Dr. Joseph "Deep Sea" Dituri Lived 100 Days Underwater Reveals What Really Heals the Brain | Ep. 106 Transcript

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Introduction to Dr. Deepsea

Any battery that goes in a hyperbaric chamber is wrong or bad. Don't do it because battery tends to connect to each other's side. The anode and cathode connect and that sparks off.

Why is that so? The answer is Dr. Joseph DiTuri, also known as Dr Deepsea. He didn't just break a world record, he dove into the unknown. A former Navy commander, a biomedical engineer, and a man who lived a hundred days at the bottom of the ocean.

Get ready to explore the limits of human potential with Dr. Joseph DeTore. 1600 BC is the first time that we said, hey, this guy's got a brain injury.

And here we are, thousands of years later, and when we submitted our paperwork to the FDA, they said, hey, we don't like your endpoint for cured traumatic brain injury.

And I said really, FDA? What is your end point for cure traumatic injury? They said we dont have one. What does Hyperbaric Chamber truly help with? What type of chronic illness is?

Any kind of disorders that people have? Sure. If you think back to origin of species, everything came from one thing on this planet. We think is coelacanth.

Coelocanthe is a four-legged sort of a creature that developed in the water and then everything grew from that, from the dinosaurs to the frogs to chickens to you and me.

So when you would do these dives, what did you see down there? Welcome to another episode of a Healthy Point of View podcast. I'm your host, Sam Tahata.

And as usual, we're bringing experts from all over the world to talk about health, wellness, beauty, and mindset. Today, our guest, he comes here right from Florida on the West Coast, Tampa.

This guy here, Very unique background. This is not just a regular expert, this is an expert that has served. An expert who's been under the water for over 100 consecutive days.

Today, we have the opportunity to interview Dr. Joseph DiTuri, also known as Dr Deepsea. Thank you for having me, guys. I'm really honored. it's amazing to have you here welcome to a healthy point of view doc dr deep sea we're gonna have to start off first i gotta ask about the dr deepsie do you own a deep-sea rolex No, I own a Submariner, which I just ripped the bezel off accidentally.

So it's down here for repair, believe it or not. But I was thinking to myself, man, if he's rolling around with that name, he he is going to have to get one day a deep sea Rolex.

You know, it kind of just. I tried to. Get Rolex to sponsor me for my 100 day world record breaking mission. And they went. No. Really? I. Was like, seriously?

That'd be like an awesome sponsorship. That would have been a great one. So if you know anybody for real. Where did that name come from? So my buddy Brian O'Connell used to call me Deep Sea.

And it's a term of endearment. Like, hey, Deep-Sea, how you doing? Hey, deep sea. When one diver talks to another diver, they call one another Deep sea, right?

So he was a diver. I was the diver he used call my Deepsea. Then I got my PhD in biomedical engineering.

Navy Diving Background

He's like, oh, it is Dr. Deepsee. No, no. Oh, that's your name. Your Delta Tau Chi name is Doctor Deepse and I'm like damn it. That's kind of fun, but you know, it's a moniker, you now.

Yeah, I love it, man, because, in the world of social media, yeah, there's, um, a bunch of doctors out there that have, Dr. Feelgood, this, that, the Wiener doctor, which actually that's like a sexual health doctor.

But, Doctor Deepsea, so it can all make sense, especially with what you do. So I loved the branding man. I think you definitely got to keep going with that.

You did 100 consecutive days underwater. First I want the listeners and viewers to really understand who you are, what was your upbringing to get you to where you started at in the Navy?

What was you upbringing when you were a kid? So I grew up on Long Island, New York. And when I was born, my parents had worked over in Italy. So we would fly over to Italy, flew over Italy for the first couple of years of my life.

Then we came back and my father spent every dime he had on a little house out on Long Island, New York. He worked near the city and we lived out in the island, just like every other typical suburbia.

I got beat up in high school just, like, every kid, you know, had a good time. And when I graduated, I said, yeah, there's no prospect for me to go to college, so I'm going to join the Navy.

So I joined the Navy and 28 years or so later I checked out of the navy. But during that time, I earned a bachelor's degree, a master's, degree. And then when I retired, i was hanging out with Admiral Bill McCraven at his house and he was like, what are you going to be when you grow up?

And long story short, I was trying to help him on the preservation of force and family. And I had to go back to school and get a PhD in biomedical engineering.

Oh, amazing, man. Twenty eight years in the Navy. 27 years, eight months, 19 days. Nobody counted, but that's what happened. That's a lot of years. I mean, you saw a lotta change throughout 28 years?

Oh, yeah. Perfect case in point. When I joined the Navy, I went to Virginia, right? So we're on base in Virginia and you walk outside and the sign said, dogs and sailors keep off the lawn.

That was in 85 when I first went in the Navy, 86 maybe. So I went into 85, but now it's like everybody thanks you for their service. Everybody's really appreciative.

But back then, you know, Virginia, military guys didn't have the best reputation and it was just post, Vietnam. I mean, what was the Vietnam Veterans Day Parade?

It was like in 83 or 84, right? So yeah, we were just starting to appreciate troops at that point. So when you were in the military and you're going out to sea and doing those dives, what were you doing?

What was the purpose of, you know, So I was in every facet of diving from saturation diving to one atmosphere suit diving, to being in charge at the deepest emergency to dive place.

And it's one of those, hey, you're really good at diving. We're going to push you a little bit and make you better. So, I wound up doing a whole ton of driving tours.

From research and diving to to every facet underwater ships husbandry, you know Replacing propellers on ships before they went out to see that kind of stuff and I mean I was in charge of the guys at that point so they were

doing all the work and i was doing a lot of The admin bs stuff, so so when you would do these dives, did you ever go in submarines?

Oh, yeah. Yeah a, lot, of submarines so, when, would you, do, these, dyes like What did he see down there? It's really interesting because most of the areas that we dove in per se, like if we were doing a go to the beach sort of a dive.

Now, it was not a Navy SEAL, I was a navy diver, totally different aspect. But as you're diving through, you are in the worst visibility ever. I distinctly remember like being able to reach out and feel my body.

But knew he was there, but I couldn't see my buddy that kind of diving. So you really don't get an opportunity to see things. Some of the deeper dives were better because you can see the bioluminescence as you're going down and, you know, it's flashing up before you.

That's kind neat. But, uh, You know the places that we dove really didn't have much good visibility. No pretty fish. So, so back then, and I'm not trying to age you too much, but back, then like, I remember when I worked at the fire department and we used to have to call out dive rescue, you know, car goes into a canal or whatever, where they have no visibility.

Yeah. But they had all of this technology radios and stuff that you can communicate. Did you have that back there? Oh yeah. We had, we had lots of those, uh, yeah, You know we could do infrared stuff.

Uh, We could, um, low frequency acoustics underwater. It's, it's. Sound travels very well in the water, so you can learn a lot by hitting, hitting sound off of things.

Let's put it that way. That's pretty cool.

Hyperbaric Basics and Decompression Sickness

So have you ever, um, and this is kind of going a little sidetracked, but I saw an article the other day, uh, where they're saying that aliens live underwater and it's really not in space.

Do you think there's things down there that we've just never have discovered that could potentially be something like that? So the weird part is, so we're talking about something called planetary biodiversity at this point, right?

That's the overall title. And in what, 4.6 billion years of genomic wisdom, we've realized that there's about 20 million species on this planet. We've only found about 5 million.

