Breaking Bad Habits: The Road to 8 Weeks of Transformation Transcript

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Introduction and Guest Background

Hey everybody, welcome back. Dr. Rob Silverman here. I've got my good friend, national international speaker, CEO and founder of Eight Weeks to Wellness.

My buddy's got 34 years of chiropractic experience. He has 80 different practices that he manages through his distributorship of eight weeks to wellness.

i'm excited to get a few minutes with him. my friend's name is Dr Dane Donoghue. Doctor Dain, how are you today? Robert, I'm really excited for this podcast and this interview.

You and I have been friends for a long time. We speak the same language, but I think at the end of the day, what we really want is to help people. Without question, because we both use this term, health is wealth.

So let's start out. In America, 75% of Americans are overweight or obese. Less than 7% percent of our patients are metabolically healthy. The cost of health care dollars are going up globally.

13% of the global population is now clinically obese. 39% are overweight. 50% percent of global populations will be obese in the next 10 years. Worldwide obesity has nearly tripled since 1975. Obesity is the number one reason for chronic inflammation in brain and body.

Neurodegenerative disease is on the rise because of obesity. Dr. Dane, what's wrong? What do we need to do? Well, I think, you know, the telling thing, Robert, is the largest percentage of increase in obesity, both BMI over 30 is in children.

And that should tell us a lot. I know, since I've been in practice, you know I remember lecturing when obesity rates were, and I'm talking about BMI over 30, I am not talking being overweight, but obesity rate were in the low 20%, high teens, right?

Now we have close to 40% of the population is obese, not just overweight, but obese. And as I tell my patients, Robert, you're not going to see a lot of chronic disease.

If your BMI is 27, and again, body mass index is just a calculation that anybody can do, right? It doesn't really tell us anything about the composition of that weight or the functionality of the competition of weight.

Obesity, Chronic Disease, and Root Causes

So it's a very small window, but it does tell once that BMI gets over 30, most people aren't Arnold Schwarzenegger and they're carrying too much muscle in their body.

And I hear that, I'm sure you hear it a lot too as well. Can't your B MI be high because you have too muscle on your body? But I always wonder why people that are overweight are asking me that question.

Yes, you can. You can be Arnold Schwarzenegger, but you are not that person. So I think that's the telling thing is obviously in the world that we live in, ultra-process, sedentary, lots of stress.

It's just an epidemic. But at the same time, I'm very hopeful with what's going on politically. The people that we have in power are really starting to focus on the underlying cause of chronic disease rather than just the treatment of chronically.

You know, you make some good points. Many of my patients come in and they use Arnold as a example, and he's

obviously not an example. He's an exception to the rule.

But we both suffer from the problems that our patients come in from, in that, our patience is suffering from obesity. When you really looked at those numbers, globally, we have a problem.

Look who's leading the global push for obesity and overweightness and unhealth, if you will, United States of America. Dr. Dane, What are your three number one tips for dealing with this chronic inflammation and chronic obesity?

That's a really big question. We could be here for the rest of the podcast addressing that. But, you know, the one thing I'm blessed, Robert, because I grew up, a lot of people come to healthcare as a provider of healthcare, whether you're a medical doctor, chiropractor, osteopath, functional medicine doctor or naturopath.

We come because we had a personal experience that we went through, that then, you know, we were helped in some fashion by some healing art. And for myself, I was really blessed.

I didn't have that, Robert. But I grew up in a chiropractic family. You know my dad was a Chiropractor, my grandfather was. My uncle, who is a mentor of mine, was Chiropractor.

and I really got to see the difference between our family, the way our and the way that a typical American family lives. And it was dramatically different.

We talked a different language, and we also talked about health and wellness. It was really the foundation upon which our family was built. So I think if we're going to talk about the top three drivers or the I think it starts off with your core beliefs and your Core Philosophy of how you care for yourself or how You teach your children to care For yourself because what you don't want to do is you Don't wanna hand that belief system over to the environment to teach Your children how to live that's going to go very badly you know.

So i think the first thing is we need to take personal responsibility and i love that word responsibility i learned from steven cubby you know response able we are able to choose our belief system we're able.

To surround ourselves with you like minded individual and if i could just tell a quick story robert. I remember one time, I have two boys, one's 30 now and one is 27, and he's getting ready to graduate chiropractic college, extremely proud because he'll be a fourth generation chiopractor in our family.

