

Caspar ([00:00](#)):

Thank you so much for coming on the show. I, I gotta ask this to start off why the Holistic Savage, cause it sounds like you are like a wrestler's name for someone that's very balanced, mind, body spirit, and just sticks out and I'm like, I gotta start there.

Brendan ([00:14](#)):

You know? Well, thank you very much for having me and my friend. It it's great to be here. I, I love having these types of conversations and honestly I really appreciate somebody giving me the opportunity to speak to that because I've been rocking that handle for like three years now. Yeah. You know, the funny thing is when I first got on Instagram, which was like 2018, I didn't have like an Instagram agenda or mission. I was just trying to kind of create like, what is my avatar? Like what kind of message do I wanna send to the world? And I didn't want to be associated as like a meathead, bodybuilder, that's drinking like a mysterious yellow liquid out of a big gallon jug that, you know, weights and protein shakes, cuz like that's the world that I come from. You know, I did the bodybuilding thing.

Brendan ([00:59](#)):

I I've been a personal trainer for over a decade, so I didn't want people associating me with this like limited fitness meathead demographic because my spirituality, my yoga practice, my mindfulness, my science, like it's all equally important. And so for me, you know, it's, it's really that representation. It's the dichotomy of the holistic savage. It's the yin and the yang. It's the, the fierce and aggressive, but also the gentle and kind right. And I think we need more strong men today. More strong people in general, but being a man and speaking as a man, we need more strong men, more strong leaders. And to me that's kind of what the Holistic Savage really represents. And I, I aspire to kind of bring out the holistic savage in each individual. You know, you don't have to be one or the other, you can be both, right? You don't have to be the emotionally constipated suppressed cliché man that doesn't know how to tap into vulnerability. Right. But you also don't have to be just the weak and flimsy and soft either. You can be both.

Caspar ([02:03](#)):

I love that polarity because there is a polarity in everything. And oftentimes we only look at one side or the other and we hyperpolarize and that's not healthy balance is health, right. That that's, that's part of it. So I, I really appreciate that that IG handle there and, and a lot of what I want to talk about with you today rests on metabolic and mental health and also toxicity and testing. And I wanna get into your story cuz that's where you started off in this and this is what led you into your journey. And as I understand, you were diagnosed with two mental health disorders at the age of 21 and it was actually a functional lab test that helped you get into this field more. So can you share that story with the audience about really what it triggered you here and, and, and what you realized through your own experiences that got you to this point?

Brendan ([02:49](#)):

Oh, absolutely. I, I, I'm happy to share kind of the transparency of what I went through because you know, it's a long story. It's the story of my life, but to give some cliff notes and we can tease it out as much as we want. The first time I was put on a psychiatric drug, I was 17 years old and I was just doing a physical for high school sports participation purposes. So I did the physical and I don't even remember like what I said, but something to the effect of, you know, struggling with kind of depress in or seasonal,

effective, whatever I said, and this is my primary care, no blood work, no evaluation, no referral to a mental health professional or psychiatrist, nothing just, Hey, 17-year-old, senior in high school, that's trying to figure out life and figure out who the hell you are.

Brendan (03:35):

Here's Zoloft, right? Like hopefully your, you know, genitals don't fall off and you know, you don't go kill yourself. So I started the Zoloft when I was 17, that made me feel worse, apathy, anhedonia, just like a space out zombie. So I stopped that drug. And then it was about four years later, which I went through a lot in those four years, I actually joined the Navy for the SEAL program which was my life goal through high school. I was, you know, trying to be a real life GI Joe and go shoot terrorists for a living. And, you know, apparently the universe had other plans for me. So I was medically discharged cuz they found I had a hernia while I was in bootcamp. So that felt like my identity and life goal ripped away. And on top of, at, you know, hindsight 2020, like knowing what I know now about functional medicine and you know, physiology and biochemistry, I can now see, I had all these underlying kind of root cause factors that contribute to what we categorize as mental illness, which I think is out, a very outdated model.

Brendan (04:38):

So I was going through this whole crisis and I, I very quickly pivoted from the Navy SEAL thing. And I was trying to get back into the military that wasn't getting me anywhere. It's hard enough to get into the military and spec ops the first time trying to do it again after you just got medically discharged and all the paperwork in recruiters, they don't care. It's just filling quota, hitting the numbers. So I got really depressed. And so during that time I needed a purpose. I needed something to do with myself. So I became a personal trainer cuz I was kind of at this crossroads of either like go be a college kid on my parents' dime, which didn't resonate with me or start working. And so I was scrubbing toilets, folding towels at my local gym. And because I was such a workout fiend, everybody knew me including personal trainer manager.

Brendan (05:25):

So he was like, hey kid, like, why don't you get certified as a trainer? We'll bring you on, we'll see how you do. And honestly, as I got exposed to exercise physiology, nutritional biochemistry and all the cool metabolic science behind health and fitness, I just, I fell in love with it, but I actually was really starting to struggle more and more with my own mental health. Like the more I learned about the nutrition, the more orthorexia I developed, right. And the more I got into body building, the more outta shape and immobile I got. Right? So there's all these fallacies in fitness culture and fitness trends. So when I was 21, I actually found myself back in front of my primary care physician and reporting some of the same symptoms of depression and seasonal effective. So that time again, no blood work, no lab testing, but here's a dopamine drug instead of a serotonin drug.

Brendan (06:14):

Let's see if that one works, cuz that's a psychiatric model, just throw out different neutropic psychiatric drugs find that right cocktail that keeps you balanced. So I started the Wellbutrin and he did refer me to a clinical psychology and psychiatry clinic. So I went there and underwent, you know, formal testing, which was subjective questionnaires, you know, all subjective, nothing objective, no, no physiological investigation. And I was formally diagnosed with major depressive disorder and ADHD. And it was literally two weeks later that I woke up in the intensive care unit breathing out of a tube because I'd intentionally overdosed on my Wellbutrin. And I was in a, you know, medically induced coma for like

three nights. They pumped my stomach. My liver enzymes were in the thousands. That was the first time anybody had done any lab testing. And after I was done and medically stable in the intensive care unit, because it was deemed a suicide attempt and I was a threat to myself, I was transferred to an inpatient psychiatric ward.