So yeah, there is a lot of things that we haven't found that are on planet that may or may not be from this plan. And we know that for sure we've seen things that we're like, okay This is not of origin here, right?

Because you do kingdom phylum, you know all the classification of things and you go This doesn't fit in any of the groups. Hmm. Where does that go? So wow?

Yeah, it's definitely when you're doing research. Did you ever come across anything like that? Or what kind of research were you doing? Well, no. I mean, for me doing research, all of my stuff, I'm a biomedical engineer.

So I do research into the human body, what happens, how it works, blood flow goes in the body. And then now my current one is traumatic brain injury. But yeah, so I don't have much research on that, but I did do some deep diving and catch some new species of fish.

It's really eerie because you pull up and you grab a species of fish and think it looks the same as the other one, but it's not. And if you think back to origin of species, right?

Everything came from one thing on this planet, so that one that we think is coelacanth. Coelaconth is a four-legged

sort of a creature. that developed in the water.

And then everything grew from that, from the dinosaurs to the frogs to. The chickens to you and me to a duck bill platypus. Right. So all that stuff came from one thing and it's mutation after mutation, after a mutation or extraterrestrial.

Something came in. All right. It's kind of kind. Of scary, man. I guess it always gets my mind going. Like sometimes I'll sit there and watch documentaries about all this stuff and just put your mind into like this whole different like dimension, like there's other stuff out there.

Oh, yeah. When you think about it, the statistical probability is that there is other life. I mean, there absolutely is. Statistically, from a probability standpoint, it has to be.

Yeah, I bet. So let's talk about some of the good stuff here now. so when you're doing a lot of these dives, what made you get into really studying hyperbaric, you know, I was reading about you, obviously before coming on the podcast, and what I reading was talking about, you would go and research about being in this pressure environment.

What sparked the interest to really start understanding how that works on human body? So it came from being a Navy diver and as you're a navy diver, you might get decompression sickness.

And if you get the compression sickness, the cure for that is pressure and oxygen. So pressure in an environment and then oxygen to help other things in your body.

Okay, great. If you can use pressure on oxygen for decompressions sickness on what else you could use it for? What is decompression sickness? When you go down in the water, you increase pressure and as you decrease pressure, decrease volume.

That's one of the laws. As you squish down, your breathing effectively more gas. So you're absorbing and exposing yourself to more And then if you basically shake up the soda bottle too much and open it up, that's the gas coming out of solution.

So it's kind of sort of that. If you will. The gas comes out a solution, forms bubbles and then those bubbles wreak havoc on your your bloodstream and your body.

Wow. Yeah. That typically happens if. You go up too quickly. Yeah, basically, if you go up too quickly, or you're not doing the right level of decompression, you are not working your table and schedule correctly.

So how do we manage that when someone actually has that type of event occur? So what we do is we take them out of the water and we evaluate them really quickly and then we bring them into a recompression chamber and pressurize them again.

So we then do, is take the bubbles in the soda can, if you will, and push them back in. The bubbles are still in solution in your soda, normally, until you open it.

And when you opened it, you decrease the pressure. Same thing as when you come up, you're decreasing the pressure. So what we do is we increase that pressure again and squish that bubble back into solution, and then we give them oxygen to kind of get them to off gas, if you will.

And you have to do that quickly or? Very quickly. The quicker you can get him, the more rapidly they get rid of their symptoms or symptomology. Now that pressure where you put them, that's a hyperbaric chamber.

Now there's different levels of hyperbolic chamber, I would only assume someone who's going through that is not doing one of these little soft sleeve zip-up.

So can we talk about, based off your experience, the different type of hypobaric chambers that are out there and what they're used for? Yeah, so first of all, hyper means more than barrack means pressure, right?

So if you're increasing pressure in this thing, this could be a hyperbaric chamber. You fly here in an airplane. An airplane can be hyperbolic chamber because they fly at 35,000 feet, but they're pressurized to about 8,00 feet.

So they are pressuring more then they would normally be flying at. All right, so there are a whole bunch of these that are out there. The soft ones, the mild hyperbarics.

I just had a PhD student who finished his PhD and he did some great quality research saying that, listen, we think we don't know what the deal is with this new mild type of barracks.

So let's do some science on it. And it turns out that the anti-inflammatory markers are better in the lower pressure hyperbarics and not quite as good or a different set of reductions come from the higher pressure.

Hyperbaric. So, yeah, it's really interesting. Why is that so? Well, the answer is we don't know. You know, who funds drug company research? What drug companies do, right?

Who funds hyperbolic oxygen research. Well, the International Bank of Joe and, you know, we're shy nowadays, right? So it's a or or some researcher like me that takes money out of his own pocket and says, I want to know the answer to this thing.

So nobody's really funding that research, but we are trying to do the best that we can. That's why there's not a lot of research out there in hyperbaric.

Most of the answers that I'm going to give you is we don't necessarily know. Right. We just think that it happens because it happened. It works different mechanisms.

Interesting. So, okay, you talked about there's a soft shell, there is a mild one. The mild, what does that look like? Is that a hard shell? No, so the mild ones, generally we talk in pressure, right?

So a a Hard-shelled hyperbaric chamber can generally do mild treatments. In other words, You can go to 1.4 in a Soft hyperbolic chamber. You could go 1 point 4 in hard hyper baric Chamber.

The difference is you can't go to 1.75 or 2.0 in a mild hyperbaric chamber, but you could go in hard hyperbolic chamber to one point five or 1 point seven five, or two point or three point.

Oh, right. OK. Human tolerance is three points. So you never want a chamber that can go deeper than three. No pressure wise with oxygen. So I've seen these hyperbaric chambers where you go in and you're really getting the oxygen through like a mask while you were there.

But then I have seen hyperbolic chambers in really the hospital clinical setting and these things are just completely different. Like you can't even smoke a cigarette in the parking lot.

So what's the difference between the ones that you see in the hospital where they're like utilizing it for like wound healing and all these other type of issues versus the hard shells that, you know, your utilizing the mask over the face?

Right? So it's patient comfort, right? If I'm going to be mostly breathing, just oxygen, and you just lay me in a tube and surround me with oxygen. That's a lot more comfortable for me because I've just laying there and breathing in and out repeating as necessary.

But if, if every time I need to take an air break, I would put a mask on. So I am breathing oxygen while now I breathing air. Okay. The ones that we have that are a little safer, they're a Little safer because you're not surrounded by a hundred percent oxygen.

Like you say, you can't smoke a cigarette. It's not just that you Can't wear perfumes. You can wear dyes, You Can wear makeup in their ladies. you cant wear fingernail polish in there, that kind of stuff.

Can bring anything in that chamber that You weren't born with. you have to de-robe and put on their special gown to get in that pure oxygen chamber. So we just had a fire up in Michigan and that kid was in a hundred percent oxygen environment.

And when he rubbed his knees together, he wasn't grounded. That was a failure on the part of the operators. But as he'd rub his these together it sparked and…

that ignition took the entire chamber to a very different place and it blew up.

Chamber Safety and Fire Risks

It was very bad. just from rubbing the skin together yeah so well he brought he had a pair of pajamas on which he shouldn't have had in there and then he rubbed his knees together like this he rolled back and forth like 11 times uh and he was ungrounded and like i said wearing the wrong clothing but you know unfortunately it's a very forgiving um primary treatment modality and adjunct treatment mentality but It's not 100% foolproof, right?

