and I'm wondering if you had a chance to view my interview with Nichola Conlon, who is a molecular biologist out of the UK and specializes in NAD. And after that, and just loving NAD to death, and reading a lot of the literature, it seemed pretty obvious to me that the best way to increase NAD+ in the body is not the IVs, or specifically in some of these supplements, but doing three things.

Dr. Joseph Mercola:

And admittedly, some of your patients would not be able to do these three things, but you want to upregulate the enzyme that is responsible for being the bottleneck of creating NAD, which is called NAMPT (nicotinamide phosphoribosyltransferase). And the three ways you do that is through calorie restriction, usually in the form of time-restricted eating, sort of a mini fast, exercising aggressively, and I know if you've got a high score in that 200 questionnaire, that you're not going to be able to exercise intensely. And then sauna, which is another thing I wanted to talk about.

Dr. Joseph Mercola:

So if you do those three and you're activating that enzyme and you give your body the precursor, which is a low dose of niacinamide, not niacin, but niacinamide, usually, you can't find niacinamide tablets under 500 milligrams, but the dose that seems to do it is 50 milligrams, five-zero, literally one-tenth of that. So you could buy the powder and measure it out with a really tiny teaspoon, like a sixty-fourth of a teaspoon, and do that three times a day. So you're giving them the raw material to create the NAMPT. And if you upregulated that enzyme, you're able to do that. So I wonder if you saw that or played with that approach.

Dr. David Minkoff:

I have, and the supplement that she put together, this Time Plus-

Dr. Joseph Mercola:

It's actually higher. She's got 250 milligrams in there.

Dr. David Minkoff:

Anyway, I'm always a guinea pig. So I take three in the morning and three at noon. I like it. And I put a lot of people with mitochondrial issues on it, and I found that it's helpful. So for me, it's got to be simple, too. And if I'm measuring [crosstalk 01:11:17]-

Dr. Joseph Mercola:

Yeah, you're measuring mitochondrial function, so you can get a good clue.

Dr. David Minkoff:

Yeah.

Dr. Joseph Mercola:

So have you tried the niacinamide by itself, the low-dose niacinamide?

Dr. David Minkoff:

I haven't.

Dr. Joseph Mercola:

Okay. You've got to play with that, and maybe we're going to be seeing each other a few weeks. I would probably play with it, personally, because, I mean, you can buy a four-year supply of niacinamide powder for 10 bucks. For your whole family or for even your clinic, you can give them enough niacinamide to try it. So it's pretty inexpensive. Most of the research on NAD is really related to the fact that they're given these expensive precursors, like NMN and these new ones, MIB-626, which is coming out of Sinclair's lab that are derivative of NMN, but they cost 100, 200 dollars a month. It's not less than a quarter a month, to 25 cents.

Dr. David Minkoff:

Right, right.

Dr. Joseph Mercola:

So anyway, that would be good. So let's go into some of the other therapies. I'm sure you are a big advocate of sauna. I don't know that you have sauna in your clinic, but I'm certain you recommend it. So maybe give us your experience with sauna as a therapeutic intervention.

Dr. David Minkoff:

So, terrific. We do the-

Dr. Joseph Mercola:

[crosstalk 01:12:37] Yeah. Also, you didn't mention, but it also has a huge PEMF (Pulsed Electro-Magnetic Field) device in there, which is the HUGO. So it's a dual-based machine.

Dr. David Minkoff:

Yes. And there's microcurrent in there and there's UV light in there. There's infrared in there, and they breathe 100% oxygen while they're doing it. I mean, it's like 10 things at the same time, so it's very effective. And then I recommend people do sauna at least three times a week. So I do sauna three times a week. I think it's very important, and it's very helpful as a detox, and the sauna I have has red lights in it, so I get red lights at the same time I'm getting the sauna. If you're doing a lot of things and you can stack them, it's easier [crosstalk 01:13:34]-

Dr. Joseph Mercola:

Yeah. Well, it increases the heat-shock proteins, which refold your proteins. And we all know that dementia is an epidemic. I have my thoughts as to what's contributing to it, but clearly in dementia, a lot of it has to do with the beta-amyloid and the tau protein that get accumulated and are able to function properly, and heat-shock protein helps prevent that.

Dr. David Minkoff:

Yeah, the Dayan Goodenowe stuff is very interesting on that with the plasmalogens. I don't know if you interviewed him or not, but-

Dr. Joseph Mercola:

No, I'm not even familiar with it. I've never heard of it.

Dr. David Minkoff:

Oh, oh, oh. So you'll love this. The book is called "Breaking Alzheimer's." Dayan, D-A-Y-A-N, Goodenowe. He's a lipid biochemist, and the introduction for this book was written by Dr. Dale Bredesen.