Brendan (07:16):

And I asked what my medical rights were like, can I refuse treatment, which you can, but if you're deemed a threat to yourself, that's revoked and you get sent to an asylum. So then they were basically like, it would be better for you to just play along. Yeah. Right. Jump through the hoops. So I did, and then I was discharged and I had to do nine hours of intensive group therapy with a social worker every week for six weeks, as part of my discharge plan, I was trying to go back to school, trying to go back to work. Everybody knew what was going on. And I wish that was my rock bottom, but actually life got a little bit worse from there related to a toxic relationship and all sorts of crazy things. So that was a huge impressionable journey that I went through. And that transformed me from just being like a fitness nutrition buff to then studying psychology, studying narcissism, gaslighting, disorientation tactics, cuz I was trying to navigate my way out of a very toxic relationship.

Brendan (08:13):

And then on top of that, trying to save her and help her with her mental illnesses and her traumas and all, everything wrong with her, but also trying to save myself and trying to get outta my own depression and whatnot. So that really steered me into functional medicine with trying to save her, trying to save us. And then as I got deeper in functional medicine kind of made my rounds. I made in the name for myself by knowing a lot about mold and, and methylation and some of these cool niche subjects. So then from a business perspective an identity in the industry, I'd figure out like what's my niche. And so I chose well, I'm the mental and metabolic health guy. So that's like a cliff notes of a full circle, but it was hell to get here. But now I'm in heaven and it's great.

Caspar (08:58):

That's the thing. Sometimes you gotta go through hell to get to heaven. And it's like every patient I speak to and there's so many of them like once they're in heaven, they look back on hell and could bless it and say, thank you. I'm grateful because again in polarity you can't have heaven without hell. You can't know good. You know, it's a whole sweet and sour argument. You can't have that without. Now we don't wish it on anyone to go through that. And when we see someone like that, we want you help in a system. And unfortunately what it sounds like is the conventional medical system that was there to try and help you actually put you there in a sense, right. And maybe we could go on that just a little bit because I do think it's really important for people to understand where their rights are and what their options are and that so many people I hear go to their doctor and just give a hundred percent trust and faith in them. And when they say you need this pill, they take that pill without running any test without even understanding what the pill does and you know, knowing what you went through. If you could go back in time and speak with that doctor and go back to that first, you know, visit even at 17 and, and just have a normal conversation. What do you think you'd say to that doctor? Who's just like here, take these pills, take these, you know, you need this without even truly investigating what's going on.

Brendan (10:18):

Yeah. The facts, the whole conventional big pharma system that is now overstepping with its power and trying to buy out the governments of the world and propagandizing and censoring. It's, it's I wake up

every day and I'm like, what, what world is this? How did we get here? And it's, America more than any other country is a really interesting case study. When you look at that, cuz we're really the only country that has gone through this. And, and we are the example and unfortunately what it is, it's like capitalism and consumerism, unconscious consumerism, that has gone too far and through our self-indulgent lifestyle and our, our freedoms that we just seek pleasure. We seek instant gratification, you know, and then big business, big money, big pharma, big food, big tech. So now we live in this weird world where our environment is super toxic.

Brendan ([11:17](#)):

We are literally spoonfed and promoted and we see it, right? Like you turn on the TV and it's like, here's your Sonic slushy? Here's your Humira for your IBD. Here's your cheeseburger and pizza. Here's your antidepressant. Oh, that drug might make you more susceptible to infection, but go take your booster shot. You know, the, the pharmaceutical hamster wheel, it's a brilliant business model, but this is where we as consumers and as the population, the collective, we have to recognize what's going on. We have to see it for what it is and choose different because the beautiful thing about capitalism, it works both ways. Like the market's gonna go where the consumers go, right where the money goes. So if we choose health, right, and we've got 88% of Americans, metabolically ill, 70% overweight or obese, 43% diabetic, autism is like one and 54 kids, you know, infertility PCOS like we are truly eating and sitting our way to death, chronic disease and death.

Brendan ([12:23](#)):

To the point that scientists are debating how likely it is that the human species is gonna go extinct within a hundred years due to our own self-destructive choices. Like, whoa. So then, you know, for me to know what I know now and go back to that doctor, you know, psychiatrists and mental health professionals are like my biggest customers. Now, you know, I, I teach psychiatrists a functional root cause approach to mental illness cuz mental illness isn't what we've been told. You know, what we've been told is the narrative that sells psych pediatric drugs. And it's, you know, there's no, there are no biomarkers, there are no testing relevant. And we just, that doesn't even align with scientific literature. But now we live in this backwards world where the only science that is shared through mainstream is what supports the big pharma narrative. Yep. You know, I just had to send actually a hard email to my dad yesterday, who he's just drinking the mainstream Kool-Aid and peer pressuring me to do something I don't want to do.

Brendan ([13:20](#)):

And so I have to pump the breaks of like, if you wanna talk about science, you have to look at the whole science. And that's where at the end of the day, science and spirituality, science is the objective pursuit of truth. Spirituality is the subject of pursuit, the truth, but we have to be seeking truth. And these doctors, we have to speak to them in a way of like, we are trying to seek truth. We are trying to advocate for ourselves. We are trying to naturally heal, not just be reliant on their drugs all the time, but I don't think there's a whole lot of conversations to have with those conventional doctors. Like they need to wake up, they need to pull their head outta the sand and realize that they've lost themselves in a very myopic reductionistic model that is not in the greatest service to, to public health.