I think it's pretty amazing in and of itself. Come on, Dave. Wow. Yeah, it's amazing. And nobody ever pushed, like my dad never pushed me to go into chiropractic or natural health.

I never push my son. But when you're in our family and you see the impact of what you do to help patients, uh, It's really powerful. For me growing up, I didn't have a personal experience.

That was never chronically ill as a child, right? So I had this aha moment. Like I was helped with XYZ disease and now I want to get help other people with that same problem by becoming a physician.

You know for me it was like wow my dad my uncle my grandfather really have impact on people's lives you know it's not because the writing them a script you knows chiropractor we don't write prescriptions you.

So let me ask you a question let mean to Jack because I know the answer and people be interested. How many prescription medications have you taken in your life?

So, and again, I want to preface this by saying it's not that I don't believe in medication and it wouldn't take a medication if I really believe that.

I needed to. Okay, but I can count on this hand. The number of not only prescription, but the number over-the-counter medications that I've taken my whole life.

I'm talking Advil, Tylenol, Aspirin, you know, prescription medication. On this hand, I have taken prescription medications for a deviated septum that i had repaired.

Personal Responsibility and Health Role Modeling

Um, i've taking one or two antibiotics over the course of my life, or probably no more than two, absolutely. So probably, no, more, than five medications my, whole, life I never take over, the counter medications if I don't have to.

So that's like the antithesis of many Americans. We are 4.4% of the world's population, we use 80% percent of world drugs, 52% are the worlds pain drugs.

Incidentally, I'm going to give you a factoid that two adjustments in 90 days, which you and I would agree is not overutilization, decreases the need for prescription opiates by 55%. So it's fair to say that you grew up in a chiropractic atmosphere, a Chiropractic environment, which is health oriented.

Yeah, we just didn't. I didn' see members of my family. And I din't recognize this till later, Robert. But looking back, I never saw, you know, our family taking chronic prescription medications or going to the doctor with chronic allergies and asthma and ADHD and these types of things that I think were really related to.

The environment. So when you talk about what are the three drivers of chronic disease, I, think ignorance is really one of them. We can't change things.

That we're not aware of. And I. Think so many people want that, you know, that tip. Is it nutrition? Is, is it exercise? It is strength. You know? Peter Attia was just on 60 minutes has passed.

Great job. And I thought he did a fantastic job, but for guys like you and I, we were like, boy, everybody should know this. So while that was an enlightening segment for probably 95% of the population, the 5% percent of us were, like yeah, this is first grade stuff.

Everybody should this know. I think the first driver has to be education. We know doctor obviously means teacher in Latin. But we have to become more cognizant of building these philosophies into our conversations with our families.

and our friends. I agree, and I do believe it's in education. And, you know, I think some of the problems with the American population is people are resistant to change.

We've got on this slippery slope of bad health, eating, as you said before, ultra-processed food. 57% of American calories come from ultra processed food, over 60% for young adults.

Obviously, that poses a deleterious end result. So education, and to really revert into what Peter Tia said, I agree with you. I think he did a great job.

What did he talk about? Food, exercise, supplements, sleep? You know, it kind of sounds like this program called Eight Weeks to Wellness that we referred to before.

So why don't you tell us your origin story of Eight weeks to wellness? So if I can just back up for just a minute because we talked about three drivers and I do want to get to these three driver's but maybe this will help the conversation as we lead into eight weeks to wellness but I remember vividly because when we talk about one of the drivers being philosophy education it really drives our beliefs it drives their actions.

I remember vividly my youngest son, who I mentioned was going to be a fourth-generation chiropractor. He had a best friend, right? And growing up, the two were inseparable.

So I really got to know his mom and dad. And I would say they were the typical standard American people. They

had the standard-American diet. There were very sedentary.

Both overweight, both taking medications for different chronic diseases. And I remember one day that Rita, the mom showing up in my office, and she just came in, Robert, said my husband and I want to do eight weeks to mom this.

I said, that's great, Rita. But what prompted this decision? And she said well, you know what, I was dropping Alex off to your house the other day and you were cutting the lawn.

And i looked at you and it was summertime so i was cutting lawn in my shirts shorts no shirt on she said you, and i are the same age right her husband's a little bit older than me but i look at my husband and I and looked you in said this is very different there's something.