If you do bad things, bad thing can happen. The second you disrespect oxygen, that's when it's going to jump up and bite you. Just ask the guys on Apollo, Apollo 1, when they burnt up on the launch pad.

We know oxygen's dangerous. Listen, working at the fire department. You know. Oxygen's not a friend of fire. It is not. They can make things spread very quickly.

Very quickly, that's how we try to eliminate oxygen. Exactly. There was another incident that occurred not too long ago and I think it's important for us to talk about this because Hyperbaric chambers are becoming very trendy, especially in the wellness space for the health benefits.

But at the same time, there's a lot of negative press that's coming with some of these incidents. And there was a, I think it was somewhere in Arizona or something like that recently, where the actual owner of the facility, a doctor of physical therapy, he exploded or burned alive in this chamber.

This is really unfortunate. It is, it really is. And I feel really bad for the other companies that provided the chambers involved because I actually do know the owner of the company.

And what do you think happened in an incident like that? I don't know if anything actually came out of what happened. Well, we did the death investigation, so we know exactly what happen.

And it's unfortunate, there's a lot of things I cannot talk about because we're under gag, but what I can do is tell you that any battery that goes in a hyperbaric chamber is wrong or bad.

Don't do it because, look, you have a battery, have the battery in your phone and everybody wants their phone or their tablet or the PC to last for a long time.

So what does that mean? Energy density. You're pushing a lot of energy into this battery and then what do you do? You increase the pressure and when you come out of hyperbarics you decrease the pressures and you increase it and decrease it.

And when do that on a batter that's made Maybe not so perfectly. Maybe it's not a battery that's made on a Wednesday. maybe it was made our Friday and they didn't solder the joints quite perfectly Battery tends to connect to each other side the anode and cathode connect And that sparks off.

And there were seven batteries inside that chamber in one form or another. By the best that we can count right now, two primary sources of ignition were batteries.

It's horrible. So now that chamber, was it one of the fully oxygenated ones? No, that was an air-based chamber. Again, it's about the increase in pressure on the battery.

The oxygen is just an accelerant. As you well know, oxygen's not flammable. Oxygen's colorless, odorless flamable gas, right? And it accelerates flame as you know right bad things happen you want to try and eliminate the oxygen but it won't actually burn so it's not about the oxygens about increasing that pressure and then you have this catastrophic fire in this battery that you and you're trapped inside something that is on fire And when you increase temperature, you're increased pressure.

And if you increased in a hyperbaric chamber, You're driving that into smaller gas sizes and into a place where it shouldn't be. So let's talk about that, though, because I go to these conferences, I got to the A4M, the Dave Asprey show and all these other conferences.

And, you know, these companies coupled with their hyperbaric chambers, and I'm seeing some of these hyperbolic chambers where they have infrared light panels inside of it.

I see them. They have TVs inside these, hyper baric chamber, panel TVs. And they specifically say, yeah, bring your phone in there. You can use your tablets.

What's your professional statement on that? Well, the International Hyperbaric Association, a group of people that basically run this thing said, listen, no electronics with batteries in hyperbarics chambers.

With batteries. What if it's plugged in? So if it's plugged in, ASME PVHO, the American Society of Mechanical Engineers, Pressure Vessels for Human Occupancy, specifically states, you can have up to 28 volts coming inside the chamber, this many ohms, there's rules, right?

Because they're engineers, so you gotta know there are rules. And you could do that if the heat temperature doesn't go over this. So, if you do without batteries, You're okay, but you got to build it to the as built standard or the build to standard.

There's people that go. Hey, I have a good idea. Um, yeah, let's put a laptop in there with a battery and then a red light therapy to stack modalities, right?

Cause you know, we're all about stacking. I love stacking modality except for inside the hyperbaric chamber. Don't do it inside. Not a great idea, that's yeah on the big long list of good and bad it's really bad because red light every single one of them heats up especially if you're in the right nanometer range they heat and then what's the power source for them i've seen 220 on some of these red lights 220 volts yeah yeah i mean at the lowest ones they're 110 or battery operated and even if they are battery-operated their heat signature is incredible right i means hot to the touch which you absolutely don't want in a hyperbaric chamber And that's there's a lot of companies that have to start doing a little re-evaluating, I would only assume.

And it's not hard, right? All they got to do is talk to a fireman and he'll tell you about heat, oxygen, fuel. Right. It's the fire triangle. You know it, it like you got isolate one of those three and you can't isolate oxygen because oxygen is a therapeutic drug.

OK, so what are you going to do? You're going try and limit the heat that you have in there in any way, shape or form, because let's let be real. We are fuel.

Right. Being a little bit morbid, but humans are a fuel, But look, So I did a 102 year exhaustive review of every single accident that's ever happened in a chamber.

Oh, wow. One hundred thirty five deaths in one hundred and two years now. That's horrible. However, that's not really that bad. Now, one loss of life is horrible.

Let's just agree, right? But 135 people in 102 years? That's, not a bad batting average for tens or hundreds of

millions of hyperbaric treatments worldwide.

It's almost like listening to that number, it's like, regardless of what business you're in or what you are doing, you got to have like operator error and mistakes done by humans.

And it is almost that kind of number falls into maybe the majority of those cases where somebody made the wrong decision. Right, and if you look in the past since 84 or 85, Every single one of those errors is attributable to the operator, operator.

Right? Like I let you take your cigarette lighter in there. Why? Right. One was a butane filled bun warmer. The other was an Apple watch that spontaneously caught on fire and caught the person on I mean, these things happen, right?

But if you limit that stuff, it's an inherently safe primary and adjunctive care. It really is. Now, we were talking about stacking. Oh, yeah. And I know you're a big fan of doing vitamin C IVs.

Can you do IV's inside of the hyperbaric chamber? Absolutely. But the laws of physics still apply, right? I increase pressure. If I increased pressure and I squeeze, you remember wrapping the blood pressure cuff around the around trauma patients and bolus and into them.

Right. I mean, You can do that. You just their arms going to get cold, Right? But that increased Pressure is going bolas that fluid into him. So absolutely you can.

He just got to pay attention. Laws of Physics. Right, right. I guess you'd need like a trip-set regulator, you know, if you really want to control it.

Exactly. Just put it in there. Interesting. Okay, so you can do that. That's a pretty good thing to know for the IV industry, for any of the doctors. If I was working with a guy that was doing not as high as you, I think you're at 50 grams or more.

We can go all the way up to 100. A hundred grand. I love you. First of all, but this guy was working with cancer, prostate cancer as a matter of fact, and he'd do 35 grams infused and then the people would come over to the chamber.

So, uh, then they do chamber every day and that in combination with, Vitamin C and hyperbaric oxygen does some really cool stuff for cancer. Now that's all pre-clinical trials, but he was doing some cool.

Nice. So you know what? That kind of leads me to my next question talking about what does hyperbolic chamber truly help with? What type of chronic illnesses or?

you know, any kind of disorders that people have. Why are people going to hyperbaric chamber?

Hyperbaric Uses for Wellness and Injury

Because you see people go into hyperbolic chamber that are just doing it for like wellness services, just to maintain themselves and be healthy. But then you have some people that chronically ill that really depend on hyper baric chambers.

Sure. So there are 15 approved indications for the Center of Medicare Medicaid Services, CMS, 15, approved or on-label indications, and then like 70 off- label indications.

Is it going to work to cure your toenail fungus? Probably not. Right. But like anything else, look back to the mechanisms of action, like the mechanism of the action for a non-steroidal anti-inflammatory and NSAID, it's to reduce inflammation.