Caspar ([14:06](#)):

Yeah. It's, it's a really sad model because a lot of doctors say they are the truth and that's it. And anyone that knows there's, there's no such thing as, as this is the only, you always seek truth. You always go further. Science is always an evolution of the truth, right. A hundred years ago, or so people laughed at

Einstein and understanding of energy and all these things and said, that's crazy. Now it's it's the new truth is that he was so correct with understanding. Everything is energy and we keep moving. We keep evolving, keep changing. Yet. Medicine is one of those really stubborn, because like you said, amazing business model, as long as people are sick and you are selling them things that keep 'em there, but also solve some of the issues too. And you know, that that is the, the best business model you could have.

Caspar ([14:51](#)):

It's constant customers, constant repeat and adding on to it. You know, I had Dr. Dominic Nischwitz, who's this European biological dentist on. And he, he said something, you know, all, all these things that we're using, all these chemicals, just think about it from the body's perspective. Do you have a deficiency of fluoride? Do you have a deficiency of certain chemicals that dentists give you? So when I look at mental health and I look at things that, that are impacting so many, I say, do you have a deficiency of Wellbutrin? Do you have a deficiency of, you know, Zoloft, and all the, you don't have deficiencies. There's something else at the root cause. And that's what we have to address. And a lot of the things that you are talking about in understanding root cause do stem to toxicity in the environment, right?

Caspar ([15:38](#)):

So can you go into that a little bit? Because a lot of people don't connect the two at all, and this is a big one. Like toxicity can cause inflammation. Let's say we understand that certain toxins can impact neurological function, but we usually don't connect things like mold with actual mental health. And I feel like that gap is also a huge one that keeps people very frustrated as to why am I depressed? Why am I feeling these ways? When it in true, it could be the environment you're in, the toxicity that's actually inside you. So can you speak on that and how toxicity and mental health are really, really closely related?

Brendan ([16:17](#)):

Yeah, absolutely. What I like to explain to people with mental illness is not what we've been told it is. And there's so much stigma and taboo and people get really ferocious, especially around subjects like autism, right? You know, you you'll get the people that project their arrogance out of a egocentric reaction because they feel threatened by something they don't understand. And no, like there is no cure for autism. The whole like diagnostic criteria, cure ideology, it's excessively simplistic. That's not like the body doesn't care what able you wanna put on it. And it doesn't like cure is such a ambiguous word in general. Right. You know, this is why the idea of function or dysfunction, right? Like if you put the wrong type of fuel in your car, you're not changing the oil. Do you think your car is gonna function as well as it would?

Brendan ([17:12](#)):

If you took better care of it, how is it any different than your body? Whether you're a normal person with anxiety or depression or the genotype that is susceptible to what we call autistic behavior. Right. So what I like to say is mental illness, it's an epigenetic phenomenon that's driven by oxidative stress and inflammation. We all havf our unique genotype, but then the environment, the lifestyle, the input signals that the genes receive change the, the epigenetic expression of all these genes, all of these proteins, all of these enzymes that create a different neurochemical, biochemical phenotype that then we call something like, oh, that person is just really obsessive. Or that person is, you know, a little eccentric or whatever. But as the dysfunction, the oxidative stress, the inflammation brews, you know,

it's like being obsessive compulsive becomes manic or being a little stoic becomes depressive or whatever we slide.

Brendan ([18:14](#)):

What was our, our archetype and our natural aura in state of being is now becoming a more dysfunctional, more volatile, energetic state because of excess toxicity and oxidative stress. So there's, it amazes me. And this is why I'm more outspoken than I used to be. Is there is such a wealth of scientific literature that validates all of this there's research that shows environmental, just air pollution, drive schizophrenia and neurodegeneration and all of these things. But it is that simple. Well, I mean, simple conceptually in regards to, yeah, the, glyphosate, the carbon emission, the, you know, the BPA and the endocrine disrupting chemicals or something that's more naturally occurring like mold, right. Mold is a huge subject has been directly linked to like literally the literature, the scientific peer reviewed literature says it drives autism. It drives neurodegeneration. It kills neurons and brain cells.

Brendan ([19:10](#)):

It's highly toxic, oxidative, inflammatory immunosuppressive. So it's like we have the literature, it's just, you know, you have to go dig for it. And unless that's what you do for a living, it's impractical for people to really dig into that. But it opens up the conversation of, you know, terrain theory, germ theory, right. Of like, you know, we're throwing all these medications at it while we continue to make the environment more toxic and worse. Like, we're you, Russia and Mexico are like way ahead in phasing out glyphosate, but then we're just gonna swap it for glufosinate, which is probably just as bad or like, oh, it's BPA free, but it's now BPS. That's just as bad. Yeah. We're not doing anything to improve the environment, even though Amazon and all these big companies are pledging. Right. but it's, it's just to appease people really, but the environmental toxicity and then the self-destructive lifestyle, processed food, no nutrients, you know, the, the there's the whole, the environment lifestyle. Those are the primary driving forces and you can always create new fancy drugs. I think the drugs are cool. Like I know a lot about the drugs and I think they're really cool. I think I could have been a really good pharmaceutical scientist, but we don't need more drugs. We need to clean up the environment and we need to get our shit together with our lifestyle.

Caspar ([20:26](#)):

Yeah. And it, and it is like this revolving vicious disease cycle. Right. We get more toxicity, which try and change that we try and, you know, put more drugs in us, higher toxicity, then give more drugs for those. And it's like, you just end up going in a downward spiral really into chronic disease. And how that manifests is really, like you said, epigenetics and a personalized kind of thing in, in your where you actually express that. Now three big toxins I know you talk about are molds, mycotoxins gluten. Well, this isn't even a toxin, I should say, but something that leads to gluten and glyphosate, if you had to choose one, that would be the one you wanted to address and, and really look at the most and clean up in a sense, which one would that be?