Dr. Joseph Mercola:

Oh, Dale's great.

Dr. David Minkoff:

So it's a good endorsement, and his biochemistry of lipids and of plasmalogens is just fantastic. And I've learned a ton from him, and we do his test on everybody, too. He's got a lab now that can measure levels of these things called "plasmalogens." These are very integral pieces of cell membranes, and he's got some very nice data about people with APOE4 on a track of memory loss, measuring their plasmalogens. They're low, and then half the group giving them these supplements back. So either stabilized lipids, phospholipids, and then them holding their own neurologically and not going downhill. He's done some, what I think, is incredible work.

Dr. Joseph Mercola:

Good. And you've seen some good results with it, by implementing it?

Dr. David Minkoff:

Yeah, yeah. So I'm using that on people, too. One of the challenges in this practice is there's just too many good things to do.

Dr. Joseph Mercola:

Well, that's where your energetic assessment comes into play because you can prioritize and figure out which one. Because you're right, without that, there's literally many dozens of path that you could take and who's to know which is the best one to start with?

Dr. David Minkoff:

Right.

Dr. Joseph Mercola:

Yeah. So what are – well, actually, before we get that, have you looked at iron, or are you focused on iron at all? Because there is a substantial portion of research that – well, that supports people who donate blood regularly having a much lower risk of cardiovascular mortality. So

we're talking two, three, four times a year. And obviously, one of the best things that – I mean, it's not the altruistic benefits, although that could play a small role. The primary benefit, we believe, is that it radically lowers iron stores in the body. So I'm wondering if you look at that, measure it, monitor it, and aggressively implement iron-lowering strategy to facilitate improvement.

Dr. David Minkoff:

Yeah, I do. You probably know Robert Thompson. He's a physician up in Alaska. So he is just-

Dr. Joseph Mercola:

“The Calcium Lie,” I think, wasn't it?

Dr. David Minkoff:

“The Calcium Lie,” and then every chance he gets, he's promoting how terrible iron is and that it's killing everybody. So I've paid attention to what he says. So we measure ferritin, iron binding on everybody, and if their hemoglobins are high, we have them donate blood. I think there's a fine line here because iron is required for red blood cell mass. It's required for mitochondrial function. So I'm trying to not be too crazy on it either way because sometimes I give people iron, and they just feel better and their hair stops falling out or it stops breaking off. So I'm with you. It's-

Dr. Joseph Mercola:

Well, I totally agree. In fact, the co-author of my book, Chris Knobbe, who is coming out with Linoleic Acid hopefully later this year, I mean, this book is finished. We just have to get published and printed, has the same issue, that he appears to have iron deficiency and it resolved a lot of his chronic issues. But my belief is that it's actually an iron recycling problem so that the retinol and the copper have got to be integrated in a variety of other strategies to get that iron that's in storage to come out and supply the body's needs. Because you're right, they're not having enough usable iron, and when you supplement with it, they clearly do better. No, you can't question that. But the issue is that doesn't address the stored iron in their body, which continues to radically increase oxidative stress. We've got to talk about it in Denver. I'll go in deeper with it when we get out there.

Dr. David Minkoff:

Okay.

Dr. Joseph Mercola:

All right, so that's good that you're looking. Yeah, Robert Thompson is a good guy. And I suspect that you are already increasing people reduce their seed oil consumption because you're a bright guy and you understand that.

Dr. David Minkoff:

I mean, I'm trying to get people off all packaged foods.

Dr. Joseph Mercola:

Oh yeah.

Dr. David Minkoff:

Eat whole food.

Dr. Joseph Mercola:

And almost all packaged food have linoleic acid in it, the seed oils because it's so cheap.

Dr. David Minkoff:

Yeah.

Dr. Joseph Mercola:

All right. Well, good. So what are some of your other favorite strategies? If you could shotgun it and see someone or recommended someone over the phone where you don't have the luxury of having the lab, having to fill out your questionnaire, doing an ART assessment, and just tell them to do a few, simple things, in your experience, what seems to work best for the most number of people?

Dr. David Minkoff:

Well, first thing in intervention is, "What are they eating?" I usually start people on some blend of an autoimmune paleo or keto diet. Massively helps people. In six weeks, their gut problems iron out, their energy improves. So no grains, no dairy, except they can have butter. No beans, no nightshade vegetables, it's meat, fish, eggs, fruits, vegetables, nuts and seeds. And then I modify the carbohydrates based on how's their metabolic health. There are many people walking around that a piece of fruit will kick their blood sugar up 60 points, and those people have to be very careful about what they eat. I'm one of those people. My average blood sugar on my monitor this morning for the last 24 hours was 92. That's a hemoglobin A1C-

Dr. Joseph Mercola:

That's pretty high for you. That's pretty high for you.