That dane and jill are doing different than the way we're living our life and the where were you know the consequences of what we getting because of that and i have to learn what that is and it was the first time robert i said to myself being a role model for people is really important.

You know, people don't do what you say. They do. What you do, right? Right. And say, I'm healthy. I take supplements on this. But listen, when people look at you, they can tell from your skin, and they.

Can tell. From your happiness, your overall energy level, you know. Energy is the ability to do work. they can tell whether you're a healthy individual or not.

And people want to follow leaders in healthcare. Yeah, I mean, the imagery of the doctor, and we're not making fun of them, was the coffee stain smoking a cigarette with a big belly.

That wasn't my primary care physician. He just smoked in front of me. But I agree with you. We're role models. Role models for healthcare practitioners.

and We both had some great role-models, both in and out of chiropractic. both in and out of healthcare, as a matter of fact. And it's one thing if we can star something now that somebody young listening, you are a role model for who you represent.

Don't forget that. A good friend of mine always tells me if my podcast doesn't grow, it doesn' matter. Those that you reach that are engaged by you, that motivate, That's that dash on your tombstone, if you will, like the poem says.

So not to get philosophical or anything of that nature. I do want to give you the baton and I want you to talk about your eight weeks to wellness of the program.

Yeah.

Origins of Eight Weeks to Wellness

So, I mean, obviously, Robert, you've been a huge part in training our doctors, um, particularly on the functional medicine laboratory piece, uh, introducing me to embody years and years ago.

Um, so you'd been, a big part of eight-weeks-to-wellness and thank you for that. But I would say, the driver for why my sister and created the programming, we're now in our, Let's see, we're in our 24th year of the program.

And like you said, it's being implemented in chiropractic offices around the country. But I wanted to teach people what I call the chriopractic lifestyle.

You know, Robert, in Chiropractic, We talk a lot about health being the body's ability to adapt to its environment. and the two key words I think there are adaptation and environment Right you need to be able your body has this innate sense to adapt and heal but it has to place in the right environment right we can't be sedentary you know we

cant smoke we cannot have a toxic overload in our body expected our bodies gonna be over come that.

environment, right? So we wanted, Denise and I, you know, we saw people that were coming into our practice and at that time, 2003, when we launched the program, I had been in practice long enough, about 12, 13 years at the time to see what I call repeat offenders.

You know they would come in with a knee pain and i would help them and then they'd come with the same problem or a different problem related to improper functional movement or improper symmetry and alignment in the body.

And then you would have somebody else who was obese and they're type two diabetic and their own statins and blood pressure medication. And it's completely related to their nutrition and lack of exercise.

I said to Denise, we have to do more for these people. We've got to teach them the chiropractic lifestyle. Chiropractical lifestyle is health supplies ability to adapt to its environment.

What's the environment? The environment is a triune of physical health, mental, emotional health and biochemical health. I learned that growing up, Robert, like that's not new, no, right?

I've learned I'd be 57 next month, and we've been talking about that for 56 years, so we just built a program around that. So we wanted to teach people, I thought, You know, accountability's really important, Robert.

You can tell a patient what to do, but the likelihood that they're going to adopt new beliefs and new behaviors when they leave your office is really slim to none, unless they are extremely motivated by a heart attack or something like that.

you will see people radically change their behavior, But it's usually times of immense crisis, right? It's like, do this or die, Right? But how do we get people to change health behaviors before they have that radical life-changing event?

And so Denise and I embarked for a year and a half to develop this program called Eight Weeks to Wellness, and we've been doing it now for almost 24 years.

So without question, it's proactive tools to learn to how not to be reactive, which is a paradigm shift from the typical medical model that we live in in the US today, not taking shots at anything.

That paradigm shifts has really become the chiropractic ethos, if you will. In Eight weeks to wellness, you have something called a wellness score. I love this.

because patients don't understand what things mean to you. Show them a picture, a video, and a number. If you just say, hey, you're unhealthy, that just doesn't work.

And hey you know I filled the beginning of the podcast with numbers to set the stage. Those numbers don t mean anything unless they're intrinsic to. So let's take it a piece at a time.

Your wellness score is quite comprehensive. You have posture x-ray, weight, lean body mass, body fat mass. Blood pressure, specific inflammatory markers, blood sugar, cholesterol levels.

Did I miss anything? And if I didn't, let's start with posture. Okay. So, and this is really important. We, Denise and I, when we developed the program, we, you know, need biomarkers of health because I always say, Robert, physiology doesn't lie, but people do.