Guess what? Hyperic medicine does the same thing. It reduces inflammation, but I got to give you 20 treatments over the course of a month. or you can just take pills, right?

So people are moving away from the pills and towards these more naturopathic sort of remedies. So, you know, what does it do? The on-label indications, gaseous gangrene, carbon monoxide poisoning, crush injury, compartment syndrome, toxin inhibition from any bad toxins that are in the air, like firefighters carbon, mon oxide poisoning for crying out loud.

When the whole family shows up because they're a lower socioeconomic income group and they have their generator inside their house during the cold season.

And they got the carbon monoxide poisoning, all bad things. So we want to be able to help those people, but you can also apply them off label. We're doing research right now, checking traumatic brain injury, PTSD, Crohn's, ulcerative colitis.

Now it makes sense because if you look back at the mechanisms of action, one of them is an anti-inflammatory and Crohns is a disease of inflammation of the gut.

That makes perfect sense. Right. So I have a great story on that real quick. You know, I don't, and I'll go out too often, but when I did the, the server comes up and goes, Hey, have nice pants here.

Oh my God, it's you. You saved my life. Oh, my god. Do you remember me? And I'm like, 21 year old girl who's a server. I have no idea. She's like you, you I I, I am the girl with Crohn's and she's, ah, My mom and I were just talking about you and then she hugs me.

she said, got to get my picture with you? She came in 38 treatments and sometimes they come, they go, and you know, i'm a researcher. So I sit in my office.

Most days she came, she went, She was gone. How'd she do? Yeah, yeah, okay. We saved this girl's life. She was hooked on Modell. she was chained to a bathroom and had no life and was at the University of South Florida.

We gave her her life back. And this is an N of one, right? But we gave our life, back and she. Not hooked. On it and not hooked, on any drugs and. Was able to be free so much so that she could get scuba diver certified, which was epic.

Wow. Yeah. So there's a lot of different type of inflammatory diseases that are out there drones, autoimmune diseases, inflammatory based, right? And, and look, we are running around society, Americans, especially running a systemic inflammatory response.

We are just overstimulated with inflammation. We're eating poorly. I mean, not guys like you because you get it, but some people are eating entirely bad diets, if you will, that are causing a push of this inflammation, so yeah, we need to do something about it.

So does hyperbaric therapy, does that have any kind of direct impact to your mitochondrial function? Yeah, so it's mitogenesis is the mechanism of action that's at play there.

And yes, it helps stimulate mitochondrial function. Now I'm in the process of working with a couple of manufacturers for this mitochondria testing right now, because we don't really have a good mitochondrion test function test, if you will, we have good stress test for it, but not a real good function tests for.

So people are like, hey, I improved mitochondrial function. I go, based upon what? So we're working on that, but the science was. Yeah, the go-to for quite a while was doing a VO2 max test.

We actually had, and I wish we had access to it now, unfortunately the owner of the lab passed away Not even a year ago, but we had a test that we would send out to Germany.

It was called the IGL test. So the IGL test would test for over about 900 different toxins. But what it would do would actually show that DNA adduct, that toxin, and what gene it was basically connected to.

And give you a gene code. Yeah, and it's interesting because my partner, Dr. Christopher Davis, interventional cardiologist, like for him, it was like he was hitting the nail on the head on every patient that was coming in, regardless if it is Parkinson's, Alzheimer's.

Whatever they had going on, he figured out exactly what was causing it and what is causing the gene expression change. but the the interesting part because we're talking about mitochondrial testing part of it and i'll show you what the test looks like i have a sample reported on my phone but it would test mitochondria health through the blood and it Would actually show mitochondrio potential mitochondrion clumping.

It was something that he till today He says this is there's no test out there like this test would But it would test on the mitochondria. It was unbelievable.

So I think there's another test now like my screen or something like that where they go. But I'm not too sure. Again, I am just stumbling into this world.

The people that are using it, a lot of the people are like climbing, high altitude climbers, right? Because they are very interested in mitochondrial function because they need energy as they climb, and it's obviously a pressure thing.

Yeah, yeah. So, okay, so one of the things that you brought up was hyperbaric therapy being good for traumatic brain injury. Yeah, the jury's still out.

It's an off-label use at this point. But if you think back to the mechanisms of action, it increases cerebral blood flow, increases neurogenesis, and increases vascular endothelial growth factor, VEGF, which vasodilates which gets you more blood too.

So there's all kinds of good things that look like they might help from a scientific standpoint, but science wins over BS, right? We need to go do the research on it.

Now, you're a PhD researcher here. That's it. With a lot of experience dealing under pressure, but you also have your own traumatic brain injury experience that has allowed you to really take a deeper dive into, number one, our medical system.

Oh, goodness, yeah. And number two, these alternative modalities that are off-label to produce proper healing for the patient. So I want to talk about that.

A hundred percent. The best thing that ever happened to me was I was a traumatic brain injury researcher and I driving my 1947 Chevy down the road and somebody T-boned me in a 6,000 pound SUV.

And thank God I wasn't that 47 Chevy with steel, real steel. Right. Because, you know, coup, contra coup. Wacked my head. I got an eight millimeter hemorrhagic stroke, prefrontal cortex, left side.

They put me in the ambulance because they didn't know what was wrong. And they're like, you okay? And I'm like who are you? Where am I? What's going on?

Like, and I am in a pair of scrubs and they are like hey doc, how are, so of course when I go in there, one of the guys who is a physician was one my students.

So he goes, Hey, how are you? Do you remember me? And I'm like, no, long story short, um, I stayed in the hospital. I see you for two days, uh, the for another five for seven days total.

And it got out of the and they were like don't worry. All you need is a tincture of time. What is that? That's the thing

that just makes me quake, right?

I think to myself, you just told a man that got hit in the head really freaking hard that the only thing you can do for him is give him time. Give it time, You'll get better or you won't.

Let me ask you something. Can't things get worse with brain injuries? Yeah. If you don't do the right thing. Absolutely, absolutely. Within 72 hours post ischemic incident, like post hitting the head 72, hours, you're going to have brain swelling for crying out loud and bad thing and that's why I was in the ICU for two days, right?

Cushions, cushions triad. We would write. Yeah, yeah. You get it. I mean, look, this, thing's pretty sensitive and we don' know a whole lot about it, But I can tell you this, I did a literature review.

I've looked back in the archives. 1600 BC is the first time that we said, Hey, this guy's got a brain injury. And here we are thousands of years later.

And when we at the University of South Florida submitted our paperwork to the FDA, they said, Hey, we don't like your endpoint for cured traumatic brain injury.

I said really FDA? What is your cured point for, for what is you're end point? For cured, traumatic, brain. They said we. Don't have one. You all been looking at this for thousands.

Of years and you don' have an end. Point. An you want me to make it up? No, come on, man. We suck. Like we got to do this better, right? And that's my point of frustration, Right?

Here we are, we're fighting this thing that has been on the books for thousands of years. It was only in 1300 AD that we decided to make a delineation between concussions and traumatic brain injury.

So it's like, wow, it has been running around and we've had real problems. We have chronic traumatic encephalopathy from the football players. Uh, we have military veterans with PTSD and TBI that just need to get treated.

You know, car crashes. I mean, you got a one in 106% chance of getting in a car accident every time you get in that car. Right. And then a startling statistic.