Brendan ([21:09](#)):

It's gotta be the glyphosate. Yeah. It, it, it has to be, I mean, you know, mold and, and mycotoxins really are arguably the most potent deleterious naturally occurring toxins, but at least they're naturally occurring like at our biology evolved with mycotoxins right. Like fungus has been on this planet billions of years longer than humans, you know, in, in our understanding of the human microbiome, the fungal microbiome is really in its infancy, but there's even literature to suggest maybe even mycotoxin

producing strains, like Aspergillus might actually be a normal part of the microbiome and might actually play a central role in digestion and nutrient absorption. So the point being it's like our systems are evolved, designed, created with exposure to some degree of microtoxins. Now, you know, you can even find quotes in the Bible about like, Hey, if there's mold in your home, like you need to get that far away from you.

Brendan ([22:11](#)):

Right. So the whole HLA, canary in the coal mine, yeah. Mold can be really bad, but we've evolved with that. And I think, you know, the exposure conversation is a little bit easier to deal with glyphosate being a manmade antimicrobial, chelating agent, and what that does to the body, destroying the microbiome, opening up leaky gut leaky brain everything's leaky. And our planet is just so saturated. And it's so disturbing. I think glyphosate is like, that's the kind of stuff that keeps me up at night. Mold and mycotoxins, it's hot. It's buzzing right now. It, it, and it is very important, but I think glyphosate for sure.

Caspar ([22:53](#)):

Yeah. I, I mean, I would agree with you also, it's, it's those, those things that we're putting into the world right now that are quickly, you know, changing us and, and quickly impacting us, those are the ones that are the most scary. Let's talk a little bit out your work and the testing that you are doing at an advanced level and linking that to mental and metabolic health, because you have the mental map, cutting edge lab panel for mental health. Can you go into what that is and what you're looking at with the mental map?

Brendan ([23:25](#)):

Yeah, absolutely. It's been a huge passion project because, you know, I started doing blood work on my clients when I was 18 as a personal trainer and nutrition coach, really, from the perspective of, you know, not that I was like trying to treat the biomarkers, it's just, Hey weight loss client that wants to lose 50 pounds in six months. Like we're not gonna use the scale to measure progress. We're gonna use your VO2. I'm gonna make you run on a treadmill and see how much gas you have in the tank. I'm gonna measure your body fat with a \$10,000 machine. I'm gonna run some blood chemistry, cuz I guarantee you, you know, your lipids, your glucose, your insulin, your liver enzymes, those are all gonna be more sensitive markers of progress. So if you're just counting your pushups or, you know, waiting to fit into that, you know, dress that you want to put on or whatever, you know, so I did it more from the psychological and having sensitive objective data to validate like what we're doing in the gym and in the kitchen and lifestyle it's working.

Brendan ([24:24](#)):

So let's keep going. So that's how it started. And then I didn't even know all these like functional lab tests existed until a little bit later in my career. And then it's like all these urine tests and hair tests and stool tests. And you know, I, I mean I dove head first into that world, but the deeper and deeper I got, the more I realized like, you know, if these tests are so functional and so great, why are they not used in healthcare? You know, is it that it's the newest greatest thing? And it just hasn't really been validated enough to the rigorous criteria of conventional healthcare or it's a bunch of BS and time will tell, right? So this is where I do think there is a little bit of a functional lab craze and a lot of these functional lab tests really do not have established clinical significance or reliability or efficacy.

Brendan ([25:14](#)):

And so if we're demanding our clients and patients are dropping 500, 2K 10K, whatever it is on these functional labs, but we're not using clinically established data. What are we doing? So my goal with the mental map was I'd been running custom blood panels on all of my clients for years and years and years. And the majority of my clients for the past five years have been, have all been mold cases, primarily, you know, they have other things they've got clostridia, they've got toxicity, they've got insulin resistance, you know, whatever. But I started running these custom panels, looking at a lot of key, like nutritional, inflammatory, immunological, methylation, oxidative related markers. And I was having so much success with it. I was like, I need to like create my own custom panel and brand it and get it in the hands of other providers and train people on it.

Brendan ([26:06](#)):

Cuz I'm a mentor for a lot of practitioners and it's too hard to try to teach them how to build their own custom panels. It needs to just be here's the test, order it, here's how to interpret it. Here's how to build a protocol. So that's kind of how it all started with the mental map, but it's a panel that's looking at key markers that even are established in the literature of being reflective of things like methylation, which regulates epigenetics and brain chemistry and all sorts of cool things and detox, inflammatory markers to assess for microglial activation which is microglial cells. They are the immune cells of the brain that run the show in regards to they regulate neuro inflammation and every bad mental illness neurodegenerative thing is driven by neuro inflammation, but they also regulate neuroplasticity and neurogenesis, which is how the brain heals itself.

Brendan ([26:56](#)):

So the whole test and panel was designed around how can we effectively measure neuro inflammation, microglial activation, you know, suppressed neuroplasticity, imbalance neurotransmitters. And so there's a lot of core markers that I think are unfortunately underutilized, even though they're very established, they're very reliable, they're very sensitive and they're very accessible. Every lab core, every quest you can run these markers, just nobody is. And the way that conventional uses these markers is very different. You know, they'll use some of these markers as like, Hmm. You know, prognostic markers for cardiovascular disease or whatever, but they haven't, they're not up to date on the literature. We have so much great science in the past 10 to 20 years that expands our understanding of how we can apply these markers clinically. So that was kind of the whole angle. And I think it's a super exciting panel.