Right. You know, so your blood pressure is your pressure. It tells a story. Your C-reactive protein, your homocysteine, you're ApoB, Lp little a, all the things that you talk about, muscle mass versus body fat.

So one of the important things, and I don't see this on a lot of reports, Robert, but we give people an assessment of what their ratio of muscle to fat is.

So guys that are our age, right in their mid to late fifties, I think you may actually be over 60. I'm not sure, but I am right at 60, thank you. Right.

So I've known you for a long time and I know you always knew that you were a few years older than me. But guys our aged, it's very good if we can have a three to one ratio of muscle to fat.

If we could have three pounds of muscles for every pound of fat, We're doing a pretty darn good job, right? So we speak in terms of very common sense information.

Some of these labs get very technical for patients. And by the way, you know, Peter Attia on his segment, what did he talk about? He talked about this lab work, how different he talked, about ApoB.

I believe he mentioned LP little A. He talks about VO2 max. He talked about all these biomarkers. So the lab biomarks are definitely different than what somebody would get in a common metabolic pattern at a doctor's office.

For example, let's talk blood sugar, right? You know, most of the time they're going to get what? Fasting glucose. They're not going to, you know, sometimes I would say 50% of the times when I get labs back from physicians, 50 percent of this time it'll have hemoglobin A1c.

Or almost rarely does it ever have fasting insulin. Well, if I said to you, Robert, which of three markers would you most likely to see to be able to help a patient with their dysgyscemia, fasting glucose, fastening insulin, or hemagobin A 1c, what would For me, it's all about insulin.

Right. Me too. But I never see that on lab markers. When you get a lipid panel, do you ever see APO-B? Not enough. You rarely, like something simple, Robert, I always calculate a person's, and it is on her wellness score, their triglyceride to HDL ratio, which is 17 times, not 70%, 17 more likely to predict a cardiovascular event than looking at total cholesterol alone.

Wellness Score and Health Biomarkers

Well, your patients don't know that. We do the calculation for people and we'll give them the study if they want it so that they know this is one of the most predictive markers.

Why do we take statins? Why don' we manage cholesterol? At the end of day, we are trying to prevent cardiovascular events. Well if we're really trying do that, why aren't we telling people their triglyceride to HDL ratio?

I agree. You know, it's interesting. I'm going to do a spoiler alert. Total cholesterol means pittance, to be perfectly frank. If the doctor says your total cholesterol is this and doesn't follow up with what we call particle size, and I think we may need to delineate some of these tests, APOB, Lp little a, the ratios in which you're talking about, which have been shown in medical journals to revealing towards heart attack.

You used a triglyceride one, which was a great one. 17-1, A pole B, Which Atiya talks about. Only 5% of the population. has been tested for APOB. LP little a, which is a genetic heart attack marker, only 1% of the population has.

And these are all tests that we include as part of our wellness score. Again, something that you mentioned that a lot of functional medicines doctors don't really incorporate, but we look at functional movements.

We do a functional movement screen, we give people a score on that, We look at forward head posture and symmetry of the spine. We do digital postural pictures to assess symmetry in the body.

So we really do look that physical, mental, emotional, biochemical aspect of physiology. You know what? I think the wellness score is the perfect time for something I do on my podcast which is called Rapid Fire.

It's New York style Rapid fire. I'm going to hit you with each part. Will try and keep it to a concise minute answer.

and this way everybody can write notes down as you give it.

So posture. One of the greatest, and I have this literally carved into a stone, a very nice granite stone was something I learned from you years and years ago, speaking at one of our events.

And this I believe was from Sheridan in the early 1900s said that posture follows movement like a shadow. Right. I don't know if you want to expand on that, but I think that we can illustrate anything better.

You know, one other things that I do, I wish I had it here, Robert, It's a very simple analogy I give to patients. I take my letter opener and my open letter is very bendable.

So I can bend it and it won't break. Right? So, I'll take the letter open and bend in front of them and I say, okay, Robert, you know, distortion creates strain on the body.

And what I mean by that, if I took this letter and bent it, can you point to me if keep bending it where it's going to break? Well, they always point where the distortion or the apex of the strain is.

People, they understand that mentally. And then I'll turn it vertically and say, if you have distortion in your broad body, you're creating strain points that over time will have an injury, will a herniated disc, we'll have a degenerated joint, like a generated hip.