20 something percent of all head injuries are from domestic abuse. Really? What was that percentage? 20-something percent. I want to say it was 23, but for some reason I have a five in my brain.

So maybe it's 23 to 25% are from domestic abuse. That's crazy. Get hit in the head with a frying pan, man. Don't do it. Yeah, I don't know. You know, imagine some girl hit me in head.

And I grew up in a Dominican household and I'm thinking about that chancleta that my grandmother used to turn on her heads. How much brain injuries was caused from that?

But that's a crazy statistic. I'm Italian, I got the wooden spoon. Yeah, okay. So, we're talking about traumatic brain injury. You talked about all of these different types of people that suffer from it.

And I was telling you backstage earlier before we started the podcast about us working closely with current and former NFL players and a few of the different organizations.

And, you know, a lot of us hear these different stories of athletes suffering from traumatic brain injury, Muhammad Ali, everyone knows that story. But when you really start hearing some of these stories on some these other players, like football players.

When I start hearing the wives talk about what they have to go through and the emotional regulation of the football player, then them having seizures, them not remembering things, not being able to even pick up their phone and

text someone because they're unable to.

It was very touching. A lot of these football players are not the ones that you see, I mean you them all on TV, but it's not that ones you're seeing on the commercials and stuff that are making millions of dollars.

Some of the NFL footballers are now making that kind of money. So they put their bodies through all of this traumatic injury, the traumatic brain injury specifically.

And they're looking for solutions. And unfortunately, the league is not giving them that solution. They actually try to get them to sign off and say that they are okay and they don't need any assistance.

So I want to kind of get more into that based off your experience. What have you seen with a lot of these athletes that are MMA, boxing, football players?

Yeah. So, uh, we see that a football player gets a three to five, 35 mile per hour crashes per game, right? Consistent, chronic bam, bam bam. Bam, Bam.

Right. And, and we know this is really bad. I mean, you can see all the movies about it, but, But you see the other side, like you said, it's, It's the wives, the kids that are dealing with the The negativity that comes from that, I mean, because they are different people.

And in my book, the Why My Traumatic Brain Injury is the best thing that ever happened to me. I talk about this, that the loved ones, The impact of these things.

These people are Different people and I know it because I got hit in the head and i was a different cat. Like I was messed up and I didn't know that I.

Was messed-up and you know talk about like being angry and mad behind the wheel of the car like I want to rip the steering wheel off you. Know talk. About just sitting there and then starting to cry for no reason whatsoever and.

This happens to many of us who've had traumatic brain injuries. And if you have a loved one that's looking at you going, I just want to help you. I don't know how to.

Help you and they go to wrap their arms around you, and then you get mad at them for wrapping because I feel like a failure.

Traumatic Brain Injury Recovery

Right. So this is systemic in our society, especially for men, because, you know, we've been told to suck it up, buttercup and toughen up. You know. All right.

Do you want a box of Harden Up Princess? I mean, literally things. My dad said, Oh, give you something to cry about. I was like, okay, I should probably stop crying.

But you know, it's tough in our society because the other side, the wives that are observing these changed human beings are like this is not the person I married and we need to do something to give them back the hope.

We need do do anything. So when they told me a tincture of time, now I'm Italian. Now I am coming after you. Forget it. So how does hyperbaric therapy, hyperbolic chamber therapy.

How does that help throughout that process with traumatic brain injury? I really want to get more into that because we have over 5,000, you know, doctors in the medicine space that tune into the podcast.

So I Science be sure how that works based off of you know, if you don't have actual studies what whatever the theory is. Oh, yeah No, so right now we have limited studies We have preclinical trials and we had low powered

studies or low numbers low ends if he will So in the 40s or 50s, but we know the mechanism of action, guys, and that's the important part.

So neurogenesis can be stimulated through hyperbaric oxygen, mitogenesis, angiogenosis, all those are good things for increasing cerebral blood flow, for building synaptic pathways, things like that.

Hyperbarric oxygen also, one of the mechanisms of actions, is it releases stem cells, or it produces more stem cell. So you can multiply the number of CD34 plus progenitor stem cells by eight.

Oh my gosh, now stem cell are used for what? Repairing everything, right? So we know that it vasoconstricts, hyperbaric oxygen vaso constrict. So if it's vasokonstricting, I can get the same amount of oxygen to you in a smaller package.

So I can reduce that inflammation. I have an inflammation reduction coefficient to it. There's so many really good things that if you read the art and science of hyperbaric medicine, which is the prolific book on hyperbolic medicine at this point, It tells you all these mechanism of action.

And if you're a physician and you know, you can just look down at all of the mechanisms of actions and go, huh, that one looks like it would work. That one.

Looks like. It could help, right? Cause every, every. I see this commonly. I tell people, if you've seen one traumatic brain injury, you have seen 1 traumatic injury.

They are not the same, right? This cat's different from that cat. This guy got left side blows, this cat got an all over thing. You know, like Mike Allstadt running football straight up the middle, he was the A train.

That guy really bashed in different directions. So everybody is different and they all present differently. You got to kind of pick and choose off the run.

And that's how you know, well, maybe I'll start this guy mildly. Oh, this guys needs a little bit more because I want to get him up here. Whatever. We have to do the science behind it and figure it out.

So I can only imagine with the traumatic brain injury, you're dealing with, how you said, different levels of traumatic injury. Are you dealing patients that have like the full-blown, like blown pupil, raccoon eyes, with whole pressure in the skull where they even might have to release a piece of the scull out type of deal, are you dealin' with those types of things?

Generally speaking, that would be a severe TBI, right? So mild, moderate, severe. So the severe TBIs, we need to wait at least 72 hours because we don't want to increase the pressure on the head while there may be some increased pressure, right?

So we let that die down a little bit. And once that pressure equates, if you will, then you can treat them. But we're looking at increasing cerebral blood flow.

So you're obviously going to increased some kind of pressure. You have to actually practice medicine. So earlier you were talking about stacking different modalities in the world of health and wellness and biohacking.

What are some really good other products or services that stack well with hyperbaric? And one of the things you're talking stem cells, so this is where this question kind of came up from, like would doing stem cell therapy or like exosomes prior to going into the hyperbolic be more beneficial?

Yeah, the jury's out on that. We were doing research studies and the FDA said, eh, you can't do that! Well, they were like, that's a whole new drug. we need a new phase one clinical trial.

Like, whoa, and then the exosome company was like forget it, we're not doing it. But, so what modalities go well

together? I'm one of these guys that as I had my traumatic brain injury, I didn't just do hyperbarics, because hyperbars wasn't enough.

So I did ice bath, neurofeedback therapy, cognitive behavioral therapy structural energetic therapy. You know, red light, beamer mat. I faced east and I watched the sun because I said, there's hope.

And I need to have hope I needed to do something. Because when they told me a tincture of time, and just got to wait this out, Oh, I said, that's not going to cut it with me.

Right. So then I started just literally doing everything. And I did it all at the same time. But if you take a potted plant analogy and I say, hey, what's wrong with this plan?

You ask three different people. One person says, oh, it needs water. Oh it need sunlight. It needs food. Well, while I'm a researcher, i'm going say I got to keep the sunlight and the food out of it.

I just going give it water and when you just give water what happens? Water kills plants. And they just give it sunlight. Sunlight alone kills plants.

You just given food, food alone, kills plans. The truth is plants need sunlight, water and food simultaneously. Humans need physical, physiological and psychological help simultaneously, we don't cut the brain open.