Caspar ([27:53](#)):

Yeah. And I'm glad you brought up some of these points of, you know, functional medicine sometimes gets the knock of just running massive amounts of panels and tests. Some, you know, of complete, it's almost overwhelming. Right? And I think a lot of people in, that are new to functional medicine are just running thousands and thousands of dollars think more is better when I've always been taught with, you know, doctors that less is actually better. The simpler you get to exactly what you wanna see and you could isolate things and really understand what is what, the better it is. Even for the patient to understand they don't wanna be looking at 50 pages and one thing counteracts the other and it's, it makes no sense to them. And in all reality, the doctors really just kind of throwing darts in the dark at what, you know, what panel is what. So I really like getting to the, the, you know, the smallest amount of information that's the most pertinent information.

Caspar ([28:46](#)):

And I think that's where functional medicine will lead. Not more and more and more data, just better data, more accurate data that helps you uncover underlying issues that you could then reverse disease with. One of the diseases we see a lot of and people, you know, run lots of panels on is Lyme disease. And you said a lot of your clients, you see mold toxicity. We see the two go together very well. Usually if you have mold toxicity, you might have, you know, Borrelia there as well. Do you see that as well? And maybe you could just kind of chime in on, on what you're seeing with people that have mold toxicity, what other diagnoses they see .

Brendan ([29:25](#)):

Absolutely. The mold Lyme thing that I kind of dove deep into that world. And, you know, I've dealt with more mold than Lyme, but as you're saying, like they go hand in hand a lot. Yeah. And there's a lot of theories and I, and I'm, I'm good friends with a lot of the leading experts in that field. And there's not really any solid consensus. Like I don't feel like we have a great grip on Lyme. I feel like we have a better grip on mold. I feel like it's a little easier to work with in some ways, whereas like Lyme, you know, the testing trying to identify it, I think it can be done well. But there's not a lot of consistency. And, and I don't think some of the testing strategies are super well known. For example, like CD57 is a marker that, you know, people get really hot on in the Lyme, but it, it's not established as being reliable.

Brendan ([30:19](#)):

Like it could related to Lyme if it's low, but like maybe not. And so through reliable data, like that's how we guide intervention strategies or treatment protocols, but if we don't have reliable data, it's really hard, but you know, there is a huge kind of argument and theory to be made around, well, you know, mycotoxins are so immunosuppressive and that can cause more, or, you know, viral reactivation and replication or open up the door for stealth infections like Borrelia and Bartonella and, you know, microplasm the full, full gamut. But yeah, they can mimic each other a lot from a clinical presentation. It's hard to really know. So this is why, like, I always start with a lot of these blood markers. So I'm really just assessing their physiology, like how pissed off is your immune system or how, you know, inflamed or whatever's going on of, assess the physiology.

Brendan ([31:12](#)):

But then, you know, we have to figure out why, and that's where the functional testing comes in handy. Like, you know, urinary microtoxin testing can be really handy to just assess for, you know, mycotoxin exposure or organic acids for, is there mold colonization in their body or fungal antibodies, or, Lyme antibodies. So I think some of these markers like MMP9, Myeloperoxidase, Neoterin, there's, there's some good markers that I found to be really reliable. From a treatment side, the, the big thing is like the excessive use of antibiotics. You know, a lot of these Lyme patients get put on just tons of antibiotics. And literally the literature says like, don't do that. And even what's fascinating. And as it ties into my specialty is it actually is shown in the literature that dead Borrelia, dead spirochete. So it's like you, you kill off the, the bacteria with a bunch of antibiotics like doxy and whatever, and you're blasting them.

Brendan ([32:11](#)):

Well, actually the dead Borrelia causes more microglial activation and neuroinflammation than the live, you know, the live can kind of hide and create the biofilm and hide from the immune system. So it kind of, it really challenges like what are we doing? And so that's where I think the terrain theory and optimizing the metabolic health, optimizing the microbiome, cause even I think I have a statistic somewhere in my research notes. It's like 20, 25% of normal, healthy individuals have antibodies

towards Borrelia. And the thing is like with parasites or Borrelia we blame the bugs all the time, but it's like, you know, our body evolved, like our bodies can keep those under control. Right? Sure. But yeah, it is like when we're really stressed or immunosuppressed or toxic, inflamed, metabolically ill and compromised. Yeah. That's when any sort of infectious pathogen is gonna be able to rear its ugly head a little bit more. So it's a huge, huge subject.

Caspar ([33:08](#)):

It is. It is. And we see so much of it here in the Northeast and it's a global one too. We see people from all over the world. It's not like just in Old Lyme, Connecticut, do you see Lyme? Like it's spread quite? And the crazy thing about it is it's so multifaceted as most things are, it's usually not just mold. It is so much else going on. And it's usually not just Borrelia. You have Bartonella, E B V. You have so many co-infections I will say it's like, you know, once you get one, they invite their friends and it's a party. And guess what that terrain is right for that part to just get outta control and no cops are coming to shut that down. And then you, and then you drop a nuke bomb in it with the doxy and the antibiotics. And they're just like, oh, cool. He killed some of us, but you actually create a better environment for the rest of us. Right. And then it just becomes again, a spiral. outta control.

Brendan ([33:56](#)):

Yeah. Yeah.

Caspar ([33:57](#)):

And I know a, a something you talk about when you are looking at you know, different toxicities are binders and that's like a, a big one right now, everyone's kind of talking about what binder are you and how, you know, what are you doing and what are you doing to detox, right. What are some of the ways you like to detox patients? And how does that come about? What's the protocol and regimen with binders and detoxification?