Why do people's left hip wear out before the right hip? because they're distorting and creating more strain on that hip over time. So the thing I want you to know is posture is a reflection of symmetry, which is the reflection alignment.

And when you have asymmetry in your posture, you're going to have a symmetry in movements because posture follows movement like a shadow. Today, we're not only going assess your movement patterns, but we are also going digitally assess you posture.

Movement never lies. It tells the story of all the injuries you've had or any of your congenital issues or of any your functional issues. As far as longevity is concerned, the number one test to determine longevity, is movement and movement dysfunction or movement patterns.

How many times have you gone to a doctor and they watched how you walked, sat, stand? Now, forget the overhead squat. We could really delineate that, but yeah, I saw you roll your eyes.

Who does it, you know? That's a rough and I had is interesting Robert I have a 14 year old new patient wrestler lacrosse player real athlete last night and having neck pain and also having lower back pain really healthy looking kid nice kid and what I did is possible picture in his overhead squat was horrible.

He had almost two inches of forward head translation. And you and I both know for every inch of head forward translation, it almost doubles the weight of the head on the neck, the effective weight, right?

And what was his posterior chain doing? His traps, his rhomboids, you know, erector spinae muscles, they were all loaded, super, Super tight. It was amazing.

This kid was very into learning about his body. As I explained these to me, You could just tell the light bulb was going off. I was like, wow, this is why I'm hurting all the time.

It's interesting how the break in symmetry will put a strain on your system and you'll have to work harder. So when people come in, they're tired, we slouch more.

That's a great point. X-ray. Why would you take an x- ray for someone? Chiropractors always take x ray. They love to take X ray Well, I do, and I have to say, as a chiropractor, you know, x-rays like a blueprint for me.

I can't tell you how many times, Robert, i've had somebody come in with lower back pain. They have a parse fracture. i have seen tumors on x rays. There's contraindications to adjusting a person's spine.

Sure, we should know that. But for me, it's, you know, beyond the contraindications, It is the blueprint. We use a digital software to analyze the spine for pelvic rotation, forward head translation.

I think people don't know. Like, how many times, Robert, do you look at a cervical spine, and you have phase two or three degeneration? People are like, well, my neck just started hurting three months ago.

Like what's going on here, right? They had a trauma that never resolved itself. They, you know, are in a desk job where they sit for 40 hours a week and they can't understand why they have this neck pain and this degenerative neck, and again, the same spots.

So I think x-ray is extremely important to my diagnosis with patients, My education with patience and also ruling out chondra indications to adjustments.

So x-ray really shows the structure of the body when you add it with movement, movement of body. Now you're getting structure and function of a body, so you are getting a reveal from the inside out of your body and I think that's a great way to analyze and that should be on everybody's what I call vitals or physical exam.

And just to say this, Robert, just illustrate the point we're making. I had a patient in yesterday and on his lateral lumbar, he had placking in his abdominal aorta.

You know, plucking is calcium that's being deposited in the lumen of the blood vessel and it shows up on an x-ray. Well, when I talked to him about it, he had no clue, right?

And I'm like, listen, if I were you, I'd go get a calcium score or maybe follow up with your doctor and cardiologist. This is you're at risk, you know?

So, better that people know there's a ticking time bomb rather than know when it explodes. Test and not guess. Speaking of testing, body fat composition, what I really like that you said before, and most people don't use it the ratio of three to one muscle to fat.

Posture, Movement, and X-Ray Assessment

So how are you able to test for this, how you're able assess this and then what does it mean? Okay, great question, Robert. You know, obviously we use InBody.

I mean, in a perfect world, if we were really assessing this we'd use Dexa, which you and I both know is the most sensitive, is what Peter Atiyah talks about and uses.

We use something called an in-body, which is obviously bioimpedance analysis. On the in body, relative to gender and age, we get a lot of data, right?

We get extracellular water, total body water. We obviously get BMI, body composition in terms of muscle mass in pounds, fat mass and pounds. Distribution of that muscle and fat into five different compartments.

But it's a simple calculation. I literally go over with patients, okay, based on your age Right. And we can break this down a young person. This kid last night, 14 year old kid wrestler, he had five to one ratio of muscle.

He had 74 pounds of Muscle. he Had about I think 14.5 pounds a body fat. So it's like a five two, six to 1 ratio muscle to fat that's that in the athlete, you know, it was 10% body Fat.