We have poor imaging at best. Even diffuse tensor imaging, which is really darn good, can show an increase in cerebral blood flow. And that is all. There are no studies out there that say this equals a cured traumatic brain injury.

Zero. zero studies, right? So if we're just increasing cerebral flow, what else is there? There's everything else. there's the sunlight, there is the water, right?

So you've got to do everything at the same time, physically, physiologically, and psychologically to heal the human, Right? Right, so are there any additional type of products?

I've heard of glutathione. Glutathione, peptides, BPC 157, synapsin, things like that. But, you know, peptides are a slippery slope, right? Especially right now.

Right. Yeah, of course. Well, You know why, Right? People can't patent a naturally occurring item. It all goes down to the money, right? Yeah. One would think.

But yeah, so so that adjunct care. So I started when I was healing my own traumatic brain injury with a simple premise, like, for instance, ice bath. I gotten, you know, I'm driving home from work one day and I see the sign that says ice ice, $5 with the polar bear on it.

And I said, huh? What happens to peripheral perfusion when you go into the cold water? Well, it shunts from the peripheries to protect the core. So if the head's the only thing out of the water, you must increase cerebral blood flow.

My thought in general was, if I just increase Cerebral Blood Flow, I'll be able to clear out some of protein issues, get rid of some that towel, those tangles, the issues that I was having with my head.

At least, that was thinking that way. So ice bath worked terrific for me. And then the 13% increase in brown adipose tissue, 250 times the endorphins.

I mean, and then you go, wow, that's one that I'm going to add ice path and sauna. Yeah. Vasodilation. We love that one. That's terrific. Okay. What else?

Right? So red light, beamer mat, grounding, things like that. Easy stuff, drinking, hydrating, like Like, you wouldn't

believe. You don't drink a gallon of water a day and the right water.

We were talking about that one earlier, right? Like you had to drink the RIGHT water! What about molecular hydrogen water? Yeah, molecular hydrogen. It's, it's kind of hard to change the pH of your stomach.

Cause you know, your. Stomach's at 1.3. So if you put something at nine into your, stomach, you're stomach's just going to make more stomach acid to balance that out.

Yeah. You can change it a little bit, but not a whole hell of a lot. But the water with the right minerals in it is the key, right? Something with something with minerals and it natural, something without.

You know, I generally like my water without things that make me more stupid, so maybe let's not have the fluoride in there. We know it's bad for your neuro.

It kills me that we still have fluorine in the water, but whatever. Have you dabbled into any bio-quantum stuff like frequency medicine? Oh man, that is interesting.

Cause this one out here is on frequency medicine. Like you would not believe. Yeah. So I'm dabbling in it right now. It's, it's it. A lot of up here right.

But, uh, yeah, this it, interesting because it all about simple harmonic oscillation, right? Humans are oscillating the entire time. And if you can get your vibration right, you get you're healing down.

That's very interesting, man. Especially when you look at it like different microcurrents and stuff. the healing capabilities behind it. I feel like that's something that you're gonna see a lot more of it coming out soon.

We travel a lots and we were over in Turkey and you know, we got sick and went to this guy's wellness spa, all the same stuff that we're talking about, except he had one of those machines.

And I was like, oh wow, you can feel it, I mean you could literally feel. So Dr. Deepsey, you are very vocal about health and wellness. And one of the things that you talked about was about the fitness decline and the national impact that it has.

One of things you've talked is a specific statistic of young people that can potentially get drafted into the military about how they're so physically out of shape.

Oh, yeah, that's it's a shame. I mean, and the president's on this and there are a lot of people that are on it right now, you know, we need to have a certain standard.

Right. And if you're going to go to war and you going run there, there cats that really fit and really doing it. right. and then there people just not quite cutting it and that is unfortunate.

The bar needs to be there. It's like a fireman. Look, if you can be a fireman, you're going to carry me out of a burning building. You have to be able to carrying me.

I'm 220, baby. Please lift me, please carry. A lot of times it's dead weight, right? Dead weight. And please don't go. Uh, I'll come back for you or we'll get another person to come.

Back for, because I am not strong enough to get you. Oh, You would hate to have that happen. Right? So we just have the bar at a reasonable level so that we can do it.

It has nothing to do with male, female, black, white, pink, green. I don't care who comes to save my life. Just make sure you're saving me. Don't leave me, right?

That's the thought process. So, yeah, I think that we as society, Americans as a society we are falling down from a

physical fitness standpoint. And it's horrible because It leads to things like Alzheimer's, it leads the degeneration of the brain.

The single best thing that you can do for yourself is go to the freaking gym. And when you go into the gym, you increase interleukin 15, a powerful antiviral, which means you're going to fight off, You increase interleukin six, which is a powerful anti-inflammatory.

So it means you're going to write. You got to put your body in the best shape that you can to be able to fight off all these things that we have that are attacking us in our life.

I do feel that if our younger generation doesn't keep themselves in good shape, it does cause a national defense issue. It puts us at risk. You see some of these other countries, man, people are physically fit.

They're not heavily obese like a lot of the people here. And if we have to have a draft, we gotta have real men out there fighting. We're in violent agreement.

What can people do to take better control of their health when we talk about this? So say how it is. But my acronym is GAMTH, right? G-A-M-T-H-S, Gamps.

Uh, so basically it's spelled gym with a G go to the gym. That's the G. The A is autophagy, right? You want to do things that are hard so you can stimulate autopsy, which is basically killing off all the weak cells and, and helping the, the cells that our, uh, in good shape, thrive and survive longer, if you will.

Stacking Therapies and Lifestyle Support

uh mental status basically this is your mindset your mental mindset do you meditate do your pray do have something other than you it's bigger than us right it not about joe it about something way bigger then us so your mind set has to be a family your faith something like that that's out there um you know T.

Telomere lengthening. So if you lengthen your telomeres, those are the things on the end of the chromosome that let you live longer or do that mRNA DNA transcription thing.

You can do, but your Telomeres have to be long enough to do it. That's what will help you to live long. H. Hydration. People walk around that three o'clock lull that most people have dehydration.

Right. It's not about being tired. That's about been dehydrated. So, you know, almost a gallon of water a day is absolutely perfect. And then S sleep.

I happen to be horrible at sleeping. I try my very best to sleep. I have great sleep hygiene, but that's where you relearn. That's why you heal. Re-categorize the information.

So putting that sleep helmet on and getting yourself down for seven, eight hours a night at a bare minimum. that'll help you survive and thrive. Those are my lists of life lessons.

I love those. So Doc, you're leading the clinical research with a few… I'm one of them, yeah. But you know, Vice President of the Veterans Clinical Research at USF.

Yeah. What do you see coming in the near future for the next-gen military medicine? Oh, so this is one thing that I was hitting on. I want our boys and girls to be able to engage in an unfair fight with the enemy, right?

I don't want any of our people to. Be lost. And this. Is exactly what I'm looking at. I'm not talking Manchurian candidate, pump them up with drugs sort of thing.

I am talking about natural path of getting people ready. You know, if I can increase your cerebral blood flow before you go into a combat situation, I could decrease or lower your likelihood of traumatic brain injury.

We're doing a reblast study right now to try and figure this out for sure. But we think that this is the case. And the easy thing is you can just breathe into and out of a paper bag, increase you carbon dioxide intake, Carbon dioxide is a vasodilator, you vaso dilate, increase cerebral blood flow.