Dr. David Minkoff:

Well, it's under five, for a hemoglobin A1C, it's pretty good.

Dr. Joseph Mercola:

No, I know. But still, I mean, you would think someone who trained as much as you do would be closer into the high-

Dr. David Minkoff:

No, but I am very glucose-sensitive and I just have to really watch it. If I have a papaya, my blood sugar will go up to 160.

Dr. Joseph Mercola:

Really?

Dr. David Minkoff:

Yes.

Dr. Joseph Mercola:

What do you think that's due to? That's just very odd.

Dr. David Minkoff:

I need help with it. I don't know. I haven't figured out. I know I just avoid it.

Dr. Joseph Mercola:

Well, let's brainstorm on it when we get to Denver.

Dr. David Minkoff:

Okay.

Dr. Joseph Mercola:

We've got to fix this thing, David, because your body's telling you – because with the amount of training you're doing, especially endurance training, I'm thinking you need closer to 200 grams a day of carbs. The carbs are unhealthy. They really aren't. But maybe you have some genetic anomaly that requires you to go to low-carb. I mean, a lot of people do well on it, but not people are competing, typically, with long, endurance events or cardio events.

Dr. David Minkoff:

Everyone in my family is obese and has diabetes, and I'm not. It was never a problem before, but the last, say, three, four years, I have to really watch it. I tore my hamstring two weeks ago. This is the other thing. I have a cortisol response that's amazing. So I was on a bike. I was in San Diego. It was a fluke thing, but I tore my hamstring. It just went back to normal now, but for two weeks, my average blood sugar was running 120. Now I'm eating 130 grams of carbs a day.

Dr. Joseph Mercola:

Were you in pain?

Dr. David Minkoff:

Yeah.

Dr. Joseph Mercola:

Yeah, pain will increase it.

Dr. David Minkoff:

Yeah. And I had COVID last year for two weeks. Same thing. I lost 8 pounds. I was eating hardly anything. My blood sugar was like 120, 125 all day long. Didn't matter. So I have a hyper-response, and if I'm in a normal condition, I'm fine. But after very restricted carbs. And I'm very keto-adapted. I can train for hours with water and electrolytes, and I'm fine. But I would like to occasionally have some berries or something like that [[crosstalk 01:22:37](#)].

Dr. Joseph Mercola:

Oh, man. You've got to have some berries. So how many grams of protein are you eating?

Dr. David Minkoff:

A lot. A lot, 120, 130.

Dr. Joseph Mercola:

Yeah. Okay. That's maybe a little bit, you're what, 5'10?

Dr. David Minkoff:

Yeah.

Dr. Joseph Mercola:

Yeah. So that's probably about right. Okay. All right. Well, good. Well, just personally curious about that. So you had mentioned that some of the best shotgun strategies would be the diet. So what would you suggest after that?

Dr. David Minkoff:

Well, I think they need to pay attention to sleep, get a ring or get some device where you can track your sleep and get enough sleep. I always was a five-and-a-half hour guy. My whole life, I had a night call. As a pediatrician, every third night I'd be in the hospital all night, these 36-hour emergency room shifts. I could get along at five and a half hours a night. And I thought I was fine. And then, I don't know, three or four years ago, whenever they came out, I got an Oura Ring, and my sleep score was running 50s. And I'm like, "Well, that's not good." So then what I did is I decided, "Okay, I'm going to modify, I'm going to force myself to go to bed so that I'm in bed at 10:00," and I get up usually a little bit before five.

Dr. David Minkoff:

And then I was going to also modify my training so that I could – the readiness score on that thing, that I could keep my readiness score above 80, and I'd get my sleep above 80. And I found that if I forced myself to get seven hours a night, retrain myself, that then I could do that. And then I had to cut the training way back because if the score was low, I would take an easy day. And it's funny because that first summer, I just did this for three months and my readiness scores were really good and my sleep scores were really good, but my psychological state was worry because I was training about 60% of what I was used to, and I was worried that for races, I was going to have trouble. And I raced five times that summer. Four of those times I won my age group, and one of the times, I came in second, and that with less training and more sleep, my body was better.

Dr. Joseph Mercola:

No surprise.

Dr. David Minkoff:

Yeah, yeah, and the coach doesn't know that. If you have a coach and he's telling you to do stuff, but you don't have some way to get actual feedback on how your body's doing, he doesn't know that. And you'll do better if you pay attention to it.