So, and then we have the other range of, you know, 80 old women who come in or sometimes six year old, women, who are 240 pounds and they have over a hundred pounds of fat on their body and maybe 50 pounds a muscle.

So now they're not even one to one ratio. They're, 0.5 ratio of muscle to fat. And so it means that for every pound of that, they had only half a pound muscle And obviously, we all know that visceral fat is the worst place to carry fat because it's morphologically different than subcutaneous fat.

Visceral fats pro-inflammatory produces cytokines. It works its way into our organs. And I don't know about you, Robert, but I never saw fatty liver disease.

Hardly ever was it mentioned when I first got into practice, maybe in alcoholics. But how many times now are we seeing elevated liver enzymes because of NASH or because just general fatty accumulation of liver in these organs?

Again, people don't know about this, and they go to their doctor and say you have fatty liver disease. Well, they never thought the fat they were accumulating in their abdomen was actually making its way into their organs as well.

The whole idea of adding the functional investigative component is to look past the tree, make the three move, if you will, look into the roots, and kind of determine what the problem is.

You know, it's not really root cause resolution anymore. It's root causes resolution. And your DEXA, now DExA in body, they're very close statistically for body composition.

The advantage that the DExa has is that it tells you about bone. but the in-body I use as well, and the body does break up the quadrants, breaks up muscle, the fat.

And again, that visceral fat is a critical element, because visceral fat, like you said, innervates organs. Interesting now that there's a study that came out about LP little a, we were told, oh, you can't affect LP a that genetic heart attack marker.

However, your waist to hip ratio, which is based on your viscera fat if that decreases, even if you have Lp little a, you're not having the heart attack.

We look at waist to height ratio as well, Robert. I don't know how you feel about that, but we've kind of transitioned from waist-to-hip more to waist the height as a marker that we use in our wellness score.

Yeah, I mean, that wasn't the one that was studied in the test, But I agree with you. multiple different ways to really ascertain what's going on because of the root cause resolution.

And one thing I want to piggyback on, and not that I wanna get off the eight weeks to wellness score, because I think the wellness scores is a pristine way to test for people what I like to do or like call as a vital.

The wellness score gives them a grade, Robert, which I think is really powerful. Like what was the last time you got a great in your physiology? So like at the end of the report and at top of report, it gives an F, you know, and these people look at these things and they're like, an f, I never got an Right?

I said, well, I'm not talking about your intelligence. I am talking your physiology. So while you may have gotten all A's in school, you are failing when it comes to your overall health and well-being.

You know, it's funny that F will translate to bad grades in schools because we all know that that kind of physiological damage doesn't allow the brain to be in a health promoting arena.

So the one thing I wanted to ask, and I like to asked a lot of doctors with vast experience and you just don't have experience within your 34 years, you've got lifetimes of experience.

I'll ask you this, are the patients 30 years ago healthier or sicker than the patient's today? Without a doubt, I think people 30 years ago are much healthier than the people that we see today.

Let me interject. If that's the case, Dr. Dane, don't we as healthcare practitioners need to use more tools to assess and more to fix those problems? There's no doubt about it, Robert, but I also would say we need more strategies to help people overcome the toxic environments that they live in.

I Think people need strategies. Eight weeks to wellness is a strategy. So, for example, Robert, we do the exercise in our clinic. They work out with trainers.

We focus on their cardiovascular endurance. we focus their strength. But they come to the office and work it out. You know why? I have control over them when they're working out, We can work around injuries, push them harder, and really work on strength They meet with a clinical nutritionist in their office five times during the eight weeks.

That person is talking to them about macronutrient choices, how much protein they're getting. What do their meals look like? You know, if they don't like particular food, what can we substitute that's a healthier option?

They're looking at their meal plan. Like in our manual, these people are writing down what they are eating so that the nutritionist can look at this and say, OK, good choice here.

We need to clean this up. Well, can what we do different? So I think the key is that we not only need edge people, we need to give them like surefire strategies that are going to work and hold their hand long enough for them to develop habits.

Body Composition and Visceral Fat

Because by the way, once these people get done eight weeks to wellness, Robert, and they've lost 30 pounds and there they have a spring in their step and not as inflamed and their mood is better and actually happy for the first time in years when they wake up in the morning.