You do that before you go into a firefight. Your protected better for a TBI, right? This is stuff that we need to get on the books. Now. These are easy, effective, cheap.

possibly things that are gonna help you, definitely things aren't gonna hurt you. But these are the things I want our men and women in uniform to have at their disposal because they need to engage in an unfair fight against the enemy and I don't care who the enemies is, anybody not the United States, that's what it's all about, right?

We need take care of us, because those brave men or women are taking care us. We take of them and that science, it does win over BS every time. Absolutely.

So you are publishing a book that's coming out, right? It specifically has a lot of information on traumatic brain injury, so let's talk about it so people understand why you put this book together.

So basically it was my journey through my own traumatic brain injury, and then the program that I developed and started, which I took. So what I wound up doing is I went appealing my traumatic injury and coming back stronger than I ever had, right?

Stronger than ever was. And I said, hey, I've been given this gift and the good Lord has given me another day. It is time to give this to other people.

So I took a military guy and a football player and I made him buddies side by side and i treated both of them in the same protocol that I did for one month.

I Said one, give me one and then I will change your life. And I did. And these two guys told two friends and then those two people came and so on and my end was 19. 100% of them had vast changes.

So much so that I got letters from kids saying thank you for giving me my daddy back. Wow. You can't even like you get a letter from a kid like that and you're just like, Oh my God, a wife who was a physician who came to me and said, what, What did you do to my husband?

Because I have a completely different man. Right. And, and the thing is if you give them hope, like and none of these are like Oh million dollar, you know, I'm going to take all your blood out of your body and infuse it with, You know growth hormone and then put it back in.

No, it's not like It's normal stuff that you can get on the corner anywhere, you know, and normal actions that can take. Breathing, meditating, things like that that are really easy and low cost that we just overrun.

Like, what's your diet like? Your diet, your gut is connected to your brain. You don't think your guts are connected with your brains? Oh boy, that's why they call it a gut feeling, right?

It is a thing. That gut-brain access, man, it's a real thing! really is so you know here are these people eating the wrong way and wondering why they're not getting their brain healed because they haven't given their gut the love and attention so that kind of advice in that book and i also go over every single drug that has ever been or is even considered being used for traumatic brain injury from psilocybin, down to ketamine, over to peptides, BPC157, synapsin, all these new cutting edge things.

And I tell you, look, here's the pharmacokinetics on it. Here's pharmacodynamics on, it here is the legality of it, the availability of, and here what the research says.

This is good. Maybe it's bad. I don't know. Small and study of, you know, study have seven. It's not enough. This was in a rat study, that kind of thing.

So I really did an exhaustive review of that so that practitioners could look at it and give hope and help. And then a person like me, or my loved one could read it.

My guy's got a TBI and my girl's gotta T. B. I. I'm gonna read this book and figure out what else we can do. This is cheap. this is free. This is nothing.

We could do that pretty easily. We can get ice and put it in a bath. No problem. And I have a fancy ice bath for it. Perfect is the enemy of good enough.

Give them some kind of hope. But whatever you do, don't just tell them they need a freaking tincture of time. Yeah, I hope you're not calling the book The Tincture of Time, right?

No, no. Don't call it that. Shattered to strong, baby. The name is right here, guys. That's something that's like, if you ever see that anywhere, then I know that will trigger that tinctured time.

Yeah. So I love what you're doing with the book. That's important. And the reason why I say it's so important is that you just mentioned like the girlfriend or the wife or family member.

When someone's going through some kind of medical emergency is what I'm going to call it. Let's say they get diagnosed with cancer or traumatic brain injury.

People go into the shock mode, right? Where they don't know what to do. Things are just chaotic in the family. Families start to kind of fall apart. And they're looking for answers and they can't get answers.

The book that you've put together is giving them at least some kind guidance. And that's extremely important, and that has the ability to really allow the family to have a plan.

And when you have plan, I always say it's like anything that we do in business, there has to be a strategy plan in place. If not, you're working towards nothing.

So you put in that plan together, at least allows them to have hope and understand that there is a direction that we can go in. So there's a whole chapter in there called love and the traumatic brain injury.

And you're going to love a person that has been irrevocably changed. You need to get a little empathy, you need a good communication style and then chicken soup for the soul of the healer.

Somebody that's helping me at my traumatic brain injury and they're helping, they need take care of themselves and I give some guidance on that because I had some caregivers, thank God that I have great caregivers at that point because i was a mess, trust me.

Yeah, man. Now, one thing I heard you mention, you said synapsin. Yeah. So there is a product out there. Synapsis nasal spray. It has the RG3. Has the NR in it and the methylated B12.

What do you think about it? Oh, my God. I have no medical opinion. Just have an educated opinion, right? For me, it was one of the best things. So I, I use it every day.

I've been using it for the last six years. Remember the smell from COVID, the people who lost smell, they were doing that. Easy. No problem. Smell comes back.

So my, my mentor in the functional medicine space who passed away right before COVID, you know, he would treat some of the most affluent CEOs on the planet.

And I saw him writing this prescription for the synapsis nasal spray, specifically the one from PD labs out of Texas. The guy has like a place I got it.

Yeah. You know these guys, I knew none of them were actually sick. I'm like, what, What is this? He said, well, if I tell you, Sam, we're going to have to start taking it I remember when I first got it.

Because that's all I was like, listen, I know the CEO, like whatever it is I want it, so I got in and I did one spray in each nostril and it like everything became high definition.

I hear better, see better speak better. And since then I've been taking it and feel like every thing is just like always sharp as a tack. It's crazy. For her, it's the thing that moves the needle the most.

Really? It moves. The needle. That stuff is terrific. But that's kind of thing. It is a long string chain amino acid, right? This is the peptide that is out there that somebody put together and it has got to cross the blood brain barrier.

So how do we do that? Pills aren't going to work. Through the nose is actually a terrific way, Right? Right. Right Doc, so there's a big movement happening right now, the MAHA movement, Make America Healthy Again.

What do you think about it? Oh, yes, please, winning, hashtag winning. Let's do it. No, I mean, this is it, right? It's like bringing kids back to the basics, getting them to work out a little bit, gettin' them be concerned.

You know, you turn over and you read the ingredients on some of the things that you were eating and go, what the heck is that? I don't even know that word.

And I have a PhD in biomedical engineering. I dunno what that means, gotta look it up. probably don't want to eat that stuff, right? Like, so all these things that we're eating are just not, and you know, you vote with your wallet, Right?

So that's, again, that in that chapter in the book on shopping, shopping for traumatic brain injury, shop on the outside of the grocery store. Right. Don't go down the processed food aisles, get rid of all that junk.

Shop around the, outside the natural stuff. The, the meats, fruits, stuff like that, really easy. I don' need to look at the ingredients of that. thing.

And then that's the stuff that we ought to be eating, in my opinion. So yeah, I think making America healthy again is a, it's not just, It's just a movement.

It has got to the next thing, because we were swinging the pendulum way over this side. it has gotta come back. I mean, we got get back in the gym, gyms are coming back, physical fitness is coming, back it is in vogue to being in good shape.

Look, I'm not looking at fat shame anybody if you're heavy because you know, you have a thyroid issue I get that I totally do but if your heavy Because you just eat bonbons and you don't want to work out and then you you claim to me to be Uh, yeah, my dad got a little rest his soul.

He's like, Yeah, i got the diabetes i'm like what do you mean? You got Dad, you ate cannolis. Come on. No, I love him. But you know, he had diabetes because he just didn't eat quite as well as he should have.