Brendan ([34:20](#)):

Yeah. I have a whole system. I use it every time. It works really well. So I always kind of, well, so to distinguish where, when I'm doing a consult with like a new client or something, I kind of have to categorize them of like, is this standard American metabolism? You know, like they've got the fatty liver in insulin, is this since sluggish, thyroid leaky gut, dysbiosis, you know, the full gamut of just standard American metabolism, milieu junk, their health at a deep foundational metabolic level is, is deeply fractured. Right? And then you have this kind of growing demographic that is, you know, the canaries, right? Like they are the canaries of America that are dying because hey, the American environment and lifestyle is not healthy. And they're the sensitive ones that, you know, get damaged by that. What gets really hard is when you have a canary that is metabolically ill, they're both right.

Brendan ([35:15](#)):

There are some people like my ex fiance, who she lived a very healthy lifestyle. You, so you can't say that, you know, she was metabolic compromised, but she was a canary and she got leveled in wrecked. She was the, you know, full-blown, like SIRS, bedridden, fibromyalgia, you know, the full, the full symptom cluster. And so what's really hard about working with that complex chronic illness demographic is you kind of have to like rebuild their metabolic health from the foundational level while trying to deal with the stealth infections and the toxicity. And it's super impractical. Like, how do you rebuild a house like while it's on fire kind of thing. Yeah. So that's really hard, but this is where as far as

the binders and kind of the basic protocol stuff, I always start with serum bovine immunoglobulins, as more people don't usually think of those as, as like a binder.

Brendan ([36:10](#)):

But I, they are, I mean, you know, you're putting exogenous antibodies into the gut, into the system, you know, and those go glycoproteins, they latch onto toxins and pathogens and induce phagocytic immune cells to come gobble it up and clean it up. So I think the serum bovine immunoglobulin, which is kind of like the up to date colostrum, basically those are magic. I love those. I megadose, those I've never seen a bad reaction, so that's always number one, cuz it's gentle, it's efficacious, but then more of a traditional absorbent binder, like the, you know, bentonite, activated charcoal, zeolyte, apple pectin, humic, fulvic acids. I like to use kind of broad spectrum binders you know, multiple. And of course there's the fiber conversation, right? You know, konjac fiber and psyllium husk and dietary fiber, insoluble, you know, all of these, you know, have their binding properties and capacities.

Brendan ([37:05](#)):

Plus you're getting the prebiotic boost. So that's kind of like how I'm starting. Then I put in like sporebiotics, endospore probiotics to start remodeling the terrain, improve keystone strains, improve microbial diversity. The big one is short chain, fatty acids. Like we can't heal our gut. We can't heal our microbiome. We can't heal the blood brain barrier and calm down microglial activation without adequate short chain, fatty acids. And that's where, you know, the binders can help mitigate, you know, and mop stuff up. But the probiotics, the prebiotics, the fiber, the FODMAPs, which is why I'm not a big fan of low FOD map diets is, you know, that's what feeds your garden of life. That is the microbiome. Fish oil fish, oil's big, omega threes zinc, folate for the intestinal barrier. I like zinc carnatine a lot. I'll throw that in. Zinc is a big one for the intestinal barrier that people kind of overlook and, and folate and some of those, but that's kind of like the starting point.

Brendan ([38:06](#)):

I usually am working on the gut first, making sure motility's good and all that. Once I kind have the gut like quarantine, then I kind of move to the liver, you know, and then start working a little bit more up systemically, cuz I, I never wanna like push detox, you know, until you, you know, open the drain pathways, pathways, you know what I mean? You know, whatever we want to call it these days, but that's kinda like my starting point. And I would say that to the whole world of like, you don't need a practitioner do that, just like go do that, titrate, you know, be careful work with a practitioner and get some help. But it works like a charm. It really does. It's a good way to mitigate the damage and the fallout, start improving the terrain, you know, start remodeling from the inside out.

Caspar ([38:48](#)):

Yeah. And there is so much attention on gut health microbiome. I mean, that's been a key word in just like the health world for so many years, microbiome and I think we've linked it a lot to, I think immune function we've linked it to the gut-brain, but I feel like we still don't link it as much even though the research is there to mental illness, to depression, let's say, and we know that now there are studies showing that the microbiome certain, you know bacteria in your gut, if you have it, you are more susceptible or less susceptible to depressive moods to that. How important do you think it is on what we eat in our mood and our, you know, and our mental state of health, because so much of what we think we eat is more based on how fat we are or you know, or overweight or just food is seen as nourishment,

but not really connected to mood as much. I mean, do you think that's something we're completely overlooking is that link between gut health and our actual mental state?

Brendan ([39:51](#)):

Yeah, it's, it's crazy. You know, because I, you know, I'm kind of one end of the spectrum where the gut brain axis is one of my key areas I lecture on. Like I, you know, spoke at a big mental health integrative medicine for mental health conference, like hundreds of psychiatrists and the whole lecture was on the gut brain axis or tomorrow I'm giving a lecture for microbiome labs on the gut brain axis connection. And there's a ton of activity going on there, but kind of the simple schematic, I have some good illustrations that I created around this. You know, there's really these two main pathways that are at play here of the vagus nerve pathway, which is just that, you know, direct, you know, hotline from Batman to Robin, from the enteric nervous system to the central nervous system. So it's like, for example, when we have this dysbiotic imbalance, grimy microbiome, our garden of life is not living its best life down there.

Brendan ([40:46](#)):

And there's all these endotoxins and exotoxins and mycotoxins, these actually will trigger signals through the vagus nerve up to the brain that tell the brain like, Hey danger, threat, it induces microglial activation in the neuroinflammatory cascade. So you can actually break down the blood brain barrier from the brain to the outside. But then we also have this humoral that leaky gut, leaky brain pathway where it's like, you have all these endotoxin exotoxins, microtoxins food antigens, like gluten, the glyphosate, all these things that now are leaking into the bloodstream through that hyperpermeable gut and then circulating up to the blood brain barrier, causing inflammation and damage there. And then literally crossing the blood brain barrier that's compromised leaking into the brain and driving more microglial activation and neuroinflammation. So it's this whole perpetuating thing. And so just as like a little golden Pearl, you know, the lipopolysaccharide from the dysbiosis is one of the main triggers in that whole pathway, but the antidote is the opposite of the short chain fatty acids.