You know, they recognize that those habits created that change in their overall health, and they want to stay consistent with them, but we have to give them strategies to implement those in the beginning, because they're very different than what they are currently doing.

So if I would ask you to wrap it up in a nice tight bow with a wellness score, one of my buddies watches my podcast all the time. and he's now taking care of himself, his health.

He's on the eight weeks to wellness raw plan, if you will. So what would be the next step since he has mastered all these things, something that those patients who are exercising, effectively watching their diet, but want a little bit more performance, longevity, and a bit of more health span when we're talking about a guy in our age bracket?

It's a great question, Robert. I think for me, and this has really moved the needle for my overall health, I really think it's focusing on the mental aspect of our health and really understanding how our thoughts and our emotions influence us hormonally.

So I, for me, you know, and this is a part of Eight Weeks to Wellness now, but every morning I get up at 4.30 or 5 a.m. and just always been a natural early riser.

But I take time to meditate each morning. I have a hot tub, I go in there, do deep breathing exercises, meditation, read. So reading for my is my time just to be with myself and be my thoughts.

So I think you know that one thing that you don't people we always say nutrition we only say exercise but i think that mental emotional peace and you not when i ask is very interesting we ask this question we asked five areas of a person's health and then we asking about their energy level but we have them on a scale of one to ten and this act literally how i talk to patients to robert.

On a scale of one to 10, with one being, I suck, i'm horrible, really no good in this area of my health. 10 being Dr.

Dane, so buttoned up in my area, probably could teach you a thing or two.

So now they know the scale, right? Don't bullshit me. I don't know if I'm allowed to say that Robert, but you know, that scale. And then I'll say, so give me, where are you on a scale of one to 10 with your exercise?

And he'll will say well I'm a four. Okay, well how about your nutrition and overall what you eat and supplement? Oh, I am horrible there, on the two, right?

How about you sleep, quality and quantity? how much you get and how good it is? Where are your on your scale one-to-ten? oh, i'm okay with my sleep i am a six, okay?

and then we ask them about stress, Right? So on scale 1-10 with one being I have Very high amounts of stress and I'm not very good at managing stress.

And more importantly, I don't know how to manage it. I Don't have stress management tools and 10 being dr. Dane I have very little stress but more Importantly, i have, stress, management, tools that i know help, my, body cope with the stress Where do you think you are on a scale of one to ten I hardly ever get anybody tell me a nine or 10, but you know how many times they were, oh, I'm a one or two, right?

So it's that we all have stress in our life, But you what we haven't been taught Robert is stress management tools. I don't know if you learned this growing up, growing I certainly didn't learn how to manage my emotions, what my thoughts meant, you how have a time managed, like the things that financials that create this ungodly amount of stress for people.

And look at, when we have young kids that are committing suicide, You know, and we have suicide at all time high rates. That tells us we are not doing a good job helping people manage their thought life and their emotional life.

So you would say the mental aspect grasping that. And by the way, I didn't know anything about it. I don't even know how to spell the word filter till I got married.

Which has been a bit of an epiphany for the last 20 plus years. But moving right along, my question to you is, You call it 8 Weeks to Wellness. Why 8 weeks?

So when we started developing the program, Robert, I do a lot of reading on habits. I love books like Atomic Habits by James Clear. Or I loved the book by Charles Durig, The Power of Habit.

And from all the research back then, it was anywhere between like 56 and 68 days to form a habit, right? 8 week to wellness being 56 days, What I wanted is I want it to be able to look a patient in the eye and say, Robert, I wants you to trust me that you're going to do this for eight weeks.

OK, now you've done it your way for a long time, not weeks, but years, decades. And look where it's gotten you. Can you trust the process and do's this four weeks?

And I promise you, we're gonna do your wellness score at the beginning and we are going do you wellness scores at end. You don't have to do this for the rest of your life.

Let's just focus on the next eight weeks. Then you'll get to decide if the time and energy and money that you put into this program was worth it.

Mental Health, Habits, and Stress Management

So, I didn't want it to be a lifetime because I think sometimes people come into it like, oh, this is a huge commitment, you know, of my time, my energy.

I just wanted it be long enough period of time where people could see And again, Robert, when we have chronic

disease that people have had for years and decades, that is going to take some time to reverse that, right?

So we can't, it's not two weeks to wellness, so it is eight weeks, because I felt that was long enough period of time, to see significant physiological changes, but a short enough time where people could say, I could invest eight week.