And he didn' work out as much as you should've. We could have done something about it, but we chose not to.

Book, MAHA, and Closing Advice

Look, man, everybody makes their own choices. I make my own. Nobody's ever gonna tell me how to live, right? So I don't tell anybody else how live. You have free will.

Yeah, baby. Always tell people, remember, your body's the temple of God. Take care of it. So get it! So, you spoke about inflammation during the podcast.

Right now, there's a new product out there. It's called PicoCBD-IV, where you can give actual CBD intravenously, and it's at the PICO molecule. Do you have any experience on inflammation or anything with the brain related to CBD and how it can benefit it?

Uh, so that's one of the things that I actually talk about in the book as well, uh, is CBD as a drug and a use for a traumatic brain injury, but not on the IV level.

That's quite intriguing. Yeah. So the interesting part, I'm actually on their advisory board. Oh, of course. It deals with IVs, right? So. The, um, the, interesting of like a lot of research that out there, it always ends up on, if we had better bioavailability, this is what would happen.

So they're the only one in the world, right? Um, which they were able to actually, uh, make it into the Pico molecule smaller than an animal. Right. And, um, it's given intravenously, but it goes, I mean, the effects that it has on cancer and inflammation and all kinds of stuff.

It's incredible what we're seeing. Yeah. See, I want to be on that research committee. Like I, what I wanna be the cat that does that kind of research that we can go, look, we found something genuinely life changing, right?

Like life-changing for people. Yeah. I'll put you in contact with them. Oh, do research. Okay. Man, not even a closet geek. That's I love it, man. So, so that right now I wants you to take the next couple of minutes, you're going to, um, basically I just want you to take it and let it come from the heart, right?

And let me know in the next couple of minutes what you want the world to know about Dr. Deepsea and hyperbaric chambers. Everything that you do, just take a couple minutes and just let come it from heart of what want to world know.

So, the problem with hyperbaric chambers is there are people that are out there that just trying to do it wrong. And they're trying make a buck, right?

I mean, these people are there, there's podcasters, influencers, you know, they get a cheap chamber from China, and they don't have to it the right way.

They're really hurting our industry. Not just hurting the industry, but they are selling snake oil. Right now, there's a lot of things that hyperbarics can do.

We know the mechanisms of action from peer reviewed published literature, right? So scientists look at this stuff and go, here are the mechanism of actions.

However, comma, it might work for this, but you can't say it will. And that's the problem. we have a whole bunch of people out there selling snake oil and then God forbid we're going to have more issues and problems with this.

I am worried because if If a hyperbaric center that's in a hospital has an explosion or a hypobaric centers, it's any university or one that in the strip mall or the oxygen bar that at the mall has a fire or an.

We're all going to be those crazy hyperbolic people like the one on Deadpool, you know, and it has nothing to do with it, but we'll all get lumped into that.

And then the FDA or federal government is going come down and be like, See, I told you so. Nanny, nanny boo boo. And then they'll pull our strings and they won't let us do this really good and effective, real possible treatment for people.

That's it's helping millions and millions of people now. Is there a possibility of hurt? Of course there is. Doctors, you gotta go practice medicine. You can't just write the prescription.

Look, the USP classifies oxygen under pressure as a drug. That means a physician, not me, but a position,

knowledgeable in hyperbaric medicine, needs to write a prescription and then follow up with their patient and practice the medicine and change the dose and make sure and check and know how an air brake will help them with Increasing brain drive neurotropic factor, right?

The knowledge is power. And they need to get on board with the knowledge. Same thing with technicians and the operators. They need know that the chamber comes from China and it comes to the United States.

Look for the ASMEPVHO stamp. If it doesn't have that stamp, don't cooperate in that chamber. That's going to just lead you into a bad spot. It's gonna get you in trouble.

There are five people on on trial right now in the, you know, from the great state of Michigan when that little boy died for manslaughter. All right, it's incumbent upon you to do the right thing.

And when you don't do, the maintenance correctly, somebody's going to get hurt. Look, man, this isn't that hard. It really isn. I just wish people would have the conscience to.

Do it the. Right way, if you will. Yeah, I feel it that we're going to have a little fun here really quick. Oh, good. So one of my favorite podcasters, Steven Barlet, with the diary of a CEO.

OK, he came out with these conversation cards, so I'm going have you grab that slide it open and just pick two cards out of there. You can shuffle it, do whatever you want.

Pick two card. you're gonna read the question and answer it. Your going do it two times. I'm going to read the question and then I'll answer it. I am really picking from the middle of these things.

Interesting. Is it ever appropriate to hurt someone's feelings? Oh my goodness. So I am a New Yorker, man. I'm sorry. Yeah, I grew up having my feelings hurt.

It's unfortunate. But for me, for, me it is appropriate to hurt my feelings when you are looking at my best interest. How's that? Right? So like, if you're my loved one and you say, Hey, listen, uh, that shirt looks freaking horrible on you.

You need to take that thing off cause you look like a mook wearing it. Right. Like you cannot pull that off. That's, That question. Oh, what's this question?

When was the moment you were most afraid? Hold on, that's gotta be a good one. For someone like you, 28 years in the military. I was doing a thing, I diving, and I had to go do that thing and then let it sit and swim away for a minute and let whatever I doing take effect.

So I, was at about 400 or so feet. And then I just kind of like turned around and swam towards what looked to be just a dark ledge. And I peered over that dark ledge, you know, like looking down and I saw a completely black abyss.

It was like a straight line drop down. And. I mean, that that fear came over me and I quickly turned around. I went back to my station. And I did what I was supposed to do.

and then I want back up. But I'm telling you that thing resonated through me like you would not believe. What was what was just blackness. It was like looking into a pit of despair.

I mean, I'm looking down into this dark abyss and like, and I was already at 400 feet, which is quite deep for, for a diver to be diving at four feet.

That's quite. So I am looking from there. Oh boy, man, that was, uh, it was just quite scary. Sorry. Yeah. Wow. Awesome man. Thank you for answering those.

Oh, this is great. So So doc as we wrap up here You know if there's any Listeners or viewers of the podcast that really resonate with today's message.

What is that one thing you can leave them off with? Hyperbaric oxygen doesn't cure anything. What it does is it puts your body in the right position to heal itself.

It helps your. Heal itself, right? It's, it's not like a drug per se, but it has mechanisms of action that can put your in right spot to help you itself and that's what we need to do.

Your body is in tune. You're body will be working. Give it the right tools and it will heal. Diet, exercise, you know, all the things that we all know.

Right? Right. Amazing. Where can people find you? Dr. Deep C is the moniker. You can look up that name on Instagram, social media, whatever. Uh, and you could just Google that deep C you'll find a whole bunch of articles as a website, www.doctordeepc.com.

Amazing doc. It was a pleasure having you on the podcast my friend. Thank you so much What great questions you are you're amazing. Yes. I appreciate it Guys, you heard dr.

Deep see it's not about us providing a specific cure It's about you taking the right steps to guide yourself To healing your body naturally, right? These are certain things that will enhance the process of That's what the hyperbaric chamber's all about, right?

You gotta remember how Dr. Deepsee said, it's not just one thing, its multiple things. It's, what you eat, how you sleep, How you move your body, and then a lot of these other modalities that enhance that process.

Guys, we all know that you might need some of this stuff that we talked about today. Friends, family, make sure you share this podcast. Like, comment, do all that fun stuff.

Don't forget to subscribe, And we'll see you for the next one.