Brendan ([41:51](#)):

And this is where the concept of dysbiosis and imbalance microbiome, a healthy, diverse microbiome. There isn't excessive endotoxin load or endotoxin translocation. And there's plenty of short chain fatty acids that basically do the opposite. You know, they send signals through the vagus nerve that say no calm down neuroinflammation and promote neuro-repair and neurogenesis like we, and we have so much science on this like short chain fatty acids as a therapeutic. I would say the most promising natural therapeutics for mental health and neurodegeneration are the short chain fatty acids, therapeutic mushrooms, different nutrients like zinc and vitamin D3, you know, the list goes on. But yeah, it's not common knowledge by any means.

Caspar ([42:40](#)):

Now if someone's listening right now and, and, you know, heard everything you had to say and be like, I think I might have mold toxicity. I think I might be gluten intolerant. You know, I think glyphosate is, is definitely, you know, impacting me, where do they start? Because you know, someone listening, it's like, this is overwhelming. We have so many toxins, you know, so much going on. Does my house have mold? Is this impacting me? Is it really this I'm on this drug versus this? And I think, again, it's overwhelm, it's overwhelm for a lot of people. Where would you say they should start?

Brendan ([43:13](#)):

Absolutely. It, it is it's super overwhelming and this is where having a good practitioner help you navigate it. And unfortunately, yeah, I think our industry kind of gets a little bit of a bad rep because I think a lot of practitioners kind of lead their clients and patients down these rabbit holes, chasing root causes that are usually not really there or are a little bit misleading. So my best is like, don't go chasing root causes, focus on the big picture and what you have control of. Right. You know, like, look at your environment, both like the literal physical environment of like, yeah, that looks like water damage. Maybe there's a little bit of mold up there. You know, maybe get a air filter, maybe get a water filter, maybe start moving your body, get out in nature. You know, spend time with loved ones, stop eating fake food, start eating real organic food that's not as, not as contaminated in glyphosate. So start with the basics because what I see over and over from like the consumer behavior side, people that are seeking functional medicine stuff.

Brendan ([44:15](#)):

It's like the basics aren't sexy enough, right? They're like, no, you're telling me that if I just like diet exercise, sleep better, stress less, spend time in nature. Like I might feel better. That's too. That's too easy. That's too simple. Like, no, I want to spend three grand on experimental lab testing. I want to do the silver bullet protocol because we've, you know, the population has been domesticated to take a pill for an ill. And so that's my fear with functional medicine is it's kind of just becoming well, instead of taking five drugs, you could take 30 supplements that insurance doesn't pay for. And it's like, well, that doesn't, that doesn't quite do it either now does it. So to the average listener, stop bypassing the spiritual work, the lifestyle work, the environmental work take control of your environment, take control of your life. Take control of your lifestyle.

Brendan ([45:05](#)):

Stop avoiding the stuff that you know, you need to do, all the bad habits, get your stuff together, clean up your act. And if you're still struggling with severe symptoms, then kind of go digging to look for some of these root causes. But there's so much improvement with the foundation and the terrain and people bypass that of give me the fancy protocol and they wonder why they don't get better. And if it doesn't work, meh, I'll just find a new practitioner. This one says, it's mold. This one says, it's Lyme. This one says, it's parasites. This one says it's methylation. And it's just like, stop.

Caspar ([45:38](#)):

Yeah.

Brendan ([45:39](#)):

It's not, stop the hamster wheel. That's a new hamster wheel. You got off the pharmaceutical conventional hamster wheel. And then you got on the functional hamster wheel, like get to work, you know?

Caspar ([45:49](#)):

Yeah. I've noticed people love chasing silver bullets and especially really sexy glittery silver bullets. It's like, I always get hit up on IG and it's like, oh, what new peptide can I go on to solve this problem and everything it's like, do you even get outside today? Like did you get fresh air? Are you like de-stressing? And just breathing normally, like start there. You know, it's like, it's like you see people first time in the gym, just go to these really complex machines and totally skip over just a pushup, just a squat and

wanna go to the isometric, like new, like, you know, specialized like machine it's like, no, dude, just, just do the fundamentals. That's gonna have drastic improvement with you and your health and people, unfortunately, it's not sexy. Right. They want that one thing that's gonna suddenly make them, you know.

Caspar ([46:40](#)):

Yeah. Superman and I, I, I agree with you, it's start simple, you know, get those simple, small wins in. Yeah. And you know, I, I, I wanna bring this up cuz everything you're saying kind of falls in line with a lot of what we preach it as Innovative Medicine, which is like, you know, health first, it starts simple really put that first. And we are living in a day and age in a pandemic where it seems like everyone's just hyper-focused on a virus instead of taking a macrocosmic view and saying, well maybe it's our health. Maybe this has nothing to do you with a virus per se. Maybe this is that 60, 70, 80% of us are overweight and obese. Maybe it is cuz so many people that are impacted have comorbidities and are on multiple pills that are keeping us toxic. What, what are your thoughts on that? And you don't have to go too deep into it. Not too controversial. I just, I just love picking brains a little bit on, on just maybe talking about something else than what everyone's hyper focused on right now. And like seriously, like mass this that it's like, I don't even want to like bring that up. Yeah. Should we be focusing elsewhere?

Brendan ([47:48](#)):

Yeah. I mean, I kinda look at it's like there's, you know, the, the germ theory, which you know, to some degree is, is valid and to some degree is a little misleading. Then terrain theory, and it's not a verse, it's not terrain theory versus it's, it's both like you can optimize the, I was having a really good conversation with my friend Quran who's a genius microbiologist on all of this. And that was something, you know, we were talking about is like, yeah, you can optimize the terrain. There is some germs that they don't care how robust your terrain is. They will wipe you out. Like, do you think Ebola care cares about like how diverse your microbiome is? It'll take your life no matter what. So there's kind of like the terrain theory, the germ theory, but also like let's go ahead and throw a third, the metabolic theory.