Can we call it eight-weeks to longevity? Because knowing the program, you're really checking a lot of the longevity boxes as well. Absolutely. And the interesting thing, Robert, is people always ask me, what happens after eight weeks?

I'm like, well, this is a pretty logical question. If what you were doing for eight week worked so well why would you ever want to discontinue? And most people in the program, by week six or seven, they are nervously asking me what happened after 8 weeks.

I was looking at them and saying, we kick you out of the office. Then I laugh. And I'm like, no, you know, we're going to sit down. We're gonna redo your wellness score and see your improvements.

And then we'll talk about where we go from here. Right. But you, know we want you to continue the same habits. Why wouldn't they want to stay on the health road for perpetuity?

I don't understand that. They just need the scaffolding and the support. So with the American population being overweight and obese, not willing to change, resilient to, change resistance to.

What would be the one thing that if you had that person in front of you that you would tell them they need to changed tomorrow? What is the number one bang for the buck change that they can have?

Obviously, I would say it's getting rid of ultra processed foods. I mean, you know, stick to one ingredient. This is what we tell our patients one ingredients organic foods, if you can pronounce it, You can eat it.

If you So I would say for me, the biggest, I think, biggest bearing for your buck, as you said, is getting rid of the ultra processed food. Nothing out of bags, nothing out a cans, Nothing outta boxes.

Start making your meals. We've lost the art of being able to make meals, my wife and I really enjoy Sundays because it's our meal prep day. We meal prep for the whole week.

We'll make four or five dishes and put them in glass rubber made containers. And we have a great time. I think one of the biggest things is learning to get back in the kitchen and start learning how to cook with one ingredient, whole foods.

We belong to a CSA, Robert. Every single week I get a big box of vegetables that are dropped off to my door. I don't have to go pick them up. It's from a local farm.

They deliver them. We always open the box like, wow, what's in here, you know? Now we got to prepare all this stuff. So I think, getting back to getting in the kitchen, enjoying cooking, that's what our grandmothers did.

And we eat healthy and we were healthy. without question, indeed. So if we would have this podcast three years from now, three year in the future, what do you foretell we will be talking about?

I think the sick people are gonna get sicker and I the healthy people going to get healthier. And I what we're gonna be taking about is the chasm between the really healthy and the real sick.

We all know that the reall healthy are paying for the sick people through insurance. You know, it's interesting, Robert, but I would say this, you know I'm a pretty good driver.

I haven't had a lot of accidents, lot tickets, and I get a good rate on my auto insurance. But I am also a very good

consumer of health, right? I don't get sick a long, I only go to the doctor if I have trauma, haven t had lot surgeries, almost 57 years I havent been a burden to my health insurance company or to government.

But do I get any money back for that? Do I got a break on my insurance?

Nutrition, Longevity, and the Future of Wellness

Does my health insurance call me and say, listen, your rate is going to be 70% lower because you utilize 70 percent less of the resources of our system.

No, I don't get a break for that right and somehow we have to narrow that gap chasm that Gap between the really healthy and the Really sick and you know what the difference is it's education.

It's having the right doctor to support these people. I always say Robert we're at a point in society and maybe this is what I hope we'll be talking about three years from now where people say I have two doctors.

I have a sick care doctor that I go to when I get sick, but I also have functional medicine doctor, a wellness doctor. The two aren't the same doctor and I find the more I see my functional wellness doctors, the less I had the need for my sick-care doctor who prescribes me medications.

And I think the chiropractic profession is the functional doctor of the future. I thinks it's our next frontier, if you will. There's no doubt about it.

And it is fun. You know, I know Robert, you've been in practice a long time. People ask me sometimes, what's your retirement strategy? And i'm like, i don't have one.

You and I both love to travel, we have great clients that we travel with, right? We have a lot of fun. We get to use our success to go out and enjoy our life.

But when it comes to waking up every day, I think happiness is about having a level of attitude of service towards humanity is to wake up and say, I get to work, make the world a better place because God gave me this town of being a chiropractor and I can get it to go out and speak the truth and adjust people and, you know, tweak their lifestyle.

And I got to make healthier individuals and that makes me feel good. So like, why do I want to give that up? Indeed. Everybody, Dr. Dane Donahue, Eight Weeks to Wellness, Rob Silverman, Proven Health Alternatives.