Dr. Joseph Mercola:

Yeah. I think everyone needs over six hours of sleep, and a few can get by with six and a half or so, if you're not pushing it. But when you really push it and put in a lot of hard work and endurance training, and you can look at professional basketball players who really work out extensively. I mean, those guys, a lot of them need eight, nine hours of sleep, eight or nine to function well. So getting seven may not even be enough, but I'm really glad you honored the feedback your body was giving you and monitored, and it showed you that it was right because you improved your results, which is great.

Dr. David Minkoff:

Right. Right.

Dr. Joseph Mercola:

So sleep and exercise.

Dr. David Minkoff:

Sleep and exercise. I think the environment, too. If you have people around you that make you feel like you're not as good or you're a failure, I think it's better to stay away from those people. Real friends make you feel big and powerful and able, and non-friends make you feel the opposite. And I think that's very important for people to just look at that and take into consideration because the mental/emotional part of life is huge, and you can't have health if you're, all the time, feeling terrible or feeling small or feeling unable or whatever, those things. So I think that's a big part, too, its just like you want to clean up your food and you want to clean up your environment and be with people who appreciate you and likewise, yeah.

Dr. Joseph Mercola:

So what are your favorite books that you'd recommend people to get up to speed on some of what you would consider the basic strategies for implementing lifestyle changes to optimize their health?

Dr. David Minkoff:

I think one of the eye-openers for me, I don't know if you've read it or you've seen it, it's an engineer's viewpoint on the mind and how it works. If you could take an engineer and say, "What is a scientific viewpoint on 'here's what memory is, here's what stress is, here's how it works, here's how it affects you?'" And you know this, and I know this, is that probably 80% of what

walks into a doctor's office has some psychosomatic component to it from ulcers to high blood pressure.

Dr. David Minkoff:

“Dianetics: The Modern Science of Mental Health”, written in 1950, it's an incredible viewpoint to say, "Hey, you have a mind, but you also have this other mind, which is very powerful." And we all have one, and just the noticing of that, like, "Why do I get headaches around so-and-so," or “Why does this affect me this way?” And it just gives you an insight into there is a mind which is on all the time. It never sleeps. It's there to protect you, and when things happen, it records it all so that later, if you're in a similar situation, you don't have to think you could just react. And it worked in the past and it protects you.

Dr. David Minkoff:

And there's a brilliance of like, "Wow, that is really interesting." It's not Freud and it's not Jung and it's not anything you have to do anything with except, "Hey, here's an interesting model where there's actually axioms of, 'Here's how the rules are. Here's what the rules are,' for your own mind." Just like $E=mc^2$, that there are dynamics of life, which have been discovered to the extent that you know them and you can use them. You can be more in control of your life and your emotions. So that's helped me.

Dr. Joseph Mercola:

So I'm wondering if you have a website or more details, if people were interested in seeing you and coming to your clinic, so you can give some information for that.

Dr. David Minkoff:

Yeah. Our clinic is called LifeWorks Wellness Center. So LifeWorksWellnessCenter.com is a place you can find me. I also have a nutritional products company called Body Health. So BodyHealth.com. There's hundreds of videos on there, on exercise, sport, supplementation. That's where I hang out most of the time. For the clinic, we are accepting new patients and we see people, so people can call or get information and see if we're the right fit for them.

Dr. Joseph Mercola:

Well, terrific. Well, anything else you'd like to add?

Dr. David Minkoff:

I think if people want, I wrote a book. It was an Amazon bestselling book called “The Search for the Perfect Protein.” You can get it on the Body Health website, free, if you want to download it, or you can buy it on Amazon. There's a lot of information in there on health, and I have all my patients read it, on your intestines and health and what to take and how it works. And I think many people have found that that's helped them in figuring out their own health and how to be better.

Dr. Joseph Mercola:

Terrific. Well, I don't know how anyone could listen to this long conversation and come up with anything other than the impression that you have established a very impressive collection of strategies to really help people. And I'm very impressed with your commitment to learning your – I mean, that's the key. There's so many of us who go to school, and after they graduate medical school or finish their boards for their last residency, I mean, they pretty much stop learning for those who are required to get recertification. But they just don't learn. They do the bare minimum and they just do their job, and it's sad. I mean, to me, in my mind, that's an experience. That's the majority of clinicians, but you certainly aren't in that camp. You're a perpetual learner, you're driven to learn, and continue to improve what you're doing. So congratulations for doing that, and really, compiling a very successful clinic and helping so many people.

Dr. David Minkoff:

Thank you so much. Thank you so much.