Brendan ([48:36](#)):

And I don't get it like with the life that I've lived and the background I have and the journey I've had. I don't have the same perspective that the collective American population does apparently. And I don't get it. I don't get it. You know, I've been an athlete my whole life. I've been obsessed with nutrition my whole life, you know, building natural vitality, you know, resilience, metabolic resilience, immune resilience. It all goes hand in hand. And that was kind of my big thing. Like when this whole pandemic thing started, I was like, mh, I know that people can be a little goofy sometimes, but I don't think they're gonna dupe us with this. Like I, I think the American people are smart enough to realize, ugh maybe because we're really obese and really comorbid and all these metabolic illnesses and it's like, it's, it's proven, right?

Brendan ([49:28](#)):

This isn't a debate. It is proven that metabolic illness increases the risk of infectious disease and lowers immunity. Like it's proven that fatty liver, obesity, insulin resistance, like this is proven stuff. It's not up for debate. Right. But why are government and just kind of the collective is like bypassing that I, I don't get it. I really don't. That was actually the email I'd send my dad, cuz he's very much, you know, drinking and it's like, Hey dad, I'm not telling you guys that you should live a healthier life to improve your immunity. So don't come at me and I have positive antibodies. I just got my test result yesterday. I'm

like, I'm good. The adaptive immune system actually works and I'm not against, you know, I'm not against the, the therapeutic, but I am against the propaganda. I am against the censorship.

Brendan ([50:19](#)):

I am against the technocratic warfare against science. Right. You know, we should, if, if this situation is as bad as they want to make it out to be, we should be using everything we have, you know, we should be encouraging the entire nation to get active, get fit. We've had two years, two years. I've had clients lose over a hundred pounds in six months. You've had two years. What have you done in that two years, hide in your closet breathing through five masks and getting every shot they tell you to? I mean, if that's it, I don't think you're doing yourself any favors. You know? So it's crazy. It's, it's absolutely crazy what's going on.

Caspar ([50:59](#)):

It's a wild one, especially because I know so many people that have been ill and are probably at the highest level right there they're at risk, let's say because they have an illness and they they've gone through it. But of course they remember that maybe they're not at a hundred percent yet, but those are the people and especially if they went through the integrated model of healing and truly healing, not just, you know, suppressing symptoms, those are the people that are speaking the most. I would say just common sense through this. Yeah. Like, hey, I've had it, I got over it. I'm not worried about this. I'm worried about my health overall. You know, it's not just this. I, I had to worry about lots of other things along the way. And when I really broke it down, it's well, what can I do right now? I'm not gonna hide.

Caspar ([51:42](#)):

I wanna live my life. I knew what it was like to be bedridden. I want to go out there and live my life, passionately and with purpose, and I wanna do it in the most healthy manner possible. So it's, it's kind of funny that these are when I speak to these people that are probably the ones that every expert would be like, you need the mask 10 times, you need every booster shot there is. And they're basically saying, no, I really do trust my body so much more in understand it that much more. And the risk is my own now. I took risks, doing treatments and everything else going the conventional route. I took risks and got much worse to where I thought I may die, but that was my choice in it all. And so it is kind of like hypocritical that you're telling people who got better, you're telling who are healthy, what they should be doing to stay healthy during this time.

Caspar ([52:33](#)):

Right. Right. And it's like, this pandemic will be over and guess what? We'll still be an incredibly sick nation where so many people are dying of things that absolutely are lifestyle and completely reversible. Right. And so, you know, why aren't we speaking about that more so. And so yeah's, it's, it's a tough time, but you know what I always tell people is like, you know, turn off the news, turn off all like the naysay everything focus on you focus on your health, take this time to lose weight, take this time to really appreciate, health is the greatest wealth. And yes, whenever you're unhealthy, it doesn't matter if it's coronavirus or something else you're susceptible, you're susceptible to everything. So it is crazy. And I, I do like commend, you know, your work to, to analyze that, to research that, to look into how can we be our healthiest selves. Yeah. And I think that's what it's really all about. Right. Brandon Where can people learn more about what you're doing your company and, and you know, everything. Yeah.

Brendan ([53:30](#)):

Thanks so much. This has been an amazing conversation and I'm sure just the vibe between us, we could easily go for hours on end. Sure. My, my main platform is Instagram. That's just where I put out all the content for free that's at the holistic. And of course I have my website, MetabolicSolutionsLLC.com. And we have, you know, we have all the things, but you know, I've got my professional life but then it's like, I know that if I want to achieve my mission, like I have to be able to reach people. And that's where I love being able to just share thought provoking content. Right. You know, it's like, you can't force anything upon anybody, but if you can plant an idea in their head, if you can show them evidence and get them thinking, sometimes that's just enough to kind of send them on their way and they can get started with their self-healing journey. So I love cranking out the content. Can't stop. Won't stop. And I really appreciate you having me.

Caspar ([54:22](#)):

I love it. And end it on a little P Diddy there.

Brendan ([54:25](#)):

Yeah.

Caspar ([54:26](#)):

Well, Brandon, thank you so much. And, and I, you know, keep doing what you're doing. I hope the sensors don't get you or anything like that. I know that that's no, and that's the thing you can't stop won't stop Isn't just about what big tech sensor. It's about like what's in here and what you're sharing. Even on a one on one basis. I hope most more and more people do that. So thank you so much, my man.

Brendan ([54:48](#)):

Yeah, this was a pleasure. My friend I'll look forward to staying connected.